RWANDA

Service Provision Assessment Survey 2007

REPUBLIC OF RWANDA

Rwanda
Service Provision Assessment Survey
2007

National Institute of Statistics
Ministry of Finance and Economic Planning
Kigali, Rwanda

Ministry of Health
Kigali, Rwanda

Macro International
Calverton, Maryland, USA

September 2008

This report presents findings of the 2007 Rwanda Service Provision Assessment Survey (RSPA) which was conducted by the National Institute of Statistics and the Ministry of Health of Rwanda. Macro International Inc. provided technical assistance. The 2007 RSPA is part of the worldwide MEASURE DHS project which assists countries in the collection of data to monitor and evaluate population, health, and nutrition programs. Funding was provided by the United States Agency for International Development (USAID). The opinions expressed herein are those of the authors and do not necessary reflect the views of the United States Agency for International Development or other cooperating agencies.

Additional information about the survey can be obtained from the National Institute of Statistics (NIS) of Rwanda, P.O. Box 6139, Kigali, Rwanda; Telephone: (250) 08306718, E-mail: lmunyakazi@statistics.gov.rw; Internet: www.statistics.gov.rw.

Additional information about the MEASURE DHS project can be obtained from Macro International Inc., 11785 Beltsville Drive, Calverton, MD 20705 USA; Telephone: 301-572-0200, Fax: 301-572-0999, E-mail: reports@macrointernational.com, Internet: http://www.measuredhs.com.

Recommended citation:

National Institute of Statistics (NIS) [Rwanda], Ministry of Health (MOH) [Rwanda], and Macro International Inc. 2008. *Rwanda Service Provision Assessment Survey 2007*. Calverton, Maryland, U.S.A.: NIS, MOH, and Macro International Inc.

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Preface

The Ministry of Health, together with the National Institute of Statistics, is pleased to publish the results of the second Rwanda Service Provision Assessment (RSPA) which was conducted in 2007. The RSPA 2007 was conducted in health facilities to evaluate the provision of health services. The results of the survey complement those of the Rwanda Demographic and Health Survey (DHS), which was conducted in 2005 at the household level.

This assessment, the second nationwide survey of its kind in Rwanda, follows the first survey which was conducted in 2001. Like the first survey, the RSPA 2007 received technical assistance from Macro International Inc. and financial support from the U.S. Agency for International Development (USAID/ Rwanda) and other cooperating agencies (UNICEF and ACESS Project)
.
The results of this survey are being published to provide information to the personnel of the Ministry of Health and its partners on the potential and actual capacity of service provision at health facilities and the quality of care patients receive.

The RSPA 2007 focused on family planning; maternal and child health care; antenatal, delivery, and postnatal care; tuberculosis; malaria; and STI services as well as HIV/AIDS services. and services. This corresponds with the all the priorities set by the Ministry of Health, together with its partners.

The results of the RSPA 2007 shed light on several aspects of problems faced by reproductive health services regarding 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. The RSPA 2007 results will serve as a guide for monitoring and evaluation of maternal and child health programs, reproductive health programs, HIV/AIDS programs, and other infectious diseases programs. Additionally, they will facilitate strategic priorities for implementing the programs.

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 in the country.

Finally, the personnel and partners of the Ministry of Health will be able to use the information from the RSPA 2007 effectively, so that with time, quality health care will be widespread and quality of care in maternal and child health, reproductive health, HIV/AIDS, and other infectious diseases services will become a reality in all health facilities in the country.

Dr. Jean Damascène NTAWUKULIRYAYO
Minister of Health

Acknowledgments

This second Rwanda Service Provision Assessment (RSPA 2007) 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 2007 and which facilitated all the contacts needed for the study; the Ministry of Finance and Economic Planning; the Ministry of Local Government, and the provincial and health district authorities.

The U.S. Agency for International Development (USAID) and others cooperating agencies (UNICEF and ACESS Project) as well as Macro International Inc. deserve special mention for their contribution to the financial and technical resources needed to carry out the survey. We would like to reiterate our gratitude to Macro for making available such highly competent personnel as Mohamed Ayad and Nancy Fronczak, who formulated the project; Rathavuth Hong who was responsible for technical coordination; and Jeanne Cushing, who handled data processing. The dedication and expertise of Alfredo Fort made it possible to successfully carry out the various phases of the survey. We express our appreciation to the rest of the staff and consultants at Macro, Joy Fisher, Carole Ayad, Monique Barrère, Sidney Moore, Kaye Mitchell, and the USAID/Rwanda mission for their assistance in completing the RSPA 2007 report.

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 review of the report.

Finally, we would like to express our appreciation to all the staff, both technical and administrative, of the NISR, who spared no effort throughout the various stages of the survey, from questionnaire design to data collection to data processing and analysis, for the survey to be successful.

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

Dr. Ir. Luis MUNYAKAZI
Director General, National Institute of Statistics of Rwanda

Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ARI	Acute Respiratory Infection
ART	Antiretroviral Therapy
ARV	Antiretroviral
ATM	Atmosphere (of pressure)
BCG	Bacille de Calmette et Guérin
BEmOC	Basic Emergency Obstetric Care
BUFMAR	Bureau des Formations Médicales Agréées au Rwanda
CAMERWA	Centrale d'Achat des Médicaments au Rwanda
CDC	Centers for Disease Control and Prevention
CEmOC	Comprehensive Emergency Obstetric Care
CNLS	Commission Nationale de Lutte contre le SIDA
CPA	Complementary Package of Activities
CSPro	Census and Survey Processing System
CSS	Care and Support Services
DOTS	Directly Observed Treatment-Short Course
DPT	Diphtheria, Pertussis and Tetanus
EmOC	Emergency Obstetric Care
EPI	Expanded Program on Immunization
FP	Family Planning
HIV	Human Immunodeficiency Virus
HLD	High-level Disinfection
IEC	Information, Education, Communication
IMCI	Integrated Management of Childhood Illness
INH	Isoniazid
IPT	Intermittent Preventive Treatment
IRST	Institut de la Recherche Scientifique et Technologique
IUD	Intrauterine Device
MCH	Maternal and Child Health
MNH	Maternal and Neonatal Health Project
MOH	Ministry of Health
MPA	Minimum Package of Activities
NGO	Non-governmental Organization
NIS	National Institute of Statistics of Rwanda
ONAPO	Office National de la Population
OPD	Outpatient Department

ORS	Oral Rehydration Salts
ORT	Oral Rehydration Therapy
PEP	Post-exposure Prophylaxis
PMTCT	Prevention of Mother-to-Child Transmission
PNLS	Programme National de Lutte contre le SIDA
PPI	Pounds per square inch
RDHS	Rwanda Demographic and Health Survey
RPR	Reactive Protein Reagent Test
RSPA	Rwanda Service Provision Assessment
SDM	Standard Days Method
SP	Sulfadoxine-Pyriméthamine
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TB	Tuberculosis
TFP	Temporary (modern) family planning (methods/services)
TRAC	Treatment and Research AIDS Center
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USA	United States of America
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

Key Findings

The 2007 Rwanda Service Provision Assessment (RSPA) was a national representative survey conducted in 538 health facilities throughout Rwanda. The survey covered hospitals, health centers, dispensaries and health posts, including all public facilities such as government and government-assisted health facilities. The 2007 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, maternal and child health, reproductive health, tuberculosis, malaria services; and services for sexually transmitted infections and HIV/AIDS. The objective was to assess the strengths and weaknesses of the infrastructure and systems supporting these services, and to assess the adherence to standards in the delivery of services.

The 2007 RSPA was undertaken by the National Institute of Statistics (NIS) of the Ministry of Finance and Economic Planning and the Ministry of Health, with technical assistance and funding provided through Macro International Inc. under the MEASURE DHS project. USAID provided financial support for the survey.

Facility-level Infrastructure, Resources, and Systems

A full package of basic services (outpatient care for sick children and for adult STIs, temporary methods of family planning, antenatal care, immunization, and child growth monitoring) is available in 44 percent of health facilities. Facility-based, 24-hour delivery services are available in almost all hospitals and in 9 out of 10 health centers.

About 6 out of 10 facilities have all the basic amenities to ensure client comfort; approximately one-third have a regular year-round water supply, and 63 percent have regular electricity or a generator.

All client comfort amenities, which includes working toilet, waiting area, basic level of cleanliness with year-round water supply and regular electricity, are available in about 1 out of 10 facilities.

About 9 in 10 facilities report holding routine management meetings, but only two-thirds of the facilities have documentation of a recent meeting. Almost all facilities routinely charge some form of user fees for adult curative services. Most charge for medicines, client consultations, laboratory tests, and records, while smaller proportions charge for client registration.

About one-third of facilities that store vaccines, contraceptives, and medicines have an adequate system to monitor the stocks of these items; while nearly half of facilities that store ARVs have an adequate system. Expired vaccines, contraceptives and medicines are not commonly found in facilities. However, stock-outs are a common problem.

Eight in ten facilities have functioning equipment (or chemicals for sterilization or HLD processing) for the processing method used. Boiling or steaming is the most commonly used method for processing equipment. For this method, one-third of facilities have functioning equipment and staff with knowledge of the correct processing time.

Adequate disposal systems for hazardous waste were commonly observed: approximately 9 out of 10 facilities have an adequate final disposal system for infectious waste, and about the same proportion do so for sharps waste.

Child Health Services

About half of facilities offer all three basic child health services, including outpatient curative care for sick children, childhood immunization, and growth monitoring. Almost all facilities that offer child immunization and store vaccines have all of the basic EPI vaccines, including BCG, OPV, Pentavalent, and measles vaccine.

Outpatient curative care for sick children is available in almost all facilities; however, treatment guidelines and protocols for sick child services are available in 28 percent of facilities that offer these services, while IMCI treatment counseling cards for providers are available in less than 10 percent of facilities. All first-line oral medicines are available in 82 percent of facilities, but all pre-referral medicines are available only in about one-third of facilities, mostly hospitals.

Only 19 percent of facilities have routine staff training. During the 12 months preceding the survey, only 6 percent of child service providers received training related to EPI and the cold chain, and 5 percent were trained on ARI treatment and nutrition. Assessment of sick children for major symptoms and general danger signs (ability to eat and drink, vomiting, and febrile convulsions) during sick child consultations is poor.

Three-quarter of children diagnosed with severe respiratory illness received an antibiotic, with 12 percent receiving an injectable antibiotic. However, 70 percent of children with nonsevere respiratory conditions also received antibiotics, contrary to current recommendations. Providers seldom provide caretakers with essential information regarding their child's illness. Only 8 percent of caretakers received all the advice recommended by IMCI regarding fluid and food intake and bringing the child back immediately for specified symptoms. Children rarely receive the first dose of a prescribed or provided oral medication at the facility.

Although 80 percent of sick children were weighed, opportunities for promoting other preventive health interventions whenever a child visits the facility are being missed. Assessments of immunization and feeding practices for children under age 24 months occurred in less than a third of observed consultations. Visual aids for caretaker education are available in just 30 percent of facilities, and providers rarely use them during consultations.

Family Planning Services

Approximately three-fourths of health facilities in Rwanda offer some temporary modern method of family planning, and about two-thirds offer these methods five or more days per week. The most widely available temporary methods are combined or progesterone-only oral contraceptive pills, progestin-only injectables, and male condoms. The majority of facilities offering the most popular methods had them available on the day of the survey. However, in Kigali City, where HIV prevalence is high, only two-thirds of facilities had male condoms available on the day of the survey.

More than 90 percent of facilities ensure privacy for family planning counseling sessions and have individual client health cards available. Guidelines and protocols for family planning are not widely available. Items for infection control are available in the family planning service area in less than one-third of facilities, with soap and running water being the items most commonly lacking. Only 14 percent of facilities (mostly hospitals) have the capacity to properly process reusable family planning equipment. Only 5 percent of facilities have all of the furnishings and equipment needed for good pelvic examinations because of a general lack of examination lights and vaginal speculums. Most facilities offer privacy and an examination bed.

Medicines for treating syphilis, trichomoniasis, gonorrhea, and chlamydia are readily available in facilities offering family planning services.

Nearly all facilities offering family planning methods containing estrogen have blood pressure equipment available. Sterile needles and syringes are available in about two-thirds of facilities offering injectable contraceptive methods.

Up-to-date family planning client registers are available in about 9 in 10 facilities, mostly in government and government-assisted facilities. While only one-fourth of family planning facilities meet criteria for routine staff development or training for family planning providers, 94 percent of them meet criteria for routine staff supervision.

About 9 out of 10 family planning counseling sessions are conducted under conditions assuring both visual and auditory privacy, but providers verbally assure only 3 in 5 clients of confidentiality. Providers consistently assess relevant client history with first-visit family planning clients. Risk factors, such as chronic illnesses, STI symptoms or smoking, are also assessed, although to a lesser extent. Visual aids are used with about half of clients.

Few issues are considered big problems by family planning clients, and even then only by a small proportion of clients. Waiting time to see a provider is the issue they are most likely to consider a big problem. Family planning clients usually visit the facility closest to their home. Lack of medicines is one of the main reasons clients give for not going to the closest facility.

Maternal Health Services

Antenatal care (ANC) services are available in 4 out of 5 facilities nationwide and in about 9 in 10 facilities in the North, South, and West provinces. Availability of ANC services is lowest in Kigali City, where ANC is available in only half the facilities. All three services (ANC, postpartum care, and tetanus toxoid vaccine) are available in only 1 out of 7 facilities; this is because postpartum care is not widely available in Rwanda. TT vaccination is offered in about 4 out of 5 facilities, and on most but not all days that ANC services are offered.

Items that support quality ANC counseling (visual aids, ANC guidelines, and individual client cards) are not available in most facilities offering ANC services. The ANC package and items for infection control are each available in one-third of health facilities offering ANC services.

Iron and folic acid tablets are not available in all facilities offering ANC services. Slightly more than 1 in 4 facilities have all essential equipment and supplies for basic ANC (blood pressure monitor, fetoscope, iron and folic acid tables, and TT vaccine), which implies that pregnant women do not receive all required ANC services and supplies at most facilities. Although each individual medicine for managing common complications of pregnancy is available in most facilities, only about 1 in 10 facilities offering ANC services has the entire package of medicines available.

STI treatment is routinely provided by ANC service providers in approximately 2 in 5 facilities. Four in 5 ANC facilities have medicines to treat each of the four main STIs: syphilis, gonorrhea, chlamydia, and trichomoniasis. Hospitals are more likely to have the capacity to test ANC clients for anemia, urine protein, urine glucose, syphilis, and blood grouping.

While most facilities have up-to-date ANC registers, only 6 percent have postpartum care registers. More than half of facilities have documentation indicating that they monitor ANC coverage rates.

About three-fourths of all facilities offer normal delivery services. These services are far less available in facilities in Kigali City than in the provinces. Caesarean sections are generally done in hospitals. Two-fifths of all facilities have a system of emergency transportation to another facility for maternity emergencies.

Only 3 in 5 facilities that offer normal delivery services have all infection control items at the service site. The items most commonly missing are soap and running water. Only 1 in 5 facilities that offer normal delivery services have all the elements needed to support quality sterilization of delivery equipment, and only 8 percent have written guidelines for sterilization or HLD processing available in the area where delivery equipment is processed. Basic equipment and supplies for conducting normal deliveries (such as scissors or blades, cord clamps or ties, and a disinfectant) are generally available in the facilities offering delivery services, with hospitals more likely to have all basic supplies than other types of facilities.

All items for managing common complications of delivery are available in only 12 percent of facilities offering delivery services, primarily hospitals and facilities in West Province and Kigali City. Injectable oxytocics are the item most commonly missing for managing common complications of delivery. Additional medicines and supplies for managing serious complications are available in only a third of facilities offering delivery services.

Almost all hospitals offering delivery services provide blood transfusion and caesarean section services. These services are most widely available in facilities in Kigali City. Among facilities that perform caesarean sections, about 4 out of 5 have all of the needed equipment, including an operating table, operating light, scrub area adjacent to the operating room, and sterilized instruments. About 8 in 10 hospitals have the essential equipment and supplies (or the capacity) for managing the complications of labor and delivery such as assisted vaginal delivery and postabortion care.

Emergency respiratory support for newborns is not widely available in Rwandan health facilities. Hospitals and facilities in Kigali City and West Province are most likely to have emergency newborn support capacity. Practices that are considered supportive of newborn health, such as weighing the infant and rooming-in are common in Rwandan health facilities. Providing vitamin A to the mother is less common. Routine suctioning of a newborn with a catheter is a potentially risky practice, but it is carried out by 12 percent of facilities, especially hospitals. Giving prelacteal fluids to newborns is common.

Services for Reproductive Tract Infections, Sexually Transmitted Infections, and Tuberculosis

STI services are offered in almost all health facilities as part of general outpatient curative services. About 1 in 5 facilities integrates STI services into ANC and family planning services as well as general curative care. Specialized STI services are rare, and infrequently observed in dispensaries, clinics, or health posts.

Only one in five facilities has everything needed to support quality STI counseling. Almost all facilities provide STI counseling under conditions that ensure both visual and auditory privacy, and STI guidelines, visual aids, and educational materials for STIs are available in 6 out of 10 service delivery areas. Fifteen percent of facilities providing STI services do not have condoms available, either in the service delivery area or somewhere else in the facility.

About 1 in 5 facilities have all items needed for infection control, plus a waste receptacle, in the STI service area. Hospitals seem best prepared for infection control. One in 10 facilities offering STI services has all items needed for physical examinations. Rarely do facilities have everything needed for both infection control and quality physical examinations for STIs.

About half the facilities that reported having the capacity to test for HIV/AIDS (29 percent for syphilis) had the test materials available on the day of the survey. Only 18 percent of facilities reporting the capacity to test for gonorrhea had test materials available. About three-quarters of facilities had at least one medicine available for each of the four common STIs.

Almost two-thirds of facilities, mostly hospitals and health centers, offer TB services of some kind, including diagnosis, treatment, and follow-up. Three in 5 facilities provide TB treatment and/or follow-up, and 85 percent of facilities follow the DOTS approach. Of facilities following the DOTS approach, 9 in 10 have all first-line treatment medicines available. Eighty-five percent of facilities routinely refer newly diagnosed TB patients for HIV testing and three-fourths have records of such referrals available.

Malaria Services

Eighty-six percent of facilities that treat malaria have antimalaria medicines available. Malaria treatment guidelines are available at all malaria service sites in about half the facilities offering malaria services, while the capacity to do blood smear testing for malaria is available in a little over one-third of facilities. Three-quarters of facilities that offer malaria services reported facilitating ANC clients to obtain insecticide-treated nets (ITNs), but only 6 in 10 had ITNs in the facility on the day of the survey.

About 6 in 10 pregnant women, both first-visit ANC clients and follow-up clients, received counseling on ITNs during their ANC consultations; far fewer received free ITNs during their visits. Intermittent preventive treatment (IPT) medicines were provided to two-thirds of first-visit and 6 in 10 follow-up visit ANC clients. The purpose of IPT was discussed with more than half of first-visit clients but less than half of follow-up visit clients. About 6 in 10 first-visit ANC clients were observed receiving their first IPT dose during the consultation, compared with only half of follow-up clients.

HIV/AIDS Services

Sixty-two percent of all facilities in Rwanda have an HIV testing system. This includes almost all hospitals and nearly 7 in 10 health centers. An informed consent policy for HIV testing is also available in 7 of 10 facilities with an HIV testing system. More than half of all facilities provide care and support services (CSS) for HIV/AIDS clients.

TB diagnosis and/or treatment services are available in about two-thirds of facilities that offer HIV/AIDS services, and over half of these follow the DOTS treatment approach. STI treatment services are available in almost all facilities that offer care and support services for HIV/AIDS clients. The items to support STI services that are most often missing are STI treatment guidelines in all relevant service sites. Malaria treatment services are available in nearly all facilities that offer care and support services for HIV/AIDS clients. While anti-malaria medicines are widely available in these facilities, fewer than 6 in 10 of them have malaria treatment guidelines.

Almost all facilities that offer clinical CSS for HIV/AIDS clients have medicines for treating pneumonia and other bacterial infections, and 9 in 10 facilities have medicines for basic pain management and deworming. Laboratory testing capacity for monitoring HIV/AIDS clients is generally low among facilities offering clinical CSS for HIV/AIDS clients. The most widely used spinal tap kit is available in slightly more than half of facilities. With the exception of bacterial culture and India ink, which are available in less than 1 in 10 facilities, other tests are available in 25 to 44 percent of facilities.

Only about one-third of all facilities, including 9 in 10 hospitals, prescribe antiretroviral therapy (ART). Items to support ART services are not widely available in facilities: about 3 in 5 ART facilities have the national guidelines for clinical management of ART, almost 7 in 10 have the laboratory capacity to monitor ART, but only one-fourth had uninterrupted stock for ARVs in the past six months.

PMTCT services are available in about half of all facilities, including about two-thirds of hospitals, health centers, and polyclinics. Two-thirds of PMTCT facilities offer all four of the basic components. Eighty-three percent of the facilities have a staff member who received PMTCT-related training in the three years preceding the survey.

Post-exposure prophylaxis (PEP) services are accessible in about one-fourth of facilities, mostly hospitals (95 percent). PEP is most accessible in government-assisted facilities, where 44 percent either offer or have a referral system for PEP services.

Only 7 of the 334 facilities with an HIV testing system offer youth-friendly services (YFS) for HIV testing. While 4 of the 7 facilities that provide YFS have at least one provider trained in FYS services, YFS guidelines and policies were available in only 2 of the 7 facilities.

Chapter 1 Survey Methodology

1.1 Overview

The 2007 Rwanda Service Provision Assessment (2007 RSPA) is the second of its kind carried out in Rwanda. It is a facility-based survey designed to extract information about the general performance of facilities that offer maternal, child, and reproductive health services as well as services for specific infectious diseases, including sexually transmitted infections (STIs), tuberculosis (TB), malaria, and HIV/AIDS.

Unlike the 2001 RSPA (MOH, NPO, and Macro International, 2003) which concentrated on maternal and child health (MCH), the 2007 RSPA covers both MCH and HIV/AIDS services. Information to provide a comprehensive picture of the strengths and weaknesses of the service delivery environment for each assessed service was collected from all facilities managed by the public sector, and a sample of private facilities that include all of those with five or more staff at the time of listing and one-third of the facilities with three to four staff. Private health facilities with one or two staff were not included in the survey in all five provinces of the country.

The 2007 RSPA provides national and provincial level representative information for hospitals, health centers and polyclinics, dispensaries, health posts and clinics offering HIV/AIDS-related services. Additional population based information on health and the utilization of services can be found in the Rwanda Demographic and Health Survey (RDHS) conducted in 2005, which is a household-based survey (NIS and ORC Macro, 2006).

1.2 Institutional Framework and Objectives of the RSPA

The 2007 RSPA was implemented by the National Institute of Statistics (NIS) of Rwanda in collaboration with the Ministry of Health (MOH). The survey received technical support from Macro International Inc. under the MEASURE DHS Project. Financial support for the survey was received from the United States Agency for International Development (USAID).

The objectives of the 2007 RSPA were to:

- Describe how well prepared facilities are to provide quality reproductive and child health services and services for some infectious diseases (HIV/AIDS, STIs, malaria, and TB);
- Provide a comprehensive body of information on the performance of the full range of public and private health care facilities that provide reproductive, child health, and HIV/AIDS services;
- Help identify strengths and weaknesses in the delivery of reproductive, child health, and HIV/AIDS services at health care facilities, producing information that can be used to better target service delivery improvement interventions and to improve on-going supervisory systems;
- Describe the processes used in providing child, maternal, and reproductive health services and the extent to which accepted standards for quality service provision are followed by providers;
- Provide information for periodically monitoring progress in improving the delivery of reproductive, child health, and HIV/AIDS services at the health facilities;
- Provide input into the evolution of a system of accreditation of health facilities in Rwanda; and
- Provide baseline information on the capacity of health facilities to provide basic- and advanced-level HIV/AIDS care and support services, and on the recordkeeping systems in place for monitoring HIV/AIDS preventive and diagnostic care, and support services.

Data collection instruments were developed to respond to the following basic questions:

1. To what extent are facilities prepared to provide high-priority services? What resources and support systems are available?

For each high-priority service, the Facility Inventory Questionnaire and provider interviews were used to collect information on whether a facility has the capacity to provide the service at an acceptable standard of quality.

Capacity is measured by the presence of essential equipment and supplies in a reasonable location for providing a service. The facility characteristics assessed for quality of services include training and supervision of staff, availability of service delivery protocols and client education materials, availability and utilization of health information records, service delivery environment, and facility systems for maintaining equipment and supplies.

The survey assessed support systems for general management, quality assurance, logistics for medicines, equipment maintenance, infection control, and systems for monitoring activities (such as tracking service coverage rates and referrals). Interviewers asked whether a facility had these support systems in place and also recorded data on whether those systems were functioning.

A facility's basic infrastructure can affect the standard of health services provided and influence clients to use the facility. The 2007 RSPA collected data on whether or not facilities had electricity, water, and client amenities; it recorded what services the facility offered and on which days of the week, and it assessed staffing levels.

2. To what extent does the service delivery process follow generally accepted standards of care?

RSPA interviewers observed interactions between clients and providers to assess whether the process followed in service delivery met standards for acceptable content and quality. Observers sat in on consultations for sick children, STI services, family planning services, and antenatal care. Using a checklist, they recorded what information was shared between client and provider and what processes the provider followed when assessing the client, conducting procedures, and providing treatment.

3. What issues affect clients' and service providers' satisfaction with the service delivery environment?

Each observed client was subsequently asked to participate in an exit interview to ascertain the client's perception of information shared and services received. This information provides further insight on the quality of client-provider interaction. Providers were also interviewed about their satisfaction with the work environment.

1.3 Content and Methods of Data Collection in the 2007 RSPA

1.3.1 Content of the 2007 RSPA

The 2007 RSPA focused on basic health services, particularly those important for women and children. Four high-priority health services, all interrelated to some extent, were assessed: child health, family planning, maternal health, and specific infectious diseases (STIs, HIV/AIDS, TB, and malaria).

In each of these four areas, the survey assessed whether components considered essential for quality health services were present and functioning. The components assessed are those commonly promoted in

different programs supported by the government and development partners. The 2007 RSPA also assessed whether more sophisticated components were present, such as higher-level diagnostic and treatment modalities or support systems for health services that are usually introduced after basic-level services have been put in place.

The *child health component* of the survey was designed to assess the availability of preventive services (immunization and growth monitoring) and outpatient care for sick children, with a focus on the process followed in providing services to sick children. Service provision was compared to the standards set in the guidelines for Integrated Management of Childhood Illness (IMCI).

The *family planning component* focused on the process followed in counseling and providing contraceptive methods to family planning clients.

The *maternal health component* assessed counseling and screening during antenatal care (ANC) visits, the labor and delivery service environment, and postnatal care.

The *infectious disease component* assessed the availability of services for diagnosing and treating STIs, HIV/AIDS, TB, and malaria.

1.3.2 Methods of Data Collection

Five main types of data collection tools were used:

1. Using the *Facility Audit Questionnaires*, interviewers collected information on the availability of resources, support systems, and facility infrastructure elements necessary to provide a level of service that generally meets accepted national and international standards. The support services assessed were those that are commonly acknowledged as essential management tools for maintaining health services. The facility audit questionnaires include MCH, HIV/AIDS, laboratory, and pharmacy sections. The HIV/AIDS section assessed how clients with HIV/AIDS were handled, from counseling and testing through treatment, referral, and follow-up. Interviewers also collected information on health facility policies and practices associated with collecting and reporting HIV/AIDS-related records and statistics for services provided to clients through the health facility.

2. The *Observation Protocol* was tailored to the service being provided. For sick child, antenatal care, family planning, and STI consultations, the observer assessed the extent to which service providers adhered to standards of care, based on generally accepted practices for quality service delivery. The observations included both the process used in conducting specific procedures and examinations, and also the content of information (including history, symptoms, and advice) exchanged between provider and client.

3. After clients were observed receiving a service, they were asked to participate in an *Exit Interview* as they left the facility. The exit interview included questions on the client's understanding of the consultation or examination, as well as his/her recall of instructions received about treatment or preventive behavior. The interviewer also elicited the client's perception of the service delivery environment.

4. In the *Health Worker/Provider Interview*, service providers were interviewed regarding their qualifications (training, experience, and continued in-service training), the supervision they had received, and their perceptions of the service delivery environment.

1.4 Sampling

Data were collected from a sample of facilities, a sample of health service providers at each facility, and a sample of caretakers of sick children, and family planning, ANC, and STI clients.

1.4.1 Sample of Facilities

The survey visited all public health facilities and a sample of private facilities that include all of those with five or more staff at the time of listing and one-third of the facilities with three to four staff. Private health facilities with one or two staff were not included in the survey.

The sample included hospitals, health centers, dispensaries, health posts, polyclinics, and clinics, with different managing authorities, including government, government assisted, nongovernmental organization (NGO), and community.

Out of a total of 555 facilities initially selected for the 2007 RSPA, 538 were successfully interviewed. This represents a response rate of 97 percent. The sample includes 42 hospitals (8 percent), 389 health centers and polyclinics (72 percent), and 107 dispensaries, health posts and clinics (20 percent). More than half (57 percent) of the facilities are government facilities, managed mainly by the MOH. Government-assisted[1] facilities represent one-fourth of facilities, while private, nongovernmental organization (NGO) and community facilities represent 18 percent of facilities. The distribution of health care facilities in South, East, and West provinces is about the same (21 to 25 percent). About 17 percent of the facilities are in North province and 16 percent are in Kigali City.

Data analysis and conventions followed in developing HIV/AIDS indicators

In large facilities, HIV/AIDS services are frequently offered at more than one service sites. For example, HIV testing may be offered to clients who come to a clinic for voluntary counseling and testing (VCT) on HIV, but may also be offered to sick clients attending outpatient clinics and clients admitted to inpatients units. Among the items identified for supporting the quality of services related to HIV/AIDS, some need only be present at a single location in a facility, with the assumption that all units can access the item. Examples include medicines, laboratory tests, and facility-level policies. Recordkeeping is necessary for clients who receive services from any site, but the records may be kept in different locations depending on the organization of a facility and the security of the records. Some items, such as service statistics and client records may be kept in one central location or in several places, depending on the organization of a facility.

For this survey, it is assumed that as long as a unit offering services knows where the records are, and the existence of records at that site is verified, this validates that records are being kept for clients receiving services from the unit. It is not reasonable, however, to assume that providers will run around a facility in search of soap and water to wash their hands or to look for guidelines or protocols to remind them of important information when providing services to a client. Thus, some items need to be in the vicinity of each relevant service delivery area. These include infection control equipment and guidelines and protocols.

[1] Government-assisted (Agréé) health facilities in Rwanda are facilities run by religious and nonprofit associations. They receive support from the government and are completely integrated into the public health system. The government-assisted health facilities have a formal agreement to follow the policies of the MOH.

The analysis of the quality of HIV/AIDS and related services for this survey follows the above general conventions when determining if a facility meets the standards defined as those necessary to provide good quality services.

Throughout the report, indicators are presented by the five provinces to allow for the analysis of geographical differentials. This new official administrative division of provinces is used by the Government of Rwanda, the NIS, and was also used in the 2005 RDHS report (NIS and ORC Macro, 2006).

Table 1.1 provides information on the percent distribution of facilities included in the sample as well as number of facilities by background characteristics (type of facility, managing authority, and province). Table 1.2 provides information on the percent distribution and number of facilities providing specific services of interest.

Table 1.1 Distribution of facilities by type of facility, managing authority, and province

Percent distribution of facilities and number of facilities by background characteristics, Rwanda SPA 2007

Background characteristics	Percent distribution of facilities	Number of facilities
Type of facility		
Hospital	8	42
Health center/Polyclinic	72	389
Dispensary/Clinic/Health post	20	107
Managing authority		
Government	57	309
Government-assisted	25	133
Private/NGO/Community	18	96
Province		
North	17	90
South	22	117
East	21	113
West	25	132
Kigali City	16	86
Total	100	538

Table 1.2 Percentage of facilities providing specific services

Percentage of facilities providing specific services and number of facilities providing services, by service provided, Rwanda SPA 2007

Service provided	Percent of facilities providing services	Number of facilities providing services
Child immunization	75	405
Consultation for sick children	95	509
Family planning	73	394
Antenatal/postnatal care	80	432
Delivery	75	404
Services for sexually transmitted infections[1]	95	513
Services for TB[2]	64	343
HIV testing services[3]	62	336
Any care and support services for HIV	55	296
Antiretroviral therapy (ART) services[4]	31	166
Prevention of mother-to-child transmission (PMTCT) services	51	277
Total	-	538

[1] This may include only laboratory examinations, only preventive measures, or client care.
[2] This includes treatment, diagnosis, and follow-up treatments.
[3] This may include testing in the lab without counseling and sending blood outside for testing.
[4] This includes prescribing ARVs and clinical follow-up services.

1.4.2 Sample of Health Service Providers

A health service provider is defined as one who provides consultation services, counseling, health education, or laboratory services to clients. For example, health workers were not eligible for observation or interview if they only take measurements or complete registers and never provide any type of

professional client services. 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 2007 RSPA. Attempts were made to interview an average of eight providers per facility. In facilities with fewer than eight health providers, all of the providers present on the day of the visit were interviewed. In facilities with more than eight providers, an average of eight providers was interviewed, including all providers whose work was observed. If interviewers observed fewer than eight providers, then they also interviewed a random selection of the remaining health providers to obtain an average of eight provider interviews.

It should be pointed out that in a few cases, the staff present on the day of the survey may not be representative of the staff who normally provides the services being assessed.[2]

Table 1.3 provides general information on the distribution of providers, by background characteristics and provider qualification. It also gives the number of interviewed providers utilized for the analysis. Appendix Table A-1.1 provides additional information on the proportion of interviewed providers compared with the total number of providers assigned to facilities and present at the time of the survey.

Table 1.3 Distribution of interviewed providers

Percent distribution of interviewed providers and number of interviewed providers by background characteristics and qualification of provider, Rwanda SPA 2007

Background characteristics	Percent distribution of interviewed providers	Number of interviewed providers
Type of facility		
Hospital	12	230
Health center/Polyclinic	79	1,527
Dispensary/Clinic/Health post	9	178
Managing authority		
Government	63	1,220
Government-assisted	29	555
Private/ NGO/Community	8	160
Province		
North	16	319
South	22	429
East	24	455
West	25	487
Kigali City	13	245
Qualification of provider		
Physicians/medical officers[1]	4	80
Nurses/Midwives/Auxiliary HW	79	1,536
Lab staffs	11	215
Other clinical/technical staffs[2]	5	103
Nonclinical/technical staffs	0	1
Total	100	1,935

[1] Physicians includes all physician generalists and physician specialists.
[2] Other clinical/technical staff include radiologist, anesthetist, dentist, and physiotherapist. nutritionist, social worker, hygiene and sanitation, and any other client service providers.

1.4.3 Sample for Observations and Exit Interviews

The sample for observations was opportunistic, meaning clients were selected for observation as they arrived because it was not possible to know how many eligible clients would attend the facility on the day of the survey. Where many clients were present and eligible for observation, the rule was to observe a maximum of five clients for each provider of the service, with a maximum of 15 observations in any given facility for each service. In practice, however, at some facilities interviewers observed fewer clients than were eligible for observation. This occurred primarily where multiple services were being offered to clients at the same time in different locations in the facility. Any family planning or ANC client who was also assessed for STI symptoms was observed both for elements related to STI services and elements related to either family planning or ANC, whichever was relevant. Interviewers attempted to give an exit interview to all observed clients and caretakers of observed sick children before they left the facility.

For child health consultations, only children under five years who presented with an illness (rather than an injury or a skin or eye infection exclusively) were selected for observation. When several eligible ANC or family planning clients were waiting, interviewers tried to select two new clients for every one follow-up

[2] For example, the survey may have taken place at the same time as a special training event for a group of specialists, or on a day when evaluations took a certain type of provider away from services.

case. The day's caseload and the logistics of organizing observations did not always allow them to meet this objective.

Table 1.4 gives the percent distribution of observed consultations, as well as the numbers of observed clients, by service. The total number of clients observed during the survey for each service was: 1,756 sick children, 687 family planning clients, 737 ANC clients, 106 STI clients, and 1,297 clients who received injections. Details on the characteristics of these clients are presented in the relevant chapters of this report.

It is necessary to note that the clients present on the day of the survey might not be representative of the clients who normally receive the service being assessed.[3]

Appendix Tables A-1.4 through A-1.6 describe the facilities included in the 2007 RSPA. This includes the size of the facilities' catchment population (Appendix Table A-1.4) and the median number of staff assigned to outpatient services by provider and facility type (Appendix Table A-1.5.1). Appendix Table 1.5.2 reports the percentage of interviewed staff that provides counseling related to HIV/AIDS testing and has received training on that topic. The median number of years of basic education and technical training that interviewed providers had received, by qualification of provider is also presented (Appendix Table A-1.6).

Table 1.4 Distribution of observed consultations

Percent distribution of observed consultations and number of observed consultations for curative care for sick children, family planning, antenatal care, sexually transmitted infections and injections, by type of facility, Rwanda SPA 2007

Type of facility	Percent distribution of observed consultations	Number of observed consultations
OUTPATIENT CARE FOR SICK CHILDREN		
Hospital	6	103
Health center/Polyclinic	88	1,546
Dispensary/Clinic/Health post	6	107
Total	100	1,756
FAMILY PLANNING		
Hospital	2	15
Health center/Polyclinic	94	648
Dispensary/Clinic/Health post	3	24
Total	100	687
ANTENATAL CARE		
Hospital	2	15
Health center/Polyclinic	96	709
Dispensary/Clinic/Health post	2	13
Total	100	737
SEXUALLY TRANSMITTED INFECTIONS		
Hospital	9	10
Health center/Polyclinic	84	89
Dispensary/Clinic/Health post	7	7
Total	100	106
INJECTIONS		
Hospital	10	125
Health center/Polyclinic	84	1,088
Dispensary/Clinic/Health post	6	84
Total	100	1,297

1.5 Survey Implementation

1.5.1 Data Collection Instruments

The 2007 RSPA survey instruments were based on generic questionnaires developed by the MEASURE DHS project and were adapted for Rwanda health services after consulting with technical specialists from the MOH, NGOs, and other key stakeholders knowledgeable about the health services and service program priorities covered by the RSPA. All questionnaires were drafted in English and French; they were translated into the Kinya-Rwanda language.

[3] For example, if the survey coincided with a special event, such as a health fair, or a special campaign.

The survey instruments were pretested from March 25 to April 15, 2007. A total of 16 nurse interviewers were trained in the application of the questionnaires for two weeks prior to pretest data collection in eight facilities in Kigali City. The interviewers were formed into four teams of four members each for the fieldwork. The observations and experiences gathered from the pretest were used to improve the instruments for the main survey.

A training manual was developed and distributed to all recruited data collectors to support standardized data collection.

1.5.2 Training and Supervision of Data Collectors

A total of 69 nurse interviewers (including 16 that participated in the pretest) completed a three-week training (May 15 to June 6, 2007) for the main survey. The training was conducted in Kigali City and included classroom lectures/discussion, practical demonstrations, and field practices. A consultant from Macro International, a medical doctor from the Ministry of Health, and senior staffs from NIS conducted the training. At the end of the three-week training, 64 interviewers had successfully completed the training; 63 were selected for the fieldwork. They were organized into 12 teams, each consisting of a team leader, four interviewers, and a driver. Three extra interviewers worked as backup. One interviewer was further trained and assigned as data receptionist.

Fieldwork supervision was coordinated at NIS headquarters; four NIS supervisors and three doctors from the MOH regularly supervised the teams to review their work and monitor data quality.

1.5.3 Data Collection

Data collection began on June 16, 2007 and was completed August 31, 2007. One interviewer in each team was selected to be the team leader, and he/she had the added responsibility of organizing the team's work and checking all administered questionnaires before leaving each facility. Each team was given a list of facilities to visit, with the facilities' name, type and location. Information on the intended visits was passed on to the sampled facilities one day before the visit, so that they could prepare for the interviewers.

Data collection took one day in small facilities and up to two days, on average, in larger facilities. Every effort was made for teams to visit facilities on days when services of interest would be offered. Whenever any of the services of interest was not being offered on the day of the visit, the teams returned on a day when the service would be offered, to observe and interview clients who came on that day. If, however, the service was offered on the day of the visit but no clients came, the teams did not revisit the facility.

Each interviewer ensured that the respondent for each component of the facility audit was the most knowledgeable person for the particular service or system component being assessed. Informed consent was obtained from the facility in-charge, from all respondents for the facility audit questionnaires, and from observed and interviewed providers and clients. Where relevant, the data collector indicated whether a specific item being assessed was observed, reported available but not observed, not available, or whether it was uncertain if the item was available. Equipment, supplies, and resources for specific services were only recorded as available if they were in the relevant service delivery area or in an immediately adjacent room.

Quality control was ensured by periodic field visits and spot checks by NIS and MOH officers. Field check tables were used to check the quality of collected data and, where necessary, NIS staff communicated with team leaders and resolved any problems.

1.5.4 Data Management and Report Writing

Data management and analysis were carried out as follows:

- **Management of questionnaires in the field:** After completing data collection in each facility, the interviewers reviewed the questionnaires before giving them to the supervisor who reviewed them a second time. The supervisor picked up the questionnaires when visiting the teams.

- **Data sorting and editing at headquarters:** Once questionnaires from each facility were received at headquarters, they were first sorted to ensure they were in the correct order and that none were missing. They were then edited to eliminate any mistakes that would prevent the computer from accepting information during data entry. In cases where there was a problem with questionnaires from a facility, the data collection team was consulted so that the problem could be resolved.

- **Data entry:** Six data operators entered the data under the supervision of one NIS staff member. CSPro software developed by Macro International Inc was used for data entry. All questionnaires were entered twice (100% verification) to ensure that the data had been accurately keyed in. Data entry took place from June through September 2007. All "other" responses were reviewed with assistance from MOH staff and recoded into categories relevant for data analysis.

- **Data processing:** Design of the tabulation plan and preparation of programs for producing statistical tables were carried out from August through November 2007. Data analysis, including clarification of unclear information, was carried out from December 2007 through February 2008. During data analysis, the analysis plan was revised based on feedback from the NIS and MOH to ensure that the analysis was appropriate for the Rwanda health system.

- **Development of the final report:** The final report was written with input from the MOH, NIS, and Macro International Inc.

1.5.5 Data Analysis

The following conventions were observed during the analysis of the RSPA data:

- **Assessing the availability of items:** Unless specifically indicated, the 2007 RSPA considered only observed items to be available. Items that were reported as being available but were not observed or seen by the interviewers were not considered available;

- **Observations:** Many facilities provide routine services for clients, such as taking blood pressure, separately from the actual consultations, and there is often an interval between these events and the time when the primary provider assesses the client. It is not always logistically possible to follow a client through the entire system, so whenever these services were observed being provided outside the consultation room on the day of the survey, the observed client was assumed to have received these services. Where this system is used, multiple providers contribute to the services received by each client. The provider who ultimately diagnosed and prescribed was defined as the primary provider.

  Interviewers assessed whether a practice occurred or a piece of information was shared between provider and client. They did not attempt to verify whether the practice was correct or if the information shared was correct or complete.

- **Provider information:** Frequently, providers indicated that they "personally provided" a service that the facility did not offer. It may be that providers indicated services they provide outside the facility. For the 2007 RSPA, only providers from facilities that offer the service in question were included in the analysis for that service.

- **Development of aggregate variables:** 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 services. It also enables analysts to monitor changes in a facility's capacity to provide services and in its adherence to standards, since there may be improvements in some items but not in others. There are not yet generally accepted aggregates of the health information collected in the RSPA. The aggregate variables presented in this report represent an initial phase in the process of defining useful health information aggregates. They will be refined as users provide feedback on which aggregate variables are useful to policymakers and program implementers.

- **Appendix B:** Tables in Appendix B provide additional information by nonaggregated-type of facility and nonaggregated managing authority.

Chapter 2 Overview of the Health System in Rwanda

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 2007 Rwanda Service Provision Assessment (2007 RSPA) survey.

Information is presented regarding the following:

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

Information in this chapter is drawn from a variety of official sources from the Government of the Republic of Rwanda such as Vision 2020 (MFEP, 2000), the Economic Development and Poverty Reduction Strategy 2008-2012 (MFEP, 2007), Health Sector Policy (MOH, 2005d), Health Sector Strategic Plan 2005-2009 (MOH, 2005c), and other international documents that include Rwanda such as the report of the secretary-general [of the United Nations] on the work of the organization (United Nations General Assembly, 2007) on Millennium Development Goals (MDG), Strategic Document for the New Partnership for Africa's Development, Declaration Lusaka on Decentralization and District Health System Recommended by the Commission on Macroeconomics and Health (CMH) of the World Health Organization.

2.1 General Organization of the Health System

2.1.1 Introduction

The Rwandan health care sector has undergone substantial changes over the past 150 years. Prior to the arrival of colonial Germans, African traditional medicine constituted the basis of health care provision for the entire country. The pre-colonial Rwandan health care system was based on traditional healing using plants, powders, and herbs to treat disease. Traditional healers were also assisted by "spirits" whom they said helped resolve health problems in the population. This practice continued even after the introduction of modern medicine at the beginning of the colonial period and lasted until the 1970s. The transition to the use of modern medicine began when the Germans arrived and continued through the first half of the 20th century. Religious institutions, such as the Catholic Church, also played an important role in this process.

During the second half of the 20th century, before the war and genocide in 1994, Rwandan health care was characterized by a strong centralized system, and health services were theoretically free to all Rwandans. Religious institutions still played a major role in the system. During the genocidal period, a large part of the health infrastructure was destroyed and there was an enormous loss of human resources for health care. Immediately after these tragic events, Rwanda started urgently rebuilding its primary health care system and human resources for health. Since 2000, the health care system has entered a new stage of steady development.

2.1.2 Development of a Modern Health Care System

Since the 1980s, the Government of Rwanda has been implementing primary health care as its key strategy to improve the health status of the population.

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 care at the district level. The decentralization process began with the development of provincial-level health offices for health system management. Progress was made toward decentralizing the managerial responsibilities to the province and, ultimately, to the district level.

The declaration of Lusaka promoted the following three strategies to improve the quality of and access to the health care system:

1. Decentralization of the health care system using health districts as the operational base of the system;
2. Development of the primary healthcare system through its eight elementary components;[1] and
3. Strengthening community participation in service management and financing.

The 1987 international conference on primary health care in Alma Ata called upon national and international communities to take urgent and effective action, to conceive and implement worldwide health care, in a spirit of technical cooperation, particularly in developing countries. Rwanda adopted a primary health care policy immediately after the declaration of Alma Ata and was committed to developing a basic health system that offers primary health care responding to the needs of the population.

The tragic events of 1994 negatively impacted the health care system in a profound manner, because a large portion of the health care infrastructure was destroyed by the enormous loss of human life. After the war and genocide, Rwanda immediately started to rebuild and reform its health care system and to train health care professionals.

In February 1995, the Ministry of Health launched its health sector reform initiative according to the declaration of Lusaka, which was adopted in 1996 by the Government of National Unity. The objective of this initiative was to improve the well-being of the population by ensuring that the health care system provides quality services throughout the country, and that these services are accepted by and accessible to a majority of the population.

In March 2005, the Government of Rwanda adopted the Health Sector Policy (2005) and Health Sector Strategic Plan (2005-2009) for achieving its global vision to guarantee the health and well-being to the entire population, increase production, and reduce poverty. The health care sector aims to ensure and promote the health status of the population by offering quality preventive services and rehabilitating curative services within an effective health care system.

To fulfill this mission the Minister of Health focuses on the following main objectives/programs:

- Ensuring the availability of human resources for health
- Ensuring the availability of quality medicine, vaccines, and others medical supplies
- Providing care and services at an affordable cost

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[1] These eight elementary components include: 1) education about common health problems and what can be done to prevent and control them; 2) maternal and child health care, including family planning; 3) promotion of proper nutrition; 4) immunization against major infectious diseases; 5) an adequate supply of safe water; 6) basic sanitation; 7) prevention and control of locally endemic diseases; and 8) appropriate treatment for common diseases and injuries.

- Improving the quality and demand for services in disease prevention and control
- Improving national hospitals and research institutions
- Strengthening institutional capacity of national programs and institutions

These objectives/programs form the basis of the Health Sector Strategic Plan, from which specific objectives and results-oriented indicators are formulated ensuring that all key components in health sector performance are covered.

Like many other developing countries, Rwanda is committed to achieving the MDGs by 2015. This reflects on the country's provision of basic health services emphasizing the availability and quality of services offered, especially to the most vulnerable population including women and children.

Vision 2020 regarding health care stresses control of important disease epidemics such as HIV/AIDS, tuberculosis, malaria, diarrhea, malnutrition, respiratory infection and other potential epidemics such as cholera, meningitis, bacillary dysentery, and measles. The poverty reduction strategic plan articulates this vision more clearly, with greater emphasis on disease prevention, especially HIV/AIDS and malaria. It also targets accessibility to better health care through reducing the cost of services to the most disadvantaged, distribution of health care information at the community level, and quality of care.

The health care system showed a remarkable recovery after the war and genocide. Current health indicators provide evidence of progress attained over the last ten years, but they also show that enormous challenges remain to be undertaken in order to realize the MDGs in 2015.

Even though the maternal mortality ratio dropped after the genocide period, it has remained as high as it was in the 1980s and is one of the highest in the world (750 per 100,000 live births). This high level of maternal mortality has mainly been due to lack of access to care, lack of qualified health personnel, lack of equipment, and poor quality of health care services.

The high level of immunization coverage showed a strong and effective EPI program, one of the strongest among the sub-Saharan countries. However, family planning services that were stagnant during the past two decades have improved rapidly because of the political commitment of the Rwandan Government and the population's understanding of the impact of population growth on economic development, and knowledge of the availability of the contraceptive methods. Contraceptive prevalence among women in union dropped from 9 percent in 1992 to 4 percent in 2000, but rose to 10 percent in 2005 (NPO and Macro International, 1994; NPO and ORC Macro, 2002; and INS and ORC Macro, 2006).

2.2 Overview of Operating Authorities for Health Services

Health services in Rwanda are provided through the public sector, government-assisted health facilities, 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. The levels coordinate to prevent overlap and to improve the use of resources and services.

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 mobilizing resources needed for quality services that are accessible to the population.

The decentralized level consists of 30 administrative districts. There are eight technical units including a health unit within the district office. This health unit is called the Health, Family Promotion, and Protection of Children's Rights Unit, and advises the District Executive Committee on health related issues. Each administrative district has at least a district hospital and, at the third level, several primary health care facilities (health center, health post, and dispensary).

The Health, Family Promotion, and Protection of Children's Rights Unit is responsible for establishing a district administrative counsel that oversees health institutions in the district such as the district hospital, mutual health insurance, district pharmacy, and HIV/AIDS control committee. Other roles of the unit are to:

- Monitor and facilitate the functions of the district hospital management committee, mutual health insurance, district pharmacy, and HIV/AIDS control committee;
- Sensitize the population on disease prevention, family planning, and mutual health insurance;
- Promote public health and sanitation;
- Supervise health centers;
- Collect, analyze, and disseminate health data for the Minister of Health;
- Prevent and control epidemics; and
- Mobilize necessary resources for implementation of health care services.

In 2006, the country implemented the second phase of political and administrative decentralization and Rwanda was divided into 30 administrative districts. By the end of 2007 there are 38 operational district hospitals, 4 national referral hospitals, and 4 health centers, which are being upgraded to become district hospitals. At the same time, there are 401 health centers, of which 38 are adjacent to each of the district hospitals. The principal function of district hospitals is to provide care for patients referred by the primary health care facilities. Although essential roles of a hospital are treatment and rehabilitation, it is also responsible for implementing and supporting disease prevention in its catchment area. The hospital management team participates in planning activities for the health district and supervising district health personnel. The average capacity of a hospital is about 1 bed per 1,000 persons; however, there are significant variations between districts and provinces.

Health centers are responsible for providing primary health care that includes complete and integrated services. These encompass curative, preventive, promotional, and rehabilitative health services.

Health posts are health facilities with a package of activities reduced from that offered at health centers and are assigned a catchment population similar to a health center (approximately 20,000 on average). However, health posts are established in areas that are far from main health centers; they provide services limited to curative outpatient care, certain diagnostic tests, child immunization, growth monitoring for children under five years, ANC consultation, family planning, and health education. The Rwandan health system is facing a shortage of health care providers, especially highly qualified providers such as physicians, nurses, and health care manager with experience. This shortage is more serious in rural areas.

2.2.2 Government-assisted Health Facilities

Government-assisted facilities are nonprofit facilities operated by various religious groups and not-for-profit associations. They have the same functions, responsibilities, and official management structures as public facilities (as defined by the Ministry of Health). They are fully integrated into the structure of the health district. The nonprofit sector signed a formal agreement with the government that determines the obligations and rights of all health care providers working in that sector. Strong local partnerships

between NGOs, churches, private providers, and the public sector are encouraged to ensure coordination and integration in planning and operating the health care system.

In 2007, 25 percent of the first- and second-level health facilities were government-assisted facilities. While public facilities are fully supported by the government, the government-assisted facilities are registered and receive certain assistance from the government. Personnel in government-assisted facilities receive the same benefits as those in government facilities including continued education subsidized by the government. Representatives from government-assisted facilities participate in the health committees of health centers and in the district health administrative council of district hospitals. These facilities agree to follow all standard guidelines and protocols of the Ministry of Health.

2.2.3 Private Sector

The Ministry of Health is strengthening its relationship with private and other nonprofit sectors. Collaboration is based on 1) greater participation of the private sector in provision of services to the entire population, 2) improved accessibility to care using services offered by the private health sector, 3) improved supervision of the private sector in collecting health information data, and 4) strengthening the capacity of a unit within the Ministry of Health that is in charge of the private health sector. A formal agreement detailing the nature of cooperation between the Ministry of Health and the private sector has been established.

In early 2007, there were 373 private health facilities across the country. Seventy-two of these facilities were operated by physicians and 301 by nurses. More than 70 percent of these facilities are in Kigali City or its vicinity. Some private health facilities provide hospitalization services and some provide specialized services such as gynecology-obstetrics, pediatrics, gastroenterology, ophthalmology, stomatology, physiotherapy, and biological analysis.

2.2.4 Traditional Medicine

A significant proportion of the Rwandan population continues to use traditional medical services while seeking care from their modern health care providers, depending on the nature of the problem. This practice encourages the provision of traditional medical services. A legal framework determines how traditional medical services can operate alongside health services within the district. The Ministry of Health in collaboration with the Institute for Scientific and Technological Research ensures the rational development of traditional health care in the country and assists in the organization of practitioners of traditional medicine into associations; however, only a few of these associations are currently functioning.

2.2.5 Community Health

In order to improve the health status of the population, the Ministry of Health developed a community health policy for implementing health care services at the community level. All sociodemographic aspects of the population are taken into account to ensure equity of access to and provision of health services. This policy recommends active participation of the population in planning, implementation, monitoring and evaluation of programs and projects, and strongly encourages community recommendations and feedback.

The main objective of the community health policy is to provide guidance in the provision of holistic and sustainable health care to the community. It requires active participation from the community in the process of health service delivery through decentralization of the health care system, from the district to the village (Umudugudu). In the context of this policy, the community health service uses a public health approach in which a community defines its own needs and plays a prominent role in organizing health

services. The community health service takes into account characteristics of the community; notably, its networks of interaction, support systems, norms, specific cultural aspects, institutions, political systems and beliefs.

The community health service is integrated into community development services and administrative structures. This integration allows for improved quality of services, minimizing losses of opportunity, and maximizing the impact of interventions for certain vertical programs. In addition, this integration minimizes administrative costs, allows for better use of financial resources, and avoids unnecessary duplication of services. The community health service also implements the management programs to integrate the services properly, such as sharing information, clarifying management guidelines for integration at different levels, and supporting its implementation.

2.2.6 Mutual Health Insurance

One of the major problems in the Rwandan health care system is how to reconcile its two main financial issues in a context of poverty. The first issue is improvement of financial accessibility and equity in access to health care and the second is mobilization of internal resources to increase the financial viability of health services.

Since the reintroduction of direct payments in 1996, data from the health management information system (HMIS) showed that more and more households were having difficulty meeting their health care costs. this resulted in a decrease in the level of health care utilization, reaching a level of 0.28 visits per person per year, much lower than the WHO standard of 1 visit per person per year in urban areas and 0.5 to 0.6 visits per person per year in rural areas. The reasons for nonutilization included dissatisfaction with the quality and cost of services. Financial barriers result in various forms of exclusion; however, the risk of exclusion is potentially highest among the poorest population group, those with low and irregular income, and rural population. Nevertheless, political options to resolve the problem of financial inaccessibility to health care remain limited.

Alternative mechanisms for community financing based on prepayment or a risk-pooling system such as mutual health insurance become potential options for improving financial accessibility to health care and for mobilizing the internal resources needed to increase financial viability of health services. In fact, a countrywide implementation of mutual health insurance would guarantee equitable access to quality services by the population, particularly rural communities and the informal sector. Mutual health insurance not only allows the population access to care when needed, but also reduces the effects of poverty. The country's development policy on mutual health insurance has considered all potential social aspects related to it, so that a majority of the population will be able to fully benefit from the program. Mutual health insurance will be complementary to other social and private insurance.

Mutual health insurance groups in Rwanda are autonomous organizations managed by their members that are based on free and democratic principles. Members adopt their own internal rules and regulations in order to define the organizational structure of the program and the role and function of its various management committees. They elect the members of the management committees and define their roles and responsibilities. The organizational structure of mutual health insurance is adapted to the institutional framework set up by decentralization reform and mutual health committees existing at all levels: village, cell, sector, and district.

Mutual health insurance was established for three specific objectives: 1) to improve financial access to health care, 2) to improve the financial situation of health facilities, and 3) to improve the overall health status of the population. Mutual health insurance should facilitate the utilization of services by the population.

Mutual health insurance is under three tiers of management:

1) The sector level manages all services provided at health centers. Financial sources of mutual health insurance at this level are contributed by its participating members (premium and co-payment), and by the sector.

2) The district level manages all services provided at district hospitals. Financial sources of mutual health insurance at this risk-pooling level are contributed by the sector level, by the district, by participating members in the district, and by national pooling.

3) The national level manages all health care services at the level of the national referral hospitals, University Hospital of Kigali, University Hospital of Butaré, the Neuro-Psychiatric Hospital of Ndera, and the Center for Psycho-social Counseling. Financial contributors at this level are national risk-pooling from the Minister of Health, l'Assurance Maladie des Agents de l'Etat (RAMA), Assurances Maladie des Militaires (MMA), and private insurance.

2.2.7 Performance-based Financing

Performance-based Financing (PBF) is an approach to health financing that shifts attention from inputs to outputs, and eventually outcomes in health services. PBF consists of a group of methods and approaches that aim, through differing levels of intervention, at linking incentives to performance. PBF can be defined as a voluntary agreement between independent or autonomous partners who commit to a set of reciprocal obligations that will be of mutual benefit to all.

Performance-based financing in Rwanda is defined as:

> *A method of health care services management which seeks to increase the volume and quality of health care services provided to the population. Performance-based financing increases funds available at the operational level to increase health worker motivation through a system of complementary remuneration based on performance. Performance-based financing operates through contracts between those providing the financing and the various local actors in the health system.*

Performance-based financing facilitates efficiency and cost-effectiveness in the utilization of health resources. It is more effective in achieving results than input-based financing because it motivates workers to achieve better performance and it ensures that funds arrive at the health facility levels instead of trickling down from higher levels in the system.

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 district 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 based on geographic accessibility, regardless of the availability of infrastructure or existing civil administrative boundaries.

Over time, the boundaries of 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 health care 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. Health districts in Rwanda vary greatly by the size of their catchment population. 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 disease morbidities in Rwanda are infectious diseases, which are preventable through the improvement of hygiene and sanitation, and health-related behavior. Infectious diseases are the top ten leading causes of morbidity and mortality in Rwanda. Nine in ten health consultations at primary health care facilities in Rwanda are for diseases such as malaria, respiratory infections, diarrhea, intestinal parasites, skin diseases, HIV/AIDS, STI, tuberculosis, typhus, cholera, and meningitis. A package of activities directed toward these diseases and other common preventive interventions have been delineated for each level of the health system.

A different package of activities was defined for each level of the health care system to ensure equitable access to care throughout the country, the availability of procedures, and standards for operation and management. It allows for better resource planning and management, as well as furnishing, establishing, and evaluating the basic quality of health services.

2.4.1 Minimum Package of Activities at the Peripheral Level

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

1. Promotional activities, such as information, education, and communication (IEC), psychosocial support, nutritional activities related to small farming and food preparation, community participation, managing and financing of health services, home visits, and hygiene and sanitation in the catchment area around the health center.

2. Preventive activities, that cover premarital consultation, ANC, postpartum care for the mother and child, family planning counseling and services, school health, and epidemiologic surveillance activities.

3. Curative activities, comprising consultations, management of chronically ill patients, nutritional rehabilitation, prescription or administration of medicines, observation before hospitalization, normal deliveries, minor surgical interventions, and laboratory testing.

Each health center is responsible for managing personnel, supplies, and financial resources as well as for training health care personnel. The health center also oversees other general health-related activities such as intersectoral collaboration with other departments (e.g. social welfare and agriculture) when appropriate. Health centers are the focal point for community participation in health-related activities.

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 resumed. 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 centers. There was little emphasis on a broader community role in identifying important health concerns and mobilizing the community to participate in health activities or projects.

2.4.2 Complementary Package of Activities for District Hospitals

The complementary package of activities is a common set of prioritized activities mandated to all district hospitals so they can provide effective and equitable health care services that are not available at the primary levels.

The complementary package of activities (CPA) for district hospitals includes activities 1 and 3 of the minimum package of activities 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 the Implementation of a Decentralized Health System

Rwanda implemented the second phase of its political and administrative decentralization in 2006, and by the end of 2007 the country will have been divided into 30 administrative districts. In 2007, there were 38 operational district hospitals, and four national referral hospitals. From 2006 to the end of 2007 the total number of health facilities increased from 382 to 401, of which 38 are adjacent to each district hospital.

In 2006, the Minister of Health reconstructed four new district hospitals and rehabilitated two other district hospitals. Additionally, it constructed seven new health centers and equipped 14 other health centers. A total of 75 distillers and 25 centrifuges were distributed to laboratory units of health centers.

To improve accessibility to health services, the government purchased 51 ambulances for hospitals and health centers and 370 motorcycles for health centers. In addition, each health district received a vehicle for supervision activities.

2.6 Utilization of Curative Consultation Services

Since 2001, data from the Health Management Information System (HMIS) show that utilization rates for primary care services increased with growth in the availability of health services and infrastructure. The proportion of the population utilizing primary care services increased substantially from 26 percent in 2001 to 61 percent in 2006. In 2007, 71 percent of the population was using the services. By the end of 2006, the utilization rate for primary care services was 0.6 new cases per person per year, having doubled compared with 2001 (0.3 new cases per person per year). This increase in the utilization of health services may be due to an increase in enrollment in mutual health insurance, the improvement of salaries for health care personnel, and nationwide implementation of the performance-based financing (PBF) system.

Table 2.1 Trends in utilization of curative consultation services

Curative services utilization rates (new cases per person in the population per year), Rwanda 2001-2007

Year	Target population	Number of new cases at health centers	Curative health services utilization rates
2001	7,922,566	2,070,730	0.26
2002	8,128,553	2,365,899	0.29
2003	8,339,895	2,643,100	0.32
2004	8,556,733	3,278,911	0.38
2005	8,779,208	4,038,698	0.46
2006	9,007,467	5,468,112	0.61
2007	9,079,679	6,445,672	0.71

Source: Health Management Information System 2001-2007, Ministry of Health

2.7 Issues Related to Quality of Care

The Rwandan Ministry of Health defines quality as: "*The correct implementation of health interventions according to established norms and procedures, which satisfy the health system's clients and maximize health outcomes without creating health risks or unnecessary costs.*"

The mission of the Government of Rwanda's health sector is to "ensure and promote the health status of the Rwandan population by providing quality preventive, curative, and rehabilitative services within a well performing health system." Following the government's commitment to reduce poverty and achieve the Millennium Development Goals, the Government of Rwanda seeks to establish mechanisms that ensure quality in the health sector.

In 1995, Resolution AFR/RC45/R3 of the World Health Organization for the African Region's (WHO/AFRO) urged member states to establish quality assurance programs as soon as possible. Rwanda supported the resolution and has taken concrete steps to improve quality of care for the population. In 1997, the Ministry of Health created the Division for the Promotion of Quality of Care. By 1997, standards for case management were revised and disseminated through various programs (malaria, AIDS, child health, tuberculosis, etc.) as well as flow charts for health center personnel. In 1998, quality

assurance was introduced into the three national reference hospitals, and soon thereafter quality assurance was introduced as a pilot project at the district level for the management of malaria and HIV/AIDS.

In the intervening years, many different innovative approaches to improve the quality of health care and the motivation of health workers have been tested in various small geographical areas. However, there has been no shared concept of quality among the various health system actors, and while there has been some attention paid to the patient and community aspects of quality, this has been largely neglected.

Significant challenges remain to be addressed to institutionalize quality of care in Rwanda. Given the various reforms currently underway aimed at strengthening the Rwandan health system and improving access to care, it is essential at this time to achieve a consensus on the definition of "quality" and to institutionalize quality management. Ultimately, Rwanda needs a unified, coordinated approach to quality management in which the three primary quality strategies (performance-based financing, quality assurance, and mutual health insurance) will be integrated with the activities of all MOH, civil, community, and regulatory groups to improve the health of the Rwandan people.

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, where each level of the structure supervises the level under it. This system of supervision continues to improve and in 2006, at the beginning of the second phase of political and administrative decentralization, the supervisory system was divided into clinical/technical supervision and administrative supervision.

Clinical/technical supervision is carried out by a multidisciplinary team including physicians, midwives, nurses A1, and senior technicians A1, while administrative supervision is undertaken by a team that includes administrative and financial supervisors.

Health centers are responsible for supervising clinical/technical aspects of health services at the community level, often accompanied by a staff member from the district hospitals. District hospitals are supervised by national referral hospitals regarding clinical/technical aspects and by other national programs and centers for implementation and adherence to national policies, standard protocols, and guidelines.

2.9 System of Supply and Distribution of Medications

Medicines play an important role in the quality and accessibility of health care. The Center for Purchasing of Essential Medicines for Rwanda (CAMERWA), was created to ensure regular supplies and quality of medicines at minimal cost. It contributes to lowering of retail prices and a reduction in stock shortages at health facilities. Nevertheless, access to essential medicines remains a considerable problem because of weak price regulation and the ability of people to purchase these medicines. Supply and distribution of medicines, vaccines, and other consumables constitute one of the essential parts in the operation of a health care system. The availability of medicines and consumables is strategically important and one of the key elements in the provision of health care to the population. Moreover, medicines constitute the largest proportion of household expenditures on health care in Rwanda (60 percent), creating a financial barrier in access to health care. CAMERWA imports and distributes medicines to public hospitals and district pharmacies. District pharmacies play an intermediate role between CAMERWA and district hospitals and health centers. Likewise, the Office of Government-approved Health Facilities of Rwanda (BUFMAR) purchases and imports medicines for government-assisted health facilities. The private sector purchases a majority of medicines (70 percent) through its five principal private importers.

At the district pharmacy and health center levels, shortages in the stock of essential medicines are generally observed nationwide. For example, on average, amoxicillin is out of stock about 2.6 days per month and quinine about 0.6 days per month. The shortage of pharmaceutical products is a result of the weak supply system, absence of standard procedures in procurement, and lack of capacity to enforce the taxation policy on importation of medicines.

2.10 Human Resources for Health

Almost all health personnel in Rwanda that work in public health facilities are staff of the Ministry of Health. The MOH recruits approximately 62 percent of the health workforce and pays their salaries directly through the administrative district. The remaining 38 percent of health personnel working in public health facilities are paid through various means, including direct contracts with government-assisted health centers (24 percent), NGOs, volunteer organizations, or the districts (14 percent). Health personnel working in public health facilities also include some expatriates whose salaries are paid by NGOs, bilateral, or volunteer organizations. Irrespective of their source of payment, all personnel working in public health sites are considered MOH personnel. A very small number of health personnel work in the private sector of the health care delivery system.

2.11 Basic Qualifications for Health Personnel

At the end of December 1999 the Ministry of Health assessed its workforce capacity and counted a total of 4,141 staff registered with the Ministry of Public Function (MOPF). They included 2,262 medical and clinical personnel and 1,879 nonmedical personnel. There were 148 physicians and 1,143 nurses, accounting for 3.6 percent and 27.6 percent, respectively, of all personnel.

In December 2000, the MOH registered 3,363 staff with MOPF, including 2,320 medical and clinical personnel and 1,043 nonmedical personnel. The proportion of physicians and nurses had increased to 4.4 percent and 34.7 percent of the total health workforce, respectively. In 2003, the health personnel situation had improved slightly. The MOH had a total of 4,222 registered staff that included 220 physicians, 19 midwives, 1,997 nurses, and 79 senior health technicians. In 2005, the public sector had a total of 6,961 registered staff (5,850 medical/clinical and 1,246 nonmedical), with 221 physicians (3.2 percent) and 4,063 nurses (62.5 percent) (Table 2.2). According to the 2006 Minister of Health Annual Report, the physician population ratio improved from 1/50,000 in 2005 to 1/42,000 in 2006. During the same period, the nurse population ratio improved from 1/3,900 to 1/3,138.

Tableau 2.2 Manpower trends in the Ministry of Health 1999-2005

Percentage of different types of personnel in the Ministry of Health, Rwanda 1999, 2000, 2003, and 2005

	1999		2000		2003		2005	
Personnel	Number	%	Number	%	Number	%	Number	%
Physicians[1]	148	3.6	148	4.4	220	5.2	221	3.2
Nurses	1,143	27.6	1,167	34.7	1,997	47.3	4.063	62.5
Other clinical medical staff	971	23.4	1,005	29.9	n/a	u	1.145	16.4
Nonmedical staff	1,879	45.4	1,043	31.0	n/a	u	1.246	17.9
Total	4,141	100.0	3,363	100.0	4.222	100.0	6.961	100.0

[1] Includes dentists
u = Unknown (not available)
Source: Health Management Information System; and Human Resources for Health Strategic Plan 2006-2010, Ministry of Health 2006
n/a: data are not available

2.12 Health Sector Financing

Traditionally, the level of health sector financing has been weak. The main sources of health sector financing are 1) the government budget, which is allocated for the Ministry of the Health through the Ministry of Finances and Economic Planning, 2) assistance from bilateral/multilateral international partners or nongovernmental partners of the Ministry of Health, and 3) contributions from the population through prepayment programs or out-of-pocket.

The percentage of the national budget designated for the public health budget is very small (4.7 percent in both 2005 and 2006). This figure is much lower than the minimum recommended (8 percent) by the World Health Organization. If there were a consistent increase in the government's budget allocation for the health sector, the proportion could reach 6.5 percent in 2010.

In 2005, the expenditure per capita for health care remained low, the equivalent of only US$13 per capita per year. In 2007, 48 percent of the health sector budget came from the national budget; the remaining 52 percent came from international partners.

It is estimated that to provide public health care of minimally acceptable quality in a developing country, a minimum budget of US$45 per capita per year must be allocated, which is more than three times the current Rwandan expenditure per capita for health. This provides a general idea of the amount of work that remains to be done in this area.

Chapter 3 Facility-level Infrastructure, Resources, and Systems

This chapter describes infrastructure, resources, and critical support systems at the facility level, all of which enhance the provision of good quality services. Although health services can be offered under a variety of conditions, certain elements of the infrastructure and components of the health system are believed to be necessary to ensure the consistent quality of health services, their acceptability, and hence their utilization.

The chapter is divided into three parts. The first part provides information on whether facilities have the staff, infrastructure, and resources needed to support quality services and appropriate service utilization. These include:

- Availability of a basic package of health services and qualified staff at a facility;
- Facility infrastructure supportive of client utilization and the delivery of quality services; and
- Facility infrastructure supportive of quality, 24-hour emergency services.

The second part considers management systems for supporting quality services and the appropriate utilization of services. These include:

- Systems for addressing management issues;
- Staff development through training and supervision; and
- Community participation and funding mechanisms to decrease financial barriers to utilization.

Finally, the chapter considers support systems that are critical to the quality of services at facilities, including:

- Logistics systems to support the maintenance of equipment and infrastructure;
- Availability of medicines, vaccines, and contraceptive methods; and
- Systems and practices for infection control.

3.1 Basic Infrastructure and Resources to Support Utilization of Services and Accessibility

3.1.1 Availability of Services and Human Resources

The availability of basic health services, the frequency with which these services are offered, the presence of qualified staff, and the accessibility of the health care system all contribute to client utilization of services in a health facility. Tables 3.1.1, 3.1.2 and Figure 3.1 provide details on the availability of basic services and qualified staff. Additional information describing what specific services are available, by type of facility and zone, is provided in Appendix Tables A-3.1 and A-3.2.

The Rwandan health care service delivery system is comprised of a network of facilities providing preventive, curative, and promotional health services. In Rwanda the large majority of health facilities are health centers, which are more accessible geographically. According to the country health care delivery system, health centers constitute the first level of care within the referral system and are expected to provide the full range of basic services, which include outpatient services for sick children and for sexually transmitted infections (STIs), family planning services, antenatal care, immunization, and child growth monitoring. Hospitals constitute the second and third level within the referral system and rarely

provide preventive services. Hospitals usually have an adjacent health center that is responsible for providing these types of services.

Overall, 44 percent of health facilities offer the full range of basic services (Table 3.1.1). Health centers and polyclinics are much more likely to offer a full range of services (60 percent). A greater proportion of government facilities (58 percent) offer the full range of services compared with government-assisted facilities (45 percent). None of the private, NGO, and community facilities have all the elements of this basic services.

Table 3.1.1 Availability of basic services and qualified staff to meet client needs

Percentage of all facilities that provide the specified package of services, at the specified frequencies, with the specified qualification of staff, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities with: All basic services[1]	All basic services provided at minimum frequencies[2]	All basic services at minimum frequencies plus facility-based 24-hour delivery services	All basic services at minimum frequencies, plus facility-based 24-hour delivery services, and at least one qualified curative care provider[3]	Number of facilities
Type of facility					
Hospital	5	2	2	2	42
Health center/Polyclinic	60	48	43	42	389
Dispensary/Clinic/Health post	1	1	1	1	107
Managing authority					
Government	58	45	42	41	309
Government-assisted	45	38	29	29	133
Private/NGO/Community	0	0	0	0	96
Province					
North	49	47	42	42	90
South	50	38	36	36	117
East	46	29	26	25	113
West	51	44	37	37	132
Kigali City	20	13	12	12	86
Total	44	35	31	31	538

[1] The basic services include: outpatient services for sick children and for adult sexually transmitted infections, temporary methods of family planning, antenatal care, immunization, and child growth monitoring.
[2] The services and defined minimum frequencies are: curative care for children offered at least five days per week, STI services at least one day per week, and preventive or elective services (any temporary methods of family planning, antenatal care, immunization, and growth monitoring) at least one day per week.
[3] Qualified staff (providers of curative care) includes physician specialist, physician generalist, medical officers, nurses, midwives, auxiliaries, anesthetist, and dentist that prescribe the treatment.

About one-third (35 percent) of all facilities provide the full range of basic services at minimum frequencies defined by the SPA (see Table 3.1.1 for the definition of minimum frequencies). Health centers and polyclinics (48 percent) are also more likely than other types of facilities to offer all basic services at minimum frequencies. Similarly, government-managed facilities (45 percent) and facilities in the North province (47 percent) and the West province (44 percent) are more likely than other facilities to provide all basic services at minimum frequencies. Only 31 percent of facilities offer the full range of services at minimum frequencies, also provide facility-based 24-hour delivery services and also have at least one qualified provider of curative care. Health centers and polyclinics, and facilities managed by the government are more likely than others to satisfy all three criteria (basic services at minimum frequencies, 24-hour delivery services, and at least one qualified provider). This is because some government-assisted and private facilities do not provide all the elements of the package. For example, in social-medical centers not all elements of MPA are provided, therefore certain services such as maternity services are not available.

Table 3.1.2 Availability of basic services and qualified staff to meet client needs: Health centers only

Percentage of health centers that provide the specified package of services, at the specified frequencies, with the specified qualification of staff, by background characteristics, Rwanda SPA 2007

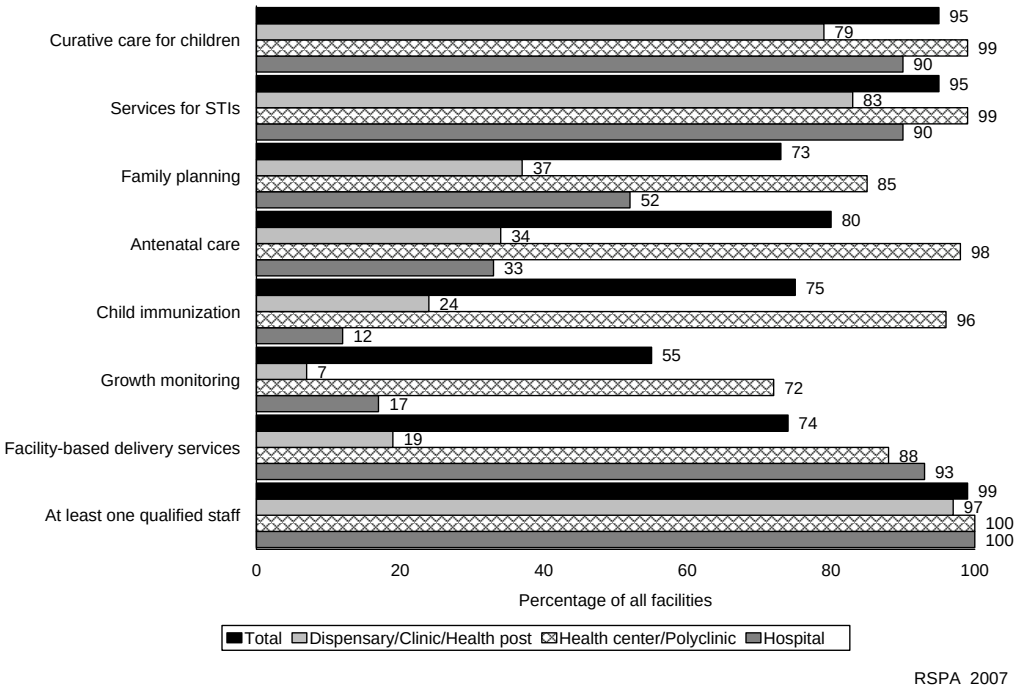
Background characteristics	Percentage of health centers with: All basic services[1]	All basic services provided at minimum frequencies[2]	All basic services at minimum frequencies plus facility-based 24-hour delivery services	All basic services at minimum frequencies, plus facility-based 24-hour delivery services, and at least one qualified curative care provider[3]	Number of facilities
Managing authority					
Government	66	52	48	48	265
Government-assisted	51	43	33	33	115
Private/NGO/Community	0	0	0	0	2
Province					
North	59	56	51	51	75
South	58	43	41	41	99
East	58	37	32	31	90
West	69	60	51	51	95
Kigali City	70	48	43	43	23
All health centers	62	49	43	43	382

[1] The basic services include: outpatient services for sick children and for adult sexually transmitted infections, temporary methods of family planning, antenatal care, immunization, and child growth monitoring.
[2] The services and defined minimum frequencies are: curative care for children offered at least five days per week, STI services at least one day per week, and preventive or elective services (any temporary methods of family planning, antenatal care, immunization, and growth monitoring) at least one day per week.
[3] Qualified staff (providers of curative care) includes physician specialist, physician generalist, medical officers, nurses, midwives, auxiliaries, anesthetist, and dentist that prescribe the treatment.

Table 3.1.2 shows the availability of basic services and qualified staff at the 382 health centers. As the first level of the referral system, 62 percent of health centers provide all basic services and 49 percent provide them at a minimum frequency. Only 43 percent of health centers offer the full range of services at minimum frequencies plus facility-based 24-hour delivery services; the same proportion provide these services and have at least one qualified provider of curative care.

Curative care services for sick children and for STIs are almost universally available in Rwanda (Figure 3.1, Appendix Tables A-3.1 and A-3.2). This suggests that STI services are becoming more available throughout the country. Other services are less available: family planning is offered by 73 percent, ANC by 80 percent, child immunization by 75 percent, and growth monitoring by 55 percent of all facilities. These services are more widely available in health centers and polyclinics than other types of facilities, which is not surprising considering health centers are the first level of the referral system. Almost all (99 percent) of all facilities have at least one qualified provider of curative care available.

Figure 3.1 Availability of services and staff to meet basic client needs (N=538)



Facility-based 24-hour delivery services are available in practically all hospitals (93 percent) and in 88 percent of health centers. Although dispensaries, clinics, and health post are not expected to offer 24-hour delivery services, 1 in 5 of them does so (Figure 3.1).

Table 3.1.3 Availability of male circumcision

Percentage of facilities with staff who can perform male circumcision, percentage of facilities offering male circumcision that have a register, and the median number of circumcisions per month among facilities with a register for male circumcision, by background characteristics, Rwanda SPA 2007

Background characteristics	Having a health worker who can perform a male circumcision	Number of facilities	Having a register for male circumcision	Number of facilities offering male circumcision	Median number of male circumcisions/ month	Number of facilities with a register for male circumcision
Type of facility						
Hospital	88	42	86	37	4	32
Health center/Polyclinic	13	389	37	49	2	18
Dispensary/Clinic/Health post	24	107	46	26	2	12
Managing authority						
Government	18	309	55	56	3	31
Government-assisted	18	133	63	24	4	15
Private/NGO/Community	33	96	50	32	2	16
Province						
North	11	90	60	10	3	6
South	14	117	69	16	4	11
East	25	113	46	28	2	13
West	20	132	54	26	3	14
Kigali City	37	86	56	32	3	18
Total	21	538	55	112	3	62

Only about one in five facilities has at least one health worker who can perform male circumcision, this includes almost nine out of ten hospitals, 13 percent of health centers and polyclinics, and 24 percent of dispensaries, clinics, and health posts. Private, NGO, and community facilities and facilities in the city of Kigali are more likely to have a health care provider who can perform male circumcision than other facilities. Slightly more than half (55 percent) of facilities with a provider who can perform male circumcision keep a register for this service. On average, there are about three male circumcisions performed per facility per month (Table 3.1.3).

3.1.2 Facility Infrastructure Supportive of Client Utilization and Quality Services

Theoretically, quality health services can be provided even in minimal service delivery settings. However, clients and staff are more likely to be satisfied with a facility if basic amenities and infrastructure components are available, such as a functioning latrine, a comfortable waiting area, and a regular supply of water. These components also help staff provide better services. Table 3.2 provides summary information on these infrastructure components by background characteristics. Appendix Tables A-3.3.1 and A-3.3.2 provide more details on their availability.

Table 3.2 Service and facility infrastructure to support quality services

Percentage of facilities with specific infrastructure items supportive of quallity services , by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities with: All client comfort amenities[1]	Regular water supply[2]	Regular electricity or generator[3]	All basic client amenities, regular electric and water supply	Number of facilities
Type of facility					
Hospital	52	38	95	24	42
Health center/Polyclinic	58	28	59	8	389
Dispensary/Clinic/Health post	50	52	67	26	107
Managing authority					
Government	56	29	54	10	309
Government-assisted	59	26	77	8	133
Private/NGO/Community	51	56	75	31	96
Province					
North	63	28	63	12	90
South	63	20	63	7	117
East	56	19	49	4	113
West	45	38	56	11	132
Kigali City	53	69	94	38	86
Total	56	33	63	13	538

[1] Functioning client latrine, waiting area protected from sun and rain, and basic level of cleanliness
[2] Year-round water supplied in facility by tap or available within 500 meters of facility
[3] Electricity routinely available during service hours or a backup generator with fuel

About three in five health facilities have the full range of client comfort amenities, which consist of a functioning client latrine, protected waiting area, and basic level of cleanliness. The proportion ranges from 50 percent of dispensaries, clinics, and health posts to 58 percent of health centers and polyclinics (Table 3.2). About one-third (33 percent) of facilities have regular supplies of water available year-round by tap in the facility or within 500 meters of facility; and 63 percent has regular electricity or a generator with fuel. Hospitals and facilities in Kigali City are more likely to have regular electricity or a functioning generator than other facilities. Government facilities are less likely to have regular electricity or a functioning generator than government-assisted and private, NGO, and community facilities.

Only 13 percent of facilities have all the basic client comfort amenities as well as regular supplies of water and electricity. Hospitals (24 percent), dispensaries, clinics and health posts (26 percent), private, NGO, and community facilities (31 percent), and facilities in Kigali City (38 percent) are more likely to have all of these components than other facilities (Table 3.2).

3.1.3 Infrastructure and Resources to Support Quality 24-Hour Emergency Services

When clients have serious illnesses or maternity complications, 24-hour emergency services can save lives. Not all types of health facilities are expected to provide 24-hour care, but because it is so important, it is useful to assess all facilities' capacity to provide services 24 hours a day. For purposes of the 2007 RSPA, a facility is said to have basic 24-hour emergency services if it offers emergency onsite treatment and it has the capacity to monitor a seriously ill client overnight until it is possible to refer the client to an in-patient setting or another facility. This means the facility must have at least two qualified providers, a duty schedule indicating that staff are onsite or on-call 24 hours a day, available overnight beds, a client latrine, 24-hour emergency communication, and an onsite water source at least sometime during the year.

Table 3.3 provides information on facilities that meet these requirements and those that also have a regular supply of water and electricity. Figure 3.2 shows the availability of individual items in facilities where 24-hour services might commonly be expected.

Table 3.3 Service and facility infrastructure to support quality 24-hour emergency services

Percentage of all facilities and percentage of hospitals, health centers, and polyclinics with basic components to support 24-hour emergency services and basic components to support 24-hour emergency services plus regular water and electricity, by background characteristics, Rwanda SPA 2007

	Percentage of all facilities with:			Percentage of hospitals, health centers, and polyclinics facilities with:		
Background characteristics	Basic components to support 24-hour emergency services[1]	Basic components to support 24-hour emergency services plus regular water and electricity[2]	Number of facilities	Basic components to support 24-hour emergency services[1]	Basic components to support 24-hour emergency services plus regular water and electricity[2]	Number of facilities
Type of facility						
Hospital	55	26	42	55	26	42
Health center/Polyclinic	32	8	389	32	8	389
Dispensary/Clinic/Health post	19	10	107	-	-	-
Managing authority						
Government	29	9	309	31	10	290
Government-assisted	37	7	133	36	7	132
Private/NGO/Community	27	18	96	89	67	9
Province						
North	29	10	90	31	11	81
South	21	3	117	22	4	109
East	27	4	113	30	4	98
West	39	10	132	43	12	107
Kigali City	40	28	86	61	36	36
Total	31	10	538	34	10	431

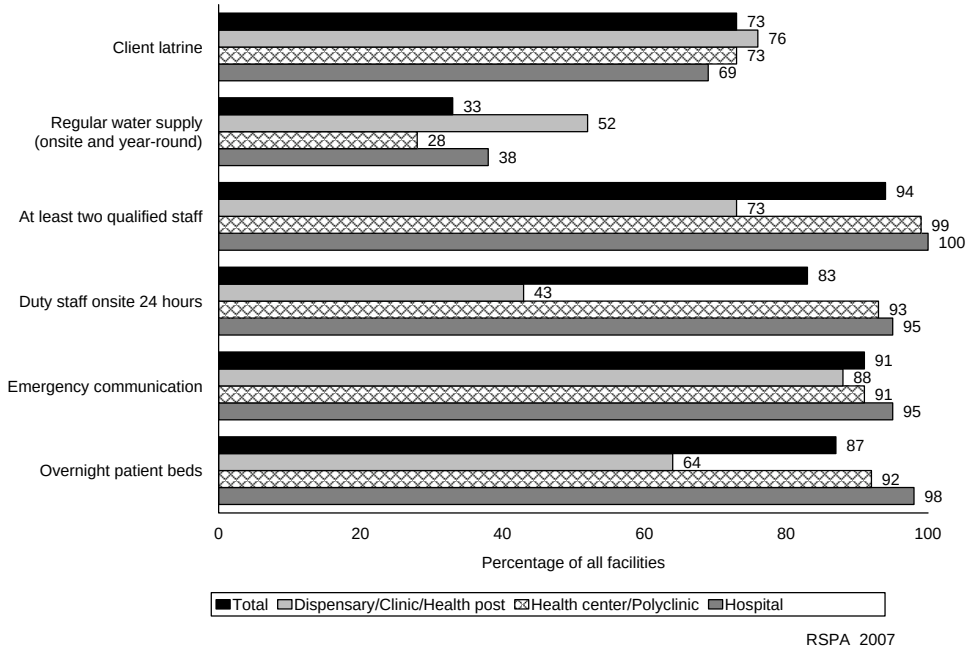
[1] At least two qualified staff assigned to facility, duty staff onsite or on call 24 hours a day, overnight beds, client latrine, access to 24-hour emergency communication, and onsite water source
[2] At least two qualified staff assigned to facility, duty staff onsite or on call 24 hours a day, overnight beds, client latrine, access to 24-hour emergency communication, and regular water and electricity

One in three facilities (31 percent) has all the basic components to support 24-hour emergency services. Hospitals (55 percent) and facilities in Kigali City (40 percent) and West province (39 percent) are most likely to meet all of the criteria, while those in the South province (21 percent) are the least likely to do so. When dispensaries, clinics, and health posts are excluded from the analysis, the proportion of facilities having all the basic components for 24-hour emergency services is 34 percent (Table 3.3). A dramatic rise in the availability of all basic components when dispensaries, clinics, and health posts are excluded is observed predominantly among private, NGO, and community facilities (increasing from 27 percent to 89 percent); and facilities in Kigali City (increasing from 40 percent to 61 percent). Even though the MOH expects all hospitals and health centers to be able to provide 24-hour services, 45 percent of hospitals do not offer 24-hour emergency services. Interestingly, government facilities are less likely to support 24-hour emergency services than government-assisted facilities.

According to the RSPA definition, a regular source of water (nonseasonal and onsite) and a regular supply of electricity (24-hour electricity with minimum interruption or a generator with fuel) are not considered essential for providing 24-hour emergency services. However, they are certainly preferable. The basic 24-hour components described above, plus regular supply of water and electricity are available at only 10 percent of all facilities (Table 3.3). Hospitals and private, NGO, and community facilities are more likely than others to have all basic components plus regular water and electricity. Only 3 and 4 percent, respectively, of facilities in the South and East provinces have all these components.

The 2007 RSPA defined 24-hour duty staff availability as having some form of observed duty schedule or roster that indicated that staff was officially on duty or on call. Twenty-four-hour staff availability with a written duty schedule is most commonly found in hospitals (95 percent) and health centers and polyclinics (93 percent) (Figure 3.2). About the same proportion of hospitals and health centers and polyclinics (95 percent and 91 percent, respectively) and 88 percent of dispensaries, clinics and health posts have 24-hour emergency communication.

Figure 3.2 Availability of items to support quality 24-hour emergency services (N=538)



Practically all hospitals and health centers have at least two qualified providers assigned to them (Figure 3.2). A review of the availability of overnight beds shows that essentially only hospitals and health centers are adequately equipped to provide overnight emergency care. It is common for health facilities to have qualified providers who live on the premises, with the assumption that they are available to provide 24-hour emergency care to clients; district officials are supposed to arrange for another qualified provider to be assigned if the regular provider plans to be away for an extended period of time. Among health centers and polyclinics, 67 percent have qualified providers living onsite (Appendix Table A-3.3.1). It is not clear whether arrangements are routinely made to have emergency staff available when providers are away from the facility for a day or an evening.

Key Findings

Basic services

A full package of basic services (outpatient care for sick children and for adult STIs, temporary methods of family planning, antenatal care, immunization, and child growth monitoring) is available in 44 percent of health facilities. The package of basic services is available at minimum frequencies defined by the RSPA in 35 percent of the facilities. The full package is most commonly found in health centers and polyclinics.

A full package of services available at the minimum frequency, together with 24-hour facility-based delivery services, is available in one-third of all facilities. This includes 43 percent of health centers and polyclinics.

Facility-based, 24-hour delivery services are available in almost all hospitals and in 9 out of 10 health centers.

Infrastructure and emergency services

About 6 out of 10 facilities have all the basic amenities to ensure client comfort; approximately one-third have a regular year-round water supply; and 63 percent have regular electricity or a generator. All client comfort amenities, year-round water supplies, and regular electricity are available in only about 1 out of 10 facilities. However, 3 in 5 have some type of safe water onsite.

Infrastructure to support 24-hour emergency services is mostly available in hospitals (55 percent) and health centers and polyclinics (32 percent). Facilities in Kigali City and West province are more likely than facilities elsewhere to have the capacity to support 24-hour emergency services.

3.2 Management Systems to Support and Maintain Quality Services and Appropriate Client Utilization

Basic management and administrative systems are required to ensure that health services can be consistently provided as planned with an acceptable level of quality.

3.2.1 Management, Quality Assurance, and Referral Systems

Information on the availability of functioning systems for each of the assessed components is shown in Table 3.4. Further information on the components is shown in Figures 3.3 through 3.6, and in Appendix Tables A-3.4 and A-3.5.

Management

To function well, a health facility must have a systematic and routine method for addressing management issues. A facility management system means an established system for considering management or administrative issues. It may involve meetings to discuss scheduling and day-to-day issues, or meetings to discuss broader management issues such as financing, utilization, or plans for health-related campaigns. There must, however, be regularly scheduled meetings with specific staff having defined areas of responsibility. The 2007 RSPA looked for evidence of functioning management committee meetings held at least every six months and asked for some official documentation of proceedings. A committee is considered to be functioning if there is a record of meetings with documented decisions and follow up on issues that are discussed. Service delivery at the district level is managed through (1) the management committee of each district hospital and health center, and (2) the district health administrative counsel (for district hospital) and the health committee (for the health center). The district provides support to the district health administrative counsel and the sector (the administrative subdivision of a district) provides support to the health committee.

Overall, 91 percent of health facilities report having routine management committee meetings at least every six months, but only 67 percent have documentation of a recent meeting (Figure 3.3). About 8 in 10 facilities report that management committee meetings occur monthly or more often, seven percent report that meetings are held every two to three months, and 1 percent report that committees meet every four to six months (Appendix Table A-3.4). Hospitals and health centers and polyclinics are more likely to report regular management committee meetings and also to have documentation of recent meetings. Facilities in Kigali City are least likely than facilities elsewhere to have regular management committee meetings along with documentation of recent meetings (Table 3.4).

It is worth noting that for clinics that are private facilities, organizations such as management committees and administrative counsel do not exist.

Figure 3.3 **Facilities reporting routine management committee meetings (N=538)**

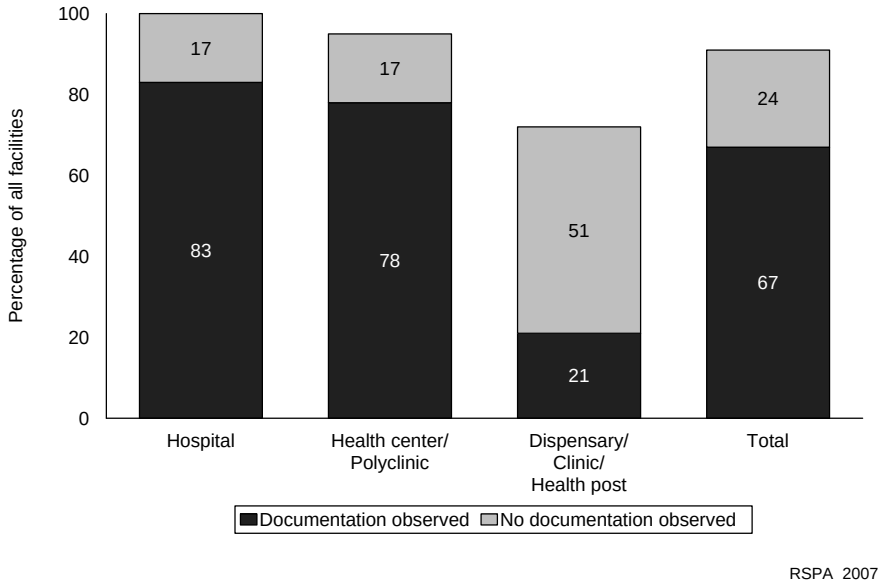


Table 3.4 Management and quality assurance systems

Percentage of facilities with observed documentation of management committee meeting in past six months, and observed documentation of facility report on QA activities, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities with: Management committee meetings at least every 6 months and observed documentation of a recent meeting	Facility reports QA activities; documentation observed	Number of facilities
Type of facility			
Hospital	83	69	42
Health center/Polyclinic	78	36	389
Dispensary/Clinic/Health post	21	7	107
Managing authority			
Government	75	36	309
Government-assisted	80	46	133
Private/NGO/Community	23	6	96
Province			
North	72	33	90
South	72	26	117
East	79	43	113
West	72	41	132
Kigali City	34	15	86
Total	67	33	538

Quality assurance

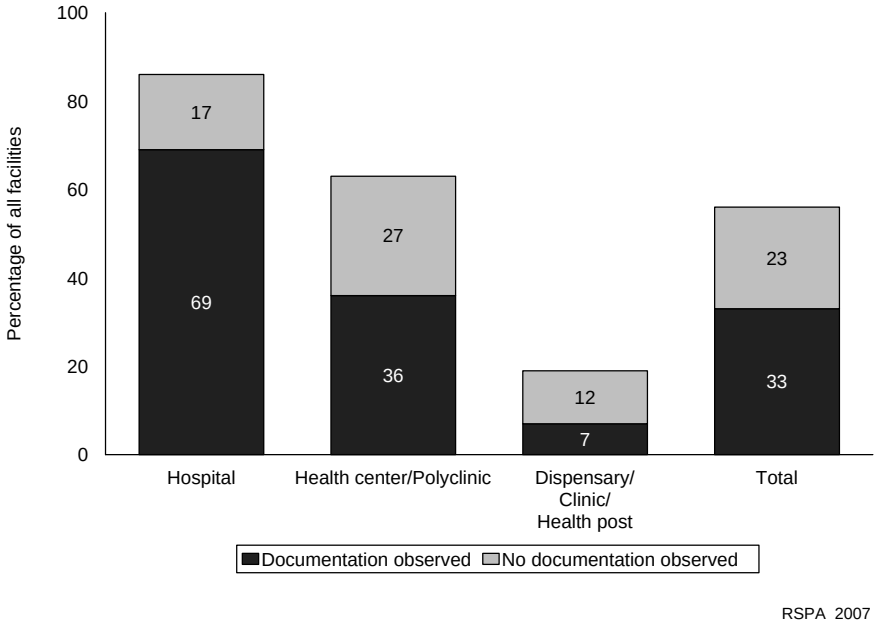
Quality assurance (QA) refers to a system for monitoring the quality of care, identifying problems, and instituting changes to resolve those problems. It is very important in the provision of health care. QA systems require an established standard against which quality is measured; there must also be systematic methods to assess results and develop interventions. QA activities may include audits of medical records, supervisory checklists for client care issues, observations of consultations by supervisors, meetings held by supervisors to discuss client care problems, and the analysis of trends in client utilization data produced by a health management information system (HMIS).

Table 3.4 and Figures 3.4, 3.5, and 3.6 provide information on facilities reporting QA activities and the specific QA activities they implement. The following activities and approaches are assessed:

- A *supervisory checklist for health systems* looks for the presence of equipment and supplies, completeness of HMIS accounts, and other process indicators.
- A *supervisory checklist for health service provision* verifies specific content in client assessments, treatments, or consultations. This is often used for observing the provision of care.
- A *facility-wide review of mortality* is a structured system to review the records of each client who dies. There will normally be a committee established for this purpose.
- *Audits of medical records or registers* check medical records for the presence of specific items or information and may assess if protocols were followed.

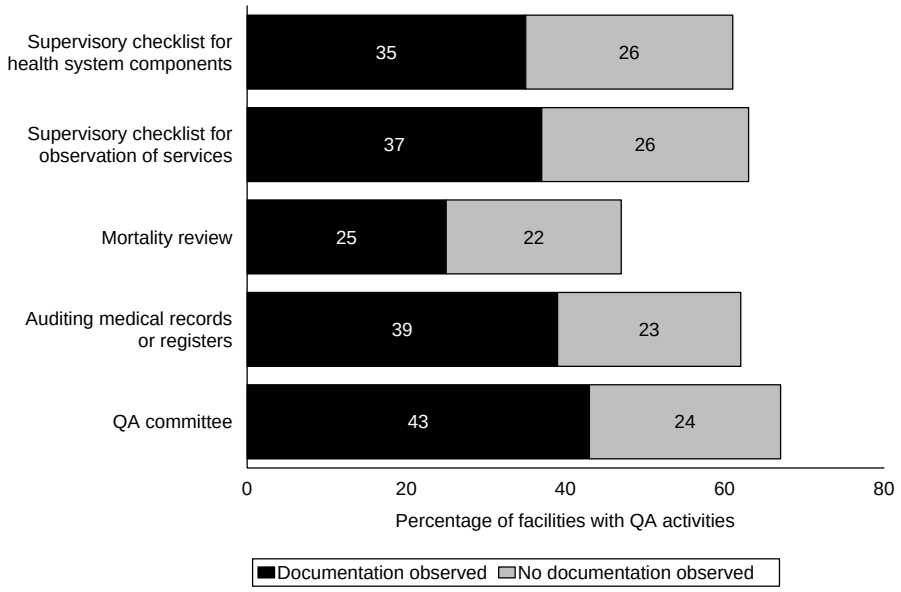
Slightly more than half (56 percent) of health facilities in the country report QA activities, and about one-third have documentation of their QA activities. Hospitals (86 percent) and health centers and polyclinics (63 percent) are more likely to report QA activities, and they are also more likely to have documentation (69 and 36 percent, respectively) (Figure 3.4). Private, NGO, and community facilities are considerably less likely (6 percent) to report and have documentation of QA activities (Table 3.4). Health facilities in Kigali City (15 percent) are less likely than facilities in other provinces to report and have documentation of QA activities.

Figure 3.4 **Facilities reporting quality assurance activities (N=538)**



Among facilities reporting QA activities, the most common activities are quality assurance committee (reported by 67 percent of facilities, with 43 percent having documentation). The proportions of facilities using activities such as supervisory checklists for observation of services, supervisory checklists for health system components, and medical record audits are about the same (reported by 61-63 percent, with 35-39 percent having documentation). Less than half of facilities (47 percent) reported conducting a facility-wide review of mortality and only 25 percent had documentation of this activity (Figure 3.5).

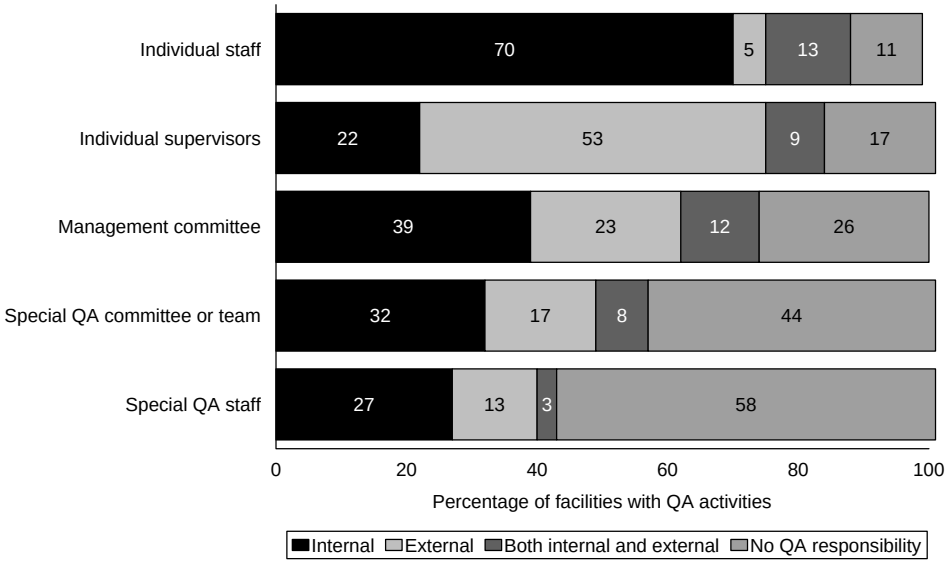
Figure 3.5 **Reported quality assurance (QA) activities (N=301)**



RSPA 2007

Figure 3.6 presents data on the persons responsible for implementing or reviewing QA activities, which may include staff based at the facility or people external to the facility. The large majority of facilities (70 percent) report that individual staff members based within the facility are responsible for the facilities' QA activities, while 11 percent report that individual staff members have no QA responsibilities. Slightly more than half (53 percent) report that an external individual supervisor is responsible for QA, while only 22 percent and 27 percent of facilities report that an internal individual supervisor or special QA staff is responsible for QA activities.

Figure 3.6 **Person(s) or group(s) responsible for implementation and/or review of quality assurance (QA) activities, by whether they are internal or external to the facility (N=301)**



RSPA 2007

3.2.2 Supportive Management for Providers

The 2007 RSPA collected information on whether facilities have supervisory and staff development activities, which are important for supporting quality care. Summary information on supportive management practices at the facility level is provided in Table 3.5, with further details provided in Appendix Tables A-3.6 and A-3.7.

External supervision

Supervision from external managers has many benefits. It can help ensure that system-wide standards and protocols are followed at the facility level and promote an organizational culture that expects such standards and protocols to be implemented. It provides an opportunity to expose staff to a wider scope of ideas and relevant experiences, including on-the-job-training for some providers. It can also act as a motivator for service providers, especially if the supervisor is supportive. For the purposes of the 2007 RSPA, a facility reporting at least one supervisory visit by external supervisors during the six months preceding the survey is defined as receiving routine external supervision. Overall, 88 percent of facilities receive routine external supervision, with government (96 percent) and government-assisted (98 percent) facilities being more likely than others to have such supervision. Facilities in Kigali City have weak routine external supervision (51 percent), compared with facilities in the other provinces (Table 3.5).

Training

To maintain levels of knowledge and technical competence achieved during basic training, health service providers must continually be exposed to current and new information. The RSPA assessed whether providers had received any formal or structured training related to the services offered during the 12 months preceding the survey. While it is recognized that providers may receive new information and individual instruction related to their work during routine supervisory visits, the RSPA only assessed structured, "classroom-type" training. If at least half of the health service providers interviewed at a facility reported receiving in-service or pre-service training relevant to their jobs within 12 months preceding the survey, that facility is defined by the survey as having routine staff development activities.

Overall, 89 percent of facilities satisfy these criteria (Table 3.5). Dispensaries, clinics and health post (68 percent) and facilities in Kigali City (76 percent) are less likely than other facilities to have routine staff development activities. Government facilities (95 percent) and government-assisted facilities (92 percent) are more likely than private, NGO, and community facilities (68 percent) to have these staff development activities.

Supervision of health service providers

In addition to general facility-level supervision, the work of individual staff must be assessed so that each person's strengths and weaknesses can be identified and appropriate support provided. If at least half of the interviewed health service providers in a facility reported being personally supervised at least once during the six months preceding the survey, the survey defines the facility as receiving routine staff supervision. Over 91 percent of facilities meet the criteria for routine staff supervision (Table 3.5). Hospitals (95 percent) and health centers and polyclinics (98 percent) have stronger routine staff supervision activities than dispensaries, clinics, and health posts (63 percent). The level of individual supervision is highest in government (97 percent) and government-assisted (99 percent) facilities and weakest in facilities in Kigali City (65 percent). Overall, 83 percent of facilities meet both the criteria for training and personal supervision.

Table 3.5 Supportive management practices at the facility level

Percentage of facilities that had an external supervisory visit during the past 6 months, percentage where at least half of the interviewed health service providers received specific management support, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities with external supervisory visit during the past 6 months	Number of facilities	Percentage of facilities where staff report receiving: Pre- or in-service training[1]	Personal supervision[2]	Training and personal supervision	Percentage of facilities with supportive management practices[3]	Number of facilities with at least one eligible health service provider[4]
Type of facility							
Hospital	88	42	98	95	93	85	40
Health center/Polyclinic	98	389	94	98	93	91	389
Dispensary/Clinic/Health post	53	107	68	63	46	35	105
Managing authority							
Government	96	309	95	97	92	90	306
Government-assisted	98	133	92	99	91	91	132
Private/NGO/Community	48	96	68	60	45	30	96
Province							
North	94	90	96	92	90	89	89
South	97	117	93	97	91	90	117
East	96	113	95	96	94	94	111
West	93	132	85	97	83	80	132
Kigali City	51	86	76	65	54	36	85
Total	88	538	89	91	83	80	534

[1] A facility has routine staff training if at least half of interviewed providers reported they had received pre- or in-service training during the 12 months preceding the survey. This refers to structured in-service sessions and does not include individual instruction received during routine supervision.
[2] A facility has routine staff supervision if at least half of interviewed providers reported they had been personally supervised at least once during the 6 months preceding the survey.
[3] Facility had external supervision and where staff received routine pre-service/in-service training and supervision.
[4] Interviewed providers who did not personally provide one of the services assessed by the SPA (i.e., administrators who might have been interviewed) are excluded.

3.2.3 Management Practices Supporting Community Involvement

Encouraging community input into a facility's functions makes the facility more accountable to the community it serves and helps the facility to better understand the community's needs. This results in better health-seeking behavior, which improves the health of the population.

Community representation

Overall, 76 percent of facilities have routine community participation in some management meetings (Table 3.6). Community participation in management meetings is stronger in government facilities (87 percent) and government-assisted facilities (88 percent), than in private, NGO, and community facilities. The level of community participation in management meetings in health centers and polyclinics (92 percent) is much higher than in hospitals (50 percent) and dispensaries, clinics and health post (26 percent). Only 23 percent of facilities in Kigali City have routine community participation compared with over 80 percent of facilities in other provinces.

Table 3.6 Management practices supporting community feedback and access to facility

Percentage of facilities that have routine community participation in management meetings, percentage having a system of acquiring client opinion and feedback, and percentage with either mechanism for obtaining community input, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities: Where community participation in some management meetings is routine	Where client opinion is elicited and a system for review implemented[1]	That have any mechanism for obtaining community input for services[2]	Number of facilities
Type of facility				
Hospital	50	55	74	42
Health center/Polyclinic	92	30	93	389
Dispensary/Clinic/Health post	26	7	30	107
Managing authority				
Government	87	29	90	309
Government-assisted	88	38	92	133
Private/NGO/Community	21	7	26	96
Province				
North	81	41	83	90
South	89	26	91	117
East	82	17	85	113
West	89	36	91	132
Kigali City	23	15	30	86
Total	76	28	79	538

[1] Some mechanism for eliciting client opinion is reported, and there is documentation indicating that client opinions are reviewed.
[2] Either community representation at management meetings or a system for eliciting client opinion is in place

Client feedback

The 2007 RSPA also assessed whether facilities have a system to elicit and review client opinion. More than one-fourth (28 percent) of all facilities have such a system (Table 3.6). Hospitals (55 percent) and health centers and polyclinics (30 percent) are far more likely than other types of facilities to have client feedback systems. Among the different management authorities, 29 percent of government facilities and 38 percent of government-assisted facilities elicit and review client opinion, compared with only 7 percent of other types of facilities. The client feedback system is stronger among the facilities in North (41 percent), South (26 percent), and West (36 percent) provinces than in East Province (17 percent) and in Kigali City (15 percent).

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

User fees can have a positive effect on the utilization of health facilities by increasing the funds available to the facility, or they can have a negative effect by deterring poor clients from using services. User fees with exemption schemes for vulnerable people often help to augment inadequate facility budgets. However, providing exemptions or discounts for poor clients can result in budget shortages if there is no system for reimbursing these exempted or discounted costs. Other methods encourage appropriate utilization by poor clients and reimburse facilities for client services. These include insurance plans, credit plans (delayed payment for services received today), and charity or equity funds that reimburse the costs of certain clients (thus increasing access to care by reducing out-of-pocket payments at the time of service

utilization). In any case, health facilities should clearly display their fees for service. This improves accountability, reduces the likelihood of corruption, and helps clients calculate the costs they will incur in seeking services.

Health insurance may be provided through an employer or it may be purchased independently. People belonging to health insurance plans may have specific facilities where they receive services. Insurance plans in Rwanda cover services that their members receive through general public sector facilities. Health insurance is usually a source of reimbursement for public and private sector facilities in Rwanda.

User fees and additional sources of funding

Table 3.7 summarizes information on facilities charging routine user fees for adult curative care and those with external funding sources. Details on these funding options and components for which facilities charge fees appear in Appendix Tables A-3.8 and A-3.9.

The government of Rwanda has promoted community financing mechanisms such as mutual health insurance to complement private health insurance and social insurance systems such as Rwandaise d'Assurance Maladies (RAMA), Victims of Genocide Fund (FARG) and Military Medical Insurance (MMI) that target populations in the formal sector of the economy. For example, mutual health insurance targets rural populations, and the informal sector of the economy, assisting grassroots communities, ensuring equitable access to quality health services, and protecting households against financial risks associated with disease and ill health. The policy allows households to prepay for health coverage for the coming year as members of a community-based insurance scheme. The RSPA findings provide information on the funding mechanisms utilized in the facilities across the country.

Almost all (95 percent) of the facilities routinely charge some form of user fees for adult curative services (Table 3.7). The fees cover consultation (99 percent), medicines (96 percent), tests (96 percent), and individual chart or record (90 percent). Only 4 percent of the facilities charge for client registration (Appendix Table A-3.9).

Table 3.7 Funding mechanisms utilized in the facilities

Percentage of facilities with routine user fees for curative care, percentage with any external source of reimbursement for clients, and among facilities having user fees, percentage that post all/some of fees, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities with: Any routine user fee for adult curative care	Any external source of reimbursement for clients	Number of facilities	Percentage of facilities that post all/ some fees	Number of facilities having any user fees
Type of facility					
Hospital	98	98	42	44	41
Health center/Polyclinic	98	86	389	60	383
Dispensary/Clinic/Health post	81	25	107	31	87
Managing authority					
Government	95	83	309	59	294
Government-assisted	99	90	133	57	132
Private/NGO/Community	89	26	96	31	85
Province					
North	98	82	90	78	88
South	96	85	117	59	112
East	92	74	113	29	104
West	97	85	132	66	128
Kigali City	92	37	86	32	79
Total	95	75	538	54	511

Seventy-five percent of the facilities report that they have an external source of funding or reimbursement for client services such as from employers, insurance, charitable fund, or government social insurance systems (Table 3.7 and Appendix Table A-3.8). Private, NGO, and community facilities (26 percent) and dispensaries, clinics, and health posts (25 percent) are the least likely to have external sources of funding outside the routine operational budget or direct client fees. Facilities in Kigali City (37 percent) are among the least likely to have external sources of reimbursement.

3.2.5 Maintenance and Repair of Equipment

To provide quality services, a facility must have the means to ensure that facility equipment and infrastructure are in good working order. Some machinery requires routine preventive maintenance, while other equipment may require minor repairs or replacement. Buildings and infrastructure also require routine maintenance and periodic repair. For the purposes of the 2007 RSPA, infrastructure refers to such things as buildings and roads within the facility complex.

Summary information on systems for maintenance and equipment repair or replacement is provided in Table 3.8. Detailed information on the systems used and the people responsible for maintaining the facility equipment is provided in Appendix Tables A-3.10 and A-3.11.

About two-thirds (66 percent) of facilities that operate major equipment, such as generators, sterilizers, or x-ray machines, report that they have preventive maintenance programs for their equipment (Table 3.8). Hospitals (95 percent) are more likely to have preventive maintenance programs than health centers and polyclinics (55 percent) or dispensaries, clinics, and health posts (78 percent). Among facilities with large equipment, thirty-one percent assign responsibility for performing preventative maintenance to onsite staff, 31 percent employ external technicians, and 4 percent use both internal and external staff (Appendix Table A-3.10).

Table 3.8 Facility systems for maintenance and repair of equipment and infrastructure

Percentage of facilities that have a preventive maintenance program for major equipment, percentage that have a system for repairing or replacing small equipment, and percentage that have a system for maintenance and repair of the building or infrastructure, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities with preventive maintenance program for major equipment[1]	Number of facilities with major equipment[2]	Percentage of facilities with: System for repair or replacement of small equipment[3]	Percentage of facilities with: System for maintenance and repair of building or infrastructure	Number of facilities
Type of facility					
Hospital	95	41	98	86	42
Health center/Polyclinic	55	168	98	46	389
Dispensary/Clinic/Health post	78	58	95	48	107
Managing authority					
Government	61	125	97	46	309
Government-assisted	65	81	100	54	133
Private/NGO/community	79	61	95	54	96
Province					
North	52	44	100	39	90
South	74	47	98	66	117
East	60	40	93	39	113
West	59	63	99	40	132
Kigali City	79	73	98	66	86
Total	66	267	98	49	538

[1] Equipment such as a generator or sterilizer
[2] Denominator includes only facilities with functioning generator or electric autoclave or sterilizer, or x-ray, or facilities where C-sections are performed
[3] Equipment such a stethoscope or a sphygmomanometer

With regard to small equipment, such as stethoscopes and sphygmomanometers, 98 percent of facilities have systems for their repair or replacement (Table 3.8). Such systems are widespread among facilities of all types, operated by all managing authorities, and in all provinces. Facilities use different methods to maintain or replace small equipment, including onsite repair, sending equipment outside for repair or replacement, purchasing or paying for new equipment from funds on hand, and replacement by the MOH or donor (Appendix Table A-3.10). Forty percent of facilities report onsite repair and 28 percent send equipment outside for repair or replacement. About 8 in 10 facilities purchase equipment, or pay for maintenance and repair with funds on hand at the time, and 10 percent of facilities receive replacements from the MOH or donors.

About half of facilities (49 percent) have a system for maintaining and repairing their buildings or infrastructure (Table 3.8). Most hospitals (86 percent) have such a system. Government facilities (46 percent) are less likely to have such a system, perhaps because most government facilities are health centers, dispensaries, and health posts. There is wide variation at the provincial level, where the proportion of facilities with a system for maintenance and repair of buildings or infrastructure ranges from 39 percent in the North and East provinces to 66 percent in the South Province and Kigali City.

Key Findings

About 9 in 10 facilities report holding routine management meetings, but only two-thirds of the facilities have documentation of a recent meeting.

More than half of health facilities have introduced quality assurance (QA) activities, but only one-third have documentation of the QA tools used.

Eighty-eight percent of all facilities report receiving external supervision during the six months preceding the survey. External supervision was especially weak in Kigali City.

Eighty-nine percent of facilities routinely provide structured training (either in-service or pre-service) to their providers.

Three-quarters of health facilities routinely have community participation in management meetings, but only 28 percent have any formal means for seeking client feedback.

Almost all facilities routinely charge some form of user fees for adult curative services. Most charge for medicines, client consultations, laboratory tests, and records, while smaller proportions charge for client registration.

About two-thirds of facilities that use major equipment have preventive maintenance programs for this equipment, and almost all facilities have systems for repair or replacement of small equipment. Almost half of facilities have a system for maintaining and repairing their buildings or infrastructure. Hospitals are relatively likely to have such a system. There is a marked geographic variation, with facilities in the South Province and Kigali City being much more likely than other facilities to have a system for maintenance and repair of buildings or infrastructure.

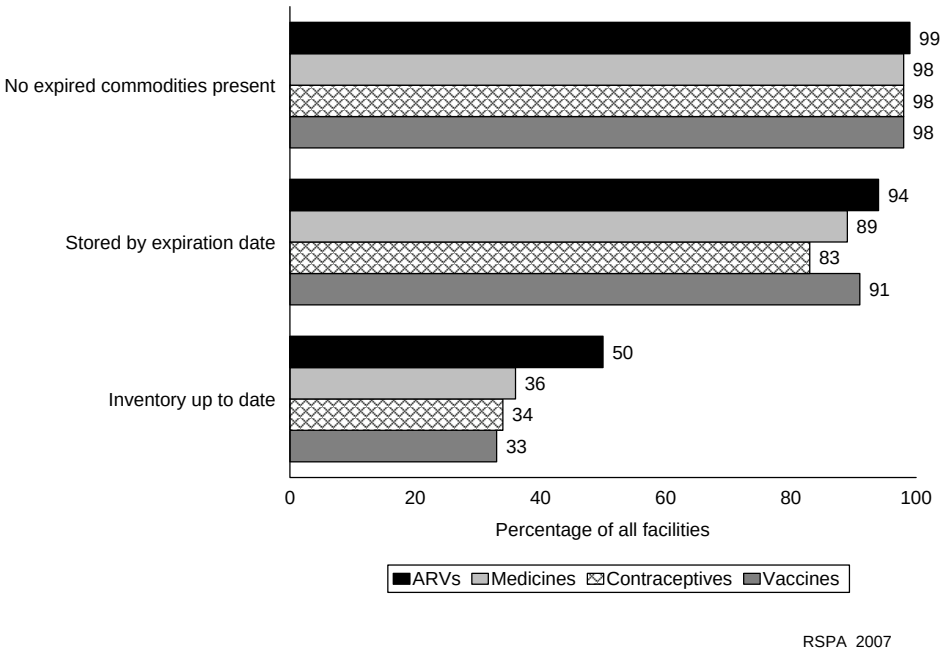
3.3 Logistics Systems for Vaccines, Contraceptives, and Medicines

To ensure that necessary pharmaceutical commodities are available for daily use, facilities must have storage conditions that protect commodities from damage, monitoring systems that minimize waste resulting from commodity expiration, and systems to monitor stock and ensure timely ordering and re-supply.

Summary information on storage conditions and stock monitoring for vaccines is presented in Table 3.9; information on contraceptive methods and medicines is presented in Table 3.10. Information on inventory systems for stored vaccines, contraceptives, and other medicines is shown in Figure 3.7. Details on each element assessed for vaccine storage conditions are presented in Figure 3.8, and details for vaccine stock monitoring systems are shown in Figure 3.9. Further details on storage conditions are provided in Appendix Tables A-3.12 and A-3.13.1, and details on commodity ordering systems and storage are given in Appendix Tables A-3.13.2 through A-3.16.

All commodities were assessed to ensure the presence of a valid expiration date on at least one unit. For selected vaccines, contraceptive methods, and medicines, the entire stock was assessed for the validity of the expiration date, for storage by expiration date, and for concordance with the inventory. If any of the checked items were found to be out of compliance, the stock monitoring system for that commodity was marked as not functioning.

Figure 3.7 **Inventory system used for stored commodities: vaccines (N=376), contraceptives (N=366), medicines (N=481), antiretrovirals (ARVs) (N=151)**



Up-to-date inventory is defined as a product is normally carried or stocked at the facility, the stock card is observed and the number available matches the stock record. Information on the inventory system used for each type of commodity is presented in Figure 3.7. Between 33 and 50 percent of facilities have an up-to-date inventory for vaccines, contraceptives, medicines, and ARVs. Almost all facilities did not store expired commodities at the time of survey. The large majority of these commodities (83 to 94 percent) were stored by their date of expiration.

3.3.1 Storage and Stock Monitoring Systems for Vaccines

Vaccines must be stored at an appropriate temperature to maintain their potency. It is the policy of the World Health Organization (WHO) and the United Nation's Children's Fund (UNICEF) to monitor refrigerator or cold box temperatures at least twice daily and to record the temperature on a graph as proof of monitoring (WHO, 1998). To assess facilities' vaccine storage conditions, the following were checked:

1) the presence of a functioning thermometer in the refrigerator, 2) a temperature of 0° to 8°C at the time of the survey (the UNICEF recommendation for vaccine storage at the health center level), and 3) a temperature graph, completed twice a day, for the past 30 days.

Storage conditions

Among facilities that routinely store vaccines, only 61 percent have all the necessary components for adequate temperature monitoring (Table 3.9). Facilities in the North Province (86 percent) and Kigali City (72 percent) are more likely than other facilities to meet all three criteria for monitoring storage temperatures, and facilities in the South Province (40 percent) are the least likely to meet all three criteria. While 97 percent of facilities (and all hospitals) have a functioning thermometer, only 79 percent have a completed temperature chart. In 77 percent of facilities, a temperature of 0° to 8°C was found at the time of the survey. This implies that 23 percent of health facilities do not meet standards for proper vaccine storage temperatures. Eighty-nine percent of facilities position their vaccine refrigerator so that it is protected from direct sunlight (Figure 3.8).

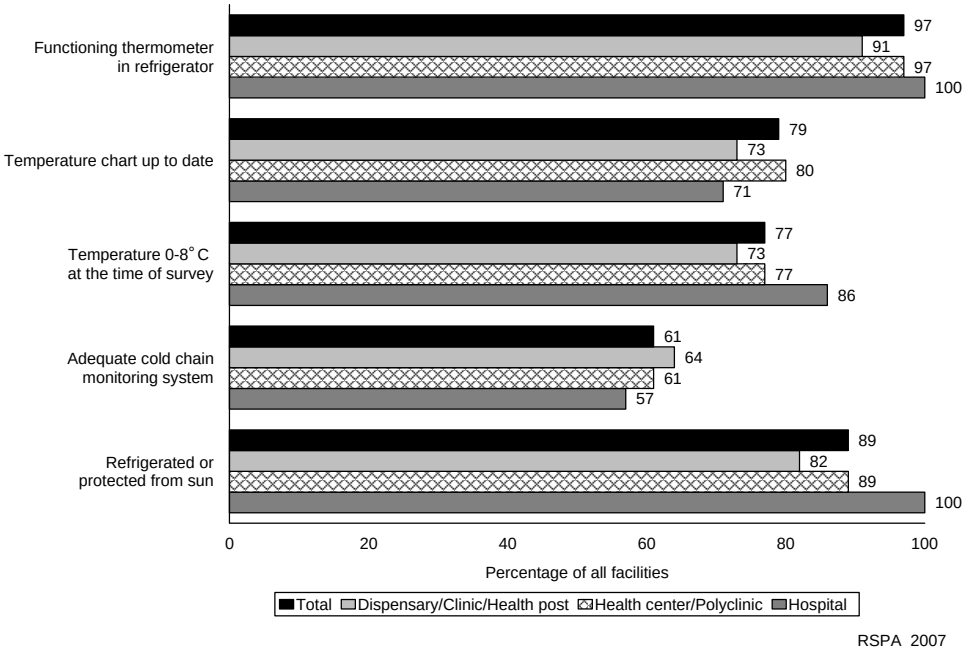
Table 3.9 Storage conditions and stock monitoring systems for vaccines

Among facilities that routinely store vaccines, percentage with adequate storage temperature and stock monitoring systems in place, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities with adequate system for monitoring: Storage temperature[1]	Stock of vaccines[2]	Number of facilities with stored vaccines observed
Type of facility			
Hospital	57	43	7
Health center/Polyclinic	61	31	358
Dispensary/Clinic/Health post	64	45	11
Managing authority			
Government	61	27	255
Government-assisted	63	39	107
Private/NGO/Community	64	43	14
Province			
North	86	39	69
South	40	14	99
East	62	8	84
West	61	60	88
Kigali City	72	47	36
Total	61	31	376

[1] Functioning thermometer in refrigerator, up-to-date temperature chart, and refrigerator temperature between 0 and 8°at time of survey
[2] No expired items are present, items are stored by expiration date, and an up-to-date inventory is available.

Figure 3.8 **Elements for monitoring vaccine storage conditions (N=376)**

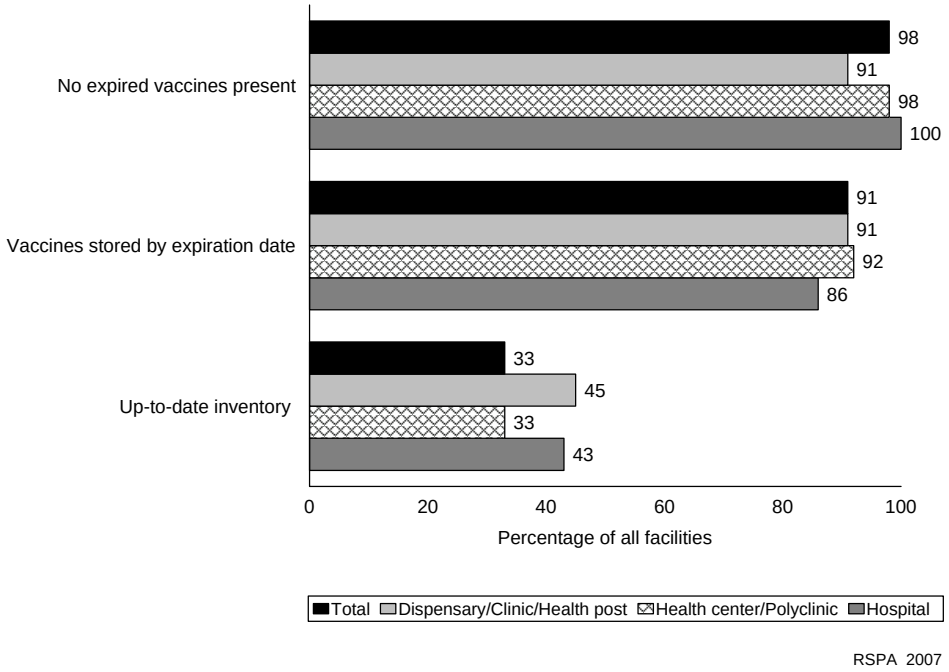


Stock monitoring systems

Vaccine stock monitoring systems were assessed for tetanus toxoid (TT), BCG, oral polio (OPV), pentavalent (DPT + hepatitis B + Haemophilus Influenza), and measles vaccines. A facility is considered to have an adequate vaccine stock monitoring system if: 1) no expired items are present, 2) items are stored by expiration date, and 3) there is an up-to-date inventory system. About one-third of facilities that store vaccines have an adequate vaccine stock monitoring system (Table 3.9). Facilities in the East (8 percent) and South (14 percent) provinces have the weakest vaccine stock monitoring systems.

The weakest of the three stock monitoring components is maintaining an up-to-date inventory; only 33 percent of facilities that store vaccines had an up-to-date inventory at the time of the survey (Figure 3.9). The strongest component is the absence of expired items, which was observed in 98 percent of facilities. Ninety-one percent of facilities store vaccines by expiration date.

Figure 3.9 **Elements for monitoring vaccine stock (N=376)**



3.3.2 Storage and Stock Monitoring Systems for Contraceptive Methods, Medicines, and ARVs

Storage conditions

To prevent chemical deterioration and contamination, facilities must store contraceptives and medicines away from direct sunlight, in dry conditions, and in an area protected from rodents and pests. The storage conditions at facilities for contraceptives were not adequate; only 16 percent of facilities stored contraceptives off the ground and protected from water, protected from direct sunlight, and protected from rodents or pests. Storage conditions for medicines were adequate in only 18 percent of facilities that store medicines, while storage conditions for ARVs were adequate in 32 percent of facilities that store ARVs (Table 3.10).

Stock monitoring systems

The survey also assessed stock monitoring practices for contraceptive methods, medicines, and ARVs. The majority of facilities do not have adequate stock monitoring systems for these contraceptives and medicines. About one-third of facilities meet all three criteria for monitoring stocks of contraceptive methods (31 percent) and medicines (33 percent); this contrasts with 46 percent for ARVs stocks (Table 3.10).

Vaccines, contraceptives, and medicines are commonly observed to be out of stock. On the day of the survey, about two-fifths of facilities that store vaccines had been out of stock sometime during the past 6 months, 50 percent of facilities that store contraceptives, 61 percent of facilities that store medicines, and 54 percent of facility that stored ARVs experienced stock-outs over the same period.

Table 3.10 Storage conditions and stock monitoring systems for contraceptives, medicines, and ARVs

Among facilities storing contraceptives, medicines, and ARVs, percentage in which good storage conditions were observed and adequate stock monitoring systems were in place, by background characteristics, Rwanda SPA 2007

	Contraceptives			Medicines			ARVs		
Background characteristics	Percentage with good storage conditions[1]	Percentage with adequate stock monitoring system[2]	Number of facilities with stored contraceptive methods observed	Percentage with good storage conditions[1]	Percentage with adequate stock monitoring system[2]	Number of facilities with stored medicines observed	Percentage with good storage conditions[1]	Percentage with adequate stock monitoring system[2]	Number of facilities with stored ARVs observed
Type of facility									
Hospital	41	24	17	33	40	42	36	48	33
Health center/Polyclinic	15	32	313	17	36	374	32	46	112
Dispensary/Clinic/Health post	14	28	36	11	11	65	17	50	6
Managing authority									
Government	14	32	263	18	34	299	30	48	87
Government-assisted	22	33	69	21	36	127	37	43	60
Private/NGO/Community	15	24	34	5	15	55	25	50	4
Province									
North	10	40	63	8	34	80	16	40	25
South	15	12	78	14	29	114	42	36	33
East	14	27	85	13	30	105	21	58	38
West	22	46	99	33	40	125	50	44	34
Kigali City	15	29	41	14	26	57	29	52	21
Total	16	31	366	18	33	481	32	46	151

[1] Items are stored in a dry location, off the ground, and protected from water, sun, pets, and rodents.
[2] No expired items are present; items are stored by expiration date, and up-to-date inventory in available.

Key Findings

Only 6 in 10 facilities that store vaccines have all the necessary components for adequate temperature monitoring. Nearly all have a functioning thermometer, and nearly 8 in 10 have an up-to-date temperature chart and temperature readings between 0° and 8°C, in accord with UNICEF recommendations.

About 9 in 10 facilities position their vaccine refrigerator so that it is protected from sunlight.

While about 9 out of 10 facilities store vaccines by expiration date, just one-third have an up-to-date inventory.

Only a minority of facilities meet all three criteria for stock monitoring (no expired items present, items stored by expiration date, and an up-to-date inventory). About one-third of facilities that store vaccines, contraceptives, and medicines have an adequate system to monitor the stocks of vaccines, contraceptives, and medicines; while nearly half of facilities that store ARVs have an adequate system.

Expired vaccines, contraceptives, and medicines are not commonly found in facilities; however, stock-outs are a common problem.

3.4 Systems for Infection Control

Universal precautions refer to infection control measures that can prevent cross-infection from blood and other body fluids. All health workers who may come into contact with contaminated fluids should exercise these universal precautions, working under the assumption that anyone may have an infectious condition (CDC, 1987; JHPIEGO, 2003).

The 2007 RSPA assessed conditions for infection control in all service delivery areas covered by the survey. It examined conditions to see whether providers could reasonably be expected to wash their hands between seeing clients. It also checked for the presence of a box for secure disposal of sharp items such as disposable needles and razors blades, which may be contaminated with HIV or other blood-borne infections.

Summary information on facilities' capacity to process equipment for reuse, through sterilization or disinfection, is presented in Tables 3.11.1-3.11.4, and aggregate information on equipment processing capacity and infection control measures available in service delivery areas is presented in Table 3.12. Figures 3.10 through 3.12 show the individual elements considered necessary for processing equipment and maintaining infection control in service delivery areas. Further information on processing methods, storage conditions for processed items, and infection control measures can be found in Appendix Tables A-3.17 through A-3.20.

Table 3.11.1 Capacity for processing equipment: All methods

Percentage of facilities with the equipment, knowledge, timer, and guidelines to support quality sterilization or high-level disinfection (HLD) of equipment, by background characteristics, Rwanda SPA 2007

	Percentage of facilities with:				
Background characteristics	Equipment	Equipment and knowledge of process time[1]	Equipment, knowledge of process time, and automatic timer[2]	Written guidelines or protocols	Number of facilities
Type of facility					
Hospital	98	86	60	26	42
Health center/Polyclinic	84	62	18	5	389
Dispensary/Clinic/Health post	73	52	23	2	107
Managing authority					
Government	83	64	19	6	309
Government-assisted	86	63	27	8	133
Private/NGO/Community	77	54	27	2	96
Province					
North	81	67	26	7	90
South	89	64	22	4	117
East	79	58	16	6	113
West	79	63	19	8	132
Kigali City	86	58	34	5	86
Total	83	62	22	6	538

[1] Processing area has functioning equipment and power source for methods used, and staff reports the correct processing time (or the equipment automatically sets the time) and processing temperature (if applicable) for at least one method. For dry heat sterilization, items must be processed at 160° to 169°C for at least 120 minutes or at 170°C or higher for at least 60 minutes. For autoclaves, wrapped items must be processed at least 30 minutes and unwrapped items at least 20 minutes. For boiling or steaming, items must be processed at least 20 minutes. For chemical disinfection, items must be processed with chlorine base or glutaraldehyde solution and soaked for at least 20 minutes.

[2] This refers to a passive timer that can be set to indicate when a set time has passed. This may be part of the sterilization or HLD equipment.

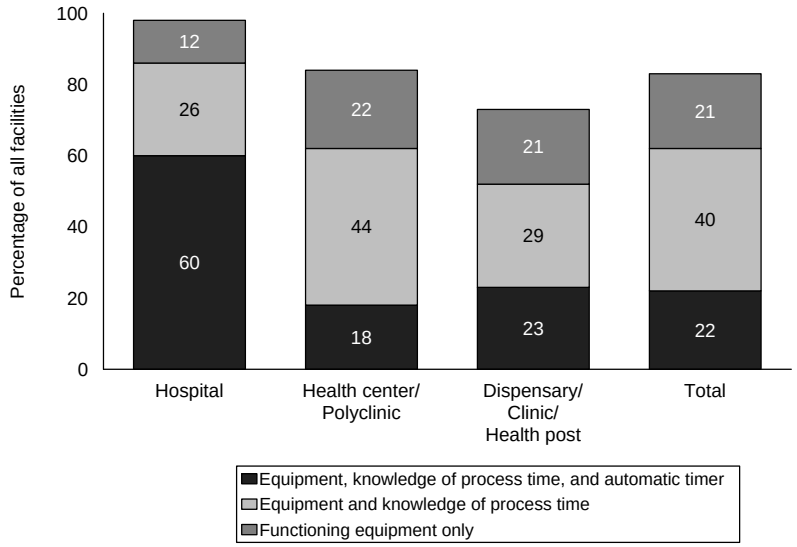
3.4.1 Capacity for Adherence to Standards for Quality Sterilization or High-Level Disinfection Processes

For syringes and most examination equipment, either sterilization or high-level disinfection (HLD) procedures are sufficient to prevent the spread of infection. However, to effectively kill the spores that cause illnesses such as tetanus, either dry-heat sterilization or an autoclave system (or the less frequently

used chemical sterilization) is required. This type of system is necessary for processing gloves or surgical equipment that will be reused, such as blades and scissors used to cut the umbilical cord. Depending on the size of the facility, different types of equipment may be processed using different methods or at more than one site in the facility. The information presented in this chapter refers to the primary site in the facility where equipment is processed.

Overall, 83 percent of all facilities have functioning equipment or necessary chemicals for the processing method used. Somewhat fewer facilities, 62 percent, have correct knowledge of the processing time and temperature for the method, as well as functioning equipment. When an automatic timer is added to the assessment (where applicable), the proportion drops to only 22 percent of facilities (Figure 3.10). Almost all hospitals (98 percent) and over 8 in 10 health centers and polyclinics have functioning equipment, compared with 73 percent of dispensaries, clinics and health posts. At the provincial level, the availability of functioning equipment ranges from 79 percent of facilities in the East and West provinces to 89 percent of facilities in the South Province (Table 3.11.1). Written guidelines for sterilization or HLD processing in any service area were found in only 6 percent of all facilities.

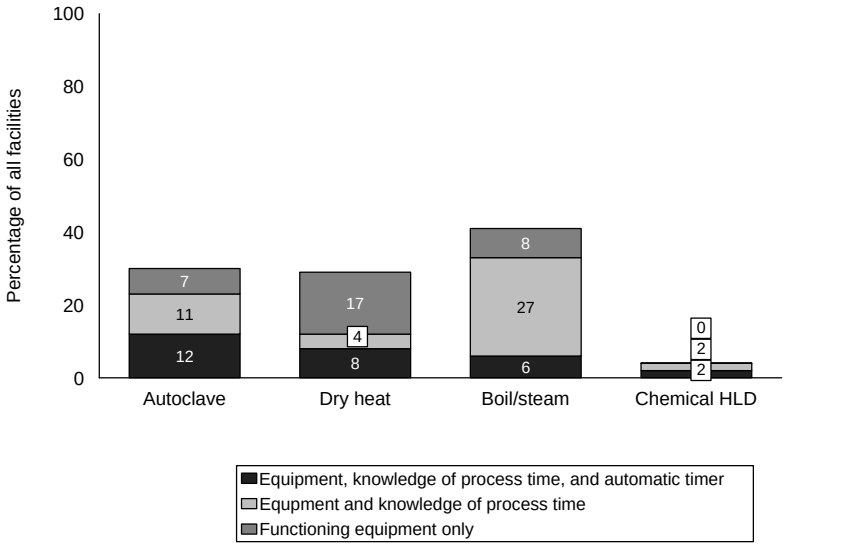
Figure 3.10 **Capacity to process equipment by any method of sterilization or high-level disinfection (HLD) (N=538)**



RSPA 2007

The most commonly used method for processing equipment is boiling or steaming, utilized by 41 percent of facilities. This is also the method for which functioning equipment and knowledge of the correct processing time is most frequently available (33 percent of facilities) (Figure 3.11). However, only 6 percent of facilities have an automatic timer along with the equipment and the knowledge. Thirty percent of facilities have autoclave equipment including 83 percent of hospitals and 26 percent of health centers and polyclinics (Table 3.11.2); but only 23 percent have functioning equipment and knowledge of the correct processing time. Twenty-nine percent of facilities have equipment for dry heat sterilization, including 69 percent of hospitals, 36 percent of dispensaries, clinics, and health posts, and 23 percent of health centers and polyclinics (Table 3.11.3). Four percent of facilities have the necessary chemicals for HLD, including 12 percent of hospitals and 4 percent of health centers and polyclinics (Table 3.11.5).

Figure 3.11 **Capacity to process equipment with specific sterilization and disinfection methods (N=538)**



RSPA 2007

Table 3.11.2 Capacity for processing of equipment: Autoclave

Percentage of facilities that have functioning equipment (equipment and power source, if required), knowledge of minimum processing time and temperature, and an automatic timing device for at least one sterilization or high-level disinfection process; percentage with an automatic timing device; percentage with time-steam-temperature-sensitive (TST) tape; and percentage with written guidelines or protocols for processing equipment, by background characteristics, Rwanda SPA 2007

	Percentage of facilities with:					
Background characteristics	Equipment	Equipment and knowledge of process time[1]	Equipment, knowledge of process time, and automatic timer[2]	TST tape	Written guidelines or protocols	Number of facilities
Type of facility						
Hospital	83	74	48	55	24	42
Health center/Polyclinic	26	20	9	10	2	389
Dispensary/Clinic/Health post	21	17	11	9	0	107
Managing authority						
Government	30	23	10	12	3	309
Government-assisted	35	28	17	15	5	133
Private/NGO/Community	23	20	15	15	1	96
Province						
North	29	26	19	18	2	90
South	25	19	8	9	3	117
East	26	14	8	12	4	113
West	37	33	14	14	6	132
Kigali City	31	24	14	14	0	86
Total	30	23	12	13	3	538

[1] Processing area has functioning autoclave and power source, and reports the correct processing time for autoclave (at least 30 minutes for wrapped items, at least 20 minutes for unwrapped items).
[2] This refers to a passive timer that can be set to indicate when a set time has passed. This may be a part of the sterilization equipment.

Table 3.11.3 Capacity for processing of equipment: Dry heat sterilization

Percentage of facilities that have functioning equipment (equipment and power source, if required), knowledge of minimum processing time and temperature, and an automatic timing device for at least one sterilization or high-level disinfection process; percentage with an automatic timing device; percentage with time-steam-temperature-sensitive (TST) tape; and percentage with written guidelines or protocols for processing equipment, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities with: Equipment	Equipment and knowledge of process time[1]	Equipment, knowledge of process time, and automatic timer[2]	TST tape	Written guidelines or protocols	Number of facilities
Type of facility						
Hospital	69	40	29	40	19	42
Health center/Polyclinic	23	7	5	11	2	389
Dispensary/Clinic/Health post	36	15	9	16	1	107
Managing authority						
Government	19	6	5	11	3	309
Government-assisted	41	17	11	18	5	133
Private/NGO/Community	45	20	13	20	1	96
Province						
North	19	10	7	11	2	90
South	28	9	6	13	3	117
East	20	5	4	8	3	113
West	26	10	7	12	4	132
Kigali City	58	27	19	31	3	86
Total	29	12	8	14	3	538

[1] Processing area has functioning equipment and power source for dry heat sterilzation and reports the correct processing time (or the equipment automatically sets the time) and processing temperature. Processing conditions for dry heat sterilization are: temperature of 160° to 169°C and processed for at least 120 minutes, or temperatures of at least 170°C and processed for at least 60 minutes.
[2] This refers to a passive timer that can be set to indicate when a set time has passed. This may be a part of the sterilization equipment.

Table 3.11.4 Capacity for processing of equipment: Boil/steam

Percentage of facilities that have functioning equipment (equipment and power source, if required), knowledge of minimum processing time and temperature, and an automatic timing device for at least one sterilization or high-level disinfection process; percentage with an automatic timing device; percentage with time-steam-temperature-sensitive (TST) tape; and percentage with written guidelines or protocols for processing equipment, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities with: Equipment	Equipment and knowledge of process time[1]	Equipment, knowledge of process time, and automatic timer[2]	TST tape	Written guidelines or protocols	Number of facilities
Type of facility						
Hospital	14	7	7	14	5	42
Health center/Polyclinic	47	38	6	6	2	389
Dispensary/Clinic/Health post	30	25	5	6	1	107
Managing authority						
Government	46	39	7	6	2	309
Government-assisted	38	28	5	8	3	133
Private/NGO/Community	27	21	3	7	1	96
Province						
North	52	39	7	11	3	90
South	55	44	11	6	1	117
East	48	40	5	4	3	113
West	29	25	1	5	2	132
Kigali City	19	15	6	8	3	86
Total	41	33	6	7	2	538

[1] Processing area has functioning equipment and power source for boiling or steaming and reports the correct processing time (or the equipment automatically sets the time) and temperature for this method. Processing conditions for boiling and steaming are: process at least 20 minutes.
[2] This refers to a passive timer that can be set to indicate when a set time has passed. This may be a part of the sterilization or HLD equipment.

Table 3.11.5 Capacity for processing of equipment: Chemical HLD

Percentage of facilities that have functioning equipment (equipment and power source, if required), knowledge of minimum processing time and temperature, and an automatic timing device for at least one sterilization or high-level disinfection process; percentage with an automatic timing device; percentage with time-steam-temperature-sensitive (TST) tape; and percentage with written guidelines or protocols for processing equipment, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities with			Number of facilities
	Equipment	Equipment and knowledge of process time	Equipment, knowledge of process time, and automatic timer	
Type of facility				
Hospital	12	14	10	42
Health center/Polyclinic	4	4	1	389
Dispensary/Clinic/Health post	3	3	2	107
Managing authority				
Government	4	4	1	309
Government-assisted	5	6	2	133
Private/NGO/Community	4	4	4	96
Province				
North	6	6	0	90
South	6	6	3	117
East	1	1	1	113
West	3	4	0	132
Kigali City	6	6	7	86
Total	4	4	2	538

[1] Processing area has functioning equipment and chemicals, and staff reports the correct processing time (or the equipment automatically sets the time). Processing conditions for HLD are: chemical disinfection with chlorine base or glutaraldehyde solution and soaked for at least 20 minutes.
[2] This refers to a passive timer that can be set to indicate when a set time has passed. This may be a part of the HLD equipment.

3.4.2 Appropriate Storage Conditions for Processed Items

Facilities must be able to store the items they have processed under sterile conditions. To maintain sterility or HLD status, items must be 1) stored in a dry location; 2) either wrapped in sterile, dry cloth or placed in a sterile or HLD-processed container that can clasp shut; and 3) marked with the processing date, because the sterile/HLD status cannot be ensured after one week unless the item is also sealed in plastic. Other common storage procedures that may be accepted in some settings (such as keeping un-wrapped items in an autoclave or on a tray covered with a clean cloth) do not ensure sterile/HLD status. About 9 in 10 facilities had processed items present on the day of the survey. Among these, 73 percent stored processed items under sterile/HLD conditions (i.e., wrapped and sealed with time-steam-temperature strip or placed in a sterile/HLD container that clasps shut, and stored in a dry, clean area) (Appendix Table A-3.18). However, only one-third of facilities wrote the processing dates on properly stored processed items. Hospitals (68 percent), government-assisted facilities (41 percent), and facilities in the West province (41 percent) are among those facilities most likely to store processed items under appropriate conditions.

3.4.3 Infection Control in Service Delivery Area

Hospital-acquired infections (known as nosocomial infections) often complicate the delivery of health care worldwide. Strict control measures and constant vigilance are necessary to prevent such infections.

The items considered relevant and necessary to prevent these infections include: soap, running water, sharps boxes for appropriate disposal of sharps waste, disinfectant solution, and latex gloves. For the RSPA, *all* of these items must be present in *all* service delivery sites for a facility to qualify as meeting infection control standards.

The presence of running water in a service delivery area does not necessarily imply that providers will wash their hands how and when they should. However, having running water and soap available in the area where services are provided, or in an immediately adjacent area, may increase the likelihood that they will do so.

As shown in Table 3.12, only 3 percent of facilities have all infection control items available in all assessed service delivery sites. Since hospitals, health centers and polyclinics have more sites where infection control items are expected to be present than do other types of facilities, it is not surprising that only 7 percent of hospitals and 1 percent of health centers and polyclinics meets these criteria. The most notable finding is that up to 15 percent of facilities in Kigali City meet the criteria for having all infection control items at all service delivery sites.

Table 3.12 Infection control and hazardous waste control

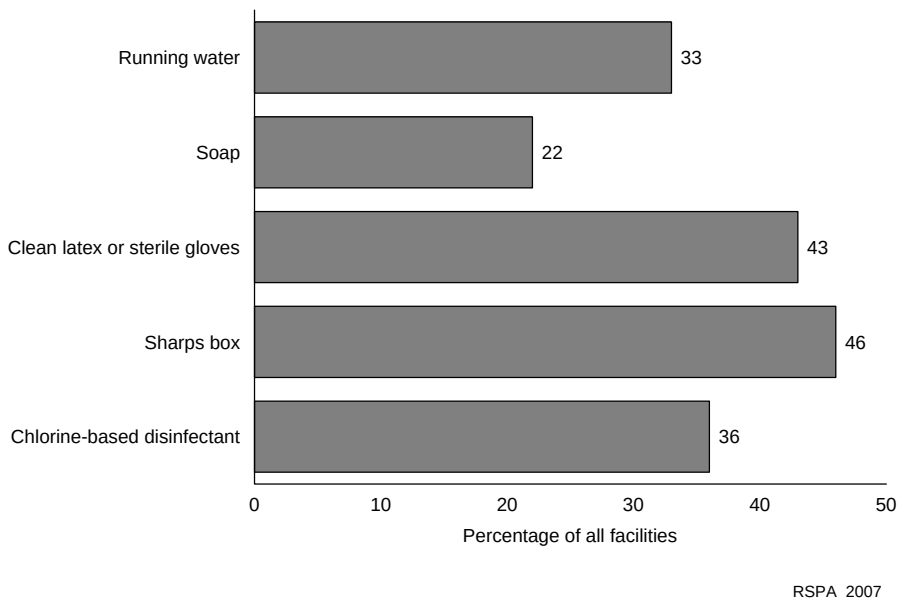
Percentage of facilities that store sterile/HLD items under adequate conditions, that have all items for infection control in service delivery areas, with an adequate disposal system for hazardous waste, and with infection control guidelines, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage with all items for infection control in all assessed service delivery areas[1]	Percentage with adequate waste disposal system for infectious waste[2]	Percentage with adequate waste disposal system for sharps waste[3]	Percentage with guidelines for disinfection and sterilization in any service area	Number of facilities
Type of facility					
Hospital	7	95	100	33	42
Health center/Polyclinic	1	89	93	9	389
Dispensary/Clinic/Health post	10	78	84	4	107
Managing authority					
Government	1	89	94	9	309
Government-assisted	2	91	92	14	133
Private/NGO/Community	14	78	82	5	96
Province					
North	2	91	94	8	90
South	0	94	93	7	117
East	0	87	95	8	113
West	2	77	83	16	132
Kigali City	15	93	95	8	86
Total	3	88	92	10	538

[1] Soap, running water, sharps box, disinfectant and latex gloves in all assessed service areas. Note: disinfectant and latex gloves not assessed in immunization area, and latex gloves not assessed in sick child service area.
[2] Infectious waste is collected and disposed of by external party or incinerated or burned and removed offsite, and there is no unprotected infectious waste observed in any service site or waste disposal area on day of survey.
[3] Sharps waste is collected and disposed of by external party, or incinerated, or burned and removed offsite, and there is no unprotected sharps waste observed in any service site or waste disposal area on day of survey.

Figure 3.12 and Appendix Table A-3.19.1 break down the availability of specific infection control items in maternal and child health and reproductive health (MCH/RH) service delivery sites. Soap is the least available item; available at all sites in only 1 in 5 facilities including 64 percent of hospitals and 56 percent of all facilities in Kigali City. Running water is the second least available item; available at all sites in only 1 in 3 facilities. Facilities in the North (29 percent), South (20 percent), and East (19 percent) provinces, government facilities (26 percent), and health centers and polyclinics (23 percent) are among the facilities that are least likely to have running water at all eligible sites. Sharps boxes and clean latex or sterile gloves are available in less than half of facilities. Chlorine-based disinfectant is available at all service delivery sites in only 36 percent of facilities.

Figure 3.12 **Availability of infection control items in service delivery area (N=538)**



When infection control items are assessed for their availability at *any* eligible service delivery site within a facility (not at *all* sites), the proportion of facilities that meet the criteria increases dramatically (Appendix Table A-3.19.2).

3.4.4 Adequate Disposal of Hazardous Waste

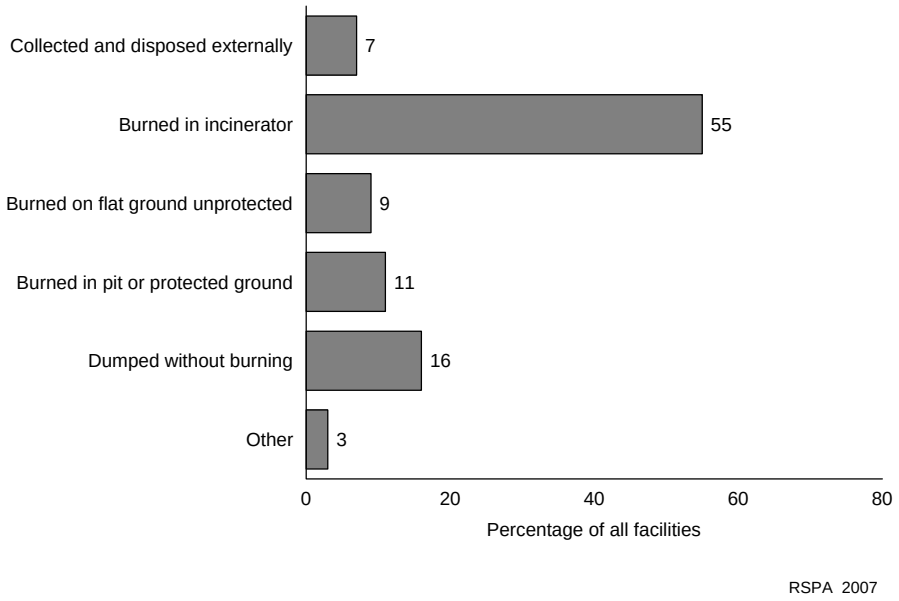
Hazardous waste includes infectious waste, such as bandages and cotton balls that may be contaminated by blood or other bodily fluids, and sharps waste, such as needles and syringes. Appropriate final disposal of hazardous waste is another important aspect of infection control. The most effective means for hazardous waste disposal is incineration and subsequent burial of the remains. Burying items in deep pits is also an effective means of disposal. When assessing whether facilities have adequate waste disposal systems, the most important issue is verifying that there is a disposal process that eliminates the possibility of contamination through contact. If the waste is visible and not protected from animals or people, either before or after being removed, burned, or buried, there is an increased chance that people might inadvertently come in contact with it, risking subsequent infection. Details on waste disposal systems are provided in Table 3.12 and Appendix Tables A-3.22.1 and A-3.22.2.

After determining what system each facility used, data collectors were asked to go to the location where waste is stored prior to disposal, or to the disposal site itself, to assess if there was potentially hazardous waste that was not protected.

Infectious Waste

The disposal system for infectious waste is considered adequate if the waste is collected and disposed of by an external party, or incinerated, or burned and removed offsite, *and* if there is no unprotected infectious waste observed in any service site or waste disposal area on the day of the survey. By these criteria, 88 percent of facilities have an adequate disposal system for infectious waste (Table 3.12). Almost all hospitals (95 percent), 9 in 10 health centers and polyclinics, and 8 in 10 dispensaries, clinics and health posts have an adequate system for infectious waste disposal. Facilities in the West Province (77 percent) and private, NGO, and community facilities (78 percent) are less likely to have an adequate infectious waste disposal system than other facilities.

Figure 3.13 **Final disposal method for hazardous waste (N=538)**



The most common way to dispose of infectious waste in Rwanda health facilities is burning in an incinerator, used by more than half of all facilities (Figure 3.13). Incineration is the most common way to dispose of infectious waste in hospitals (74 percent) and health centers and polyclinics (56 percent). This method of disposing of infectious wastes is less available at facilities in North (46 percent) and East (48 percent) provinces than among those in other provinces. The second most common method of final disposal of infectious waste is dumping without burning (Appendix Tables A-3.22.1).

Sharps Waste

The disposal system for sharps waste is considered adequate if sharps waste is collected and disposed of by an external party, or incinerated, or burned and removed offsite, *and* there is no unprotected sharps waste observed in any service site or waste disposal area on the day of the survey. An adequate disposal

system for sharps waste is also widely available, and follows a pattern similar to that of the infectious waste disposal system: all hospitals, almost all health centers and polyclinics, and 84 percent of dispensaries, clinics and health posts have an adequate system for disposal of sharps waste (Table 3.12).

Like infectious waste, sharps waste is most often disposed of by burning in an incinerator; this method is used by 53 percent of all facilities. Incineration to dispose of sharps waste is used by 83 percent of all hospitals and 54 percent of health centers and polyclinics. Burning sharps waste in an incinerator is less available in North (44 percent) and East (27 percent) provinces than in other provinces. The second most common method of final disposal of sharps waste is removing it offsite (Appendix Tables A-3.22.2).

Key Findings

Eight in ten facilities have functioning equipment (or chemicals for sterilization or HLD processing) for the processing method used. Functioning equipment is available in nearly all hospitals and in 84 percent of health centers and polyclinics. About 6 out of 10 facilities have both functioning equipment and staff members who know the correct processing time (and temperature, for dry heat sterilization) for the method used.

Boiling or steaming is the most commonly used method for processing equipment. For this method, one-third of facilities have functioning equipment and staff with knowledge of the correct processing time. However, only 6 percent of facilities also have an automatic timer.

Among facilities that store processed items, 7 in 10 do so under sterile/HLD conditions, but only one-fourth store processed items under sterile/HLD conditions and write the processing dates on processed items. Hospitals are more likely than other facilities to store processed items under appropriate conditions.

Only 3 percent of facilities have *all* relevant infection control items available in *all* assessed service delivery areas. Facilities with multiple service sites are least likely to meet this standard.

Adequate disposal systems for hazardous waste are commonly observed: approximately 9 out of 10 facilities have an adequate final disposal system for infectious waste, and around the same proportion have an adequte disposal system for sharps waste.

Chapter 4 Child Health Services

4.1 Background

4.1.1 RSPA Approach to Collecting Child Health Information

Each year nearly 10 million children under the age of five die. Most of these deaths could have been prevented with access to simple and affordable interventions and treatment (UNICEF, 2007). It is not uncommon for providers to treat symptoms that are most evident, without conducting a full assessment of a child's health status or acting to prevent further illness. For this reason, WHO and other agencies developed the Integrated Management of Childhood Illness (IMCI) strategy (WHO, 1997). This strategy advocates 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 interventions such as immunization and growth monitoring that can prevent illness or minimize its progression.

The IMCI strategy aims to reduce morbidity and mortality among children under the age of five through the following three activities:

1. Improving health workers' skills through training and supportive supervision;
2. Improving health systems, including equipment, supplies, organization of work, and referral systems; and
3. Improving child care at the community and household level, in line with key family practices.

Training and supportive supervision help health workers assess and appropriately treat major childhood illnesses (including diarrhea, malaria, pneumonia, measles, and other severe infections) in a holistic approach. WHO recommends that at least 60 percent of providers be trained in IMCI case management to ensure a critical mass for proper management of sick children. The IMCI program was introduced in Rwanda in 1999, but it did not function well until 2006. In 2006, the program revised and adopted IMCI guidelines, standards, and protocols and started to train district health providers. By the middle of 2007, the program had covered about 23 percent of the districts with at least two IMCI staff per health center. The IMCI program continues to expand its coverage and train additional health care providers.

By employing the IMCI framework, 2007 RSPA is expected to provide useful information that can be used to follow up on progress in implementing the IMCI strategy across Rwandan health facilities. Therefore, the survey uses IMCI protocols whenever possible in examining delivery of child health services at the health facility level.

This chapter uses information obtained from 2007 RSPA to address the following four central questions:

- What is the availability of outpatient curative services relevant to child health?
- To what extent do facilities offering immunization services for children have the capacity to support quality vaccination services?
- To what extent do facilities providing outpatient care for sick children have the capacity to support quality services in adherence to IMCI guidelines?
- To what extent do health service providers who treat sick children on an outpatient basis adhere to standards for quality service provision?

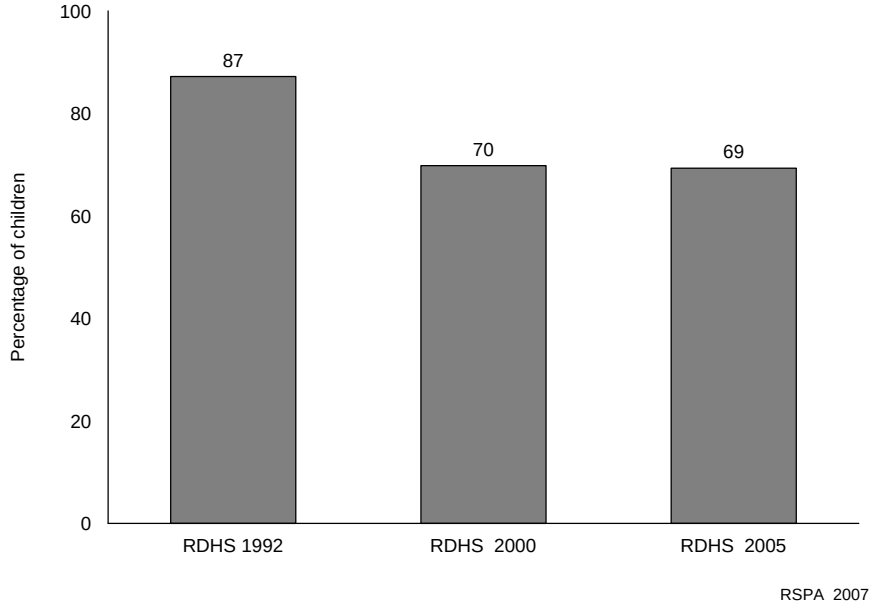
4.1.2 Health Situation of Children in Rwanda

Vaccine coverage

Immunization against vaccine-preventable diseases is vital to reducing child morbidity and mortality. The Expanded Program on Immunization (EPI) under the Ministry of Health (MOH) is aimed at ensuring that all children are fully immunized by their first birthday. Children should receive one dose of tuberculosis vaccine (BCG); three doses of the vaccine against diphtheria, pertussis, tetanus, hepatitis B and Haemophilus influenza type B (Pentavalent); four doses of oral polio vaccine (OPV); and one dose of measles vaccine (MOH, 2007). According to the 2005 Rwanda Demographic and Health Survey, however, only 69 percent of children age 12-23 months were fully immunized by age 12 months compared with the EPI target of 90 percent (INSR and ORC Macro, 2006). The immunization coverage rate in 2005 was about the same as that in 2000 and lower than the coverage in 1992 (Figure 4.1).

Measles outbreaks have been reported over the last few years across many countries in the region including Rwanda. In the first place, this vaccine provides protection to only 85-90 percent of immunized children; the remaining 10-15 percent is still susceptible to infection so the second dose (booster dose) is needed. Recurrence of measles is also related to the accumulated unvaccinated cohort of young children (<9 months) and among children age 1-4 years. Currently in Rwanda the routine schedule for measles vaccine calls for a single dose administered at 9 months, followed by a booster dose during national campaigns every two years. Unfortunately, certain cohorts missed their second measles dose.

Figure 4.1 **Percentage of children age 12-23 months who were fully immunized by age 12 months (1992 RDHS, 2000 RDHS, and 2005 RDHS)**



Nutritional status and care seeking

Malnutrition is an underlying factor in about 70 percent of the illnesses that cause death among children under age five. The 2005 RDHS found that 45 percent of children under age five in Rwanda are stunted, that is, too short for their age; 19 percent of them are severely stunted. About 23 percent are underweight, that is, too thin for their age. The prevalence of stunting is far higher among rural children (47 percent)

than urban children (33 percent). It is also much higher in North Province (52 percent) and other provinces (42-47 percent) than in Kigali City (29 percent) (INSR and ORC Macro, 2006).

Childhood mortality and morbidity

The 2005 RDHS provides household-based child mortality data as well as information on what illnesses children experienced and whether they received health care during the two weeks preceding the household survey visit (INSR and ORC Macro, 2006). Key findings include the followings:

- The infant mortality rate was estimated at 86 per 1,000 live births, which is considerably less than that found in the 2000 RDHS (107 per 1,000 live births).
- The under-five mortality rate was estimated at 152 per 1,000 live births, less than that found in 2000 RDHS (196 per 1000 live births).
- Seventeen percent of children had symptoms of acute respiratory infections (ARI) and 26 percent had fever in the two weeks preceding the survey. Of these, only 27 percent were seen by a health professional.
- Of children who had fever in the past two weeks, very few (12 percent) received antimalaria medicine, but only 3 percent received it the same or next day the fever started.
- Fourteen percent of children under age five had diarrhea in the past two weeks. Of these, only 14 percent were taken to see a health care provider. The children most affected by diarrhea were those age 6-23 months.
- Recommended treatment for diarrheal diseases (other than dysentery, for which antibiotics are recommended) is fluid and salts replacement. Caretakers reported giving oral rehydration salts (ORS) to 12 percent of children with diarrhea, 9 percent received recommended home fluids (RHF), and 19 percent received increased fluids. Altogether, some form of oral rehydration therapy (ORT) such as oral rehydration salt (ORS) packets or recommended home fluids was given to about one in five (19 percent) children with diarrhea, while 19 percent received increased fluids, 32 percent received unknown home remedies or other treatment, and 18 percent received pills or syrups. A significant proportion of children with diarrhea (33 percent) did not receive any treatment at all.
- Sixteen percent of children under age five slept under any mosquito net the night before the survey, while 13 percent slept under a permanent insecticide-treated net (ITN).
- Twenty-one percent of children under age 18 are orphans, meaning they have lost one or both of their parents.

4.2 Availability of Child Health Services

The 2007 RSPA assessed the availability of three basic child health services: outpatient curative care for sick children, routine childhood immunization services under EPI, and routine growth monitoring services. Table 4.1 provides information on the availability of these services. Appendix Tables A-4.1 and A-4.2 provide further details on the frequency of child health services and on community outreach services.[1]

In Rwanda, integrated child health services were offered mostly at the first level of the referral system, which is the health center. About 53 percent of facilities offer all three basic child health services as a package; that includes 71 percent of health centers and polyclinics. Childhood immunization is provided in 75 percent of facilities, growth monitoring in 55 percent, and outpatient curative care for sick children

[1] Community outreach refers to any services provided outside of the facility. For immunizations, this might include activities related to campaigns, such as the polio eradication campaign.

is available in 95 percent of facilities. Health centers and polyclinics, and government and government-assisted facilities are more likely than other types of facilities to provide all three basic services. Facilities in Kigali City are least likely to offer a package of all three services.

Immunization services are organized according to the catchment population of health facilities, usually the health center. These services are not included in the Complementary Package of Activities (CPA) implemented in district hospitals (except BCG 0 and polio 0 because they are given at birth), which serve as the second level in the referral system. Hospitals usually have an adjacent health center nearby. However, a few district hospitals are situated far from a health center and may choose to include these services. A few health posts are also allowed to provide immunization services because their catchment population is equal to or greater than 10,000.

Outpatient curative care for sick children is the most commonly provided of the three basic services. Dispensaries, clinics, and health posts (79 percent), private, NGO, and community facilities (81 percent), and facilities in Kigali City (87 percent) are the least likely to offer this service (Table 4.1).

Table 4.1 Availability of child health services

Percentage of facilities offering specific child health services at the facility, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities that provide: Curative outpatient care for sick children	Growth monitoring	Childhood immunization	All basic child health services	Number of facilities
Type of facility					
Hospital	90	17	12	5	42
Health center/Polyclinic	99	72	96	71	389
Dispensary/Clinic/Health post	79	7	24	7	107
Managing authority					
Government	97	63	85	61	309
Government-assisted	98	71	84	68	133
Private/NGO/Community	81	7	31	6	96
Province					
North	100	58	84	57	90
South	95	68	85	67	117
East	93	54	73	52	113
West	97	59	83	56	132
Kigali City	87	30	44	28	86
Total	95	55	75	53	538

Childhood immunization services are less likely to be offered in private, NGO, and community facilities (31 percent), hospitals (12 percent), or in dispensaries, clinics, and health posts (24 percent), and facilities in Kigali City (44 percent). By contrast, health centers and polyclinics (96 percent) as well as government (85 percent) and government-assisted (84 percent) facilities are more likely to provide these services. The low proportion of facilities offering immunization services in Kigali City may be explained by the fact that most facilities in Kigali are referral facilities or private facilities; they do not offer all basic routine services, including immunization.

Routine growth monitoring is the least available service (55 percent). Availability of services by type of facility, managing authority, and province follows the same pattern as childhood immunization services (Table 4.1). Given the high levels of childhood malnutrition in Rwanda, increasing access of the population to growth monitoring and other outreach programs should be considered.

Key Findings

Only about half of facilities offer all three basic child health services, including outpatient curative care for sick children, childhood immunization, and growth monitoring. The growth monitoring services are the least available among the three.

Outpatient curative care for sick children is available in almost all facilities, while growth monitoring and childhood immunization services are less available.

Childhood immunization and growth monitoring services are less available in facilities in Kigali City than in other provinces and are more available in health centers and polyclinics and among government and government-assisted facilities.

4.3 Capacity to Provide Quality Immunization Services

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

- Capacity to maintain the quality of vaccines;
- Availability of vaccines and vitamin A;
- Availability of equipment and supplies for vaccination sessions; and
- Availability of administrative components for monitoring immunization activities.

4.3.1 Capacity to Maintain the Quality of Vaccines

Lack of vaccine refrigerators, electricity, or other fuel (such as liquefied petroleum gas) are common reasons why facilities cannot, or do not, store vaccines. If a facility cannot maintain the cold chain and safely store vaccines, it must collect vaccines from a central location or a nearby facility with a refrigerator and then use mobile vaccine carriers and ice packs to maintain their temperature on the days of service. Logistical considerations for maintaining the cold chain frequently result in limited availability of vaccination services. Information on vaccine storage conditions are provided in Chapter 3, Table 3.9.

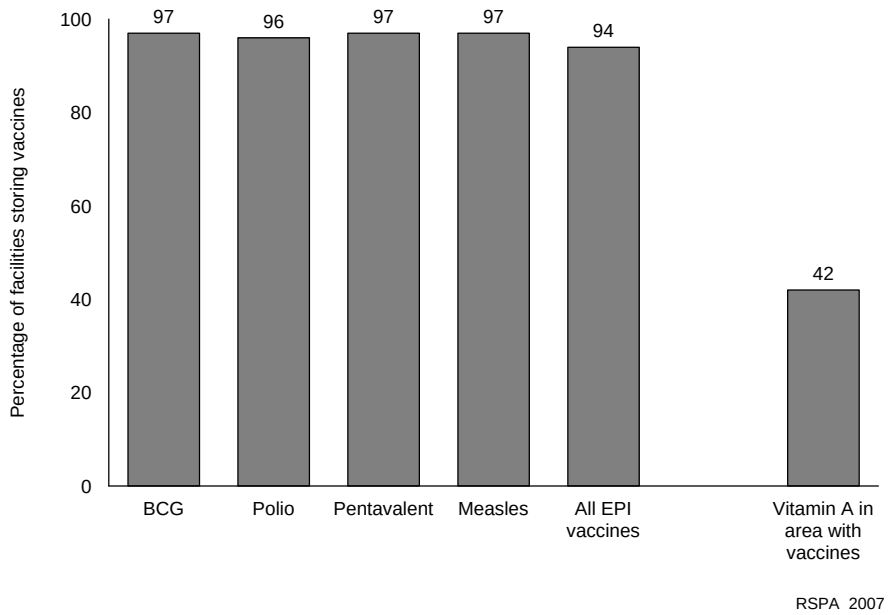
Temperature monitoring is extremely important in ensuring potent and effective vaccines for eligible children (WHO, 2000b; WHO, 2004b). Overall, 61 percent of all facilities with stored vaccines that were observed on the day of the survey have an adequate system for monitoring storage temperature, but only 31 percent adequately monitor vaccine stocks. Facilities in North Province (86 percent) and Kigali City (72 percent) are more likely than other facilities to meet all three criteria for monitoring storage temperatures, while facilities in South Province (40 percent) are the least likely to meet all three criteria. Adequate systems to monitor vaccine stocks are least common in South and East provinces (14 and 8 percent, respectively) and most common in hospitals (43 percent), dispensaries, clinics, and health posts (45 percent), and in West Province (60 percent) and Kigali City (47 percent) (Chapter 3, Table 3.9).

4.3.2 Availability of Vaccines and Vitamin A

Availability of child vaccines was assessed at eligible facilities, that is, facilities which provide immunization services and also store vaccines. The findings are summarized in Figure 4.2 and Table 4.2. Additional information on vaccine availability by facility type, zone, and managing authority is found in Appendix Table A-4.3.

All basic EPI vaccines for the eight major childhood diseases are available in 94 percent of eligible facilities (Figure 4.2, Tables 4.2 and A-4.3). Individual vaccines are consistently available in practically all these health facilities. As shown in Figure 4.2, each individual vaccine is missing in 3 to 4 percent of facilities.

Figure 4.2 **Availability of vaccines among facilities offering child immunization services and storing vaccines (N=370)**



Vitamin A is essential for strengthening the immune system, healthy growth and development, and protection from respiratory infections and night blindness. Because WHO recommends routinely distributing high-dose vitamin A capsules to children, many countries have added vitamin A supplementation to their EPI programs. According to Rwanda National Nutrition Policy, vitamin A and iron supplementation is not routinely given at the first level of the healthcare referral system (health center). Vitamin A supplementation for children age 6 to 59 months and for postpartum women currently relies on mass national campaigns done twice a year (MOH, 2005). According to 2005 RDHS, 84 percent of children age 6-59 months received vitamin A supplements and 34 percent of postpartum women received vitamin A. The survey found that 42 percent of facilities offering child immunization services have vitamin A available in service delivery areas with vaccines (Figure 4.2).

4.3.3 Availability of Equipment and Supplies for Vaccination Sessions

Information on the availability of all components assessed for quality immunization services is provided in Table 4.2 and Figure 4.3. Details on the availability of items by facility type, zone and managing authority are available in Appendix Table A-4.4.

Equipment

Of the equipment and supplies needed for vaccination sessions, blank immunization cards are available at 86 percent of facilities that offer child immunization services, adequate syringes and needles are available at 80 percent of facilities, and vaccine carriers with ice packs are available at 97 percent of facilities. Approximately one-fifth of facilities in South Province, and government-assisted facilities lack immuni-

zation cards; cards are most likely to be found in facilities in West Province (91 percent) and in all hospitals. Adequate supplies of syringes and needles are most widely available in hospitals, and among facilities in Kigali City. They are less available among government-assisted facilities and facilities in East province (Appendix Table A-4.4). Availability of vaccine carriers and ice packs in nearly all facilities offering child immunization services supports the maintenance of the cold chain during transportation and vaccination sessions, with the exception of dispensaries, clinics, and health posts (81 percent).

Table 4.2 Health system components required for childhood immunization services

Percentage of facilities offering child immunization services at the facility that have all equipment, items for preventing infection, records indicating good administrative practices, and among facilities offering child immunization services and storing vaccines, percentage with all basic child vaccines and all components for providing quality child immunization services, by background characteristics, Rwanda SPA 2007

	Percentage of facilities offering child immunization with:					Percentage of facilities offering child immunization services and storing vaccine with:		
Background characteristics	All equipment[1]	All items for infection control[2]	Administrative components[3]	All equipment, items for infection control, and administrative components	Number of facilities offering child immunization services[4]	All basic child vaccines[5]	All components for providing quality child immunization services (including vaccines) present	Number of facilities offering child immunization services and storing vaccines
Type of facility								
Hospital	100	100	40	40	5	100	40	5
Health center/Polyclinic	70	28	80	22	374	94	22	356
Dispensary/Clinic/Health post	62	58	46	35	26	89	44	9
Managing authority								
Government	74	28	79	22	263	94	21	250
Government-assisted	62	29	78	22	112	94	23	107
Private/NGO/Community	67	60	53	40	30	92	46	13
Province								
North	70	26	83	24	76	97	25	68
South	70	26	77	18	99	95	18	97
East	63	11	72	6	83	90	6	80
West	71	41	80	34	109	94	36	90
Kigali City	84	66	68	45	38	94	37	35
Total	70	31	77	23	405	94	23	370

[1] Blank immunization cards, syringes and needles, and cold box with ice packs (or facility reports purchasing ice).
[2] Soap, running water, and sharps container.
[3] Tally sheet or register where vaccines provided are recorded, and documentation of either Pentavalent dropout rate or measles coverage.
[4] Includes all facilities offering immunizations at the facility and some facilities offering immunizations through village outreach activities.
[5] BCG, Pentavalent, polio, and measles vaccines.

Infection control

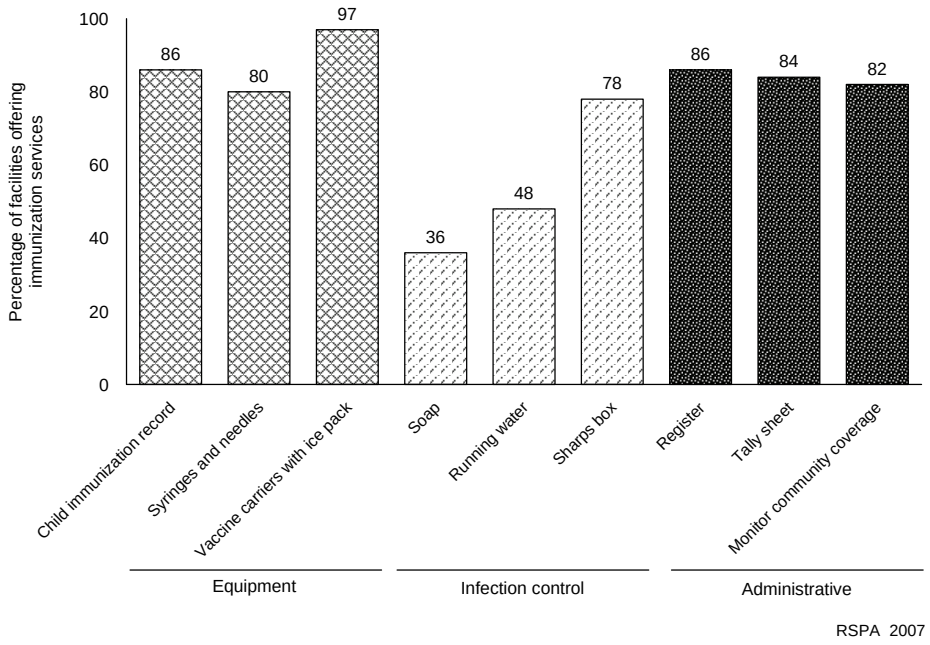
Infection control is critical to quality care during immunizations. Among eligible facilities, only 31 percent have soap, running water, and a sharps box (Table 4.2). All hospitals and facilities in Kigali City (66 percent) are the most likely to have all three of these infection control items, while facilities in the East province are the least likely to do so. About three-quarters of all eligible facilities have sharps boxes (78 percent) and half (48 percent) have running water, but soap is much less widely available (36 percent) (Appendix Table A-4.4). Running water and soap are particularly lacking in health centers and polyclinics. This suggests that service providers in facilities without running water either use other sources of water to wash their hands (such as water in a basin) or simply do not wash their hands while providing immunization services.

4.3.4 Availability of Administrative Components for Monitoring Immunization Activities

The RSPA survey looked for evidence that facilities were keeping records that could provide information for monitoring immunization activities.

Measures often used for monitoring immunization coverage include the DPT/Pentavalent dropout rate (the difference between the number of children who receive the first dose of DPT/Pentavalent and the number who complete all three doses, divided by the number who received the first dose) and vaccine coverage rates. Measures of immunization coverage require an estimate from a target population, which is provided by the National Bureau of Statistics through projections of household census results. The RSPA survey specifically assessed whether dropout rates or measles coverage information was available. Eighty-four percent of facilities have tally sheets and 86 percent have registers for documenting provided immunizations. Approximately 8 in 10 facilities have documentation monitoring community coverage (i.e., either measles coverage or Pentavalent dropout rates) (Appendix Table A-4.4 and Figure 4.3). Health centers and polyclinics (84 percent), government facilities (85 percent), and government-assisted facilities (80 percent) are more likely to monitor community coverage than other facilities. Facilities in Kigali City (68 percent) are less likely to monitor community coverage.

Figure 4.3 **Availability of equipment and supplies for immunization services (n=405)**



Overall, among facilities offering child immunization services and storing vaccines, only about one-quarter had all components considered necessary for providing quality immunization services on the day of the survey (Table 4.2). The RSPA survey defined these as: all equipment, all items for infection control, all administrative components, and all basic child vaccines. The availability of each item is presented in Figure 4.3. Health centers, polyclinics and facilities in South and East provinces are the least likely to have all these components, because of a lack of running water and soap.

Key Findings

Almost all facilities that offer child immunization services and also store vaccines have all of the basic EPI vaccines, including BCG, OPV, Pentavalent, and measles vaccines. Only 23 percent of these facilities have all of the components needed to support quality immunization services.

Syringes and needles for immunization and vaccine carriers with ice packs are available in 80 and 97 percent, respectively, of facilities offering child immunization services.

All items for infection control (soap, running water, and sharps containers) are available in the immunization service area in slightly less than one-third of facilities. Running water and soap for hand-washing are the items least often found (48 and 36 percent, respectively).

4.4 Capacity to Provide Quality Outpatient Care for Sick Children

To improve the diagnosis of illnesses and to minimize missed opportunities for providing preventive interventions, IMCI standards recommend that any consultation for a sick child also include:

- Assessing immunization status and providing vaccines that are due;
- Assessing nutritional status and counseling caretakers on identified problems;
- Assessing overall health status;
- Ensuring that the child receives the first dose of any prescribed drug, including antibiotics, at the facility and leaves the facility with the necessary medications;
- Ensuring that caretakers know how to administer medications and treatments, know about appropriate foods, and know how much food the child needs both during this illness and after when no longer sick;
- Ensuring that caretakers know when to return, either because signs indicate that the child must be seen immediately or because of scheduled follow-up.

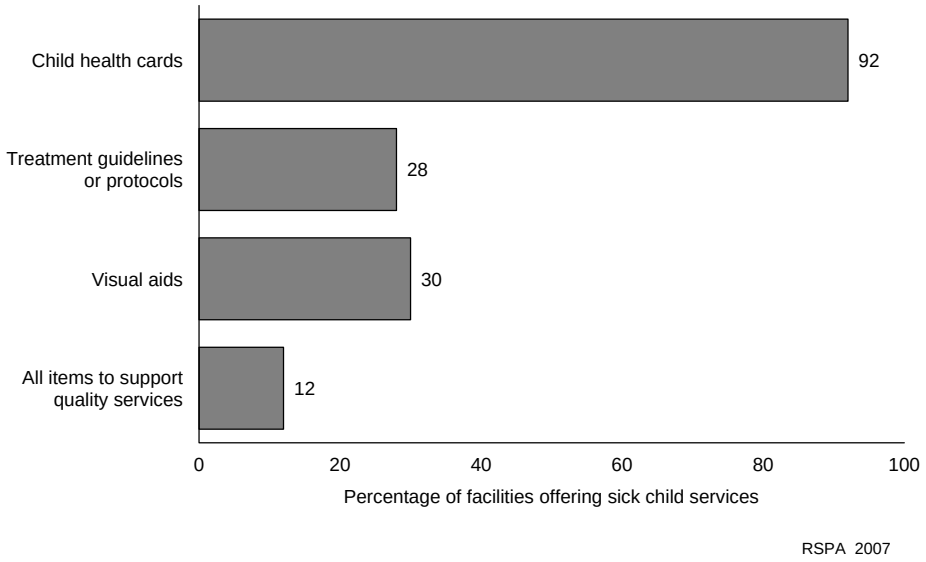
The RSPA survey assessed the availability of equipment, supplies, and health system components necessary to adhere to IMCI guidelines and support quality outpatient care for sick children (WHO, 1997; WHO, 1999). Assessed elements are as follows:

- Infrastructure and resources to support quality assessment and counseling;
- Equipment and supplies for adhering to IMCI guidelines for assessment of a sick child;
- Essential medicines for treating sick children in adherence to IMCI guidelines; and
- IMCI job aids, including the chart booklet, recording form, and mother/caretaker cards.

4.4.1 Infrastructure and Resources to Support Quality Assessment and Counseling for Sick Children

To support quality assessment and counseling, the following should be readily available in areas where sick children receive services: items for infection control including soap, running water, sharps containers, and disinfectant; items to support quality services, such as individual child health cards; treatment guidelines and protocols; and visual aids. Figure 4.4 provides information on the availability of some of these items, with further details in Appendix Tables A-4.5 and A-4.6.

Figure 4.4 **Availability of items to support quality services for sick children (N=509)**



All items supporting quality child health services are available in only 12 percent of facilities offering sick child services (Figure 4.4 and Appendix Tables A-4.5). Treatment guidelines, which are necessary for quick reference, are available in only 28 percent of facilities, health centers and polyclinics (32 percent) being more likely than other facilities to have them. Individual child health cards, important for continuity of care, are available in almost all facilities (92 percent), while visual aids are available in 30 percent of facilities.

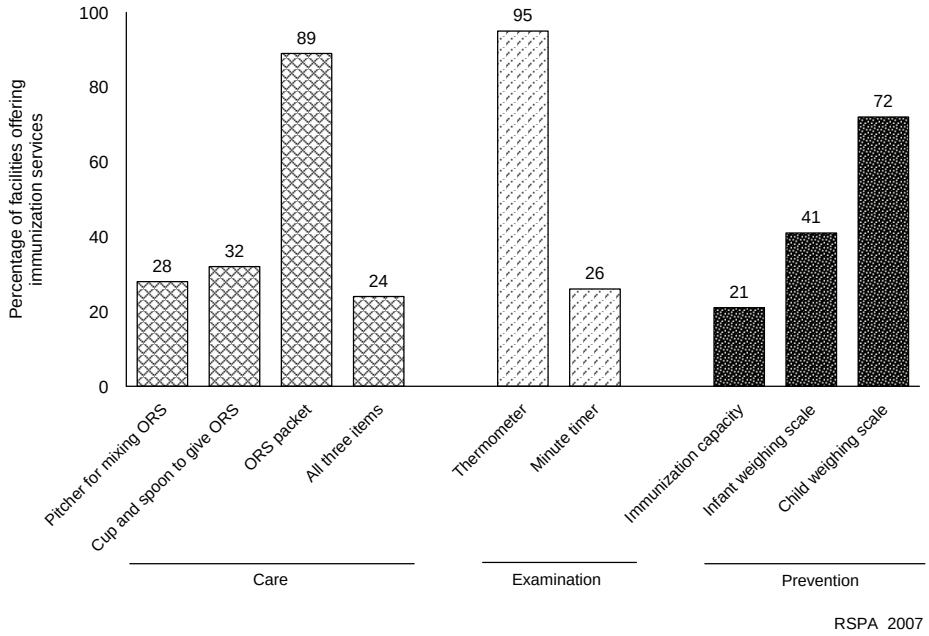
The goal of the MOH is to promote IMCI nationwide. However, because only 23 percent of districts were implementing the IMCI program at the time of the survey, related items such as chart booklets, counseling cards, the IMCI algorithm for providers, and caretaker cards are not expected to be available in all facilities. The RSPA results showed that only 17 percent of facilities offering curative care for sick children have IMCI chart booklets, 8 percent have IMCI counseling cards, and 9 percent have IMCI mother/caretaker cards (Appendix Table A-4.7).

4.4.2 Equipment and Supplies for Assessing and Providing Preventive Care for Sick Children

The RSPA survey also assessed the availability of equipment and supplies necessary for evaluating the status of sick children and for providing preventive interventions, as established by IMCI guidelines. Figure 4.5 summarizes the information on these items. Appendix Table A-4.5 provides details by facility type, and Appendix Table A-4.8 provides information on the availability of sick child and EPI services on the same day in the same facility.

Among facilities offering sick child services, 21 percent have immunization capacity (basic vaccines, syringes, cold boxes, items for infection control in the EPI service area, and child immunization cards). Health centers and polyclinics (24 percent) are more likely than other types of facilities to have all of these items (Appendix Table A-4.5).

Figure 4.5 **Availability of equipment and supplies for assessing health status of the sick child (n=509)**



Usually vaccines are made available in a multiple-dose vial. It is not cost-effective, and wasteful to open a vial to immunize a single child. To reduce vaccine wastage rates, immunization services are organized only 1-2 days a week. The RSPA survey found that 15 percent of facilities provide immunization services every day that sick child services are offered; and 29 percent were actually providing both services on the day of the survey (Appendix Table A-4.8). Government facilities (19 percent) and government-assisted facilities (14 percent) are more likely to offer EPI services on the same day that services for sick child are offered; in contrast, only 1 percent of private, NGO, and community facilities offered both services on the same day (Appendix Table A-4.8).

About 4 in 10 facilities offering sick child services have a scale for weighing infants (100 gram gradation) and 72 percent have a scale for weighing older children (maximum 250 gram gradation); however, only 37 percent have both types of scales (Figure 4.5, Appendix Table A-4.5). This suggests that many prescriptions for sick children are based on crude weight estimates rather than actual weight.

Items for providing oral rehydration therapy onsite are also lacking, with only 24 percent of facilities having all three necessary items: a cup and spoon, a jar for mixing, and ORS packets. However, ORS packets are available in 89 percent of sick child service areas or in the pharmacy (Appendix Table A 4-5).

Although a sick child can be assessed with little equipment, certain minimum equipment is considered to be necessary for quality care. The survey assessed whether facilities had a thermometer and some type of minute timer for counting respiration rates. Thermometers are available in almost all facilities, and facility-provided timers are available in 26 percent of facilities. Although not documented, most providers have personal timepieces with second hands that could be used to time respiration rates.

4.4.3 Essential Medicines for Treating Sick Children

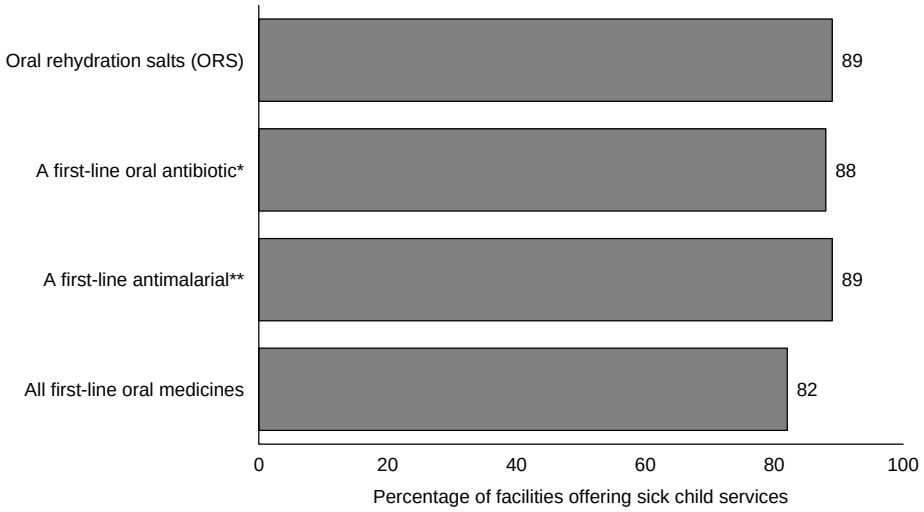
IMCI guidelines have defined first-line, pre-referral, and other important medications for treating sick children. The RSPA survey assessed the availability of all these essential medicines. Summary

information on the availability of medicines for sick children is provided in Figures 4.6 through 4.8 and in Table 4.3. Appendix Table A-4.9 provides details on available medicines by type of facility.

First-line medicines

First-line medicines include ORS packets, at least one oral antibiotic for respiratory infections, and at least one antimalaria medicine. All three first-line medicines are available in 82 percent of facilities. They are more available in hospitals (all) and health centers and polyclinics (89 percent) than in dispensaries, clinics, and health posts (43 percent) (Figure 4.6, Appendix Table A-4.9). Cotrimoxazole is more widely available as a first-line antibiotic in Rwandan facilities than amoxicillin. Antimalaria medicines are widely available, with Coartem (artemether-lumefantrine) (83 percent of facilities) found far more often than Fansidar (sulfadoxine-pyrimethamine) and amodiaquine (57 and 2 percent of facilities, respectively). Information on zinc sulfate, which was recently added to the new treatment protocol for chronic diarrhea in Rwanda, is not available.

Figure 4.6 **Availability of first-line medicines for treating sick children (N=509)**



*Amoxicilline, cotrimoxazole, or chloramphenicol
**Coartem, fansidar, or amodiaquine

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Pre-referral medicines

Pre-referral medicines include emergency injectable medications and intravenous solution with a perfusion set; these allow for urgent treatment and rehydration before admitting a sick child or referring a sick child to another facility, if necessary. It should be noted that MOH policy authorizes hospitals, health centers, and dispensaries to provide rapid rehydration for severely dehydrated children using intravenous solutions if the facility has the capacity and skills.

Table 4.3 Medicines and supplies to support quality care for sick children

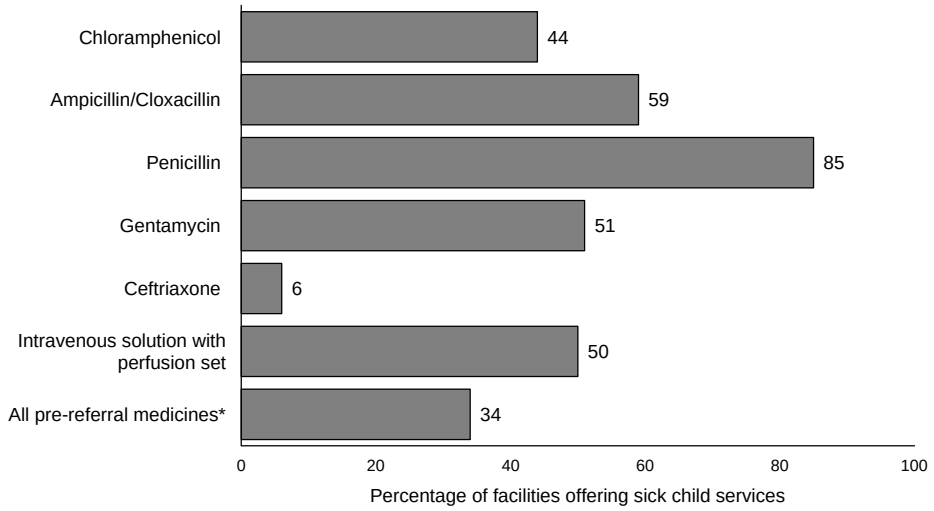
Percentage of facilities that have all essential first-line and pre-referral medicines to support quality care for sick children, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities with all essential medicines: First-line medicines[1]	Pre-referral medicines[2]	Other medicines[3]	Number of facilities offering sick child services
Type of facility				
Hospital	100	68	32	38
Health center/Polyclinic	89	36	31	387
Dispensary/Clinic/Health post	43	10	4	84
Managing authority				
Government	90	37	27	301
Government-assisted	92	39	42	130
Private/NGO/Community	37	14	1	78
Province				
North	87	11	19	90
South	94	43	20	111
East	85	35	33	105
West	88	39	38	128
Kigali City	47	37	17	75
Total	82	34	27	509

[1] ORS, at least one antimalaria medicine, and at least one oral antibiotic (amoxicillin, cotrimoxazole, or chloramphenicol).
[2] At least one first-line injectable antibiotic (ampicillin or penicillin), at least one second-line injectable antibiotic (ceftriaxone or gentamicin or injectable chloramphenicol), and intravenous solution (normal saline, Ringer's lactate, or dextrose and saline 0.9%) with perfusion set.
[3] Aspirin, vitamin A, iron tablets, mebendazole, and an antibiotic eye ointment.

The RSPA survey considers health facilities to have all pre-referral medicines if they have: at least one first-line injectable antibiotic (ampicillin or penicillin); at least one second-line injectable antibiotic (ceftriaxone or gentamicin) or injectable chloramphenicol; and intravenous solution with a perfusion set and sterile syringes. About one-third (34 percent) of facilities offering outpatient curative care for sick children have all of these pre-referral medicines (Figure 4.7, Table 4.3). Hospitals (68 percent) are more likely than other types of facilities to have them all. Dispensaries, clinics, health posts (10 percent), private, NGO, and community facilities (14 percent), and facilities in North Province (11 percent) are less likely than other facilities to have all pre-referral medicines. Penicillin is the most available injectable antibiotic. Only 50 percent of all eligible facilities have intravenous solutions with perfusion sets, despite its importance in the care of severely ill children (Figure 4.7).

Figure 4.7 **Availability of pre-referral medicines (injectables) (N=509)**



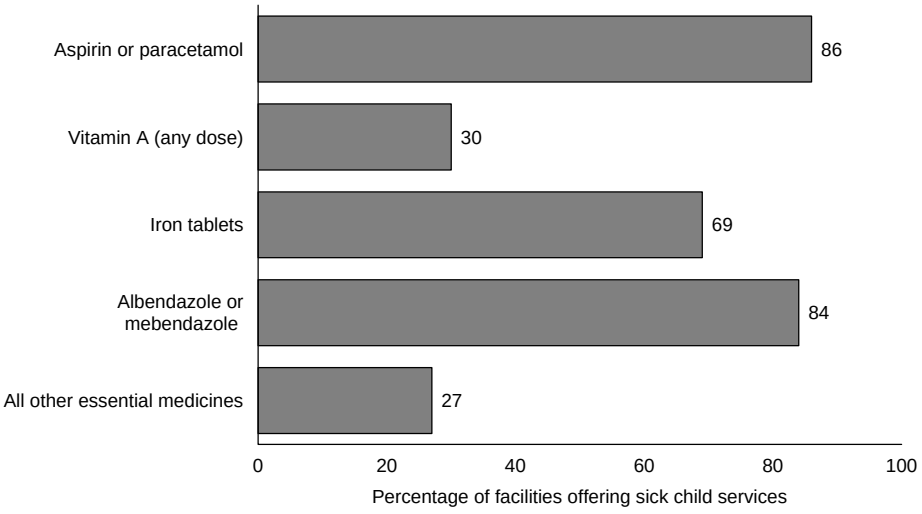
*At least one first-line injectable antibiotic (ampicillin or penicillin), at least one second-line injectable antibiotic (ceftriaxone or gentamicin) or injectable chloramphenicol, and intravenous solution (normal saline, Ringer's lactate, or dextrose and saline 0.9%) with perfusion set and sterile syringes

RSPA 2007

Other essential medicines and vitamin A

Some other medicines are less critical for treating serious illness, but are important for treating common symptoms and illnesses of sick children. These include an antipyretic (paracetamol or aspirin), vitamin A, iron tablets or supplements, de-worming medicines (mebendazole or albendazole), and antibiotic eye ointment. Twenty-seven percent of health facilities have all of these other essential medicines (Table 4.3, Figure 4.8). Aspirin or paracetamol (86 percent) and albendazole or mebendazole (84 percent) are commonly available, while vitamin A was found in 30 percent of all facilities.

Figure 4.8 **Availability of other essential medicines (N=509*)***



RSPA 2007

4.4.4 Availability of Infection Control Items for Therapeutic Injections

The survey assessed infection control items among facilities that offer outpatient curative care and therapeutic injections. The majority of consultations with sick children end with the child being sent home; only 9 percent of sick children are admitted or referred (Table 4.5). Among facilities providing outpatient care for sick children and therapeutic injections, soap and running water are the least available infection control items (56 percent and 69 percent, respectively). Hospitals (97 percent) are more likely than health centers and polyclinics (66 percent) and dispensaries, clinics and health posts (71 percent) to have running water at service sites to treat sick children (Appendix Table A-4.6).

Key Findings

Treatment guidelines and protocols for sick child services are available in 28 percent of facilities that offer these services, while IMCI treatment counseling cards for providers are available in less than 10 percent of facilities.

Only 15 percent of facilities that offer sick child services also offer child immunization services every day that sick child services are offered.

Running water and soap for hand-washing is the least available item for infection prevention in health facilities that offer outpatient curative care for sick children. Visual aids for instructing caretakers are available in less than one-third of eligible facilities.

All first-line oral medicines are available in 82 percent of facilities, but all pre-referral medicines are available only in about one-third of facilities, mostly in hospitals.

4.5 Management Practices Supportive of Quality Sick Child Services

Management practices that support quality curative care for sick children include documentation and record keeping, practices related to user fees, and staff supervision and development.

Summary information on the availability of these items is presented in Table 4.4. Appendix Table A-4.10 provides sick child client utilization statistics, and Appendix Tables A-4.11 and A-4.12 provide more details on fees and other payment systems. Figure 4.9 summarizes information on training received by child health service providers, and Appendix Tables A-4.13 through A-4.15 provide details on in-service training and supervision from the perspective of the child health service provider.

4.5.1 Facility Documentation and Records

An up-to-date register is defined as a register that has an entry within the past seven days that indicates, at a minimum, the child's age and diagnosis or the symptoms for which the child was seen. Eighty-one percent of facilities providing outpatient curative care for sick children have an up-to-date register (Table 4.4). There is little variation by facility type, but government facilities have slightly more up-to-date registers than facilities under other managing authorities. Facilities in the West Province (73 percent) are less likely to have an up-to-date register than facilities in other provinces.

4.5.2 Practices Related to User Fees

User fees may have a positive effect on utilization of health facilities by increasing funds available to the facility, or they may have a negative effect on utilization by deterring poor clients from using services. In any case, posting user fees in facilities that charge fees is a factor in the quality of care because it increases accountability and makes clients aware of costs associated with services.

A user fee for sick child services is universally employed (97 percent) by facilities across Rwanda (Table 4.4). User fees were charged for medicines, consultations, and laboratory tests 95 percent, 95 percent, and 94 percent of facilities, respectively. Eighty-six percent of facilities charged for client charts or records and 13 percent for registration (Appendix Table A-4.11).

Table 4.4 Management practices supportive of quality child health services

Among facilities offering curative care to sick children, percentage with up-to-date patient registers, and percentage with user fees for consultation services for sick children; and among facilities with interviewed child health services providers, percentage where providers benefited from supportive management practices, received training related to child health, and received personal supervision, by background characteristics, Rwanda SPA 2007

Background characteristics	Facilities with curative outpatient care for sick children		Number of facilities offering SC services	Percentage where staff report receiving routine:		Number of facilities with interviewed child health service providers[4]
	Percentage with up-to-date patient register[1]	Percentage with user fees for sick child services		Training related to child health[2]	Personal supervision[3]	
Type of facility						
Hospital	79	97	38	31	83	36
Health center/Polyclinic	82	98	387	17	97	387
Dispensary/Clinic/Health post	80	88	84	21	56	80
Managing authority						
Government	83	97	301	19	95	299
Government-assisted	78	98	130	16	96	129
Private/ NGO/ community	79	94	78	21	56	75
Province						
North	80	99	90	11	90	89
South	89	95	111	16	95	110
East	81	97	105	15	96	104
West	73	97	128	23	94	128
Kigali City	87	96	75	29	64	72
Total	81	97	509	19	89	503

[1] Register has entry within past seven days that indicates child's age and diagnosis or symptom.
[2] A facility has routine staff training if at least half of interviewed providers reported they had received pre- or in-service training related to their work during the 12 months preceding the survey. This refers to structured training sessions and does not include individual instructions received during routine supervision.
[3] A facility has routine staff supervision if at least half of interviewed providers reported they had been personally supervised at least once during the 6 months preceding the survey.
[4] Includes only providers of child health services in facilities offering child health services.

4.5.3 Training and Supervision

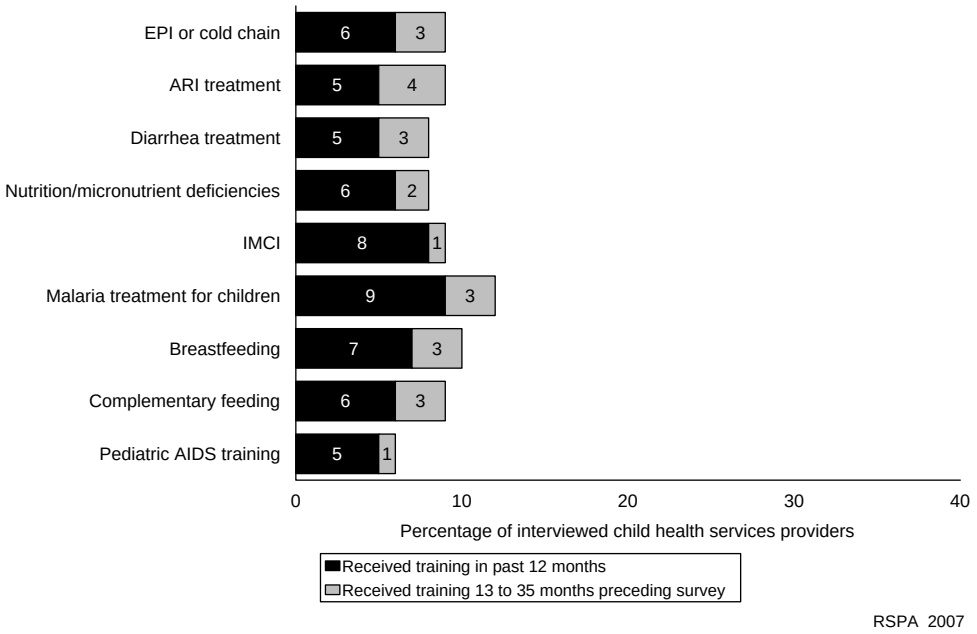
Training

The 2007 RSPA deems a facility to have routine staff training or staff development if at least half of interviewed providers report receiving pre- or in-service training related to their work during the 12 months preceding the survey. The training must be structured and based in the classroom; individualized or one-on-one instruction received during supervision is not included.

Using this definition, only 19 percent of facilities that offer child health services qualify as having routine staff training activities. Facilities in North Province (11 percent) are the least likely to have routine staff training (Table 4.4).

Only 18 percent of the child health service providers who were interviewed reported receiving structured training related to their work in the 12 months preceding the survey (Appendix Table A-4.13). Providers in hospitals (27 percent) and facilities in Kigali City (28 percent) are more likely than others to have received training. No one topic dominated: between 5 and 9 percent of providers reported received training on any single topic (Figure 4.9 and Appendix Tables A-4.14).

Figure 4.9 **Training received by interviewed child health services providers, by topic and timing of most recent training (N=1,340)**



Supervision

If at least half of service providers interviewed at a facility reported having been personally supervised at some time during the six months preceding the survey, the facility is considered to be receiving routine staff supervision. Overall, 89 percent of facilities meet this criterion, including 97 percent of health centers and polyclinics (Table 4.4). Routine staff supervision is relatively stronger in government facilities (95 percent) and government-assisted facilities (96 percent) compared with private, NGO, and community facilities (56 percent). Facilities in Kigali City are less likely to receive staff supervision.

Almost 9 out of 10 child health service providers who were interviewed said they had been personally supervised in the six months preceding the survey (Appendix Table A-4.13).

Key Findings

Up-to-date registers for service statistics are available in approximately 8 out of 10 facilities that offer child health services; facilities in West Province are least likely to have up-to-date registers for service statistics.

A user fee for sick child services is universally employed by facilities across Rwanda. User fees were generally charged for medicine, consultations, and laboratory tests.

Structured training on child health topics is not routinely provided. Only 19 percent of facilities have routine staff training. During the 12 months preceding the survey, only 6 percent of child service providers received training related to EPI and the cold chain, and 5 percent were trained on ARI treatment and nutrition.

About 9 in 10 facilities receive routine supervision for child health services providers. Routine supervision is less common in dispensaries, clinics, and health posts (56 percent), private, NGO, and community facilities (56 percent) and facilities in Kigali City (64 percent).

4.6 Adherence to Guidelines for Sick Child Service Provision

To assess whether providers adhere to standards for providing quality services, the survey observed sick child consultations using observation checklists based on IMCI guidelines. The observers noted what information the provider shared and whether recommended procedures were carried out. They did not assess whether the information shared was correct, or whether findings were appropriately interpreted.

Figures 4.10 through 4.14 show the practices that observed during sick child consultations. Table 4.5 summarizes providers' assessments, examinations, and subsequent treatments by diagnosis or major symptoms. Appendix Tables A-4.15 through A-4.18 provide details on observed providers' practices and Appendix Tables A-4.19 through A-4.21 provide information reported by caretakers during exit interviews. (The survey interviewed all caretakers of the sick children whose consultations were observed.)

4.6.1 Full Assessment of Illnesses

When there are not enough qualified curative care providers, less qualified persons can be trained to provide EPI and growth monitoring services as well as initial consultation services for sick children. This assumes, however, that seriously ill children, with illnesses beyond the training scope of staff, will be identified and referred to a better-qualified provider. Hence it is important to know how many facilities depend on referral systems for the management of severe illnesses. As documented in Chapter 3, practically all facilities in Rwanda have at least one qualified health provider (Figure 3.1).

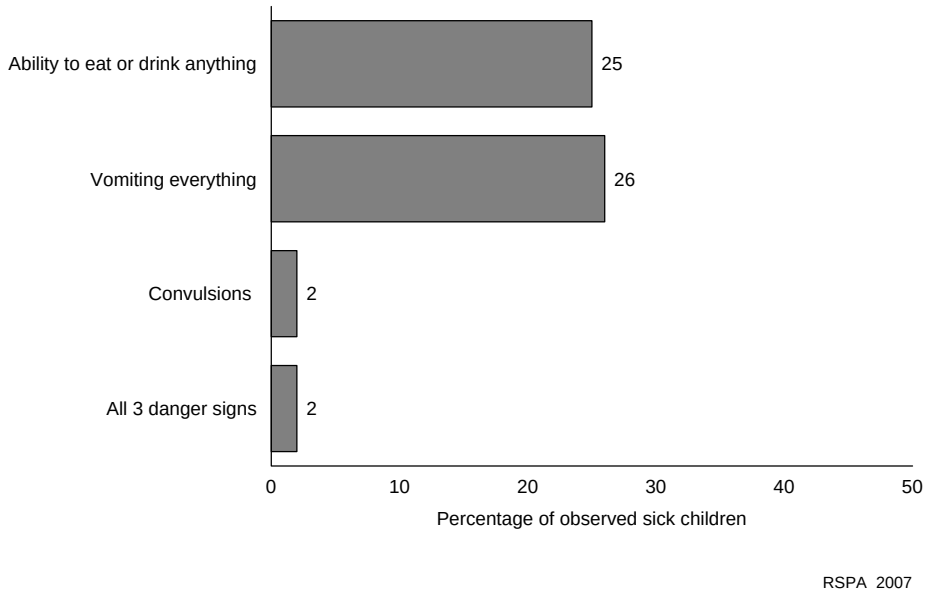
IMCI components for assessing a sick child provide valid guidelines for quality of care, regardless of whether a provider has been trained in the IMCI strategy or not. When interpreting the findings, it is important to recognize that even when following IMCI guidelines, providers should use their judgment, based on the child's signs and symptoms.

General danger signs

According to IMCI guidelines, providers should check for the following general danger signs whenever assessing a sick child: whether the child is able to drink or breastfeed, whether the child vomits everything, whether the child has had convulsions at home or a convulsion is observed in the facility, and whether the child is lethargic or unconscious.[2] If there is any doubt about the child's ability to drink, the provider should attempt to give the child something orally. In general, 25 percent of all observed sick children were assessed for whether they could eat or drink anything (including breastfeeding), 26 percent for whether they vomited everything, and 2 percent for convulsions (Figure 4.10). Overall, only about 2 percent of children were assessed for all three danger signs. There is little variation by type of facility regarding this indicator.

[2] Assessment for lethargy is not a part of the observation checklist and therefore is not an observable component for this assessment.

Figure 4.10 **Danger signs assessed during observed sick child consultations (N=1,741)**

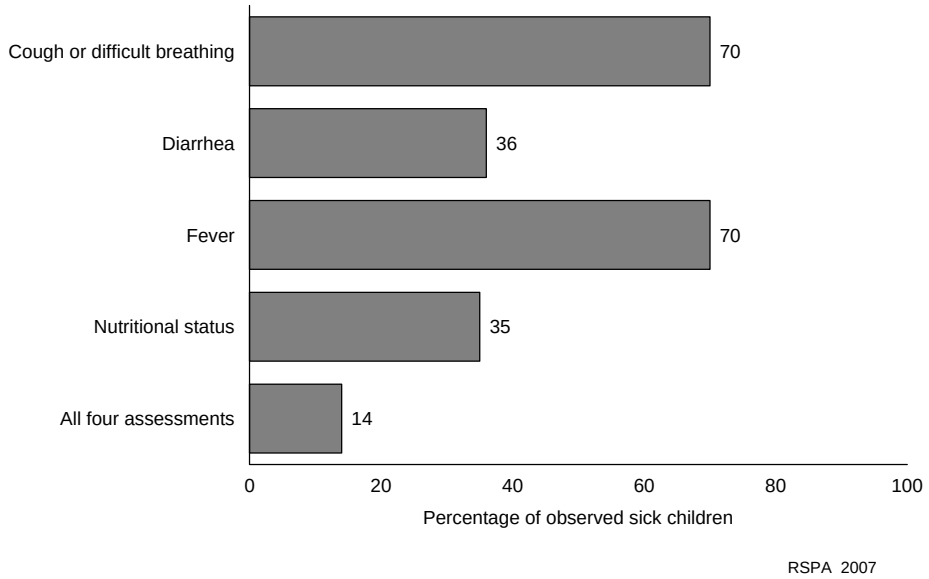


Major signs and symptoms

Regardless of the reason for the consultation, IMCI guidelines call for each child to be evaluated for three major symptoms: cough or difficulty breathing, diarrhea, and fever. In addition Rwanda IMCI guidelines call for the assessment of child's nutritional status. This information may be shared when the child's caretaker discusses the reason for the visit or, if it is not spontaneously mentioned, the provider may probe for symptoms.

Providers assessed all four major symptoms in only 14 percent of consultations (Figure 4.11). Fever and cough or difficulty breathing were the symptoms most commonly assessed, in 7 out of every 10 consultations. Providers assessed diarrhea and nutritional status in only 36 percent and 35 percent of the consultations, respectively. Only 6 percent of consultations included an assessment of ear pain or discharge, another common childhood condition (Appendix Table A-4.16).

Figure 4.11 **Major symptoms assessed during observed sick child consultations (N=1,741)**



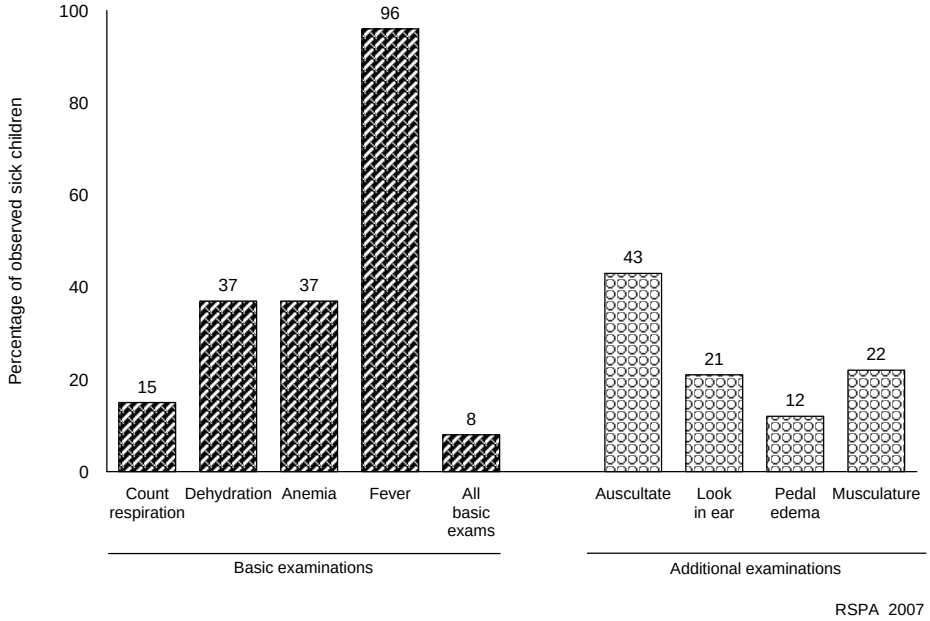
Physical examination

After obtaining information on the various signs and symptoms of illness, the provider should conduct a physical examination. This should include a hands-on evaluation of the child to: 1) verify the presence or absence of fever, by touch or by measuring the child's temperature; 2) assess the state of dehydration by pinching the abdominal skin; 3) visually check if the child has anemia by looking at either the palms, conjunctiva, or mouth; and 4) count the respiration rate if a respiratory problem is suspected.

Providers carried out all four of these evaluations during only 8 percent of consultations (Figure 4.12, Appendix Table A-4.16). Providers in hospitals are more likely to conduct all four evaluations than providers in other types of facilities. The most common practice was checking temperature (96 percent), and the least common practice was counting respiratory rate (15 percent) (Figure 4.12, Appendix Table A-4.16).

Providers checked for dehydration and anemia in about 1 out of every 3 consultations. They looked inside the ear and felt behind it in 1 out of 5 consultations and assessed for pedal edema in 12 percent of cases. The child's musculature and general nutritional and physical status was assessed in 22 percent of consultations. Additional information on physical examinations is available in Appendix Table A-4.16.

Figure 4.12 **Elements of physical examination conducted during observed sick child consultations (N=1,741)**



Assessment of feeding during illness

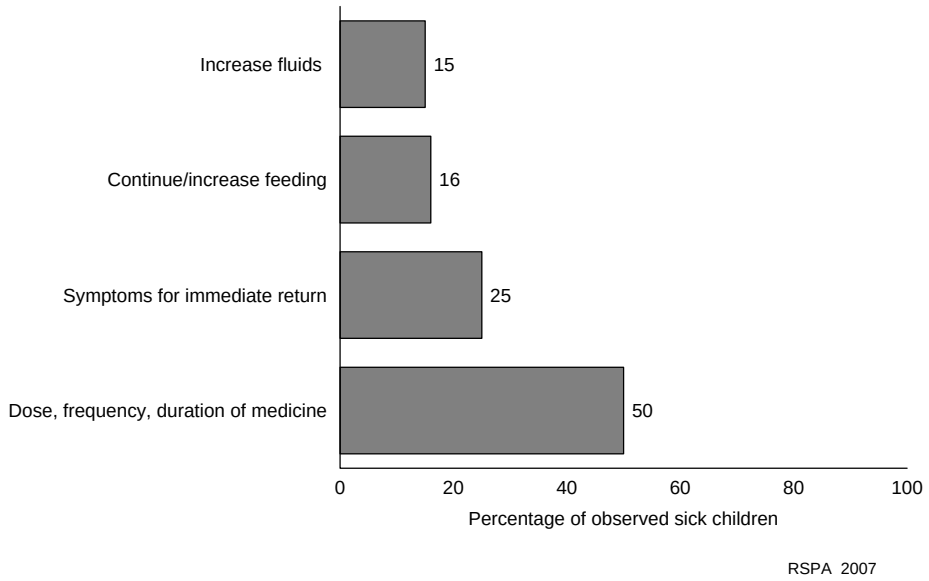
There is a direct relationship between nutritional status and health. It is not uncommon for a child to be caught in a cycle of malnutrition and illness, where malnutrition makes a child more susceptible to illness, and the illness contributes to further malnutrition. Aggravating this cycle is the tendency for sick children to eat and drink less. Also, it is not uncommon for caretakers to incorrectly limit a sick child's consumption of food and liquids. During observed sick child consultations, providers asked about feeding or breastfeeding practices when the child is sick in about 2 out of 5 consultations (Appendix Table 4.16).

Essential advice

According to the IMCI strategy, a sick child's caretaker should receive the following essential advice before leaving the health facility: 1) give the sick child extra fluids during the illness, 2) continue to feed the sick child, 3) watch for signs and symptoms for which the child should immediately be brought back to a health care provider, and 4) follow instructions for administering medicine (dose, frequency and duration).

In about half of consultations, caretakers were instructed about dose, frequency and duration of the medicine. However, providers advised caretakers about symptoms for immediate return in only 25 percent of consultations (Figure 4.13). Providers advised caretakers to increase fluids and continue or increase feeding in only 15 and 16 percent of cases.

Figure 4.13 **Essential advice provided to caretakers of observed sick children (N=1,741)**



4.6.2 Diagnosis-Specific Assessments

At the end of each sick child consultation, the survey asked the provider about the child's diagnosis, major symptoms, and treatment prescribed, if any. This information provides a context for assessing whether the examination and treatment were appropriate according to IMCI guidelines. IMCI guidelines indicate specific symptoms or diagnoses for which medicines should be prescribed or children should be admitted to the facility or referred to a higher level of care.

Although a simple observation does not provide enough information to determine the appropriateness of diagnosis and treatment, certain interventions can reasonably be expected for a given diagnosis. It is important to note that the 2007 RSPA does not evaluate the appropriateness of specific actions of providers.

Respiratory Illness

Children with severe respiratory illnesses should be thoroughly examined by a provider and hospitalized, if indicated. In most of these cases, recourse to antibiotics is warranted. Among children diagnosed with pneumonia or other severe respiratory illnesses, respiratory rate and temperature were checked in 25 percent and 97 percent of cases, respectively (Table 4.5). Overall, 10 percent of these children were either referred or hospitalized, and 73 percent were put on some form of antibiotic (12 percent received an injectable antibiotic, and 65 percent an oral antibiotic).

Among children diagnosed with bronchitis, all had their temperature checked, and 57 percent were put on oral antibiotics (Table 4.5). Providers are likely to prescribe antibiotics for children diagnosed with cough or other respiratory problems and no other serious symptoms such as fever or difficult or short breathing, even though such cases are most often viral in nature (70 percent). With growing antibiotic resistance worldwide, rational use of antibiotics should be encouraged to ensure that these drugs are not overused.

Table 4.5 Assessments, examinations, and treatment for observed children by diagnosis of illness and major symptoms

Percentage of observed children diagnosed by the provider with specific illnesses or symptoms for whom IMCI assessment, physical examination, and/or treatment was provided, Rwanda SPA 2007

	Respiratory illnesses			Febrile illnesses			Intestinal illnesses			
Item	Pneumonia or other severe respiratory illnesses[1]	Bronchitis	Cough/ respiratory problem without other severe diagnosis	Severe fever	Fever without severe diagnosis or cough	Malaria	Severe or persistent diarrhea or dysentery or any dehydration w/diarrhea	Other diarrhea without other severe diagnosis	All other definitive diagnosis	All observed children[3]
IMCI assessment										
Three major symptoms	16	29	23	18	22	21	34	45	4	18
Three major danger signs	1	0	1	3	0	2	2	2	1	2
Current eating or drinking	46	71	55	50	52	45	53	54	35	48
Advise to continue feeding and increase food or drink	9	43	11	14	8	11	23	14	10	12
Physical exam										
Temperature	97	100	96	99	94	98	95	96	86	96
Respiratory rate	25	57	12	23	6	19	17	12	3	15
Dehydration	35	43	34	38	34	36	65	51	22	37
Anemia	35	29	38	41	38	37	51	37	27	37
Ear	6	0	3	6	3	4	2	3	3	4
Edema	11	14	13	15	17	12	16	13	6	12
Body muscle	27	43	21	26	17	22	27	18	14	22
Referred for any lab test	42	57	50	49	62	49	55	55	21	45
Treatment										
Refer/admit	10	0	4	9	6	6	16	6	20	9
Any antibiotic	73	57	70	65	39	56	49	60	49	59
Injectable antibiotic	12	0	1	6	3	3	5	1	6	4
Oral antibiotic	65	57	69	61	37	54	47	58	44	57
First-line antimalarial	27	29	27	39	50	38	19	22	6	26
Any antimalarial	28	29	27	40	52	40	19	23	6	26
Oral antimalarial	24	29	25	37	46	35	16	20	4	24
Injectable antimalarial	5	0	2	5	7	6	4	4	1	4
Oral bronchodilator	4	14	0	2	0	2	2	1	0	1
Oral medication for symptomatic treatment[2]	68	71	65	71	66	65	46	53	40	60
Oral rehydration salts (ORS)	11	0	13	12	15	12	47	43	3	16
Intravenous fluid	4	0	0	5	1	2	9	1	0	2
Zinc	1	0	0	2	1	1	1	1	0	1
Described signs or symptoms for immediately seeking help	29	43	26	33	28	24	28	26	24	25
Discussed follow-up visit	3	0	3	2	2	4	3	2	5	3
Number of children	342	7	523	305	143	750	238	289	144	1,741

[1] Pneumonia, bronchopneumonia, or severe bronchitis.
[2] This may be an antipyrectic, cough medicine, or other general treatment for symptoms.
[3] Child may be classified with more than one diagnosis.

Fever

For children with severe febrile illness, IMCI guidelines recommend the use of an antimalarial and antipyretic (especially in high malaria risk areas), followed by referral to appropriate facilities for further treatment. Almost all children diagnosed with severe fever or malaria-related fever had their temperature taken compared with 94 percent who had a fever with no accompanying serious symptoms (Table 4.5). Only 9 percent of children diagnosed with severe fever were either referred or admitted, and about 65 percent received some form of antibiotic (6 percent received injectable antibiotics, and 61 percent received oral antibiotics). Approximately 7 out of 10 children diagnosed with fever received oral

medication for symptomatic treatment (either an antipyretic, cough medicine, or other general treatments for symptoms).

Malaria

The majority of sick children observed were diagnosed with malaria (750 out of 1,741 observed children or 43 percent) (Table 4.5). About 1 in 5 was assessed for IMCI's three major symptoms (cough or difficulty breathing, diarrhea, and fever), and 2 percent were assessed for IMCI's three danger signs. Temperature was assessed for almost all children diagnosed with malaria, and anemia assessed in 37 percent. Surprisingly, only 40 percent received some form of antimalarial medicine. About 65 percent received oral medication for symptomatic treatment.

Diarrhea

The survey recorded the physical assessment and treatment of 527 children diagnosed with intestinal illnesses. There were two categories of diagnoses: 1) severe or persistent diarrhea or dysentery, or any dehydration with diarrhea; and 2) other diarrhea without any other severe diagnosis (Table 4.5). Providers assessed dehydration in 65 percent of cases in the first category, but only 51 percent of cases in the second category. Sixteen percent of children in the first category were either admitted or referred to a higher-level facility, compared with only 6 percent of children in the second category.

Normally, antibiotics are rarely indicated for nondysentery-related diarrhea, because using antibiotics inappropriately can prolong the episode. However, 49 percent and 60 percent of children diagnosed under the first and second categories of diarrhea, respectively, were prescribed antibiotics. While antibiotics may be indicated for some cases in the first category their use in cases in the second category is questionable. These findings further indicate that antibiotics may be overprescribed in Rwanda. ORS was prescribed for 47 percent of children with severe diarrhea, while 9 percent received intravenous fluids. Among children with less severe diarrhea, 43 percent were put on ORS.

Overall adherence to standards

From this brief review, it appears that the type of physical examination conducted and treatment provided, including referrals, tend not to vary appropriately with the assessed severity and type of illness. Assessments of symptoms, danger signs, and advice regarding eating and drinking during illness also do not vary appropriately with the severity of the illness (Table 4.5).

4.6.3 Other Observed Practices

IMCI guidelines recommend that the first dose of any prescribed medicine, particularly antibiotics, should be administered 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. Among observed sick children who were prescribed or provided oral medicines, 1 in 5 children were observed receiving the first dose at the facility. This practice was less common in hospitals (9 percent) than other types of facilities (Appendix Table A-4.17).

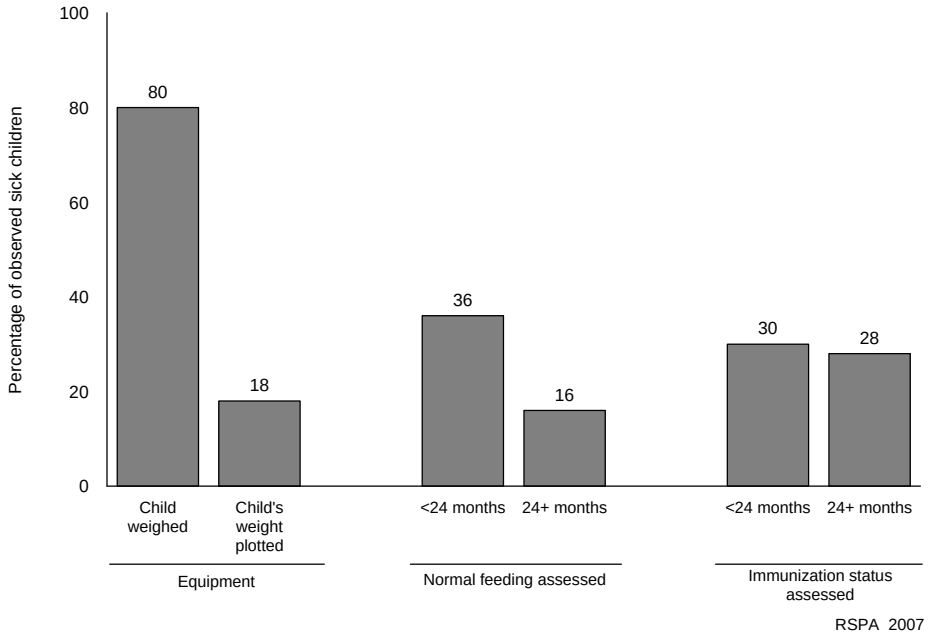
Observers noted that providers educated caretakers about medicines in about half of the cases. Only 14 percent of caretakers were asked to repeat instructions to verify that they understood. During exit interviews, 82 percent and 87 percent, respectively, of caretakers reported being told how to give the medicine and said they felt they knew how to administer the medicine to the child (Appendix Table A-4.17). It is possible that they received instructions at the pharmacy when collecting the medicine, or that they were remembering information from a prior visit for a similar condition.

4.6.4 Reducing Missed Opportunities for Promoting Child Health Care

The IMCI approach recommends evaluating children's growth to provide an objective assessment of their 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 practices to determine whether the diet is adequate for the child's age, and determining whether current feeding practices pose any additional risk to the child's health. The provider should take advantage of the consultation with the sick child and caretaker to provide advice if there appears to be any nutritional problem and offer encouragement for continuing good practices if the evaluation shows that the child's growth is proceeding well. IMCI guidelines for feeding practices call for exclusive breastfeeding until six months of age, followed by the introduction of locally available foods based on a balanced nutritional plan, with continued breastfeeding until two years of age.

Eighty percent of sick children were weighed. However, providers only plotted the weight against a standard chart in 18 percent of cases (Figure 4.14). Normal feeding practices were assessed in 28 percent of all consultations, 36 percent of consultations for children under 24 months, and 16 percent of consultations for older children. Normal breastfeeding practices were assessed in 32 percent of consultations for children under age 24 months (Appendix Table A-4.18).

Figure 4.14 **Observed preventive assessments for sick children (<24 months, N=1003) (>24 months, N=691)**



Similarly, assessing the immunization status of sick children is still not a regular practice. Immunization status was assessed in 29 percent of all consultations with sick children, 30 percent of consultations for children under age 24 months, and 28 percent of consultations for older children (Appendix Table A-4.18).

Only 14 percent of interviewed caretakers of sick children up to age 24 months brought the child's immunization card to the facility (Appendix Table A-4.19), this is because the immunization cards are usually kept at the facility and most of the mothers were only provided a note for the next appointment date.

Key Findings

Assessment of sick children for major symptoms and general danger signs (ability to eat and drink, vomiting, and febrile convulsions) during sick child consultations is poor. All three danger signs were assessed during only 2 percent of observed sick child consultations.

Three-quarter of children diagnosed with severe respiratory illness received an antibiotic, with 12 percent receiving an injectable antibiotic. However, 70 percent of children with nonsevere respiratory conditions also received antibiotics, contrary to current recommendations.

Providers seldom provide caretakers with essential information regarding their child's illness. Only 8 percent of caretakers received all the advice recommended by IMCI regarding fluid and food intake and bringing the child back immediately for specified symptoms.

Children rarely receive the first dose of a prescribed or provided oral medication at the facility.

About half of caretakers were observed being told how to administer medicines at home, although only 14 percent were asked to repeat the instructions to the provider. However, more than 80 percent of caretakers who were later interviewed reported that they had received the information and that they understood how to give medicines to the child.

Although 80 percent of sick children were weighed, opportunities for promoting other preventive health interventions whenever a child visits the facility are being missed. Assessments of immunization and feeding practices for children under age 24 months occurred in less than one-third of observed consultations. This is particularly important given the decrease in overall immunization coverage and alarmingly high levels of chronic malnutrition documented in the RDHS 2005.

4.6.5 Counseling on Child Health Issues and Supporting Continuity of Care

Visual aids

Use of visual aids during consultations is rare (Table 4.6). This is not surprising because only 30 percent of facilities actually have any visual aids available for use in child health services (Figure 4.4).

Supporting continuity of care

Often health services are organized so that a client's temperature and weight are measured, other routine services are provided, and information is recorded on the client's health card before the provider responsible for the consultation sees the client. Providers looked at the sick child's health card during 9 of 10 observed sick child consultations (Table 4.6). There is little variation by facility type and managing authority, but providers in facilities in South Province (74 percent) are less likely than others to refer to the client card during consultations for sick children. Almost all providers (98 percent) do write notes on the sick child's health card at the end of the consultation (Table 4.6).

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

Percentage of observations where visual aids were used when providing health education to the caretaker of observed sick children, percentage of observations where the provider referred to the child health card, percentage of observations where the provider wrote on the child health card, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of observations where visual aids were used for health education	Use of individual health card: Percentage of observations where provider referred to card during consultation	Use of individual health card: Percentage of observations where provider wrote on card after consultation	Number of observed sick children
Type of facility				
Hospital	7	93	98	96
Health center/Polyclinic	7	89	98	1,546
Dispensary/Clinic/Health post	4	94	98	99
Managing authority				
Government	6	90	98	1,123
Government-assisted	8	88	99	530
Private/NGO/Community	6	94	98	88
Province				
North	4	97	99	339
South	6	74	99	462
East	4	99	99	356
West	7	90	95	393
Kigali City	18	93	97	191
Total	7	89	98	1,741

Key Findings

Visual aids for caretaker education are available in just 30 percent of facilities, and providers rarely use them during consultations.

Use of individual child health cards to provide continuity of care is high. Providers refer to client cards in 89 percent of sick child consultations, and write notes on the cards in almost all consultations. This increases the accountability of health care as well as the likelihood that the provider will have all relevant information, both during the current visit and on subsequent visits, thus contributing to continuity of care.

4.7 Caretaker Opinion from Exit Interviews

Before leaving the facility, caretakers of observed sick children were interviewed about their opinions of the consultation process, the quality of the provider's service, and the principal problems encountered on the day of the visit. The interviewer read a list of issues commonly related to client satisfaction and asked the caretaker to rate whether each issue posed a big problem, a small problem, or no problem. Appendix Tables A-4.20 through A-4.22 provide information on caretakers' opinions and personal characteristics.

About 82 percent of caretakers' exit interviews indicate that they were told how to administer prescribed medicines at home and 87 percent felt comfortable giving the medicine. Caretakers at hospitals are less likely to report having received an explanation for how to administer the medicines at home (Appendix Table A-4.17). Waiting time is the single most important problem that caretakers experience in the facility: almost 1 in 5 caretakers (18 percent) considered the time they waited to see the provider to be a big problem. Waiting time is a big problem more often among those who visited hospitals and health centers and polyclinics. Almost 1 in 3 caretakers who brought their sick children to hospitals and 1 in 6

who brought their sick children to health centers and polyclinics were also disgruntled about the waiting time (Appendix Table A-4.20). Caretakers who visited hospitals reported that availability of medicines and the behavior and attitude of providers are their second and third big problems, 11 percent and 8 percent, respectively.

When asked about their choice of health facility, 9 percent of caretakers interviewed said the facility was not the one closest to their home. This includes about 4 in 10 caretakers who visited the hospital, because hospitals are the second or third level in the health care referral system and usually located in a district or provincial center, or capital city. The most common reason cited for not visiting the nearest facility was that they were referred to this particular facility (21 percent), and mostly to a hospital (69 percent) and to a government facility (31 percent). Others just did not like to go to the nearest facility because the facility has a bad reputation (15 percent) or they simply do not like the facility's personnel (8 percent) (Appendix Table A-4.21). Lack of medicines was the reason given by 6 percent of caretakers and this problem was more commonly cited by those who visited a hospital (14 percent).

Key Findings

Caretakers' major complaint was the waiting time to see a provider.

About 1 in 10 caretakers said the facility visited was not the closest one to their home. The most common reason for not visiting the nearest facility was a referral (21 percent). Others said the closest facility had a bad reputation (15 percent), lacked medicines (6 percent), or they simply did not like the facility's personnel (8 percent).

Chapter 5 Family Planning Services

5.1 Background

5.1.1 RSPA Approach to Collection of Family Planning Service Information

Family planning is one of the key areas of the 2007 RSPA. It is profoundly important for maternal and child health and a key element in reproductive health.

The use of contraceptive methods to plan families may be desirable for many reasons, including the following:

- Wishing to limit family size or to delay desired pregnancies.
- Spacing births, which benefits maternal and child health. Studies have shown that spacing births two to three years apart contributes significantly to reducing infant mortality (Govindasamy et al., 1993; Rutstein, 2000). Although there are fewer studies on the effects of birth spacing on maternal health, it is generally accepted that giving birth too frequently results in maternal depletion of essential minerals and vitamins.
- Preventing pregnancies that may worsen chronic or acute illnesses, such as HIV/AIDS.

Wherever maternal health, reproductive health, or child health services are provided, they should strive to increase the appropriate use of family planning and contraceptive services, including counseling.

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

- Availability of a variety of contraceptive methods to address client preferences and to ensure client-specific suitability of methods;
- 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 methods;
- Availability of the infrastructure and resources necessary for providing quality family planning services, including equipment for client examinations, guidelines and protocols, trained staff, a service delivery setting that allows client privacy, and procedures for preventing infections;
- Availability of other health services relevant for family planning clients, including education and services for sexually transmitted infections (STIs); and
- Programs for groups with special needs to improve their access to and appropriate utilization of family planning services.

This chapter uses information obtained in the 2007 RSPA to address the following central questions about the delivery of family planning services:

- What is the availability of family planning services in Rwanda?
- To what extent do the facilities offering family planning services have the infrastructure, resources, and supportive management required to support quality services?
- To what extent do the facilities offering family planning services have the capacity to respond to the needs of certain population groups?

The RSPA collected information on the availability of family planning services, the quality and standards related to services offered, the management and technical components supporting quality services, and the providers' adherence to guidelines and standards for service provision. This information was gathered using audit questionnaires, observation protocols, and provider interview questionnaires. In-depth information was also collected from family planning clients as they left the service facilities. Exit interview questionnaires asked clients about their perceptions and experiences regarding the provision of services, their knowledge of a variety of issues related to their consultation, and interactions with service providers.

This chapter provides detailed information on how family planning services are delivered, how programs can improve the availability and accessibility of these services to meet the needs revealed by the 2005 RDHS, and emerging issues related to family planning.

5.1.2 Family Planning Services in Rwanda

Rwanda initiated its first population program that included family planning in 1982. After the 1994 United Nations International Conference on Population and Development (ICPD) in Cairo, a framework was provided to developing countries to revise and extend their demographic policies and better integrate the provision of family planning into reproductive health services. Rwanda also revised its reproductive health policy to encourage integration and provision of family planning services in all health facilities nationwide.

According to 1992 RDHS indicated that in that year, only 21 percent of women in union were using contraceptive methods; Data from the 13 percent used modern methods and 8 percent used traditional methods (NPO and Macro International, 1994). The 2000 RDHS shows that contraceptive prevalence among women in union dropped to 13 percent in 2000. This decrease was due almost exclusively to a drop in the use of modern methods (4 percent) (NPO and ORC Macro, 2001). Use of modern methods by women in union increased to 10 percent in 2005; 21 percent in urban areas and 9 percent in rural areas (INSR and ORC Macro, 2006). Almost all women (95 percent) and men (98 percent) know at least one contraceptive method.

Because of the low level of contraceptive use, fertility remains high in Rwanda, with an average of 6.1 children per woman, and has not changed much since 1992 (6.2 children per woman). In the 2005 RDHS, 43 percent of married women said they wanted to delay their next birth or stop childbearing altogether and 59 percent of women said they would like to use a contraceptive method in the future. Also, nearly 2 in 5 women in union (38 percent) have an unmet need for family planning (want to delay or stop childbearing but are not currently using contraception). The majority of these women would like to space births (25 percent), while 13 percent would like to limit births.

The current family planning and reproductive health program is under the management of the Mother and Child Health (MCH) Taskforce within the Ministry of Health. In 2005 the government of Rwanda's Health Sector Policy adopted a new national reproductive health policy. The government initiated this policy to increase access to the full range of family planning services including modern contraceptive methods. Family planning services are currently integrated into MCH clinics in health centers, and are available in some hospitals and private health care facilities.

The 2005 RDHS highlights many missed opportunities to promote family planning as well as the vital importance of counseling and quality of services. For example, nearly 1 in 5 women (19 percent) visited a health facility but had not discussed family planning issues with a health care provider.

5.2 Availability of Family Planning Services

Family planning methods differ in their mechanisms, effectiveness, side effects, and ease of use. Given these issues, their acceptability and desirability to users also differs. To meet varying needs and demands for contraception, a variety of methods should be available at a frequency that meets common needs (Technical Guidance Work Group, 1994).

According to the 2005 RDHS, the modern family planning methods most commonly used in Rwanda are injectables and pills. Less commonly used modern methods include male condoms, lactational amenorrhea method (LAM), Standard Days Method (SDM) using cycle beads, and female sterilization. Traditional family planning methods include periodic abstinence and withdrawal.

To understand the context of the use of modern contraceptive methods in Rwanda, the 2007 RSPA assessed the availability of family planning services in health care facilities. Tables 5.1 and 5.2 summarize information on availability of services and how frequently they are offered. Figure 5.1 provides details on the availability of different methods of contraception, and Appendix Tables A-5.1 through A-5.3 provide further details on method availability by type of facility and province.

Table 5.1 Availability of family planning services

Percentage of all eligible facilities offering specific family planning (FP) methods, by background characteristics, Rwanda SPA 2007

Background characteristics	Temporary FP methods: Percentage offering any modern method of FP[1]	Temporary FP methods: Percentage offering counseling on SDM method[2]	Temporary FP methods: Percentage offering any temporary method	Percentage offering male or female sterilization	Number of facilities
Type of facility					
Hospital	52	26	52	48	42
Health center/Polyclinic	82	69	85	1	389
Dispensary/Clinic/Health post	37	16	37	1	107
Managing authority					
Government	89	72	89	4	309
Government-assisted	54	46	62	8	133
Private/NGO/Community	38	13	38	2	96
Province					
North	76	63	78	3	90
South	68	58	69	7	117
East	78	65	80	3	113
West	77	55	81	6	132
Kigali City	51	30	53	3	86
Total	71	55	73	5	538

[1] Any of the following: contraceptive pills (combined or progestin-only), injections (combined or progestin-only), implants, intrauterine devices (IUDs), male or female condoms, spermicides or diaphragm.
[2] Standard Days Method using Cycle Beads

Contraceptive method mix and method availability

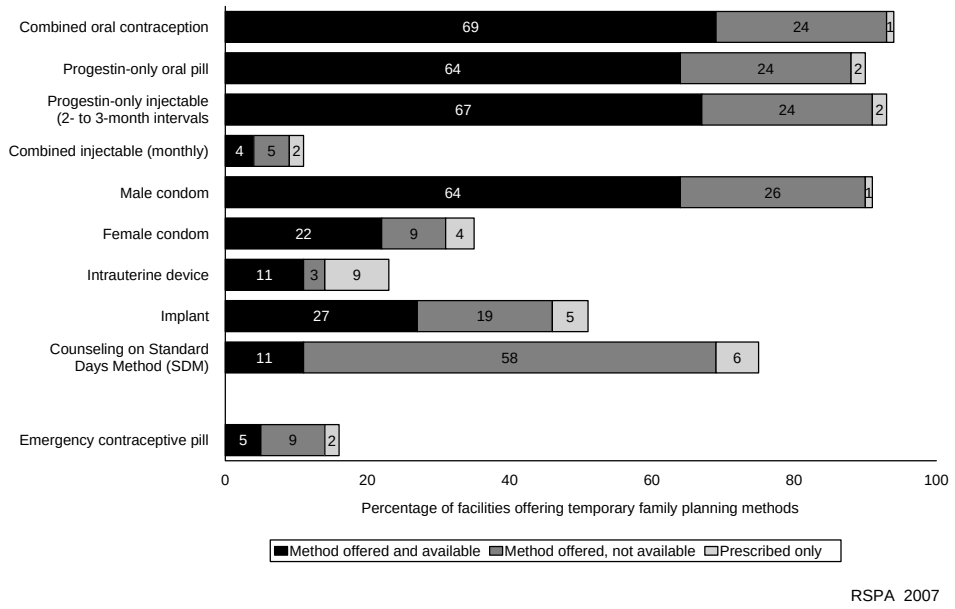
A facility that offers a wide variety of family planning methods is best able to meet clients' needs. However, some variation is expected in the methods offered by level of facility because of differences in provider qualifications and training and the infrastructure needed to provide certain methods. Methods that can be provided safely with minimal training are pills, injectables, and condoms, as well as counseling on SDM. Providing implants and IUDs requires a higher level of skill and more developed infrastructure.

Approximately three-fourths (73 percent) of Rwandan health facilities offer some temporary modern family planning (TFP) methods including SDM (Table 5.1). Health centers and polyclinics (85 percent) are more likely to offer TFP than other types of facilities. Government facilities (89 percent) are more likely to offer these methods than government-assisted (62 percent) and private, NGO, and community facilities (38 percent). More than half of all facilities offer counseling in SDM, while just 5 percent of facilities (including 48 percent of hospitals) offer male or female sterilization as a permanent method. Facilities in the South Province (69 percent) and Kigali City (53 percent) are least likely to offer any temporary modern methods. SDM is more available in health centers and polyclinics and in government facilities than in other facilities. By province, SDM is least likely to be offered in Kigali City.

Among the facilities that offer (provide and prescribe) family planning methods in Rwanda, the most common methods are progestin-only injectables and the combined oral contraceptive pill (93 percent each), the male condom (91 percent), followed by progestin-only pills (89 percent). SDM is offered in 3 of 4 facilities. Implants (51 percent) and the female condom (35 percent) are less widely available. IUDs and combined injectables are offered in just 20 percent and 11 percent of facilities, respectively. Almost all family planning facilities (95 percent) offer at least two types temporary modern methods, and 90 percent of them offer at least four of these methods (Appendix Table A-5.1).

The TFP methods that tended to be available on the day of the survey were the combined oral contraceptive pill (69 percent), progestin-only injectables (67 percent), and progestin-only pills and male condom (64 percent each) (Figure 5.1).

Figure 5.1 **Contraceptive methods provided or prescribed and the availability of the method on the day of the survey (N=394)**



Emergency contraception is not a regular temporary family planning method, but rather a backup method. Findings from the RDHS 2005 indicate that emergency contraception is not well known in Rwanda: only 8 percent of all women and 13 percent of all men know this method. Likewise, only 16 percent of facilities that offer any family planning services offer emergency contraception, and 5 percent had emergency contraception available on the day of the survey. Progestin-only pills are occasionally used for emergency contraception. These pills are available in 64 percent of the facilities (Figure 5.1).

Table 5.2 Frequency of availability of temporary family planning services

Percentage of facilities where any temporary family planning (TFP) services are offered specific numbers of days per week, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities where TFP[1] services are offered: 1-2 days per week	3-4 days per week	5 or more days per week	Number of facilities offering TFP services
Type of facility				
Hospital	36	5	59	22
Health center/Polyclinic	28	2	65	332
Dispensary/Clinic/Health post	28	0	70	40
Managing authority				
Government	26	2	69	275
Government-assisted	39	1	49	83
Private/NGO/Community	25	0	75	36
Province				
North	10	0	89	70
South	30	2	58	81
East	40	3	57	90
West	34	1	61	107
Kigali City	22	2	72	46
Total	29	2	65	394

[1] Includes contraceptive pills (combined or progestin-only), injectables (combined or progestin-only), implants, intrauterine devices (IUDs), male condoms, spermicides, diaphragm, and standard days method (SDM).

Frequency of services

In addition to providing a range of methods, it is important that facilities offer family planning services regularly enough to meet client needs. It is encouraging to find that two-thirds of facilities that provide family planning services offer them five or more days per week (Table 5.2).

Availability of family planning methods on the day of the survey

Lack of availability of family planning methods can contribute to discontinuation and unwillingness to adopt any type of contraception. The majority of facilities offering the most popular methods had them in stock on the day of the survey: 74 percent of facilities had combined oral contraceptive pills, 71 percent each had the progestin-only injectable and the progestin-only pills, 69 percent had the male condom, and 57 percent had the female condom (Appendix Tables A-5.2 and A-5.3). In contrast, IUDs and implants were in stock in only 44 and 49 percent of facilities, respectively.[1] Only 30 percent had combined injectables and 12 percent had Cycle Beads for SDM.

Availability of methods varies widely by province. For example, combined oral pills and progesterone-only pills are available in only 47 percent of facilities offering each method in North Province compared with 95 percent in West Province. Only 47 percent and 58 percent of facilities, respectively, in the North and East provinces had male condoms available on the day of the survey. Of particular concern is that only 66 percent of facilities in Kigali City had male condoms available on the day of the survey. According to the 2005 RDHS, HIV prevalence in Kigali City (around 7 percent) is higher than in the other provinces.

[1] IUDs and implants had limited availability in hospitals (55 and 58 percent, respectively) and health centers/ polyclinics (43 and 49 percent, respectively).

Key Findings

Approximately three-fourths of health facilities in Rwanda offer some temporary modern method of family planning, and about two-thirds offer these methods 5 or more days per week.

The most widely available temporary methods are combined or progesterone-only oral contraceptive pills, progestin-only injectables, and male condoms.

Nine in 10 facilities that offer any family planning methods (temporary or permanent) offer at least four temporary modern methods. Health centers are more likely to offer a wide range of methods.

The majority of facilities offering the most popular methods had them available on the day of the survey. However, in Kigali City where the HIV prevalence is high, only two-thirds of facilities had male condoms available on the day of the survey.

5.3 Components Supporting Quality Family Planning Services

Facilities must have adequate infrastructure and resources available to support quality counseling and examination of family planning clients. They should also have the equipment and supplies needed to provide each family planning method they offer. Because family planning clients are sexually active, it is also important to make STI services available to those who need them.

5.3.1 Infrastructure and Resources to Support Quality Family Planning

To provide quality counseling to family planning clients, facilities should be able to provide some level of privacy, individual client health cards or records, written family planning guidelines or protocols, and relevant visual aids. Because counseling about family planning often takes place in a location different from where procedures such as pelvic examinations and IUD insertions are conducted, the conditions for counseling are assessed separately from those for procedures. Table 5.3 provides aggregate information on items to support quality counseling; information on the availability of each specific item needed for counseling is provided in Figure 5.2. Appendix Tables A-5.4 give details on the items assessed for each component of counseling, and Appendix Tables A-5.5.1 provide details on the availability of visual aids and guidelines by facility type.

Only 40 percent of facilities have all items (including privacy, individual client cards, written guidelines, and visual aids) to support quality counseling. This is principally because many facilities lack written family planning guidelines (Figure 5.2). Facilities in the East Province and Kigali City are least likely to have all of these items. Private, NGO, and community facilities also have limited availability of items to support quality counseling. Health centers and polyclinics, and government facilities are more likely to have all of these items (Table 5.3).

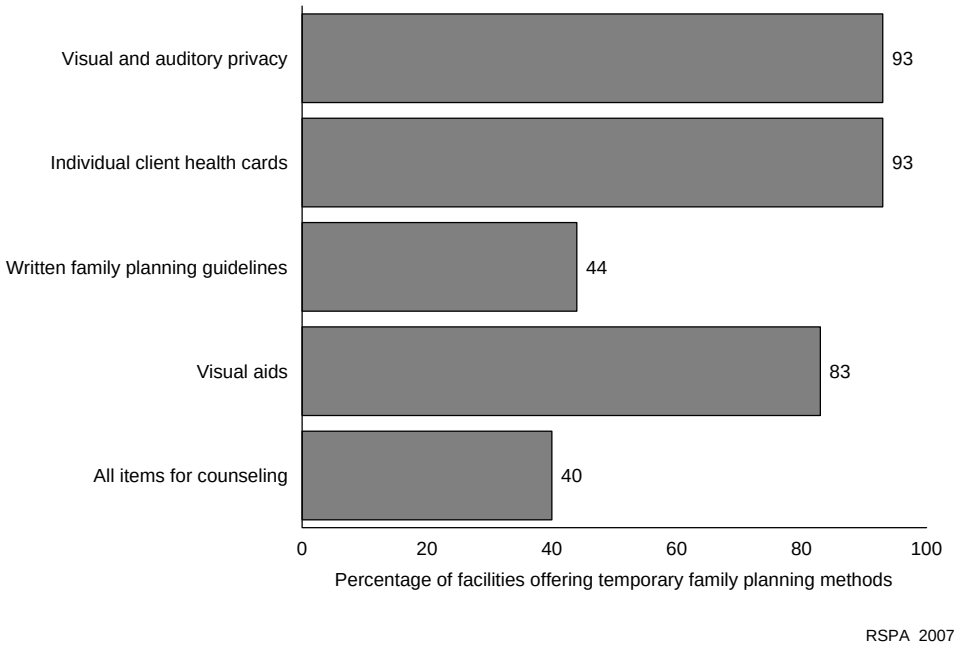
Family planning is often a sensitive issue for discussion. Counseling clients under conditions where they cannot be overheard improves communication and ultimately the likelihood that the method provided is suitable for the client. Privacy for counseling is almost universally available, with 93 percent of facilities counseling family planning clients under conditions ensuring both visual and auditory privacy (Figure 5.2 and Appendix Table A-5.4).

Individual client cards or records are important for monitoring a client over time and for ensuring continuity of care. Because facilities often do not store client records, but rather give them to the clients to keep, the survey assessed the availability of blank cards for new family planning clients. Blank individual client cards were found in nearly all of the facilities (93 percent) (Figure 5.2 and Appendix Table A-5.4).

The 2007 RSPA assessed whether facilities have written family planning guidelines or protocols that have information on eligibility screening and correct procedures for different methods. The guidelines were only considered available for use if they were in the family planning service delivery area or an immediately adjacent area. Only 44 percent of facilities have family planning guidelines or protocols available (Figure 5.2 and Appendix Table A-5.4).

Visual aids are important elements in family planning counseling. They are available in the service delivery area in 83 percent of facilities (Figure 5.2 and Appendix Table A-5.4).

Figure 5.2 **Items to support quality counseling for family planning (N=394)**



5.3.2 Infrastructure and Resources for Examinations

Often a physical examination (sometimes including a pelvic examination) is necessary to determine the suitability of a method, to insert a method, to evaluate problems with a method, or simply for routine checkups. This requires an adequate level of infection control as well as the infrastructure and items needed to examine the client.

Table 5.3 provides aggregate information on items for infection control and pelvic examinations; Figure 5.3 gives information on the availability of each specific item needed for infection control and pelvic examinations. Details on the availability of specific items by facility type are provided in Appendix Tables A-5.4, and details on processing equipment are available in Appendix Tables A-5.6 through A-5.8.2.

Infection control

The 2007 RSPA assessed the presence of items for infection control in areas where family planning examinations, such as pelvic examinations, and the provision of implants, IUDs, and injectables most often take place. Items assessed for infection control were soap, clean or sterile latex gloves, disinfecting solution, and a sharps box. All of these items were available in the family planning service area in only 30 percent of facilities. Approximately three-quarters of hospitals and half of facilities in the Kigali City have all items needed for infection control available, but only 27 of health centers and polyclinics, and 22 percent and 23 percent of facilities in the East and South provinces, respectively, have all of these items (Table 5.3). Facilities most often lack soap and running water, especially in health centers/polyclinics (Figure 5.3 and Table A-5.4).

Table 5.3 Availability of infrastructure and resources to support quality services for temporary methods of family planning

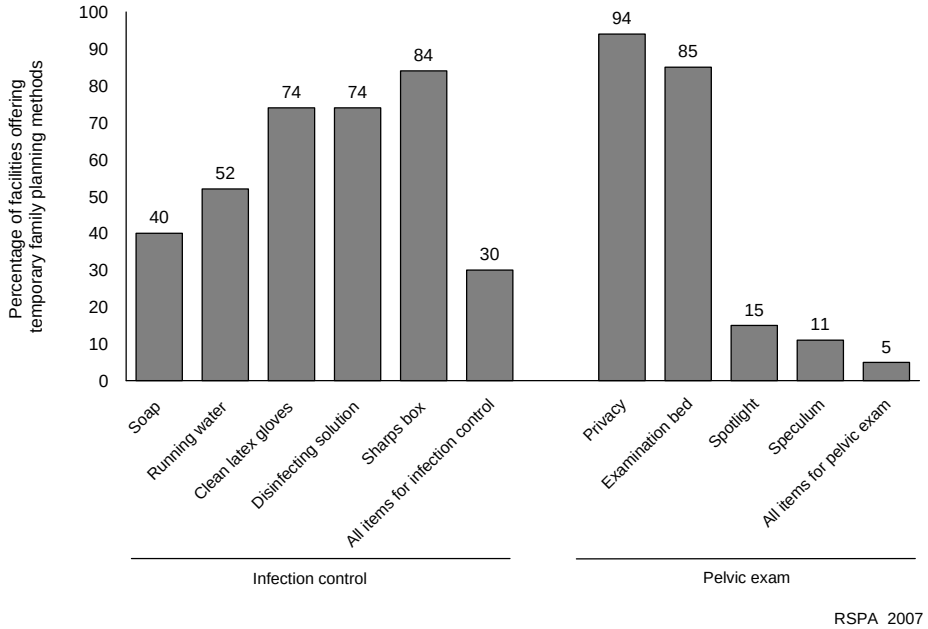
Percentage of facilities with specific infrastructure and resources to support quality services for temporary family planning (TFP), including quality counseling, examination, and treatment of STIs, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities with: All items to support quality counseling[1]	All items for infection control[2]	Capacity for sterilization/ HLD processing[3]	Conditions for quality pelvic examination[4]	STI treatment provided by FP providers	Number of facilities offering TFP services
Type of facility						
Hospital	32	73	68	41	27	22
Health center/Polyclinic	42	27	10	3	52	332
Dispensary/Clinic/Health post	30	38	13	8	75	40
Managing authority						
Government	44	26	12	5	52	275
Government-assisted	33	36	17	4	46	83
Private/NGO/Community	25	47	22	11	72	36
Province						
North	56	27	17	1	49	70
South	41	23	12	7	57	81
East	32	22	7	6	59	90
West	40	35	15	5	44	107
Kigali City	30	52	22	9	61	46
Total	40	30	14	5	53	394

[1] Visual privacy, individual client cards, written guidelines related to family planning, and visual aids related to family planning.
[2] Soap, running water, clean latex gloves, disinfecting solution, and sharps box.
[3] Equipment for sterilizing or HLD processing, knowledge of minimum processing time and an automatic timing device are available where family planning equipment is processed.
[4] Private room offering visual and auditory privacy, examination bed, examination light, and vaginal speculum.

Reusable equipment for family planning services—like other reusable equipment—often requires sterilization or high-level disinfection (HLD) before it can be reused. This means facilities must have functioning equipment, knowledge of the minimum processing time for sterilizing (or HLD processing), and an automatic timer available in the location where family planning equipment is processed. Overall, only 14 percent of facilities meet these criteria (Table 5.3). Those that do are mainly hospitals (68 percent) (Table 5.3 and Appendix Table A-5.7.1). About half of facilities process family planning equipment in the family planning service delivery area and 6 percent process the equipment in the delivery service area. About 32 percent send family planning equipment to the main processing area in the facility, while 12 percent send family planning equipment outside of the facility to be processed (Appendix Table A-5.6). As shown in Chapter 3, Figure 3.11, the most common weakness in processing equipment at facilities' central processing location is the lack of an automatic timer for boiling, which is the most frequently used method to process equipment for reuse.

Figure 5.3 **Conditions for quality examination of family planning clients (N=394)**



Examination

The survey assessed four items needed for conducting a quality pelvic examination for family planning clients: a private room to assure visual and auditory privacy, an examination bed, a spotlight, and a vaginal speculum. Only 5 percent of facilities have all these items, and about 4 in 10 hospitals have all items for pelvic examination (Table 5.3). The items most commonly missing are a vaginal speculum and spotlight; these are available in only 11 percent and 15 percent of facilities, respectively (Figure 5.3).

5.3.3 Provision of STI Treatment for Family Planning Clients

Family planning clients are by definition sexually active and therefore may be at risk of contracting an STI. Consequently, counseling for STI prevention, diagnosis, and treatment is an essential component of quality family planning care. It is particularly important to diagnose and treat STIs and other vaginal infections for women who use the IUD. Figures 5.4.1 and 5.4.2 provide information on items needed to provide STI services to family planning clients. Appendix Table A-5.5.2 provides details, by type of facility, on the availability of medicines for treating specific STIs.

Among facilities that offer family planning services, more than half have family planning providers who routinely diagnose and treat STIs (Table 5.3). Family planning providers are less likely to diagnose and treat STIs in hospitals and health centers, perhaps because these facilities may have separate, specialized STI services that employ different providers. Geographically, facilities in Kigali City (61 percent) and East (59 percent) and South (57 percent) provinces are most likely to provide STI services as part of family planning. Private, NGO, and community facilities (72 percent) are more likely than other types of facilities to have family planning providers diagnose and treat STIs.

Written guidelines for diagnosing and treating STIs such as the World Health Organization (WHO) guidelines for syndromic approach are found in family planning service areas in only 30 percent of facilities (Appendix Table A-5.5.1). Health centers (33 percent) are more likely to have the WHO guidelines than other facilities. Other guidelines for diagnosis and treatment of STIs are available in 20 percent of facilities offering family planning services (Appendix Table A-5.5.1).

Half of facilities that provide family planning have STI-related visual aids for client education (Figure 5.4.1 and Appendix Table A-5.4), but only 27 percent have informational materials on STIs for clients to take home (Appendix Table A-5.5.1).

Medicines for treating syphilis are widely available in facilities that offer family planning services, and medicines for trichomoniasis and gonorrhea are available at about 8 out of 10 facilities. Medicines for treating chlamydia and syphilis are available in about 9 out of 10 of facilities (Figure 5.4.2).

Figure 5.4.1 **Items to support quality STI services for family planning clients (N=394)**

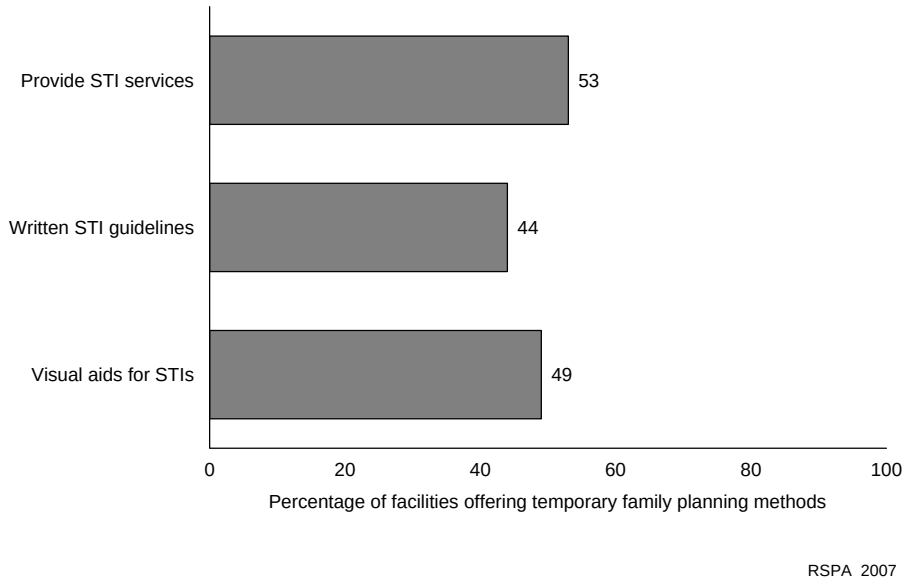
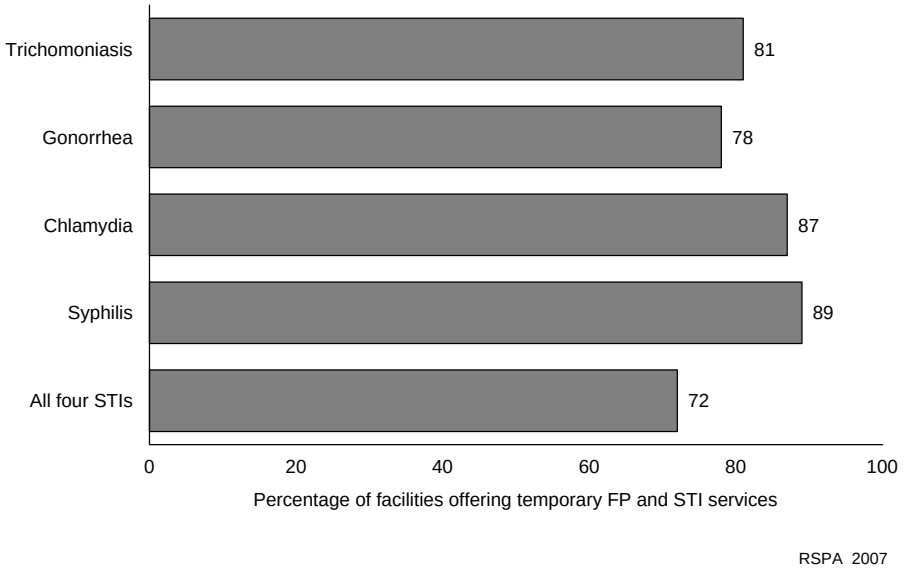


Figure 5.4.2 **Availability of medicines for treating STIs in facilities offering family planning and STI services (N=208)**



Key Findings

More than 90 percent of facilities ensure privacy for family planning counseling sessions and have individual client health cards available. Visual aids are also widely available. In contrast, guidelines and protocols for family planning are not widely available.

Items for infection control are available in the family planning service area of less than one-third of facilities, with soap and running water being the items most commonly lacking (missing in 60 and 48 percent of facilities, respectively).

About half of facilities sterilize or HLD process family planning equipment in the family planning service area. Only 14 percent of facilities (mostly hospitals) have the capacity to properly process reusable family planning equipment.

Only 5 percent of facilities have all of the furnishings and equipment needed for quality pelvic examinations because of a general lack of examination lights and vaginal speculums. Most facilities offer privacy and have an examination bed.

Medicines for treating syphilis, trichomoniasis, gonorrhea, and chlamydia are readily available in facilities offering family planning services.

5.3.4 Availability of Equipment and Supplies for Specific Family Planning Methods

To adequately provide different contraceptive methods and to monitor clients, facilities need a variety of equipment and supplies. Figure 5.5 shows the items facilities should have for providing IUDs. Appendix Tables A-5.10 through A-5.13 provide additional details on the availability of equipment and supplies for specific methods, including IUDs and implants, and for pelvic examinations.

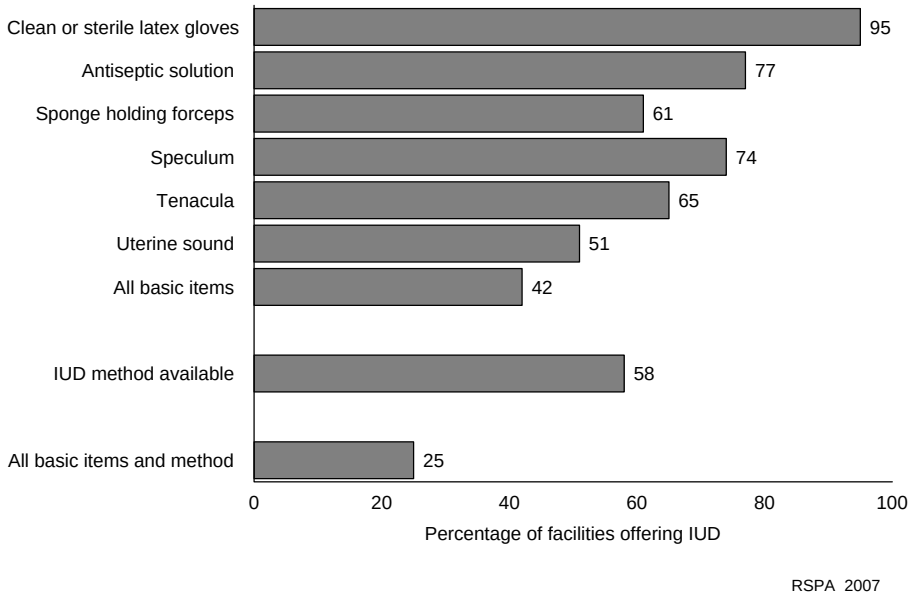
As indicated in Appendix Tables A-5.10 and A-5.11 and Figure 5.5, among facilities that actually provide IUDs (i.e., excluding facilities that just prescribe the method or refer clients elsewhere), only 58 percent have IUDs available, and fewer (42 percent) have all the basic equipment needed for IUD insertion and removal. Overall, 25 percent of eligible facilities have both IUDs and the associated equipment (Figure 5.5 and Appendix Table A-5.11). Fourteen percent of the facilities offering IUDs have the IUD, all associated equipment, and also satisfy all RSPA criteria[2] for quality insertion and removal of IUDs (Appendix Table A-5.10). Clean or sterilized latex gloves, one of the basic items, are widely available in facilities offering IUDs.

Women receiving estrogen-containing family planning methods should benefit from blood pressure and weight monitoring. Among facilities providing methods that contain estrogen, nearly all (90 percent) have an apparatus to measure blood pressure at the family planning service delivery site (Appendix Table A-5.10).

Among facilities providing injectable contraceptives, two-thirds have sterile needles and syringes (Appendix Table A-5.10). It should be noted that each vial of progestin injectables is supplied with a syringe, so it is possible that facilities without sterile needles and syringes were among those that did not have progestin injectables available on the day of the survey (Figure 5.1).

[2] These criteria include all infection control items, visual privacy, an examination bed, an examination light, and the family planning method.

Figure 5.5 **Equipment for IUD insertion and removal (N=57)**



Key Findings

Nearly all facilities offering family planning methods containing estrogen have blood pressure equipment available.

Sterile needles and syringes are available in about two-thirds of facilities offering injectable contraceptive methods.

About one-fourth of facilities that offer IUDs have the method plus all the basic equipment needed for its insertion and removal. Only 14 percent have the method, related equipment, and meet all the criteria for quality IUD insertion and removal, including items for infection control.

5.4 Management Practices That Support Quality Family Planning Services

Management practices for supporting quality family planning services include proper documentation and record keeping, practices related to user fees, and staff supervision and development.

Summary information on management practices is provided in Table 5.4. Utilization statistics for family planning services are provided in Appendix Table A-5.14. Information on user fees for family planning services is provided in Appendix Tables A-5.15, A-5.16.1, and A-5.16.2. Details on staff training and supervisory activities are provided in Figure 5.6 and Appendix Tables A-5.17 to A-5.19.

5.4.1 Facility Documentation and Records

The 2007 RSPA assessed the availability of up-to-date family planning client registers, which are the most common source of data for health information systems. A register was defined as up-to-date if there was an entry within the past seven days, with information indicating the method or service provided and the client's status (first visit or follow-up visit). About 9 in 10 facilities offering family planning services have an up-to-date register; these are mostly government (93 percent) and government-assisted (87 percent) facilities (Table 5.4). Registers are more common in health centers and polyclinics (91 percent)

than in hospitals (77 percent) and in dispensaries, clinics and health posts (73 percent). Facilities in Kigali City are also more likely (67 percent) to maintain up-to-date client registers than facilities in other provinces.

5.4.2 Practices Related to User Fees

About 14 percent of facilities offering family planning services charge a user fee for family planning services. Not surprisingly, this occurs most frequently in private, NGO, and community facilities (67 percent), in dispensaries, clinics, and health posts (53 percent), and to a lesser extent, hospitals (36 percent) (Table 5.4). Facilities in Kigali City (43 percent) are more likely than facilities elsewhere to charge user fees. User fees are charged mostly for consultation services (11 percent), the actual method, (9 percent), and laboratory tests (10 percent). As expected, these fees are seen mostly in private, NGO, and community facilities (Appendix Table A-5.15).

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

Among facilities that offer temporary family planning (TFP) methods, with up-to-date family planning registers, percentage that have user fees for family planning services; and among facilities with interviewed family planning service providers, percentage with specific supportive management practices, by background characteristics, Rwanda SPA 2007

Background characteristics	Among facilities that offer TFP services, percentage with:		Number of facilities offering TFP services	Percentage of facilities where staff report receiving routine:		Number of facilities with interviewed FP service providers[4]
	Up-to-date patient register[1]	User fees for TFP services		Training[2]	Personal supervision[3]	
Type of facility						
Hospital	77	36	22	40	65	20
Health center/Polyclinic	91	8	332	22	98	320
Dispensary/Clinic/Health post	73	53	40	57	74	35
Managing authority						
Government	93	11	275	24	96	271
Government-assisted	87	5	83	24	97	75
Private/NGO/Community	61	67	36	55	72	29
Province						
North	97	10	70	22	94	69
South	90	16	81	21	96	78
East	86	7	90	27	99	86
West	93	10	107	24	96	103
Kigali City	67	43	46	51	74	39
Total	89	14	394	26	94	375

[1] Register has entry within past seven days and indicates visit status (first or follow-up) and service provided.
[2] A facility has routine staff training if at least half of interviewed providers reported they had received pre- or in-service training related to their work during the 12 months preceding the survey. This refers to structured in-service sessions and does not include individual instruction received during routine supervision.
[3] A facility has routine staff supervision if at least half of interviewed providers reported they had been personally supervised at least once during the 6 months preceding the survey.
[4] Includes only providers of family planning services in facilities offering family planning services.

5.4.3 Training and Supervision

Training

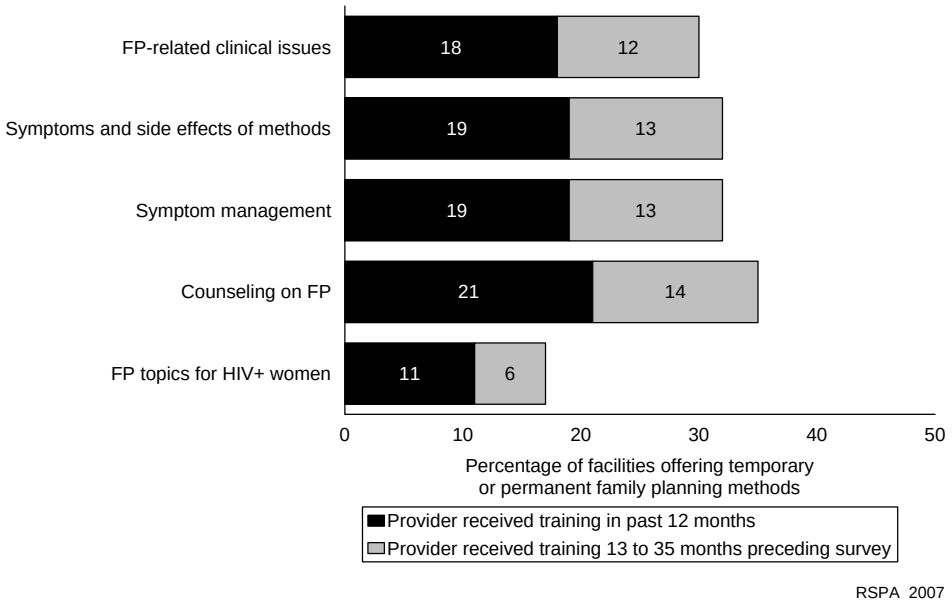
Because the types of contraceptive methods offered change over time, continued provider training is important. Training aims to improve the quality of counseling, management of complications or side

effects, and providers' judgment and skills in assessing the contraceptive methods most suitable for individual clients.

A facility is considered to offer routine staff development activities if at least half of the interviewed family planning service providers at that facility have received any structured training relevant to family planning during the 12 months preceding the survey; this includes both pre-service and in-service training, but excludes individual instruction received during routine supervision. Overall, only one-fourth of facilities meet the criteria for providing routine staff development activities (Table 5.4). These facilities are most likely to be the dispensaries, clinics, and health posts (57 percent); private, NGO, and community facilities (55 percent); and facilities in Kigali City (51 percent).

Correspondingly, about 22 percent of the interviewed providers reported receiving family planning-related training during the past 12 months, and 15 percent reported receiving training during the 13-35 months preceding the survey (Appendix Table A-5.17). These proportions are similar to those for facilities where at least half of the family planning providers received pre-service or in-service training during the 12 months before the survey (Table 5.4). The training topics during the 35 months preceding the survey include counseling on family planning, family planning-related clinical conditions, symptoms and side effects of family planning methods, and the management of family planning symptoms, and were almost equally reported by the providers of these services (Figure 5.6, Appendix Table A-5.18). Family planning for HIV-positive women is less commonly reported by providers. There is little variation in the proportion of providers receiving training on any given topic during the 12 months preceding the survey; the range is between 18 and 21 percent of providers.

Figure 5.6 **Training received by interviewed family planning (FP) service providers, by topic and timing of most recent training (N=927)**



Supervision

Supervision of individual staff members helps to promote adherence to standards and identifies problems that contribute to poor quality services. If at least half of the interviewed family planning service providers at a facility have been personally supervised within the past six months, the facility is

considered to receive routine staff supervision. Similar to the findings for other services, supervision of family planning providers is common, with 94 percent of facilities meeting the criteria for routine staff supervision (Table 5.4). Staff at hospitals are less likely to receive routine supervision than staff at other types of facilities, while staff at government and government-assisted facilities are more likely to receive supervision than staff at facilities managed by other authorities. Routine staff supervision is also less likely in Kigali City (74 percent). Overall, 90 percent of interviewed family planning providers reported that they received personal supervision in the past six months (Appendix Table A-5.17). Among these supervised family planning providers, most reported that the supervisors checked records (98 percent), observed their work (95 percent), provided feedback (94 percent), discussed problems (87 percent), and provided updates (80 percent). Delivering supplies is less commonly reported by providers as a supervision activity (30 percent) (Appendix Table A-5.19).

Key Findings

Up-to-date family planning client registers are available in about 9 in 10 facilities, mostly in government and government-assisted facilities, and less commonly in private, NGO, and community facilities.

While only one-fourth of family planning facilities meet the criteria for routine staff development or training for family planning providers, 94 percent of the facilities meet the criteria for routine staff supervision.

5.5 Adherence to Standards for Quality Service Provision

To assess whether family planning providers adhere to service standards, the 2005 RSPA observed family planning client-provider interactions using observation checklists based on commonly accepted guidelines for screening, counseling, and conducting procedures for family planning clients. The observers collected information on the following questions:

- Did providers talk about topics essential to determining the appropriateness of the methods discussed? And did they conduct the physical examinations needed to screen clients for method appropriateness?
- Did the conditions and procedures followed for provision of specific methods meet RSPA criteria for quality service provision?

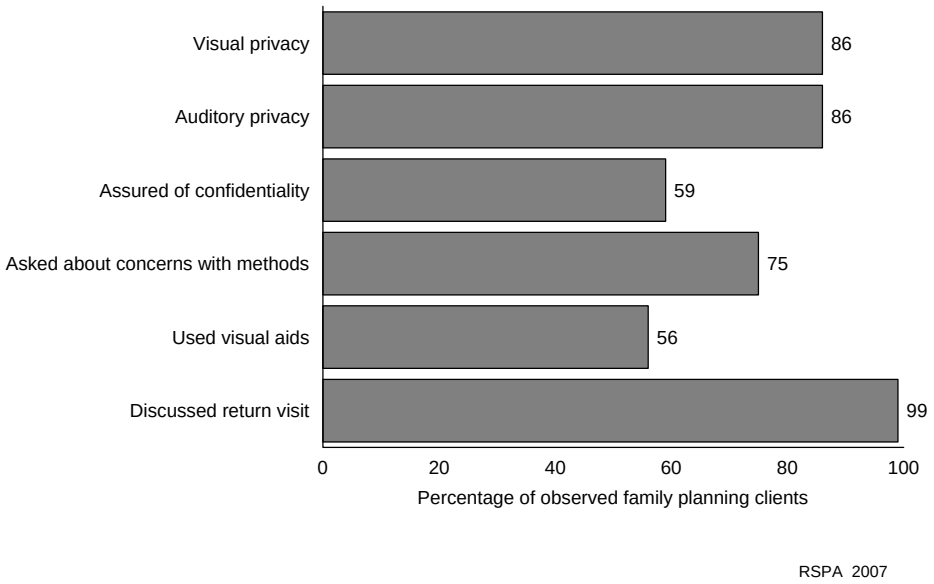
The observers noted the information the provider shared with a client and whether an examination was conducted prior to dispensing a method. They did not assess whether the information was correct or whether findings were appropriately interpreted. Information on clients' status and the principal reason for visiting the facility are provided in Appendix Tables A-5.20 and A-5.21. Appendix Table A-5.22 gives details on the primary method provided, prescribed, or discussed during the visit.

Consultations with 680 female family planning clients were observed. Of these clients, 20 percent were making their first visit and 80 percent were follow-up clients. Only 1 percent of all observed clients had never been pregnant (Appendix Table A-5.20).

Exit interviews were conducted with all observed family planning clients. The clients were asked questions about the method they received in order to ascertain their understanding and knowledge of that method. Clients who left the facility with only a prescription for a method were also asked questions about that method. When two methods were prescribed or received, the client was asked questions about both methods.

Figures 5.7, 5.8, and 5.9 provide information on counseling components, client history for first-visit family planning clients, and observed injection procedures. Details on consultations for first-visit clients are provided in Appendix Table A-5.24. Information from observations of specific methods or examinations is provided in Appendix Tables A-5.25 through A-5.27.

Figure 5.7 **Observed conditions and content for family planning counseling (N=680)**



5.5.1 Counseling and Client Assessment

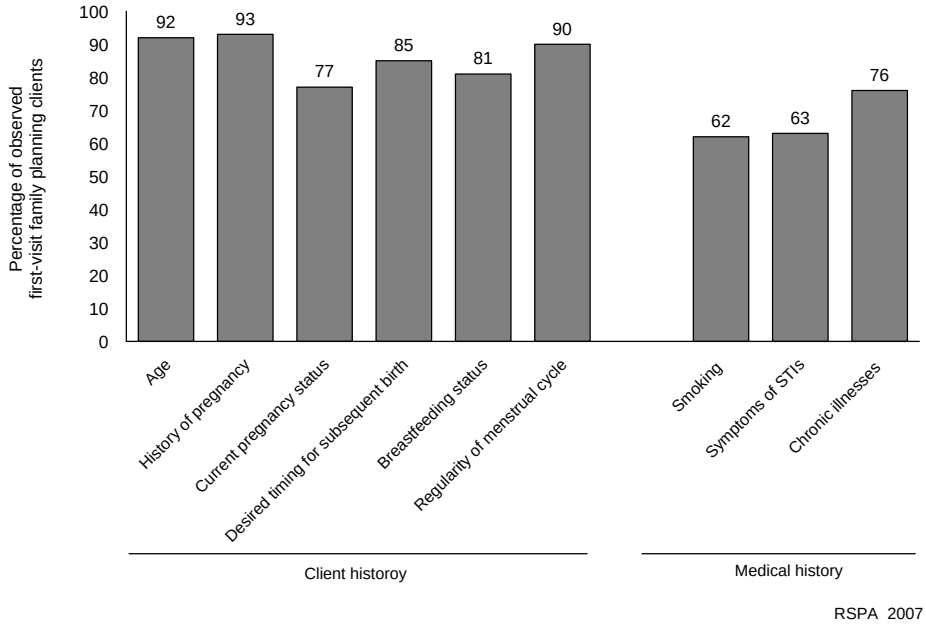
Privacy is important in family planning counseling. More than 4 out of 5 family planning counseling sessions (86 percent) are conducted under conditions that assure visual and auditory privacy, but clients are assured of confidentiality in only 3 out of 5 counseling sessions (Figure 5.7). Providers explicitly ask clients about their concerns with methods in about three-fourths of consultations. Return visits are almost always discussed with clients, but visual aids are used in just over half of family planning consultations.

Frequently, health services are organized so that measurements of blood pressure and weight and other routine activities take place before the client sees the provider, and the information is recorded on individual client cards. Thus client cards play an important role in making this information available to providers during consultations and also in preventing information from being collected multiple times, unless there is a need to do so. Client cards are also critical for monitoring family planning clients over time. Individual client cards were reviewed by family planning providers in 80 percent of consultations and notations were made on the cards in all of the consultation sessions (Appendix Table A-5.23).

During a family planning visit, especially during a client's first visit, providers are expected to elicit information about the client's personal history and medical history so that the provider can make an informed recommendation on contraceptive methods. This information-gathering activity screens clients for the appropriateness of specific methods. Providers almost always assessed first-visit clients for age and pregnancy history (92 percent and 93 percent, respectively) (Figure 5.8). They also frequently assess the client's current pregnancy status (77 percent), desired timing for the next pregnancy (85 percent), breastfeeding status (81 percent), and regularity of menstrual cycle (90 percent). The client's medical history was assessed slightly less frequently: 63 percent of clients were asked if they had symptoms of an STI, and 76 percent were assessed for chronic illnesses. Providers asked 6 out of 10 first-visit clients about smoking.

About one-fourth of first-visit clients were asked about their partner's attitude toward family planning (Appendix Table A-5.24). Considering the current drive toward reducing HIV/AIDS rates, condoms were not frequently discussed: providers talked about using condoms to prevent STIs in 20 percent of first-visit consultations and as a dual method to prevent both pregnancy and STIs in 15 percent of first-visit consultations. Providers did not use visual aids widely during family planning consultations.

Figure 5.8 **Observed elements of client history for first-visit family planning clients (N=133)**



Key Findings

About 9 out of 10 family planning counseling sessions are conducted under conditions assuring both visual and auditory privacy, but providers verbally assure only 3 in 5 clients of confidentiality.

Providers consistently assess relevant client history with first-visit family planning clients. Risk factors, such as chronic illnesses, STI symptoms or smoking, are also assessed, although to a lesser extent.

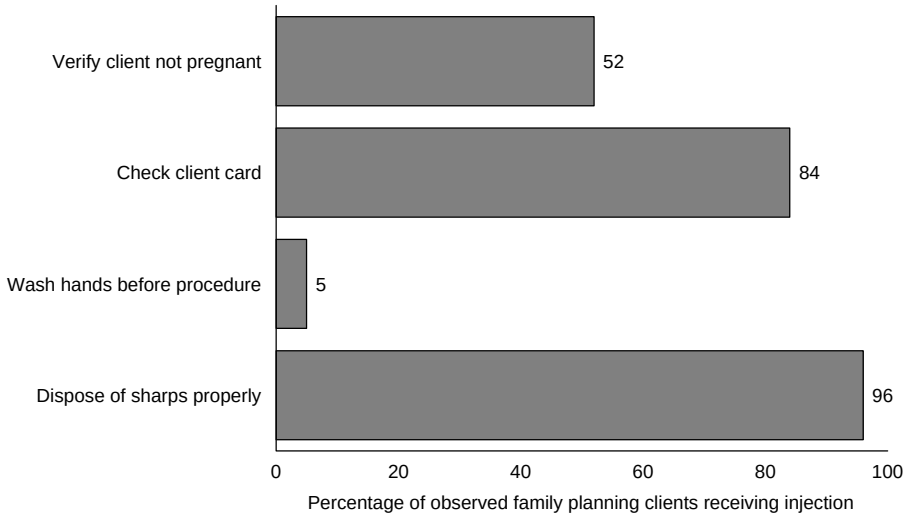
Visual aids are used with about half of clients.

5.5.2 Method-Specific Assessments and Examinations

Some experts recommend that clients receiving a family planning method containing estrogen, whether oral or injectable, be monitored for blood pressure and weight. Almost all family planning clients using estrogen-based methods had their blood pressure measured[3] and were weighed during the consultation (Appendix Table A-5.25).

For injectable users, observers examined injection procedures. Providers washed their hands before the procedure in only 5 percent of cases, but properly disposed of sharps in almost all cases (Figure 5.9).

Figure 5.9 **Selected injection procedures observed (N=394)**



RSPA 2007

5.5.3 Counseling of Clients

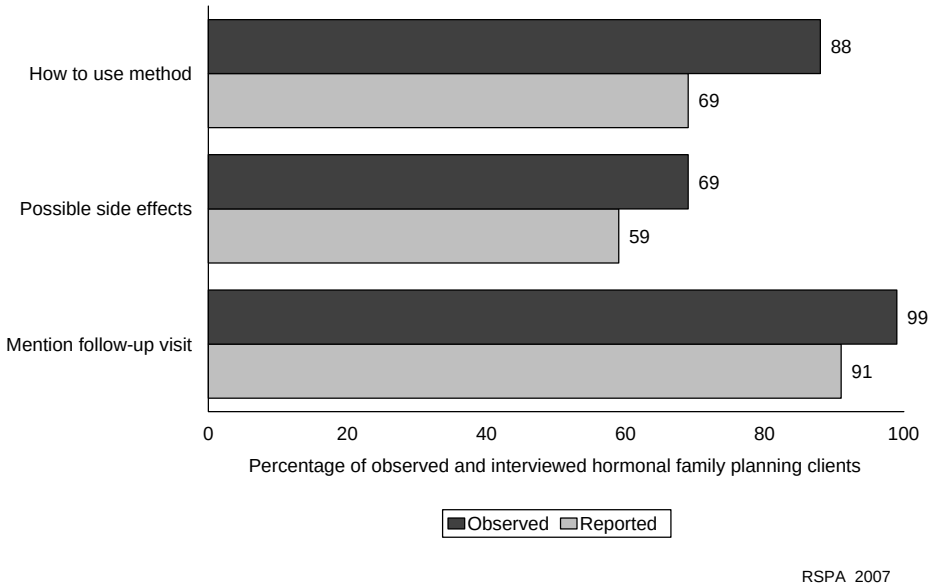
Regardless of whether they are new or continuing contraceptive users, family planning clients should receive certain information during their visits to a health facility. The provider should explain or review with the client how to use the method, the possible side effects, what to do for problems, and when the client should return for a follow-up visit.

After their consultations were observed, family planning clients were interviewed about issues commonly related to client satisfaction. Specifically, they were asked if they had a problem with their method upon their arrival at the facility, and whether the provider discussed and addressed the problem. Details on components of counseling that were observed and reported by clients are presented in Appendix Tables A-5.26 and A-5.27.

[3] If the client attended a facility where blood pressure is measured systematically prior to the consultation, the client was assumed to have had her blood pressure measured, even if this was not observed for the particular client.

Comparing observations of consultations with what clients reported at exit interviews reveals some interesting discrepancies (Figure 5.10). Among hormonal method users, client reports were not inconsistent with observations. For example, 88 percent of clients reported that providers explained how to use the method, but only 69 percent were observed to have been provided this information during the consultation. Similarly, 69 percent of clients reported that providers explained possible side effects, whereas slightly less clients (59 percent) were observed to receive information on side effects. In addition, while all clients reported that providers discussed with them the follow-up visit, in only 9 in 10 consultations were such discussions observed. It is possible that clients may have received this information during prior visits to the health facility or at the pharmacy when receiving their method.

Figure 5.10 **Information provided to hormonal method users, by client report and observation (N=587)**



Key Findings

Almost all clients receiving estrogen-based methods had their blood pressure measured on the day of the visit.

There were some inconsistencies between what was observed during family planning consultations for hormonal method users and what clients reported as having taken place.

5.6 Client Opinion from Exit Interviews

Exit interviews with clients probed their opinions of services. Details on client opinion are provided in Appendix Tables A-5.28 and A-5.29. Appendix Table A-5.30 provides information on the educational backgrounds and on other characteristics of observed and interviewed clients.

During exit interviews, clients were asked about issues commonly related to client satisfaction. Clients were asked to rate whether specific issues posed a big problem, a small problem, or no problem at all for them during the visit. Few issues were considered to be a big problem, and even then only by a small proportion of clients. Waiting time to see a provider is considered a big problem by 1 in 6 of all family

planning clients, especially at hospitals (27 percent) and health centers and polyclinics (18 percent). Five percent of clients consider an inability to discuss problems or concerns to be a big problem. Only 3 percent of clients consider the lack of methods and medicines or quality of examination and treatment to be a big problem. Lack of visual and auditory privacy was reported by 3 percent and 2 percent of clients to be a problem, respectively. All of these problems were reported mostly during visits to hospitals (Appendix Table A-5.28).

About 1 in 8 clients said that the facility was not the one closest to their home (Appendix Table A-5.29). This implies that the vast majority of family planning clients visit the closest facility. Clients not visiting the closest facility are more likely to be attending a hospital (40 percent) or private, NGO, and community facilities (31 percent). Clients in Kigali (23 percent) are more likely than those in other provinces to not visit the closest facility. Among clients not visiting the closest facility, the majority (58 percent) refused to state a reason; only 4 percent said they had been referred to the facility, and 24 percent cited a lack of medicines in the nearest facility as a reason.

Key Findings

Few issues are considered big problems by family planning clients, and even then only by a small proportion of clients. Waiting time to see a provider is the issue they are most likely to consider a big problem.

Family planning clients usually visit the facility closest to home. Lack of medicines is one of the main reasons clients given by report not going to the closest facility.

Chapter 6 Maternal Health Services

6.1 Background on Maternal and Newborn Health Care in Rwanda

This chapter provides an overview of maternal and newborn health services in Rwanda. It indicates the key aspects of maternal and newborn care, including availability of health personnel and services for antenatal care, safe delivery, postpartum care, and management of obstetric complications. The chapter addresses the following central questions about maternal and newborn health services:

1. What is the availability of antenatal care (ANC) services, and to what extent do facilities have the capacity to support quality ANC services?

2. Is there evidence that health service providers adhere to service standards for ANC?

3. To what extent is postpartum care (PPC)[1] available where ANC is offered, and to what extent do facilities have the capacity to support quality PPC services?

4. What is the availability of delivery services, and to what extent do facilities have the capacity to support quality delivery services?

5. What are the common newborn care practices in facilities providing delivery services?

To determine which aspects of maternal health to assess, the 2007 RSPA draws on the findings and recommendations of Safe Motherhood initiatives such as the Maternal and Neonatal Health Project, which is promoted by the World Health Organization (WHO) and other international organizations.

Maternal health status and health care utilization

Complications of pregnancy and childbirth are among the leading causes of morbidity and mortality among Rwandan women. Recent estimates from the 2005 RDHS suggest that there are 750 maternal deaths per 100,000 live births, indicating that almost eight women died of pregnancy-related causes for every 1,000 live births in Rwanda (INS and ORC Macro, 2006). Hospital records and hospital-based studies suggest that the majority of these deaths are due to obstetric complications, including hemorrhage, sepsis, eclampsia, obstructed labor, and unsafe abortion.

The 2005 RDHS found that 95 percent of pregnant women in Rwanda make at least one antenatal care visit, 68 percent make two or three visits, and 13 percent make four or more visits (INS and ORC Macro, 2006). However, most women seek antenatal care relatively late in pregnancy; the median gestation at first visit is 6.4 months.

The 2005 RDHS also found that only 22 percent of mothers received two or more doses of tetanus toxoid vaccine during pregnancy and 41 percent received one dose. The remaining 37 percent of mothers did not receive any tetanus immunization.

Malaria is among the most common indirect causes of poor maternal outcomes. As of 2005, the efforts to combat malaria among pregnant mothers had just begun. According to the 2005 RDHS, only 6 percent of pregnant women took any antimalarial drug to prevent or treat malaria during pregnancy, while fewer

[1] The RSPA accepted any report of offering routine outpatient postpartum examination and services as PPC. Details on the content of PPC were not collected. Capacity was assessed by whether the facility could identify and manage postpartum infections and whether the newborn's weight could be measured.

than half of 1 percent received at least two doses of sulphadoxine pyrimethamine/Fansidar during the course of a pregnancy for intermittent preventive treatment (IPT) of malaria. Furthermore, only 20 percent and 17 percent, respectively, of pregnant women sleep under an insecticide-treated net (ITN) and a permanent ITN (also called long-lasting insecticide-treated net [LLIN]) (INS and ORC Macro, 2006).

Anemia is known to contribute to maternal mortality and other morbidity. According to the 2005 RDHS, one-third (33 percent) of all women age 15-49 years, 35 percent of pregnant women, and 33 percent of breastfeeding mothers are anemic. Some studies have shown that anemia contributes to as much as 11 percent of maternal deaths.

HIV prevalence in Rwanda is estimated to be 3 percent in adults age 15-49 years, with higher prevalence among women than men (3.6 percent and 2.3 percent, respectively) (INS and ORC Macro 2006). HIV prevalence among married women is 2.8 percent and among pregnant women 2.2 percent. Efforts toward primary prevention of HIV and the prevention of HIV transmission from infected mothers to babies are ongoing in Rwanda.

Delivery in a health facility or with the assistance of a health professional is much less common than receiving antenatal care. Only 38 percent of women have a health professional or a trained traditional birth attendant (TBA) assisting at delivery. About 43 percent of pregnant women deliver with an untrained TBA; about 17 percent deliver alone; and less than 1 percent are assisted by a relative during delivery (INS and ORC Macro, 2006). The majority of deliveries attended by a health professional occur in health facilities. Overall, 70 percent of all deliveries take place at home, 27 percent occur in public health facilities, and 1 percent take place in private health facilities.

These aggregate figures conceal wide geographic disparities. Delivery at home is more common in rural than in urban areas (75 percent and 44 percent, respectively), and health professionals are half as likely to assist with rural births as urban births (34 percent and 63 percent, respectively). Delivery alone is twice as common in rural areas as in urban areas (19 percent and 9 percent, respectively). Geographic differences in delivery assistance are also pronounced. The proportion of deliveries with a health professional ranges from 34 percent in West and North provinces to 62 percent in Kigali City (INS and ORC Macro, 2006).

Newborn health status

Newborn health is directly linked to maternal health, so improving birth outcomes depends on improving maternal health care during pregnancy, delivery, and postpartum. The World Health Organization estimates that more than 4 million children under the age of one month (neonatal mortality) die each year, and that almost all of these deaths occur in developing countries. A large proportion of these neonatal deaths (3 million) take place in the first week of life (early neonatal mortality) (WHO, 2006). The causes of neonatal death are often difficult to ascertain, because most of the births occur at home unattended by medical personnel, or because the neonates present with nonspecific diagnostic signs. The major causes of neonatal death are infectious diseases—acute respiratory infection (ARI), neonatal tetanus and sepsis, diarrhea, and meningitis—birth injury, asphyxia, and prematurity (Stoll, 1997).

Findings from the RDHS show that the infant mortality rate (IMR) increased from 85 to 107 deaths per 1000 live births between 1992 and 2000. Although there was a reduction in the IMR in 2005, the rate declined only to the 1992 level (INS and ORC Macro, 2006). Similar trends in neonatal mortality and under-five mortality were observed during the same time period. The tragic events of 1994 had negative consequences for mortality at the end of the 1990s, both directly and indirectly because of the destruction of the health care system and infrastructure, and the loss of health care professionals.

Neonatal health is part of safe motherhood and an infant health priority, one of the six priorities in Rwanda's National Reproductive Health Policy. Initially, however, the newborn care component of the

Safe Motherhood and Infant Health priority was not fully developed, and newborn care was not integrated into the continuum of care through the infant health component until 2006. In 2006, the Integrated Management of Childhood Illness (IMCI) program covered newborn care during the first weeks of life, care for HIV-positive children and, through the EPI program, tetanus immunization of mothers to help eliminate neonatal tetanus. That same year, the Safe Motherhood program started covering newborn care during the first week of life.

Maternal Health Policy Framework

National Reproductive Health: Rwanda is a small country with a rapidly increasing population. According to the 2005 RDHS, the total fertility rate is 6.1 (children per woman) and the maternal mortality ratio and under-five mortality rate are among the highest in the region: 750/100.000 live births and 152/1000 live births, respectively (INS and ORC Macro, 2006). In 2003, the Ministry of Health had developed a national reproductive health policy that included the following six priorities:

- Maternal health: addresses the problems of women of reproductive age; before, during and after pregnancy and delivery; menopause; gynecological-obstetric fistulas; and cancers in woman.
- Child health: follows the IMCI approach at the health center and community levels.
- Reproductive health for adults
- Family planning: addresses the availability and safety of family planning methods and services
- Clinically managed care for victims of sexual violence
- Women's empowerment in decisionmaking processes

Implementation of the national reproductive health policy and provision of services are regulated by standard guidelines and protocols developed by the Ministry of Health of Rwanda in collaboration with international organizations. These standard guidelines, and protocols related to the reproductive health policy, are distributed widely to the partners participating in this field.

Maternal and Child Health: A high maternal mortality ratio and a high infant mortality rate negatively affect the health of the population, especially women and children and other vulnerable groups. Lack of quality reproductive health services and availability of equipment are among the factors contributing to high morbidity and mortality in women and children. Examples of these include inadequate consultation for ANC services, lack of motivation and commitment on the part of health providers, the practice of home delivery, and insufficient postnatal and postpartum services.

To reduce the rate of maternal and infant mortality, the Ministry of Health adopted strategies to strengthen: the management of emergency obstetric care, intensive care of newborns, active management of the third stage of labor, and IMCI at the health center and community levels. These strategies are implemented with support from competent partners and through the availability of trained health personnel and materials and equipment for specific programs.

Policy and Program: Maternal and child health policies and strategies are aimed at improving the health of mothers and children. They are supported by various other policies and programs such as PMTCT, malaria, financing based on performance, mutual health insurance, and the community approach.

Organization of maternal health services

In Rwanda, maternal health services are provided primarily at health centers, the first level in the Rwandan health care delivery system. Health centers are staffed mainly by midwives, nurses, and some health centers benefit from physician visits once or twice a week. Maternal health services provide ANC, vaccinations, treat uncomplicated medical problems during pregnancy and eventually assist normal

deliveries. A small percentage of health centers also provides certain advanced services including assisted deliveries and basic emergency obstetric care for obstetric complications. Cases requiring surgical intervention, such as caesarean section, are referred to district hospitals or referral hospitals. District hospitals, the second level of the referral system, are where comprehensive services, including surgical procedures and newborn care services, are provided. The referral system depends on the availability of equipment, medicines, and skilled providers to address client needs.

However, some hospitals also provide basic maternal health services designated for health centers. In addition to health centers, some dispensaries, clinics, and polyclinics also provide selected maternal health services. Most of these are private establishments based in urban areas, and they provide mainly ANC and normal delivery care. Health posts are not equipped to offer delivery services.

6.1.1 Definition of Maternal Health Concepts Used During Collection of RSPA Information

Maternal health is not just a women's issue. A mother's health has a direct effect on the health of her newborn as well. According to WHO, about 15 percent of all pregnant women experience life-threatening, pregnancy-related complications. Many complications and subsequent poor outcomes for women and newborns can be prevented or minimized by providing quality care, including early detection of problems and appropriate and timely interventions. With more evidence on the best practices related to maternal morbidity and mortality, some traditional maternal health practices and interventions have been re-examined in recent years. As a result, there have been changes in programs, policies and strategies.

Antenatal care (ANC): All pregnant women are at risk of developing complications, many of which are unpredictable. It is, therefore, important to ensure that all pregnant women have access to preventive interventions, early diagnosis and treatment, and emergency care when needed. It is now emphasized that ANC should include birth preparedness, early detection of complications, and skilled and timely interventions to avoid adverse maternal and neonatal outcomes (Maternal and Neonatal Health Program, 2001a).

Delivery care: Every delivery may have complications. Hence the emphasis should be on using skilled and trained delivery care providers and ensuring that all women have access to life-saving emergency intervention at the time of labor and delivery. In many countries, deliveries occur at home attended by TBAs. Previously, extensive efforts and funds were directed towards training and upgrading the skills of TBAs. However, evidence now shows that in almost all cases the quality or capacity of service provided by these trained TBAs does not meet the safety criteria of the safe motherhood program (Maternal and Neonatal Health Program, 2001b). Essentially, training and upgrading the skills for TBAs did not improve their skills to the level of competency needed, or was insufficient to reduce maternal mortality levels.

WHO and other international organizations define a skilled attendant as a health professional—such as a midwife, physician, or nurse—who has been educated and trained with proficiency in the skills needed to manage normal pregnancies, delivery, the immediate postpartum and postnatal period, and in the identification, management and referral of complications in women and newborns.

Postpartum care (PPC): There is increasing emphasis on women receiving PPC within 48 hours of delivery for early diagnosis of postpartum complications. PPC also provides an opportunity to counsel the new mother on family planning, teach her how to care for herself and her newborn during the postnatal period, promote exclusive breastfeeding, and assess the newborn for problems.

Newborn care: Newborn care is increasingly becoming one of the important elements of maternal health services, with an emphasis on the need to discourage some practices that are detrimental to newborn health. The aim is to encourage practices that contribute toward promoting newborn health.

Essential Obstetric Care (EOC): Essential obstetric care is the term used to describe the elements of obstetric care needed for the management of normal and complicated pregnancy, delivery and the postpartum period (WHO, 2000a). Essential Obstetric Care is defined for two different levels of the health care system. ***Basic essential obstetric care (BEOC)*** services are provided at the health center level and should include at least the following: parenteral (intravenous or intramuscular) antibiotics, parenteral oxytocic drugs, parenteral sedatives for eclampsia, manual removal of placenta, and manual removal of retained products. ***Comprehensive essential obstetric care (CEOC)*** services are provided at the district hospital level (referral level) and should include all of the above plus surgery, anesthesia, and, blood transfusion.

Emergency Obstetric Care (EmOC): Facilities that offer emergency care for women with pregnancy-related complications should provide a set of interventions called signal functions. The six basic signal functions are administration of parenteral antibiotics, parenteral oxytocic drugs, parenteral anti-convulsants, manual removal of the placenta, assisted vaginal delivery, and removal of the retained products of conception. These six functions are the elements of ***basic emergency obstetric care or BEmOC.*** BEmOC is usually performed at the health center level without the need for an operating theater. In addition to these six signal functions, ***comprehensive emergency obstetric care or CEmOC*** includes caesarean section and blood transfusions. CEmOC requires an operating theater and is usually performed at the district hospital level (UNFPA, 2002). Depending on the interventions available at a facility can be classified as either a Basic EmOC or a Comprehensive EmOC facility.

6.2 Availability and Capacity to Provide Quality Maternal and Newborn Care Services

6.2.1 Availability of Antenatal and Postnatal Care Services

ANC is designed to promote early detection and treatment of complications, as well as healthy behavior and preparedness during pregnancy, childbirth, and postpartum. Information on the availability of ANC, PPC, and tetanus toxoid (TT) vaccine services is provided in Table 6.1. Appendix Table A-6.1 provides information on the availability of various family health services on the same day that ANC services are offered. Additional information on the availability of ANC and TT services is provided in Appendix Table A-6.2.

Eighty percent of all facilities offer ANC, 77 percent provide TT vaccine, but only 16 percent offer PPC. Because of the lack of PPC, the percentage of facilities having all three services is low (15 percent) (Table 6.1). About 9 in 10 government and government-assisted facilities offer ANC services. Geographic differentials show that only half of the facilities in Kigali City provide ANC services, the lowest proportion compared with facilities in the provinces. PPC is offered in 19 percent of health centers and polyclinics, 10 percent of hospitals, 20 percent of government-assisted facilities, and 17 percent of government facilities. Very few facilities in Kigali offer PPC; this may be because there are many private facilities in Kigali City. Sixteen and 18 percent of government and government-assisted facilities, respectively, and 19 percent of health centers and polyclinics provide all three services. Only a small few hospitals (2 percent) and dispensaries, clinics, and health posts (4 percent) in Rwanda provides all three services.

Table 6.1 Availability of antenatal and postpartum care and tetanus toxoid vaccine

Percentage of facilities offering antenatal care (ANC), postpartum care (PPC), and tetanus toxoid vaccine (TT), and percentage offering all three services, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities offering specific services				Number of facilities
	ANC	PPC	TT vaccine	ANC, PPC, and TT	
Type of facility					
Hospital	33	10	14	2	42
Health center/Polyclinic	98	19	98	19	389
Dispensary/Clinic/Health post	34	5	27	4	107
Managing authority					
Government	89	17	87	16	309
Government-assisted	90	20	86	18	133
Private/NGO/Community	40	7	32	6	96
Province					
North	89	22	86	21	90
South	88	19	86	19	117
East	81	12	79	12	113
West	88	17	83	15	132
Kigali City	49	7	44	7	86
Total	80	16	77	15	538

Among facilities offering ANC, approximately two-thirds offer ANC services one to two days per week. Only about 7 percent have these services available five days per week (Appendix Table A-6.2). Similarly, 69 percent of facilities offering ANC also provide TT services one to two days a week. Approximately 9 in 10 facilities that offer ANC services provide TT vaccines every day that ANC is offered.

Key Findings

ANC services are available in 4 out of 5 facilities nationwide and in about 9 in 10 facilities in the North, South, and West provinces. Availability of ANC services is lowest in Kigali City, where ANC is available in only half the facilities. About 90 percent of government and government-assisted facilities offer ANC services.

All three services (ANC, PPC, and tetanus toxoid vaccine) are available in only 15 percent of facilities because PPC is not widely available in Rwanda (16 percent).

TT vaccination is offered in about 4 out of 5 facilities, and on most but not all days that ANC services are offered.

6.2.2 Infrastructure and Resources to Support Quality Assessment and Counseling of ANC Clients

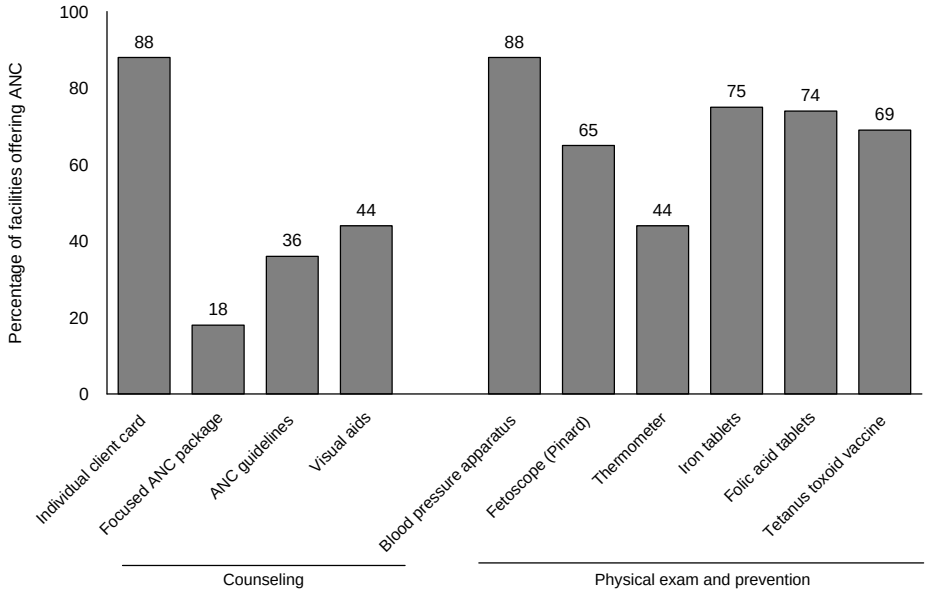
To support quality assessment and counseling of ANC clients, facilities should have individual client cards, ANC guidelines or protocols, and visual aids for client education. Table 6.2 and Figure 6.1 present information on the availability of these items. More details, including a breakdown by facility type, are available in Appendix Table A-6.3.

An individual ANC card is used to monitor maternal and fetal conditions during pregnancy and to keep track of the care given. It is an important tool for identifying risk factors for referral, assessing quality of care, ensuring standardization of antenatal care, and aiding client planning. Individual client cards are available in about 9 in 10 facilities offering ANC services (Figure 6.1).

An ANC package includes updating service providers on ANC services, information on malaria and syphilis during pregnancy, infection prevention, voluntary counseling and testing (VCT), and prevention of mother-to-child transmission (PMTCT) of HIV. Familiarizing service providers with the contents of the orientation package strengthens the quality of ANC services they provide. The ANC package is available at almost one-fifth of health facilities that offer ANC services. Written ANC guidelines or protocols—which include details on how to manage common problems during pregnancy—are available in 36 percent of facilities offering ANC services. Visual aids for ANC client counseling are available in just 44 percent of facilities (Figure 6.1).

Overall, about one-quarter of facilities have all three items—client cards, guidelines, and visual aids—to support quality ANC assessment and counseling. All three items are less likely to be found in facilities in hospitals, dispensaries, clinics, and health posts. Only 14 percent of ANC facilities in Kigali have all three items (Table 6.2). Private, NGO, and community facilities (5 percent) are also less likely to have all three items.

Figure 6.1 **Availability of items to support quality antenatal care (ANC) services (N=432)**



RSPA 2007

Table 6.2 Availability of antenatal care and resources to support quality counseling and examinations for ANC/PPC

Among facilities offering ANC, percentage with all elements to support quality ANC/PPC counseling, examinations and interventions for basic ANC/PPC, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities offering ANC services with				Number of facilities offering ANC
	All items to support quality counseling[1]	All items for infection control[2]	All items for physical examination[3]	All essential supplies for basic ANC[4]	
Type of facility					
Hospital	0	57	50	0	14
Health center/Polyclinic	27	30	15	30	382
Dispensary/Clinic/Health post	3	33	8	8	36
Managing authority					
Government	27	26	15	25	274
Government-assisted	24	41	18	41	120
Private/NGO/Community	5	39	13	5	38
Province					
North	25	33	10	24	80
South	22	22	15	45	103
East	21	23	19	4	91
West	31	36	14	36	116
Kigali City	14	57	24	19	42
Total	24	31	15	28	432

[1] Visual aids for health education, guidelines for ANC, and individual client card or record.
[2] Soap, running water, clean latex gloves, disinfecting solution, and sharps box.
[3] Private room offering visual and auditory privacy, examination table, and examination light.
[4] Iron and folic acid tablets, tetanus toxoid vaccine, blood pressure apparatus, and fetoscope (Pinard).

6.2.3 Infrastructure and Resources for Examinations

The 2007 RSPA assessed whether facilities have the necessary supplies, equipment, and conditions for infection control and for conducting client examinations in the ANC service area. Aggregate information on these elements is provided in Table 6.2, and summary information on specific equipment and supplies is given in Figure 6.1. Appendix Table A-6.3 provides details on each item by facility type.

Infection control

Only 31 percent of facilities offering ANC have all items necessary for infection control in the ANC service delivery area; these include soap and running water for hand-washing, clean latex gloves, disinfecting solution, and a sharps box (Table 6.2). Health facilities in Kigali City (57 percent) are more likely than those in other provinces to have all of these items. Sharps boxes (88 percent) and clean latex gloves (78 percent) are available in the majority of ANC service areas, especially in health centers, polyclinics, dispensaries, clinics and health posts (Appendix Table A-6.3). In contrast, ANC service areas frequently lack soap and running water, which are available in 41 and 56 percent of facilities, respectively. These items are least likely to be available in health centers and polyclinics, and in dispensaries, clinics, and health posts.

Client examinations

The basic physical examinations performed during ANC visits include palpating the abdomen, examining the breasts, and sometimes conducting a pelvic examination. Hence visual and auditory privacy, an examination bed, and an examination light are necessary. Ninety-five percent of facilities that offer ANC services can assure clients of both visual and auditory privacy, and 92 percent of facilities have an examination bed (Appendix Table A-6.3). However, fewer than 1 in 5 facilities has an examination light. Because of the lack of examination lights, only 15 percent of facilities have all three items needed for physical examinations.

6.2.4 Essential Equipment and Supplies for Basic ANC

A functioning blood pressure apparatus, a fetoscope, and a thermometer are essential equipment that should be available at all the times in ANC service areas. Essential ANC supplies that should always be available include iron tablets, folic acid tablets, mebendazole tablets, sulfadoxine-pyrimethamine (Fansidar), rapid plasma reagin (RPR) kits, strips (any) for urine protein testing, and TT vaccine. The RSPA survey found that blood pressure apparatus are available in 88 percent, a fetoscope in 65 percent, a thermometer in 44 percent, iron and folic acid tablets in 75 percent, and TT vaccine in 69 percent of the ANC facilities (Figure 6.1), but only 28 percent of facilities have all four essential items, making it impossible for most facilities to offer pregnant women all the required ANC services and supplies (Table 6.2, Appendix Table A-6.3.1). None of the hospitals has all four essential items, and only 36 percent of hospitals have TT vaccine. Essential equipment and supplies are less likely to be available in facilities in East Province (4 percent) and Kigali City (19 percent) (Table 6.2).

Key Findings

Items that support quality ANC counseling (visual aids, ANC guidelines, and individual client cards) are not available in most facilities offering ANC services. The ANC package and items for infection control are each available in 36 and 31 percent of health facilities offering ANC services, respectively.

Iron and folic acid tablets are not available in all facilities offering ANC services.

Slightly more than 1 in 4 facilities have all essential equipment and supplies for basic ANC (blood pressure monitor, fetoscope, iron and folic acid tables, and TT vaccine), which implies that pregnant women do not receive all required ANC services and supplies at most facilities.

6.2.5 Additional Equipment and Supplies for Quality ANC and PPC Services

Other elements that support quality ANC and PPC include diagnostic capacity and medicines to treat common infections. Figures 6.2 and 6.3 provide summary information on the medicines and laboratory tests available in facilities, with aggregate information available in Table 6.3. Appendix Tables A-6.4 through A-6.9 provide details on each item assessed, by type of facility.

Pre-eclampsia and eclampsia (hypertensive disorders of pregnancy), anemia, STIs, and vaginal infections can directly affect both maternal and newborn health. Basic Essential Obstetric Care (BEOC) requires that a facility provide early treatment for complications of pregnancy to prevent them from progressing to more serious conditions. Standards for treatment may vary depending on ANC guidelines and the policies and qualifications of the service provider.

Table 6.3 Facility practices and resources for diagnosis and management of common problems and complications of pregnancy

Percentage of facilities where ANC/PPC service providers can diagnose and treat STIs for ANC/PPC clients, percentage with all medicines to manage common complications of pregnancy, percentage with specific diagnostic testing capacity, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage where STI treatment is provided by ANC providers	Percentage with all medicines for treating pregnancy complications[1]	Percentage with the capacity to conduct specific tests					Number of facilities offering ANC
			Anemia[2]	Urine protein[3]	Urine glucose[4]	Blood grouping[5]	Syphilis[6]	
Type of facility								
Hospital	29	86	50	86	79	71	93	14
Health center/ Polyclinic	42	9	27	60	55	3	48	382
Dispensary/Clinic/Health post	61	0	17	28	25	6	11	36
Managing authority								
Government	42	8	25	57	55	4	45	274
Government-assisted	42	21	32	68	56	7	59	120
Private/ NGO/ community	61	0	29	34	32	13	18	38
Province								
North	31	11	25	59	54	4	39	80
South	47	12	20	70	58	4	58	103
East	41	2	27	46	43	2	43	91
West	42	14	26	54	51	4	41	116
Kigali City	67	19	50	64	67	21	52	42
Total	43	11	27	58	53	5	46	432

[1] At least one broad-spectrum antibiotic (amoxicillin or cotrimoxazole); either albendazole or mebendazole; methyldopa (Aldomet); a first-line antimalarial; and at least one medicine for treating each of the following STIs: trichomoniasis, gonorrhea, chlamydia, syphilis, and candidiasis.
[2] Includes any test (hemoglobinometer, calorimeter, centrifuge with capillary tubes, or filter paper methods).
[3] Any dip stick for urine protein or flame, acetic acid, and test tube for testing urine albumin.
[4] Any dip stick for urine glucose or Benedict's solution and stove for boiling Benedict's solution
[5] Anti-A, Anti-B, Anti-AB, Anti-D, and glass slides with cover.
[6] VDRL test with functioning rotary shaker or RPR.

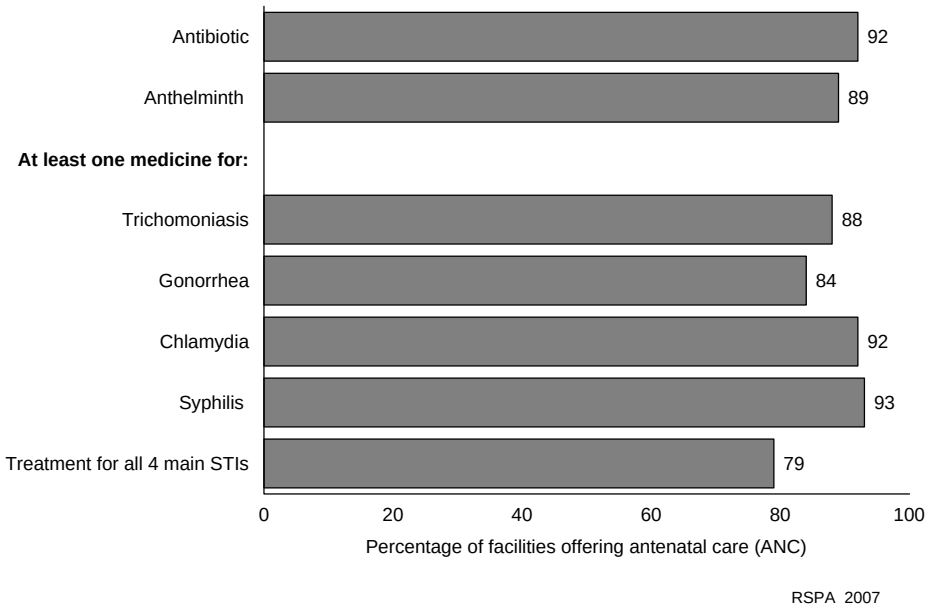
Overall, ANC service providers in 43 percent of facilities offering ANC services routinely provide STI treatment. Private, NGO, and community facilities that provide ANC services (40 percent) are more likely to have ANC service providers routinely treat STIs (61 percent) (Table 6.3). Hospitals, health centers and polyclinics are less likely to have ANC service providers who routinely treat STIs among ANC clients. Sixty-seven percent of facilities in Kigali City offering ANC services have ANC service providers who routinely treat STIs among ANC clients, while less than half of the facilities in other provinces have this capacity.

Trichomoniasis, chlamydia, gonorrhea, and syphilis are the STIs most commonly seen in health facilities. Most ANC facilities have at least one medicine to treat each of these common STIs (Appendix Table A-6.4, Figure 6.2). About 8 in 10 ANC facilities (including 93 percent of hospitals) have at least one medicine to treat each of the four major STIs. All hospitals have at least one medicine to treat chlamydia, gonorrhea, and syphilis.

A facility is considered to have all medicines for managing common complications of pregnancy if it has all of the following: at least one broad-spectrum antibiotic (amoxicillin or cotrimoxazole), one antihelminth (albendazole or mebendazole), methyldopa (aldomet), one first-line antimalarial, and at least one medicine for treating each of the four common STIs. Only about 1 in 10 ANC facilities satisfies these criteria (Table 6.3). Almost 9 in 10 hospitals and approximately one-tenth of health centers and

polyclinics providing ANC services meet the criteria. None of the dispensaries, clinics, and health posts meets the criteria. Facilities in Kigali City (19 percent) are more likely to have all of these medicines than facilities in other provinces. Antibiotics, antihelminths, and antimalarials are each available in about 90 percent of ANC facilities (Figure 6.2), but only 12 percent have methyldopa to manage hypertension during pregnancy (Appendix Table A-6.4). While nearly all hospitals have methyldopa, this drug is available at only 10 percent of health centers and polyclinics, perhaps because they are expected to refer cases of pregnancy-induced hypertension, not to manage them. Almost all ANC facilities (92 percent) have the recommended first-line antimalarial, and the vast majority (93 percent) routinely provides preventive antimalarial medicines as a component of ANC services (Appendix Table A-6.4).

Figure 6.2 **Availability of medicines for managing common problems and complications of pregnancy (N=432)**

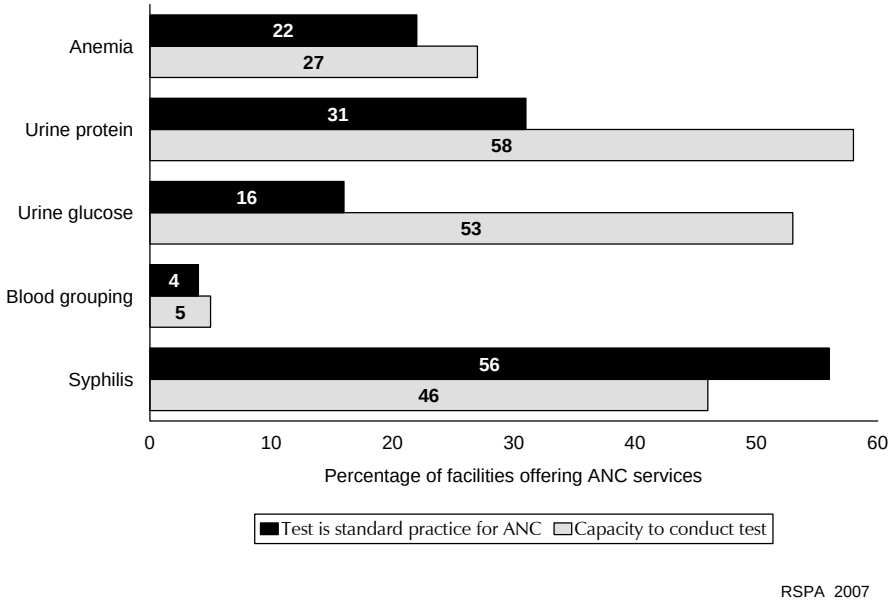


The RSPA survey also assessed whether facilities have the capacity to test ANC or PPC clients for anemia, urine protein, and urine glucose, and to diagnose and treat syphilis.

Among facilities providing ANC or PPC services, only 27 percent have the capacity to test for anemia, 58 percent to test for urine protein, 53 percent to test for urine glucose, and 46 percent to diagnose and treat syphilis. Just 5 percent have the capacity to do blood grouping (Table 6.3, Appendix Tables A-6.5 through A-6.9). Government and government-managed facilities are more likely than other facilities to have the capacity to conduct each of these tests, except for blood grouping, which is more likely to be available in private, NGO, and community facilities than government and government-assisted facilities (17 percent). Hospitals are more likely than other facilities to have the capacity to conduct each of these tests, especially blood grouping (71 percent), because blood transfusion services are only expected to be provided in hospitals.

Figure 6.3 shows how many facilities report these tests as the standard screening tests for their ANC clients, and how many actually have the testing capacity to do so. Fifty-six percent of facilities—mostly health centers and polyclinics and government-assisted facilities—routinely screen ANC clients for syphilis. Twenty-two percent, 31 percent, and 16 percent of ANC facilities routinely screen their ANC clients for anemia, urine protein and urine glucose, respectively. Private for-profit and faith-based facilities are more likely to routinely screen ANC clients for anemia, urine protein, and urine glucose, respectively. Hospitals and facilities in Kigali City are more likely to routinely conduct blood grouping tests for their ANC clients (Appendix Tables A-6.5–A-6.9).

Figure 6.3 **Diagnostic tests for antenatal care (ANC): standard practice and testing capacity (N=432)**



Key Findings

Although each individual medicine for managing common complications of pregnancy is available in most facilities, only about 1 in 10 facilities that offer ANC services has the entire package of medicines available.

STI treatment is routinely provided by ANC service providers in approximately 2 in 5 facilities. Four in 5 ANC facilities have medicines to treat each of the four main STIs: syphilis, gonorrhea, chlamydia, and trichomoniasis.

Hospitals are more likely than other facilities to have the capacity to test ANC clients for anemia, urine protein, urine glucose, syphilis, and blood grouping.

6.3 Management Practices Supportive of Quality ANC and PPC Services

Management practices that support quality ANC and PPC services include documentation and recordkeeping, posting user fees, and staff supervision and development.

Table 6.4 provides information on management practices, and Figure 6.4 provides summary information on ANC training (both pre- and in-service). Appendix Tables A-6.10 through A-6.12 provide details on utilization, user fees, and out-of-pocket payments for ANC services, and Appendix Table A-6.13 provides information on supportive management for ANC service providers. Appendix Tables A-6.14 and A-6.15 provide detailed information on training and supervision.

6.3.1 Facility Documentation and Records

Among facilities offering ANC services, 86 percent have up-to-date registers, defined as having an entry in the past seven days that indicates the type of client visit (first visit or follow-up visit). The vast majority of health centers and polyclinics (89 percent) have up-to-date registers. Hospitals (43 percent), and dispensaries, clinics, and health posts (64 percent) are less likely to have up-to-date registers. Private, NGO and community facilities (61 percent) are less likely to have up-to-date registers than government and government-assisted facilities (88 percent each). Only a small proportion (5 percent) of facilities offering ANC services has an up-to-date register for PPC clients (Table 6.4) because PPC services are rarely available.

Table 6.4 Management practices supportive of quality maternal health services

Percentage of facilities with up-to-date patient registers, percentage with documentation of monitoring ANC coverage, the indicated records, percentage that have any user fees for ANC, and percentage with the indicated management practices, by background characteristics, Rwanda SPA 2007

Background characteristics	Observed up-to-date patient register[1]		Documentation of monitoring ANC coverage	User fees for ANC	Number of facilities offering ANC	Percentage of facilities where staff report receiving routine:		Number of facilities with interviewed ANC providers[4]
	ANC	PPC				Training[2]	Personal supervision[3]	
Type of facility								
Hospital	43	14	14	29	14	93	86	14
Health center/Polyclinic	89	6	60	16	382	85	97	379
Dispensary/Clinic/Health post	64	0	11	64	36	68	81	31
Managing authority								
Government	88	7	58	12	274	88	96	272
Government-assisted	88	5	62	22	120	79	98	120
Private/NGO/Community	61	0	11	74	38	72	78	32
Province								
North	89	5	68	3	80	90	97	79
South	91	3	64	29	103	82	98	103
East	82	3	41	16	91	91	99	91
West	88	10	59	16	116	75	95	115
Kigali City	67	5	26	55	42	94	78	36
Total	86	6	55	20	432	84	96	424

[1] Register has entry within past seven days and indicates, at minimum, whether this was the first or a follow-up visit for ANC and number of days postpartum for PPC register.
[2] A facility has routine staff training if at least half of interviewed providers reported they had received pre- or in-service training related to their work during the 12 months preceding the survey. This refers to structured training sessions and does not include individual instruction received during routine supervision.
[3] A facility has routine staff supervision if at least half of interviewed providers reported they had been personally supervised at least once during the 6 months preceding the survey.
[4] Includes only providers of ANC in facilities offering ANC services.

Monitoring ANC coverage rates, i.e., calculating the proportion of eligible women in a catchment area who receive ANC services, occurs in slightly more than half of facilities (Table 6.4). Health centers (60 percent), government facilities (58 percent), and government-assisted facilities (62 percent) are more likely than other facilities to do so. Compared with other provinces, only one-quarter of facilities in Kigali City monitor ANC coverage rates.

6.3.2 Practices Related to User Fees

User fees may have a positive effect on the utilization of health facilities by increasing funds available to the facility. They may also have a negative effect by deterring poor clients from using services. Displaying user fees (or advertising that there are no fees for certain services) contributes to the quality of care by letting clients know the cost of services.

Overall, 20 percent of facilities offering ANC services charge some form of user fees. These happen mostly in private, NGO, and community facilities (74 percent) (Table 6.4). Twelve percent of government facilities and 16 percent of health centers and polyclinics (mostly polyclinics) charge user fees for ANC services. Dispensaries, clinics, and health posts (64 percent) and to some extent hospitals (29 percent) are more likely than health centers (16 percent) to charge user fees, as are facilities in Kigali City (55 percent) and in South Province (29 percent). These charges are mainly for client registration (12 percent), laboratory services (10 percent), consultations (8 percent), and medicines (5 percent) (Appendix Table A-6.11). Dispensaries, clinics, and health posts, private, NGO, and community facilities, as well as facilities in Kigali City are more likely to charge for these items than other facilities. About 1 in 10 ANC facilities has a system whereby clients prepay for multiple ANC visits; these include dispensaries, clinics, and health posts (39 percent), hospitals (14 percent), and private, NGO, and community facilities (39 percent). Facilities in Kigali City (21 percent) and in South Province (16 percent) are more likely to have a system whereby clients prepay for multiple ANC visits

Among ANC facilities that charge user fees, 45 percent (including all hospitals) publicly display all fees (Appendix Table A-6.11).

Among first-visit ANC clients who were observed and interviewed, less than a third reported paying out-of-pocket user fees; the median amount of these fees was approximately 200 Rwandan francs (RWFs) (Appendix Table A-6.12.1). Fourteen percent of follow-up ANC clients who paid out-of-pocket user fees, reportedly paid the same median amount as that of first-visit ANC clients (Appendix Table A-6.12.2). Fees were considerably higher in hospitals, which collected a median of about 400 RWFs from first-visit clients and 5,000 RWFs from follow-up clients.

6.3.3 Training and Supervision

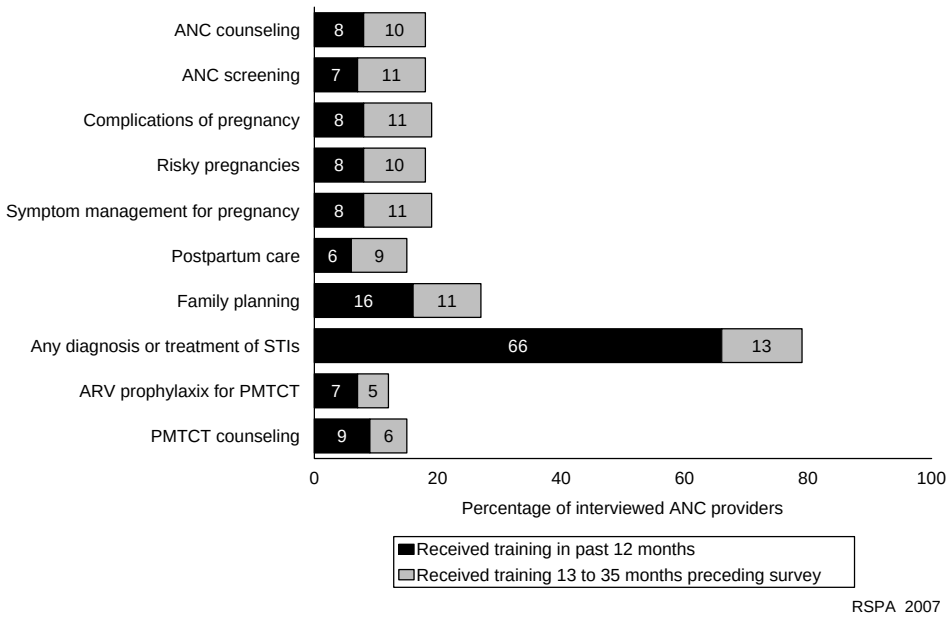
The RSPA survey considers a facility to provide routine ANC staff development activities if at least half of the ANC providers interviewed said they had received structured training relevant to ANC during the 12 months preceding the survey. This includes formal pre-service and in-service training, but excludes individual instruction received during routine supervision. Eighty-four percent of ANC facilities meet this criterion. Hospitals (93 percent) and health centers and polyclinics (85 percent) are more likely than dispensaries, clinics, and health posts (68 percent) to provide routine ANC staff development activities. Government facilities (88 percent), facilities in Kigali City (94 percent) and in North (90 percent) and East provinces (91 percent) are more likely to provide routine staff development for ANC (Table 6.4).

The training topics most frequently reported by interviewed ANC service providers are STI diagnosis (66 percent) and family planning treatment (16 percent). Other training topics are ANC counseling, ANC screening, complications of pregnancy, risky pregnancies, symptom management for pregnancy,

postpartum care, ARV prophylaxis for PMTCT, and PMTCT counseling. Ten to 13 percent of providers received training on each of the topics in the past 12 months (Figure 6.4).

Supervising individual staff members helps promote adherence to standards and also helps identify problems that contribute to poor quality services. The survey defines a facility as receiving routine staff supervision when at least half the interviewed ANC providers reported being personally supervised during the six months preceding the survey. Supervision of ANC providers is universally practiced in ANC facilities (Table 6.4).[2] Routine supervision for ANC providers is less commonly reported in dispensaries, clinics, and health posts (81 percent), in private, NGO, and community facilities (78 percent) and in facilities in Kigali City (78 percent).

Figure 6.4 **Training received by interviewed ANC service providers, by topic and timing of most recent training (N=1,123)**



Key Findings

While most facilities have up-to-date ANC registers, only 6 percent have PPC registers. More than half of facilities have documentation indicating that they monitor ANC coverage rates.

Eighty-four percent of facilities have routine staff training on ANC, and almost all facilities receive routine supervision of ANC providers.

6.4 Adherence to Standards for Quality ANC Service Provision

To assess whether ANC providers adhere to service standards, the survey observed 737 ANC consultations, including 359 consultations of first-visit clients. More than 95 percent of these observations were made in health centers and polyclinics. The observation checklists were based on elements of

[2] The assessment was not able to determine how complete or supportive the supervision was, or whether it was purely for administrative purposes, or included a coaching or learning component.

focused ANC. The observers noted whether providers shared information on a topic and whether an examination was conducted. They did not assess whether the information was correct or whether findings were appropriately interpreted.

6.4.1 Appropriate Assessment and Examination for ANC clients

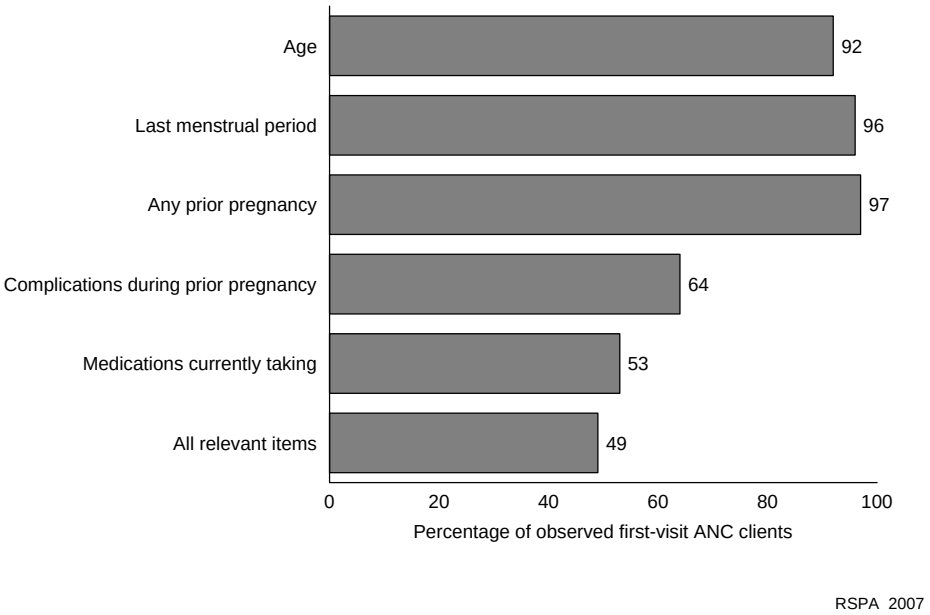
Summary information from the ANC observations is provided in Figures 6.5, 6.6, 6.7, and 6.8. Appendix Tables A-6.17 to A-6.21 provide details on assessments, examinations, and interventions for ANC clients.

Client history

During a first ANC visit, the provider is expected to elicit a basic medical history to assess pre-existing risk factors. In practice providers ask all first-visit ANC clients their age, date of last menses, and prior pregnancies (Figure 6.5, Appendix Table A-6.17). They ask less often about complications during prior pregnancies (64 percent) and what medicines the client is taking (53 percent).

Only about half of first-visit ANC clients are assessed for all five of these items (Figure 6.5).

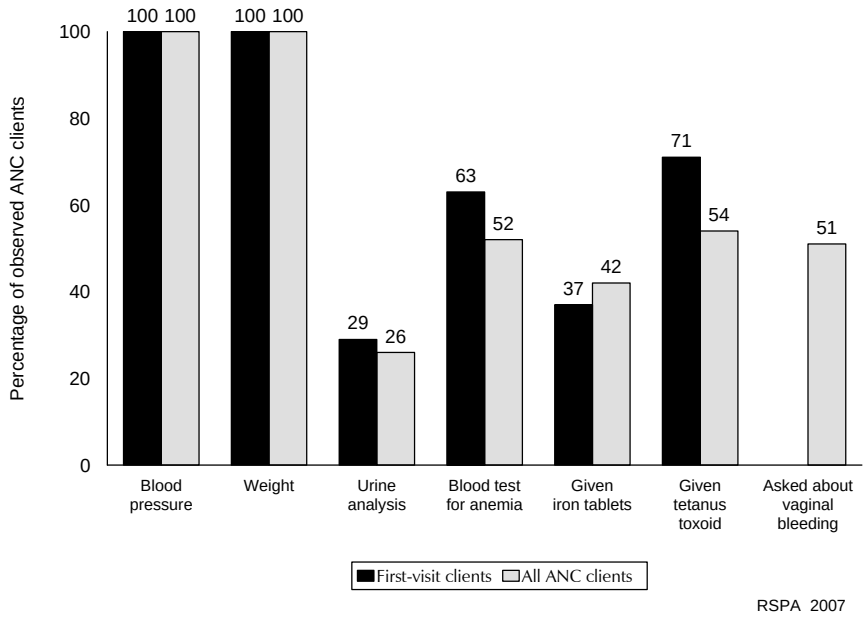
Figure 6.5 **Content of client history assessed for first-visit ANC clients (N=359)**



Monitoring progress of pregnancy

All ANC clients should receive periodic assessments to monitor the progress of their pregnancy and to identify any danger signs or risk factors. These include both maternal and fetal conditions such as the assessment of blood pressure and vaginal bleeding. Figure 6.6 shows the percentage of observed first-visit ANC clients and all ANC clients who received these assessments during their visit. Appendix Tables A-6.17 and A-6.18 provide this information by facility type.

Figure 6.6 **ANC content for first-visit (N=359) and all observed ANC clients (N=737)**



Laboratory testing capability is necessary (or in some cases required) for facilities to be able to provide certain screening and preventive interventions. If a facility does not have the capacity to provide the service itself, it should have a referral system in place to provide ANC clients with access to the service.

To meet defined minimum standards, each ANC visit should include the following components: counseling on vaginal bleeding as a risk factor for which help should be sought, measuring blood pressure, and urinalysis to check for urine protein and glucose. First-visit clients should also have their blood checked for anemia.

Providers are more likely to measure blood pressure and weigh clients than to conduct urinalysis, do blood tests for anemia, give clients iron tablets or TT vaccine, or counsel clients about vaginal bleeding (Figure 6.6, Appendix Table A-6.17). All ANC clients (including both first and follow-up clients) have their blood pressure measured and are weighed during an ANC visit. In 63 percent of first-visit and 52 percent of follow-up visit ANC clients have their blood tested for anemia. The laboratory test given least, albeit the most basic, is urine testing for protein (conducted for 29 percent of first-visit and 26 of follow-up visit ANC clients). TT vaccine is given to more first-visit clients (71 percent) than to follow-up visit ANC clients (54 percent). Probably some of the follow-up clients had received TT vaccine on their previous visits. Surprisingly iron tablets were given to only 37 percent of first-visit ANC clients, but to 42 percent of follow-up clients.

Only half of all ANC clients are counseled on vaginal bleeding (Figure 6.6). This includes clients who are counseled about vaginal bleeding as a risk, and clients who are asked whether they have experienced vaginal bleeding.

Key Findings

Although most first-visit ANC clients are asked their age, date of last menses, and prior pregnancies, only half are assessed for all their relevant medical history, including age, last menstrual period, any prior pregnancy, complications during prior pregnancies, and current medications.

ANC providers are more likely to measure women's blood pressure than to perform urinalysis, conduct blood tests for anemia, give iron tablets or TT vaccine, or offer counseling about vaginal bleeding.

6.4.2 Counseling to Promote a Healthy Outcome

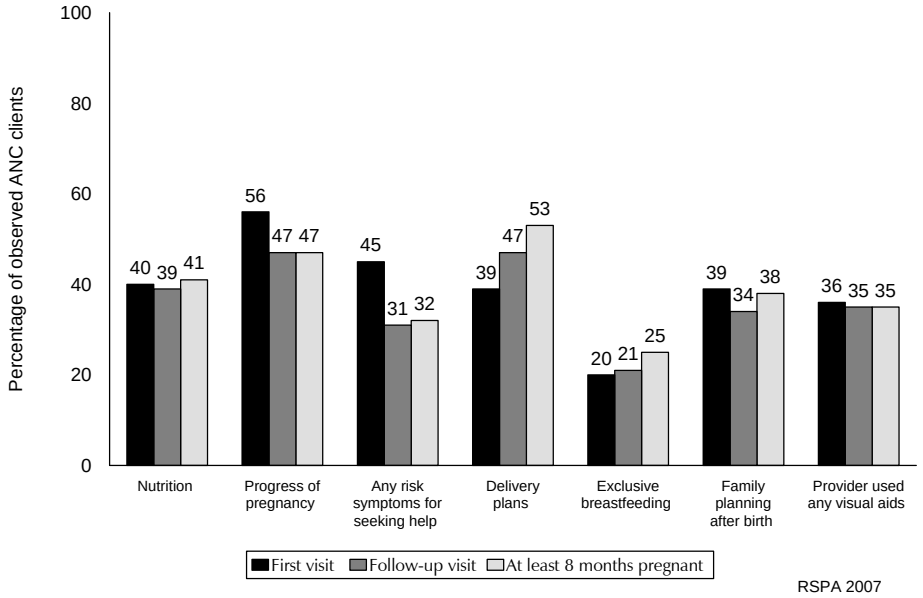
Information discussed with ANC clients is presented in Figure 6.7, with information by type of facility and province available in Appendix Tables A-6.19 and A-6.20 Details on counseling and client knowledge about signs of risk are available in Appendix Tables A-6.21 to A-6.22. Details on client plans for delivery are provided in Appendix Table A-6.23.

Counseling topics

ANC providers are expected to routinely counsel clients on special nutritional needs during pregnancy as well as signs and symptoms that may indicate a problem with the pregnancy. It is not unreasonable to assume, however, that all topics may not be discussed during every visit because most women make multiple ANC visits. Thus, the content of counseling for first and follow-up visits is assessed separately.

Nutritional issues were discussed during consultations with only 40 percent of first-visit clients and 39 percent of follow-up clients (Figure 6.7), whereas the progress of the pregnancy was discussed with 56 percent and 47 percent of first-visit and follow-up clients, respectively. Delivery plans were discussed with 39 percent of first-visit clients and 47 percent of follow-up clients. Delivery plans were discussed

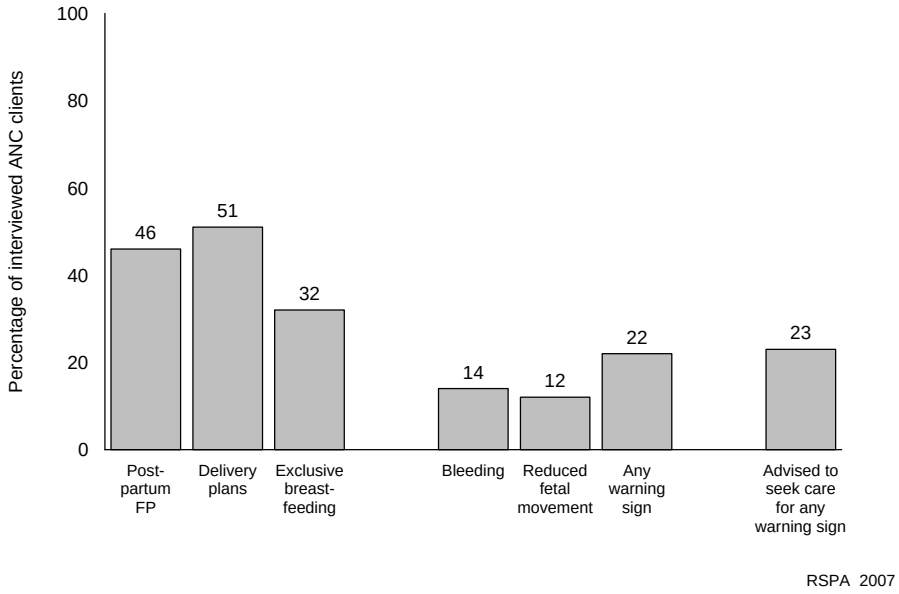
Figure 6.7 **Counseling topics discussed during observed first ANC visit (N=359) and follow-up ANC visit (N=378) and with ANC clients at least 8 months pregnant (N=187)**



with only slightly more than half of ANC clients who were at least 8 months pregnant. Use of family planning postpartum is not widely discussed with ANC clients; it was addressed during only 39 percent of first-visit and 34 percent of follow-up consultations (Figure 6.7). Exclusive breastfeeding is an even less common topic: only 1 in 5 of all ANC clients, and in 1 in 4 ANC clients at least 8 months pregnant were counseled on it.

Interviews with ANC clients ask what topics were discussed during the current or past visits to the facility. According to client interviews, the provider discussed delivery plans with 51 percent of clients, using family planning postpartum, with 46 percent of clients, and exclusive breastfeeding with 32 percent of clients during at least one ANC visit (Figure 6.8).

Figure 6.8 **Topics discussed during this or a previous ANC visit, as reported by clients (N=722)**



Interviewed clients were also asked to mention specific warning signs that were discussed during the current or past ANC visits. While 22 percent said they had discussed warning signs and symptoms of some kind, few were able to name any of these danger signs. Bleeding is the most commonly mentioned danger sign (14 percent), followed by reduced fetal movement (12 percent). Other signs such as fever (3 percent), headache or blurred vision (2 percent), swollen hands or face (3 percent), and tiredness or breathlessness (3 percent) are rarely mentioned (Figure 6.8).

Key Findings

Providers do not commonly counsel pregnant women on nutrition, risk signs and symptoms, or exclusive breastfeeding during ANC consultations.

Delivery plans were discussed with less than half of all ANC clients and with only half of clients who were at least 8 months pregnant.

One in five interviewed clients acknowledged having discussed warning signs and symptoms of pregnancy, but few were able to mention actual signs or symptoms.

6.4.3 Supporting Continuity of Care

Continuity of care, including monitoring changes between visits, is important for quality antenatal care. One of the more reliable ways to achieve continuity of care is to maintain a record of relevant history and findings, as well as interventions or treatments provided. Frequently, health services are organized so that a client's blood pressure and weight are measured and the information recorded on the client's card or chart before the client sees the main ANC provider. Details on providers' use of individual client cards during ANC visits are provided in Appendix Table A-6.24

During 91 percent of first visits and 89 percent of follow-up visits, providers looked at the individual client card during the consultation. By the end of all first-visit and follow-up consultations, virtually all of them had written on the client's card (Appendix Table A-6.24). It is impossible to know through these observations whether providers' notes were relevant or accurate.

Nine in 10 of the ANC clients who were observed went directly home after their consultation (Appendix Table A-6.25). Seven percent of clients were referred elsewhere in the same facility, with most of these intrafacility referrals taking place in hospitals, while 1 percent of clients were referred to another facility.

6.5 Client Opinion of Service Provision

Before leaving the facility, observed ANC clients were asked their opinion of the services they received and about any problems they encountered that day. Although this information is subjective, clients' most common concern was the waiting time to see the provider: 19 percent of clients considered waiting times to be a big problem (Appendix Table A-6.26). Other areas identified as big problems by ANC clients were the inability to discuss problems or concerns (8 percent), and insufficient explanation of problems (7 percent).

In interviews, 7 percent of ANC clients reported that the facility was not the one closest to their home. When asked about why they did not visit the closest facility, 10 percent of clients said they were referred, another 10 percent reported that bad reputation made them bypass the nearest facility, and 2 percent cited lack of medicines (Appendix Table A-6.27).

6.6 Availability of Delivery Services and Capacity to Provide Quality Delivery Care

The RSPA survey assessed the availability of emergency obstetric care, the presence of standards, equipment and supplies, and health system components to support quality delivery services. The following items were assessed:

- Availability of delivery services,
- Home delivery care practices,
- Infrastructure and resources to support quality delivery services,
- Practices related to signal functions, and
- Documentation of delivery procedures and outcomes.

6.6.1 Availability of Delivery Services

Table 6.5 provides information on the availability of maternal health services, as well as details on the availability of emergency transport and services supporting safe home delivery. Information on median travel time, using the most common means of transport is provided in Appendix Table A-6.29.

Table 6.5 Availability of maternal health services

Percentage of facilities that offer specific facility-based maternity services and percentage with services supportive of home delivery including documentation of activities supportive of traditional birth attendants (TBAs), by background characteristics, Rwanda SPA 2007

	Facility-based maternity services						Services supporting safe home delivery		
Background characteristics	Antenatal care	Normal delivery services	Caesarean section	ANC and normal delivery services	ANC, normal delivery, and caesarean section	Emergency transportation support for maternity emergencies[1]	Any home delivery services[2]	Documented official program supportive of TBAs[3]	Number of facilities
Type of facility									
Hospital	33	93	93	33	33	98	93	7	42
Health center/Polyclinic	98	89	1	89	1	94	89	46	389
Dispensary/Clinic/Health post	34	19	1	17	1	31	19	7	107
Managing authority									
Government	89	86	7	81	3	93	86	39	309
Government-assisted	90	85	13	77	5	92	85	44	133
Private/NGO/Community	40	26	3	25	3	33	26	8	96
Province									
North	89	82	6	80	3	84	82	56	90
South	88	87	9	82	4	91	87	37	117
East	81	81	7	73	0	88	81	41	113
West	88	81	9	74	3	87	81	33	132
Kigali City	49	34	8	33	7	52	34	6	86
Total	80	75	8	70	3	82	75	35	538

[1] Any system where the facility provides some support for emergency transportation to referral site, or the facility is the referral site.
[2] This may be either a routine service or service only for emergency cases.
[3] Any official activity with TBAs for which the facility has any documentation.

About 4 in 5 facilities offer ANC services, and three-quarters offer normal delivery services. Seven in 10 facilities offer both services. Hospitals and health centers and polyclinics are much more likely to offer normal delivery services (93 and 89 percent, respectively) than dispensaries, clinics, and health posts (34 percent). Similarly, government (86 percent) and government-assisted (85 percent) facilities are much more likely than private, NGO, and community facilities (40 percent) to offer normal delivery services. There are also geographic differences: normal delivery services are more likely to be offered at facilities in the provinces (81 to 87 percent of facilities) than facilities in Kigali City (49 percent) (Table 6.5).

Caesarian section is performed in 8 percent of facilities, with nearly all hospitals (93 percent) performing caesarean sections. Only 7 percent of government facilities offer C-sections, because most are lower-level health centers and dispensaries that are not expected under normal circumstances to offer this service. Overall, only 3 percent of all facilities offer ANC, normal delivery, and caesarean section services.

One way of increasing access to emergency obstetric care is to offer rapid transport to a facility where the service is available. Without a facility-supported emergency transportation system, the expectant mother and her family are forced to find their own means of transport during an emergency. Even when a facility does not offer delivery services, but does offer ANC, it is desirable to have emergency transport available. For many deliveries that may occur at home, the facility where a woman receives ANC may be the nearest health care delivery site where emergency help can be sought.

Eighty-two percent of all facilities have a system of emergency transportation[3] to another facility for maternity emergencies (Table 6.5). Hospitals and health centers and polyclinics (93 and 89 percent, respectively) are more likely than dispensaries, clinics and health posts (35 percent) to support emergency transportation for obstetric emergencies. Only one-third of private, NGO, and community facilities have emergency transportation support compared with 93 percent of government and 92 percent of government-assisted facilities. Among those facilities supporting emergency obstetric transportation, 30 percent have an ambulance or other facility-based vehicle (including all hospitals), 73 percent use a vehicle at another facility (including 83 percent of health centers and polyclinics), 31 percent hire vehicles, and 56 percent have other arrangements to support the cost of emergency transportation (Appendix Table A-6.29). Facilities in Kigali City (44 percent) and government-assisted facilities (47 percent) are more likely than other facilities to have an ambulance or other facility-based vehicle for maternity emergencies.

6.6.2 Home delivery practices

In Rwanda, delivery at home is discouraged. However, as of 2005, 70 percent of women delivered at home (INS and ORC Macro, 2006). In countries where a large proportion of deliveries take place at home (frequently with the assistance of TBAs), a support system from a health facility may increase a woman's chances of having a safe delivery. Research has shown that every pregnancy is at risk and therefore every pregnant woman should receive skilled care during delivery. The concept of home delivery and care works on the understanding that skilled care is available at the community level. A common approach authorizes facility staff to attend home deliveries, either routinely or only in case of emergency. Retired midwives in the community can also be used to provide skilled care to women during home deliveries, and they may have formal systems for working with the health system and other community resource persons, including TBAs.

In Rwanda, the challenges in implementing a system to support home delivery are: shortage of qualified health providers and materials in the community, insufficient number of health centers, distance from existing health centers and some villages, shortage of emergency transportation in case of complications, and prohibition of TBAs assisting in deliveries at home. The policy of the Ministry of Health requires that all women deliver their babies at a health facility, assisted by trained health personnel that are able to handle complications during delivery.

Results from the 2007 RSPA show that three-quarters of all health facilities provide some supports for safe delivery at home. Detailed information on delivery at home is presented in Table 6.5.

Key Findings

About three-fourths of all facilities offer normal delivery services. These services are far less available in facilities in Kigali City than in the provinces. Caesarean sections are generally done in hospitals.

Two-fifths of all facilities have a system of emergency transportation to another facility for maternity emergencies.

[3] Referral facilities are counted as having an emergency transportation system, because they can provide all relevant services.

6.6.3 Infrastructure and Resources to Support Quality Delivery Services

In addition to basic infrastructure that assures privacy and supports infection control, several types of equipment and medicines are needed to support safe deliveries.

Tables 6.6 and 6.7 provide aggregate information on infrastructure, equipment, and supplies for basic delivery services, including emergency medicines. Figures 6.11 through 6.14 summarize the individual items available, and Appendix Tables A-6.30 through A-6.41 provide details on elements assessed for delivery services and on sterilization and high-level disinfecting (HLD) procedures for delivery equipment. Figure 6.12 provides information on equipment for emergency obstetric care, and information on supportive management and supervision is provided in Appendix Tables A-6.42 to A-6.44.

Infection control

Infection is one of the most common causes of maternal and neonatal morbidity and mortality, so infection control practices are essential for quality delivery care. Among facilities offering delivery services, 60 percent have all the items for infection control available in the delivery service area, including soap and running water for washing hands, a sharps box, disinfecting solution, and clean or sterile latex gloves (Table 6.6). The items most often lacking are soap and running water, which are missing in 20 percent and 15 percent of facilities, respectively (Appendix Table A-6.30). Other items are missing in less than 10 percent of facilities. Waste receptacles with plastic liners are available in 80 percent of facilities.

Table 6.6 Availability of items for quality delivery services

Percentage of facilities offering delivery services that have specific items to support quality delivery services, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities offering delivery services with:				Number of facilities offering delivery services
	All items for infection control[1]	Capacity for sterilization/HLD processing[2]	All delivery room infrastructure and furnishings[3]	All other elements to support quality[4]	
Type of facility					
Hospital	85	67	74	31	39
Health center/Polyclinic	59	17	33	10	345
Dispensary/Clinic/Health post	40	10	15	0	20
Managing authority					
Government	57	18	32	10	266
Government-assisted	70	28	49	16	113
Private/NGO/Community	52	20	24	0	25
Province					
North	64	28	20	4	74
South	58	18	37	8	102
East	45	17	43	9	92
West	70	19	36	23	107
Kigali City	72	34	52	3	29
Total	60	21	36	11	404

[1] Soap, running water, sharps box, disinfecting solution, and clean latex gloves.
[2] In location where delivery service equipment is processed, equipment, knowledge of minimum processing time for sterilizing or HLD processing, and an automatic timing device.
[3] Bed, examination light, and visual and auditory privacy.
[4] Guidelines, partographs, and 24-hour delivery provider onsite or on call, with duty schedule observed.

Hospitals (85 percent) are more likely than health centers and polyclinics (59 percent) or dispensaries, clinics, and health posts (40 percent) to have all infection control items (Table 6.6). Seventy percent of government-assisted facilities, 57 percent of government facilities, and 52 percent of private, NGO, and community facilities offering delivery services have all the infection control items available in the delivery service area. Facilities in Kigali City (72 percent) and in West Province (70 percent) are more likely to have all infection control items available in the delivery service area than facilities in other provinces, especially in East Province, where only 45 percent of facilities have everything needed for infection control in delivery service areas.

Among facilities offering delivery services, 58 percent process delivery service equipment in the delivery area, 38 percent do so in the main facility area, and 2 percent process their equipment in the family planning area. Two percent either do not process equipment or send equipment outside for final processing (Appendix Table A-6.31). The procedures used for sterilizing or HLD processing equipment used for deliveries were also assessed.[4] Among facilities offering delivery services, only 21 percent (including 67 percent of hospitals and 28 percent of government-assisted facilities) meet all conditions for quality sterilization or HLD disinfection of delivery equipment, that is, they have functioning equipment, relevant information, and a timer. A large majority of these facilities (86 percent) use dry heat or an autoclave, and the rest use either boil/steam or chemical HLD (Table 6.6 and Appendix Table A-6.32).

Only 8 percent of facilities have written guidelines for sterilization or HLD processing available in the area where delivery equipment is processed (Appendix Table A-6.32). Written guidelines for sterilization or HLD processing are more widely available in hospitals (33 percent) than in any other type of facility.

Infrastructure for delivery

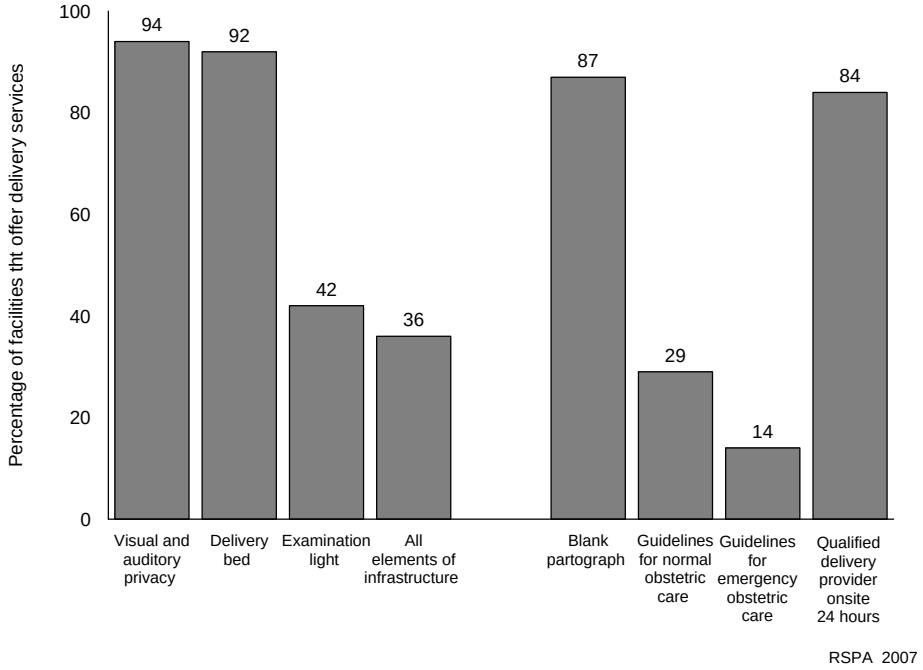
Items to support quality delivery services were also assessed (Table 6.6 and Figure 6.9). A bed, an examination light, and privacy (both visual and auditory) are considered the basic delivery room infrastructure and equipment. Overall, just over one-third (36 percent) of facilities offering delivery services have all these basic items (Table 6.6). The best-equipped facilities are hospitals (74 percent) and government-assisted facilities (49 percent). Over 90 percent of facilities offer both visual and auditory privacy and have a bed in the delivery area, but only 42 percent have an examination light (Figure 6.9).

Elements to support quality delivery services

The partograph (a document used to monitor an individual woman's labor) is promoted internationally as a way to improve the quality of care by helping providers make appropriate and timely decisions, based on the progress of labor at every stage. It provides guidelines for the early identification of complications. About 9 in 10 facilities have blank partographs available (Figure 6.9), and they are found in almost all hospitals (97 percent) and in most of the health centers and polyclinics (87 percent). Only about two-third of dispensaries, clinics and health posts (65 percent) have blank partographs (Appendix Table A-6.30.1). Regarding the actual use of the partograph, 71 percent of interviewed delivery service providers reported using it during the week preceding the visit, and 17 percent reported using it during the preceding two to four weeks (Appendix Table A-6.45). Only 3 percent and 2 percent, respectively, reported last using a partograph one to six months preceding the survey and more than 6 months preceding the survey. Only 13 percent of delivery service providers received training on the use of the partograph during the 12 months preceding the survey (Appendix Table A-6.43.1).

[4] In Chapter 3, Sections 3.4.1 and 3.4.2 provide details on the definitions for adequate sterilization or HLD procedures and storage practices.

Figure 6.9 Items to support quality delivery services (N=404)



Guidelines and protocols are not widely available: only 29 percent of facilities offering delivery services have guidelines and protocols for normal obstetric care available in the delivery service area (Figure 6.9). In Rwanda, physician generalists, obstetricians, and nurses/midwives are the principal staff members who provide delivery services at facilities. About 84 percent of facilities report having a delivery service provider onsite 24 hours a day (Figure 6.9). In Rwanda, certain health centers have providers living in or near the facility.

Key Findings

Only 3 in 5 facilities that offer normal delivery services have all infection control items at the service site. The items most commonly missing are soap and running water.

Only 1 in 5 facilities that offer normal delivery services have all the elements needed to support quality sterilization of delivery equipment, and only 8 percent have written guidelines for sterilization or HLD processing available in the area where delivery equipment is processed.

Blank partographs to help providers monitor an individual woman's labor are widely available.

About 4 in 5 facilities have a provider available 24 hours a day for deliveries, mostly onsite.

Essential supplies for delivery services

Table 6.7 and Figures 6.12 and 6.13 provide information on the availability of essential supplies for normal delivery and the availability of additional medicines and supplies to handle common and serious complications of delivery.

Scissors or a blade, cord clamps or ties, suction apparatus, antibiotic eye ointment for the newborn, and disinfectant for cleaning the perineum are considered basic items for conducting a normal delivery. All these items are available in the delivery area in 67 percent of facilities offering delivery services (Table 6.7), including 90 percent of hospitals, 65 percent of health centers and polyclinics, and 50 percent of dispensaries, clinics, and health posts. Government-assisted facilities (77 percent) are more likely than government facilities (64 percent) and private, NGO, and community facilities (52 percent) to have all of these essential supplies. Availability of individual items ranges from 87 percent for suction apparatus or cord clamp or tie to 95 percent for scissors or a blade (Figure 6.10).

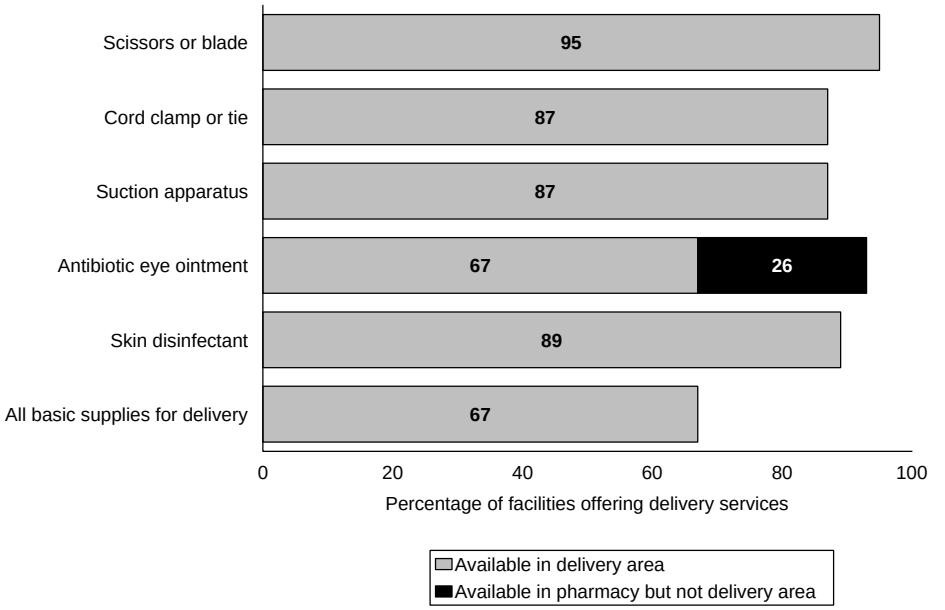
Table 6.7 Availability of medicines and supplies for normal and complicated delivery services

Percentage of facilities offering delivery services that have all essential supplies for delivery, and percentage with additional medicines and supplies for delivery complications, by background characteristics, Rwanda SPA 2007

Background characteristics	All essential supplies for delivery[1]	Among facilities offering delivery services, percentage with additional medicines and supplies for:		Number of facilities offering delivery services
		Common complications[2]	Serious complications[3]	
Type of facility				
Hospital	90	59	74	39
Health center/Polyclinic	65	7	25	345
Dispensary/Clinic/Health post	50	0	30	20
Managing authority				
Government	64	11	26	266
Government-assisted	77	16	38	113
Private/NGO/Community	52	4	36	25
Province				
North	74	3	11	74
South	57	5	19	102
East	50	9	29	92
West	84	25	48	107
Kigali City	72	17	55	29
Total	67	12	30	404

[1] Scissors or blade, cord clamp, suction apparatus, antibiotic eye ointment for newborn, skin disinfectant.
[2] Needle and syringes, intravenous solution with infusion set, injectable oxytocic, and suture material and needle holder located in delivery room area; plus oral antibiotic (cotrimoxazole or amoxicillin) located in pharmacy or delivery room area.
[3] Injectable anticonvulsant (Valium or magnesium sulfate) in delivery room area and injectable antibiotic (penicillin or ampicillin) or gentamicin in delivery room area or pharmacy.

Figure 6.10 **Essential supplies for delivery (N=404)**



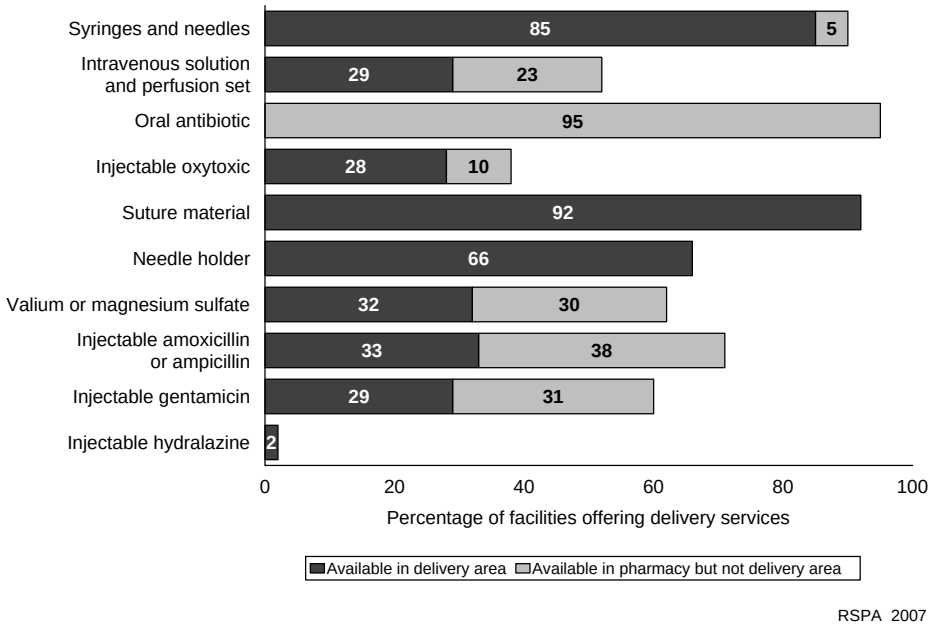
RSPA 2007

Additional supplies and medicines for complications

To manage delivery complications, facilities need additional medicines and supplies. Only 12 percent of facilities offering delivery services have everything needed for common complications, including a syringe and needle, intravenous solution with a perfusion set, an injectable oxytocic, suture material, and a needle holder in the delivery area, plus an oral antibiotic in the pharmacy or delivery area (Table 6.7). These additional supplies and medicines are available primarily in hospitals (59 percent), with lower percentages found in government-assisted facilities (16 percent), and facilities in West Province (25 percent) and Kigali City (17 percent). Only 11 percent of government facilities offering delivery services have all of these supplies. The supplies for common delivery complications are available in only 7 percent of health centers and polyclinics (mainly polyclinics), and—as expected—in none of the dispensaries, clinics, and health posts, because they are not set up to manage delivery complications. Among the items needed for common complications, injectable oxytocics are most commonly missing (Figure 6.11).

The RSPA survey also assessed the availability of selected medicines and supplies for managing serious complications in facilities offering delivery services. Maternal care standards indicate that every pregnant woman or woman in puerperium seeking health care should be attended by a skilled health care provider within 30 minutes of arrival at a health facility. This implies that all the supplies needed for emergencies should be readily available. Maternal care standards also call for health facilities that provide Emergency Obstetric Care (EmOC) to have an emergency tray of drugs available, with anticonvulsants, antihypertensives, and oxytocics, among others.

Figure 6.11 **Additional medicines and supplies for managing complications of delivery (N=404)**



Additional medicines and supplies for managing serious complications—which include injectable anticonvulsants in the delivery area and antibiotics in the delivery area or pharmacy—are available in less than one-third of facilities that offer delivery services, primarily in hospitals (74 percent), and facilities in West Province (48 percent) and Kigali City (55 percent). Facilities in North Province (11 percent) are the least likely to have these medicines and supplies for managing serious complications of delivery (Table 6.7). In 95 percent of facilities, oral antibiotics are available in the pharmacy but not in the delivery room. Injectable oxytocics are available in the delivery area in only 28 percent of facilities. Injectable anticonvulsants, used to control fits in severe pre-eclampsia and eclampsia, are available in the delivery service area for 32 percent of facilities, although an additional 30 percent stock them elsewhere in the facility (Figure 6.11). Injectable antibiotics (gentamicin) for treating sepsis are available in 60 percent of facilities, but only 29 percent of facilities keep them in the delivery area. Hydralazine, commonly used to manage elevated blood pressure during labor and delivery, is found in the delivery area of only 2 percent of facilities.

Key Findings

Basic equipment and supplies for conducting normal deliveries (such as scissors or blades, cord clamps or ties, and a disinfectant) are generally available in the facilities offering delivery services, with hospitals more likely to have all basic supplies than other types of facilities.

All items for managing common complications of delivery are available in only 12 percent of facilities offering delivery services, primarily in hospitals and in facilities in West Province and Kigali City. Injectable oxytocics is the item most commonly missing for managing common complications of delivery.

Additional medicines and supplies for managing serious complications are available in only one-third of facilities offering delivery services.

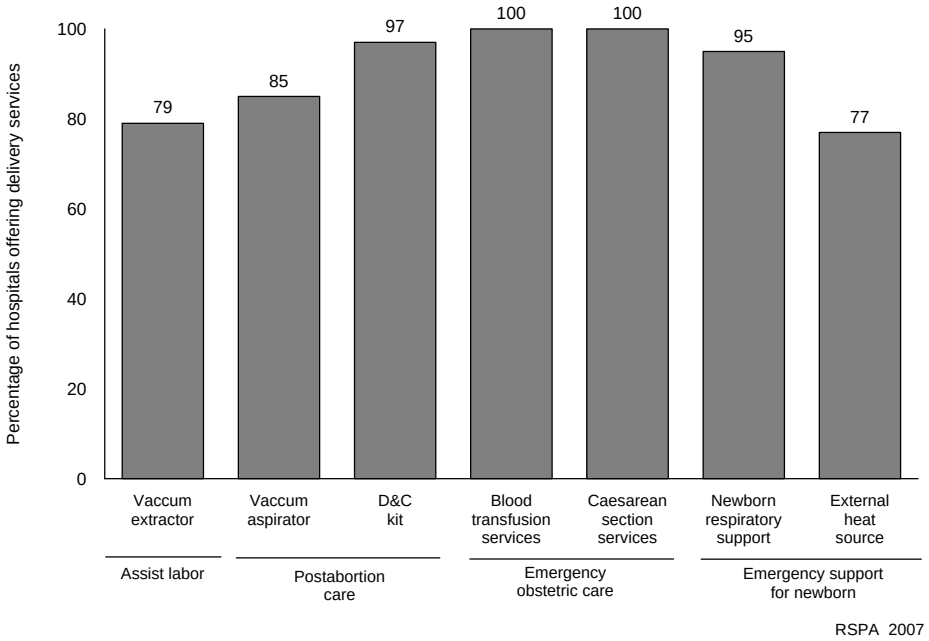
Emergency equipment

Facilities that manage complicated deliveries should have the capacity to offer comprehensive essential obstetric care. In Rwanda, complicated deliveries are primarily managed in hospitals and selected health centers that have skilled staff and equipment. Other facilities are expected to refer clients to specialized facilities. In cases where life-saving emergency obstetric care is required, the capacity to perform surgical procedures, including caesarean sections, and to transfuse blood is essential.

Caesarean sections and blood transfusion services are limited almost entirely to hospitals that offer delivery services (Appendix Table A-6.36, Figure 6.12). Only 9 percent of government facilities offer caesarean section services compared with 15 percent of government-assisted facilities. Facilities in Kigali City are also more likely than others to offer these services.

Among facilities (mostly hospitals) that offer caesarean section, 77 percent have all of the basic items needed, including an operating table, operating light, scrub area adjacent to the operating room, and sterilized instruments (Appendix Table A-6.37). Seventy-seven percent of these facilities have an anesthetist, and almost all have an anesthesia-giving set available.

Figure 6.12 **Emergency equipment and services available in hospitals (N=39)**



Assisted vaginal delivery

In Rwanda, assisted vaginal delivery using forceps or vacuum extraction is allowed only under certain conditions, and performed only by physicians and midwives or nurses with advanced training (A1), so they are not frequently performed. If required, the procedure should involve as little trauma as possible (for example, by using a plastic cap vacuum extractor at low pressure).

Among facilities offering delivery services, 11 percent have the capacity to provide assisted vaginal delivery by means of vacuum extraction. Hospitals (79 percent) are more likely than health centers and

polyclinics (3 percent) to perform this procedure (Appendix Table A-6.36, Figure 6.12). Government-assisted facilities and facilities in Kigali City are also likely to provide this service.

Postabortion care

In Rwanda, abortion is generally illegal and is permitted only for three limited medical grounds: to save a woman's life, to preserve her physical health, and for mental health reasons. It is illegal to perform an abortion for reasons of rape or incest, fetal impairment, economic or social, or voluntary reasons. In Rwanda, when an abortion is legally eligible, it must be performed by a physician in an authorized health facility. A written testimony signed by two physicians indicating that the pregnancy would seriously endanger the woman's health is required.

The ability to provide care to a woman after an incomplete abortion is vital to prevent any further complications (i.e., postabortion care). To remove any retained products of conception, facilities should be able to provide manual vacuum aspiration or dilatation and curettage (D&C). Information on the availability of these services is found in Appendix Table A-6.36 and Figure 6.12. There is wide availability of vacuum aspirators and D&C kits among hospitals (85 and 97 percent, respectively). It is not surprising that only small proportions of health centers and polyclinics have these items (13 and 7 percent, respectively).

Key Findings

Almost all hospitals offering delivery services provide blood transfusion and caesarean section services. These services are most widely available in facilities in Kigali City.

Among facilities that perform caesarean section, about 4 out of 5 have all of the needed equipment, including an operating table, operating light, scrub area adjacent to the operating room, and sterilized instruments.

About eight in 10 hospitals have essential equipment and supplies (or the capacity) for managing complications of labor and delivery such as assisted vaginal delivery and postabortion care.

6.7 Newborn Care Practices

The RSPA survey assessed newborn care practices and the availability of equipment and supplies for newborn care. Facilities sometimes need special equipment to support newborns. The survey noted the availability of emergency respiratory support units (i.e., an infant-sized Ambu bag) and external heat sources to maintain body heat in infants, especially premature newborns (including incubators, heat lamps, and other devices). Details on emergency support for newborns and on newborn care practices, excluding care of the umbilical cord, are provided in Appendix Tables A-6.36 and A-6.38.

Only 36 percent of facilities offering delivery services have an emergency respiratory support system for newborns (Appendix Table A-6.36). Hospitals, health centers and polyclinics, and facilities in Kigali City and West Province are more likely to have emergency respiratory support available than other facilities. Government-assisted facilities (47 percent) are more likely than government facilities (30 percent) and private, NGO, and community facilities (28 percent) to have a respiratory support system for newborns.

Only 16 percent of facilities offering delivery services have an external heat source for newborns, and they are mostly available in hospitals (77 percent), facilities in Kigali City (34 percent), and government-assisted facilities (25 percent).

Using catheter suction to stimulate respiration in newborns who are not breathing is a common practice in many facilities. However, this should not be a routine practice because it may cause injury to the newborn and risk mother-to-child transmission of HIV. Twelve percent of facilities report routinely using catheter suction (Appendix Table A-6.38). This practice is mostly performed in hospitals (46 percent).

Hypothermia contributes to increased morbidity and mortality of newborns. It can be prevented by avoiding a full-immersion bath during the first few hours after birth, and instead drying the newborn and either immediately giving the infant to the mother for skin-to-skin contact or wrapping the newborn in a warm blanket. Full-immersion bathing is routinely practiced in only 2 in 5 facilities. (Appendix Table A-6.38). The practice is more common in dispensaries, clinics and health posts than in hospitals, health centers and polyclinics.

Because low birth weight is a risk factor for infant death, weighing the newborn provides information essential to postnatal care. Almost all facilities indicate that they routinely weigh newborns, and 93 percent have a functioning scale for weighing infants in the delivery service area (Appendix Table A-6.38). A functioning infant scale is less available in dispensaries, clinics and health posts (80 percent) than in hospitals (97 percent) and health centers and polyclinics (94 percent).

Vitamin A supplementation in poorly nourished children has been shown to decrease the risk of infection and death. Newborns can receive a healthy amount of vitamin A through breast milk, but pregnant women and breastfeeding women are also at risk of developing vitamin A deficiency and therefore need vitamin A supplementation after delivery. About 2 in 5 facilities reported routinely providing vitamin A to new mothers, and 26 percent of facilities have vitamin A available in the delivery area (Appendix Table A-6.38). About half the facilities have vitamin A available either in the delivery room or in the pharmacy.

While 66 percent of facilities provide oral polio vaccine (OPV) to newborns, only 52 percent of facilities give them BCG vaccine (Appendix Table A-6.38). Health centers and polyclinics are more likely than other types of facilities to give OPV or BCG vaccines to newborns.

Internationally, exclusive breastfeeding is promoted for the first six months and providing prelacteal liquids is discouraged. As noted previously, 79 percent of pregnant women are not routinely counseled on exclusive breastfeeding. Providing prelacteal liquids to newborn is commonly practiced in all facilities (Appendix Table A-6.38).

Almost all facilities (92 percent) routinely practice “rooming in,” where the infant stays with the mother to promote exclusive breastfeeding and mother-child bonding (Appendix Table A-6.38).

Key Findings

Emergency respiratory support for newborns is not widely available in Rwandan health facilities. Hospitals and facilities in Kigali City and West Province are most likely to have emergency newborn support capacity.

Practices that are considered supportive of newborn health, such as weighing the infant and rooming-in are common in Rwandan health facilities. Providing vitamin A to the mother is less common.

Routine suctioning of a newborn with a catheter is a potentially risky practice, but it is carried out by 12 percent of facilities, especially hospitals. Giving prelacteal fluids to newborns is common.

6.8 Management Practices Supportive of Quality Delivery Services

Tables 6.4 and 6.8 provide information on management practices related to childbirth. Appendix Table A-6.34 provides information on the availability of delivery service providers. Appendix Tables A-6.40 and A-6.41 provide information on routine charging practices for delivery services and on supportive management for providers of delivery services. Appendix Tables A-6.42 through A-6.44 provide information on supervision and staff development from the provider's perspective.

6.8.1 Facility Documentation and Records

A delivery register is defined as being up-to-date if there is an entry in the past 30 days—based on the assumption that there should be at least one birth per month in facilities that provide delivery services—and if the entry describes the birth outcome. Ninety-one percent of facilities offering delivery services have an up-to-date delivery register (Table 6.8). Up-to-date registers are available in the majority of hospitals and health centers and polyclinics. Government facilities (91 percent) and government-assisted facilities (96 percent) are more likely to have up-to-date registers than private, NGO, and community facilities (68 percent).

Table 6.8 Facility-based supportive management practices

Among facilities offering delivery services, percentage with specific supportive management practices, and percentage where providers receive training and personal supervision, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities offering delivery services with:				Number of facilities offering delivery services	Percentage of facilities where providers report receiving:		Number of facilities with interviewed providers of delivery services[4]
	Observed up-to-date patient register[1]	Documentation of monitoring delivery coverage	Facility reviews maternal/newborn deaths or near misses	User fees for delivery		Training related to delivery services[2]	Personal supervision[3]	
Type of facility								
Hospital	95	15	97	95	39	74	82	39
Health center/Polyclinic	91	66	72	85	345	39	98	345
Dispensary/Clinic/Health post	70	30	70	100	20	20	85	20
Managing authority								
Government	91	61	73	84	266	45	96	266
Government-assisted	96	62	78	89	113	35	97	113
Private/NGO/Community	68	32	68	96	25	24	84	25
Province								
North	95	66	85	89	74	47	99	74
South	87	66	73	83	102	35	96	102
East	91	46	52	88	92	42	99	92
West	92	68	89	83	107	40	94	107
Kigali City	86	28	66	97	29	45	79	29
Total	91	59	74	86	404	41	96	404

[1] Register has an entry in the past 30 days that, at a minimum, indicates delivery outcome.
[2] A facility has routine staff training if at least half of interviewed providers reported they had received pre- or in-service training related to their work during the 12 months preceding the survey. This refers to structured training sessions and does not include individual instruction received during routine supervision.
[3] A facility has routine staff supervision if at least half of interviewed providers reported they had been personally supervised at least once during the 6 months preceding the survey.
[4] Includes only providers of delivery services in facilities offering delivery services.

Facilities frequently have catchment populations for whom they are responsible for providing services. The 2007 RSPA assessed whether facilities have any documentation indicating that they monitor the proportion of deliveries that occur in their catchment area. About 6 in 10 facilities offering delivery services have documentation showing they monitor delivery coverage in their catchment areas (Table 6.8). Health centers and polyclinics (66 percent) and government (61 percent) and government-assisted

(62 percent) facilities are more likely than other facilities to monitor delivery coverage. Hospitals (15 percent), private, NGO, and community facilities (32 percent) and facilities in Kigali City (28 percent) are less likely to monitor delivery coverage.

6.8.2 Systems for Quality Assurance, Including Maternal Death Reviews

One measure of quality assurance for delivery services is to systematically review all maternal and newborn deaths and near misses in order to identify avoidable factors leading to these deaths. This helps develop interventions that prevent the occurrence of future deaths. While the RSPA survey did not assess the quality of these review programs, it did ask whether facilities implemented the process or not. Overall, more than three-quarters of facilities providing delivery services conduct reviews of maternal or newborn deaths and near misses (Table 6.8). The practice is more common in hospitals (97 percent) than in health centers and polyclinics (72 percent) or dispensaries, clinics, and health posts (70 percent). Reviews are less likely to be conducted by facilities in East Province (52 percent) and Kigali City (66 percent).

6.8.3 Practices Related to User Fees

Eighty-six percent of facilities offering delivery services charge some form of user fees for delivery-related services (Table 6.8). User fees are charged by all dispensaries, clinics, and health posts, by almost all hospitals (97 percent); all private, NGO, and community facilities (96 percent); and facilities in Kigali City (97 percent).

While 81 percent of facilities charge user fees for normal delivery, 31 percent charge a fixed fee covering both ANC and normal delivery services (Appendix Table A-6.41). Eighty-five percent have fees for medicines, and 80 percent charge for laboratory tests. Discounts or exemptions for delivery services are available at 66 percent of facilities. Fees for delivery services are publicly posted at 62 percent of facilities.

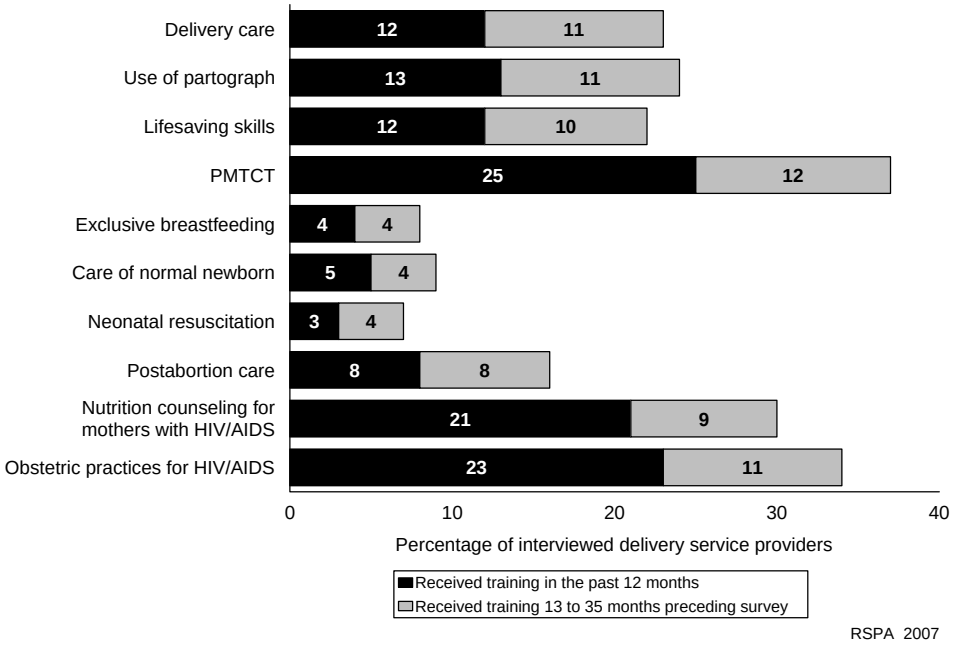
6.8.4 Training and Supervision

A facility is defined as providing routine staff development activities if at least half the delivery service providers interviewed said they had received structured training relevant to delivery services during the 12 months preceding the survey. This includes formal pre-service and in-service training, but excludes individual instruction that occurs during routine supervision. About 2 in 5 facilities meet these criteria (Table 6.8). Hospitals (74 percent) are more likely than other types of facilities to provide routine staff development.

Figure 6.13 presents information on the topics covered during training and when training was offered. During the 12 months before the survey, delivery service providers were more likely to be trained on PMTCT (25 percent), obstetric practices for HIV/AIDS (23 percent), and nutrition counseling for HIV-positive mothers (21 percent) than other topics.

A facility is defined as having routine staff supervision if at least half of the interviewed delivery service providers reported being personally supervised in the past six months. Almost all facilities (96 percent) meet these criteria (Table 6.8).

Figure 6.13 **Training received by interviewed delivery service providers, by topic and timing of most recent training (N=1,161)**



Key Findings

Nine in 10 facilities have up-to-date delivery registers, including almost all hospitals and facilities in North province.

Six in 10 facilities have documents showing they monitor community coverage of delivery services.

About three-quarter of facilities offering delivery services conduct reviews of maternal and newborn deaths and near misses.

Almost all facilities have routine supervision of delivery service providers, but only 41 percent offer them routine training.

6.9 Availability of Emergency Obstetric Care

6.9.1 The Signal Functions for EmOC

Outcome indicators of maternal health, such as the maternal mortality ratio, require large numbers of observations in the denominator, and they are only amenable to change in the long term, over a minimum of 4 to 5 years. In recognition of these limitations, process indicators have been developed that are easier to collect data for and also easier to interpret. These indicators, which have been accepted by UN organizations, are called the UN process indicators for Emergency Obstetric Care (EmOC). They measure certain types of obstetric services that have a direct bearing on maternal outcomes, including mortality and morbidity. This set of critical services or “signal functions” is proven to significantly reduce maternal deaths and improve birth outcomes for the newborn. They consist of:

- Administration of parenteral antibiotics,
- Administration of parenteral oxytocic drugs,
- Administration of parenteral anticonvulsants for pre-eclampsia and eclampsia,

- Manual removal of the placenta,
- Removal of retained products of conception,
- Assisted vaginal delivery,
- Blood transfusions, and
- Surgery (caesarean delivery).

These signal functions have been categorized into two groups. Basic Emergency Obstetric Care (BEmOC) includes the first six functions listed above, while Comprehensive Emergency Obstetric (CEmOC) includes all eight functions. Internationally, a health facility qualifies as a BEmOC facility if it provides the first six functions on the list, and it qualifies as a CEmOC facility if it provides all eight functions on the list.

The 2007 RSPA examined the availability of EmOC services among facilities that provide normal delivery—a total of 404 facilities. Because only hospitals are qualified to provide both BEmOC and CEmOC, and health centers and polyclinics are qualified to provide only BEmOC, the analysis of BEmOC excludes dispensaries, clinics, and health posts, and the analysis of CEmOC excludes health centers and polyclinics. This leaves 384 facilities to be assessed—39 hospitals and 345 health centers.

Table 6.9 shows the proportion of hospitals and health centers and polyclinics offering delivery services that reported conducting signal functions for EmOC in the three months preceding the survey. Appendix Tables A-6.46 and A-6.47 show provision of basic signal functions in all facilities, and in just hospitals and health centers and polyclinics.

Table 6.9 Signal functions for emergency obstetric care in hospitals, health centers, and polyclinics

Among hospitals and health centers offering delivery services, percentage that reported performing the signal functions for emergency obstetric care (EmOC) at least once during the past 3 months, by background characteristics, Rwanda SPA 2007

	Percentage of hospitals and health centers that utilize the signal functions for emergency obstetric care:										
Background characteristics	Parenteral antibiotics[1]	Parenteral oxytocics	Parenteral anti-convul-sants or sedatives	Manual removal of placenta	Removal of retained products	Assisted vaginal delivery	Blood trans-fusion	Caesarean section	Basic EmOC[2]	Compre-hensive EmOC[3]	Number of facilities offering delivery services
Type of facility											
Hospital	97	100	59	85	72	77	97	82	36	28	39
Health center/Polyclinic	47	21	17	52	16	3	1	1	0	0	345
Managing authority											
Government	51	23	21	54	17	9	9	7	3	3	264
Government-assisted	52	42	19	58	32	16	15	12	4	4	113
Private/NGO/Community	86	29	43	57	29	14	14	29	14	14	7
Province											
North	26	15	4	35	12	5	7	5	0	0	74
South	55	27	16	57	31	10	10	10	6	4	102
East	52	24	20	48	8	8	10	8	1	1	90
West	62	41	35	72	27	15	13	9	4	3	92
Kigali City	77	42	46	77	35	27	19	23	15	15	26
Total	52	29	21	55	21	11	11	9	4	3	384

[1] Information was not collected specifically on the use of parenteral antibiotics during past 3 months, but facility had at least one unexpired injectable antibiotic (ampicillin, amoxicillin, gentamicin, or procaine penicillin) available in the delivery area.
[2] Facility applied the first six procedures (left to right) in the 3 months preceding the survey.
[3] Facility applied all eight procedures in the 3 months preceding the survey.

Among the six BEmOC functions, facilities are most likely to offer manual removal of the placenta and parenteral antibiotics. Slightly more than half the facilities have offered these services in the past three months (Table 6.9). While parenteral oxytocics, parenteral anticonvulsants, and removal of retained products are offered in 21 to 29 percent of facilities, only 1 in 10 facilities offers assisted vaginal delivery.

Almost all hospitals offer parenteral antibiotics and parenteral oxytocics; a large majority offers removal of retained products, manual removal of the placenta, and assisted vaginal delivery (72 to 85 percent), and 59 percent offer parenteral anticonvulsants. About 4 in 10 hospitals offer all six BEmOC services. Health centers and polyclinics are least able to provide basic emergency obstetric services, especially assisted vaginal delivery (3 percent), removal of retained products (16 percent), and parenteral anticonvulsants (17 percent). None of the health centers and polyclinics offers all six BEmOC services.

It was expected that all hospitals would provide all CEmOC services, but the survey results indicate that this not the case. Although 97 percent of hospitals provide blood transfusion services and 82 percent perform Caesarean section, only 28 percent offer all eight CEmOC services.

Overall, in Rwanda both BEmOC and CEmOC services are only available in hospitals. While 36 percent and 28 percent of hospitals provide BEmOC and CEmOC services, respectively, no health center or polyclinic qualifies for either. These findings demonstrate the urgent need to upgrade facilities in order to provide these critical services to women.

Key Findings

Most health centers and polyclinics do not provide basic emergency obstetric services and none offer all six of the signal functions for BEmOC.

Contrary to expectation, only 36 and 28 percent of hospitals offer BEmOC and CEmOC services, respectively.

6.9.2 Assessment of the UN Process Indicators for EmOC

The number and proportion of facilities that offer basic or comprehensive EmOC can be used to calculate the coverage rates for EmOC in Rwanda.

Nationally, the coverage rate for BEmOC is 0.84 facilities per 500,000 people. The most inadequate coverage is found in North Province, where no BEmOC facility is available. Overall coverage for BEmOC is far less than the coverage recommended by the United Nations of 4 facilities per 500,000 people. As Table 6.10 shows, Kigali City with 2.36 facilities per 500,000 people comes close to the recommended coverage for BEmOC. The rest of the provinces have 0.27 to 1.32 BEmOC facilities per 500,000 people.

The national coverage rate for CEmOC, 0.67 facilities per 500,000 people, is also less than the 1 per 500,000 people recommended by the United Nations. Kigali City, with 2.36 facilities per 500,000 population, meets and surpasses the recommended coverage for CEmOC. Only two provinces, South (with 0.88 CEmOC facility) and West (with 0.68 CEmOC facility), come close to the coverage recommended by the United Nations. It is worth noting that the number of facilities providing CEmOC in each province is slightly less than or equal (Kigali City and East Province) to the number of facilities providing BEmOC, indicating that many of these facilities do not just provide basic EmOC.

The coverage rates obtained here may be considered crude because they are calculated for large areas (province level) and may conceal differences at the district level. For example, within each province, facilities may be concentrated in small and populous urban areas, such as large cities or tourist areas, leaving large pockets of population without coverage. Still, these findings reveal the need to upgrade maternal services in almost all facilities in all provinces in the country.

Table 6.10 Coverage rates for emergency obstetric care

Number of hospitals, health centers, and polyclinics in Rwanda providing delivery services and offering Basic Emergency Obstetric Care (BEmOC) and Comprehensive Emergency Obstetric Care (CEmOC), and population coverage by services and province, Rwanda SPA 2007

Provinces	Population	Number of hospitals, health centers and polyclinics	Number providing BEmOC	Percentage providing BEmOC	Coverage of BEmOC (per 500,000 population)[1]	Number providing CEmOC	Percentage providing CEmOC[1]	Coverage of CEmOC (per 500,000 population)[1]
North	1,729,633	74	0	0	0.00	0	0	0.00
South	2,281,272	102	6	6	1.32	4	4	0.88
East	1,883,967	90	1	1	0.27	1	1	0.27
West	2,191,266	92	4	4	0.91	3	3	0.68
Kigali City	848,077	26	4	15	2.36	4	15	2.36
Total	8,934,215	384	15	4	0.84	12	3	0.67

[1] Coverage of services = number of facilities offering service ÷ population × 500,000

Chapter 7 Services for Reproductive Tract Infections. Sexually Transmitted Infections, and Tuberculosis

7.1 Background

7.1.1 Rwanda Service Provision Assessment Survey Approach to Collection of Information on STIs, and Tuberculosis

Sexually transmitted infections (STIs) and reproductive tract infections (RTIs) other than HIV/AIDS constitute a public health problem throughout the world, including Rwanda. They are major causes of acute illness, leading to infertility, long-term disability, and even death in some cases. The association between STIs and HIV infection has been widely observed and documented. It is known that STIs, if not treated promptly and properly, can increase a person's chances of becoming infected with HIV during unprotected sex with an HIV-positive partner. Evidence of an association between STIs and HIV infection in Rwanda is found in the 2005 RDHS (INS and ORC Macro, 2006). Because there is some degree of stigma associated with STIs, it is difficult and embarrassing for some clients with symptoms to seek care.

The impact of STIs and RTIs on reproductive health can be severe and life threatening. Potential consequences include pelvic inflammatory disease (PID), infertility in women and men, ectopic pregnancy, and adverse pregnancy outcomes such as miscarriage, stillbirth, preterm birth, and congenital infection. Although most STIs and RTIs can affect both men and women, the consequences in women are more common and more severe than in men (WHO, 2005b).

Tuberculosis (TB) is the seventh most important cause of premature mortality and disability worldwide, and is projected to remain one of the ten leading causes of disease until 2020 (HealthLink, 2001). With the advent of HIV/AIDS, TB, especially multi-drug-resistant tuberculosis (MDR-TB), is re-emerging as a communicable disease of public health significance. This is because TB is also one of the most common opportunistic infections for people with AIDS. Because of the powerful interaction between TB and HIV, the incidence of TB is rising in sub-Saharan Africa and may rise in Asia. However, a 2007 World Health Organization (WHO) report concludes that the global epidemic is on the threshold of decline, even though TB is still a major cause of death worldwide (WHO 2007).

Therefore, it is extremely important that the Rwanda health care system has the capacity to appropriately diagnose and treat common STIs, and TB. Using information collected in the 2007 RSPA, this chapter addresses the following central questions:

- To what extent are STI services available, and to what extent do facilities offering STI services have the capacity to support quality STI services?
- To what extent do STI service providers adhere to standards for delivering quality services?
- Do facilities have management practices that support quality STI services, and how do clients feel about the STI services offered?
- Do facilities have the resources to diagnose and manage TB?

7.1.2 Health Situation Related to STIs and RTIs in Rwanda

Reproductive tract infection (RTI) is a broad term that includes sexually transmitted infections (STIs) as well as infections that are not transmitted through sexual contact. WHO estimates that over 340 million new cases of four curable STIs (gonorrhea, chlamydia, syphilis, and trichomoniasis) occurred worldwide

in 1999 among men and women age 15-49 years. The epidemiology of STIs and RTIs in Rwanda is not well understood because of the inadequate number of facilities with the capacity to test for STIs, and inadequate data reporting and poor data management in health institutions. According to the 2005 RDHS, about 5 percent of sexually active women and 3 percent of sexually active men age 15-49 reported having been diagnosed with STIs or have had symptoms of STIs such as abnormal or bad-smelling genital discharge and a genital sore or ulcer. However, only 1 in 10 women (12 percent) and men (14 percent) with STIs or STI symptoms sought advice or treatment from a health professional. About half of them (51 percent of women and 48 percent of men) did not seek advice or treatment at all (INS and ORC Macro, 2006).

7.1.3 Health Situation Related to Tuberculosis in Rwanda

According to WHO, there were an estimated 8.8 million new TB cases worldwide in 2005, 7.4 million of which were in Asia and sub-Saharan Africa. A total of 1.6 million people died of TB in that year, including 195,000 people infected with HIV. As of 2005, WHO estimates that the per-capita incidence of TB was stable or falling in six WHO Regions and had already reached a peak worldwide. However, the total number of TB cases was still rising slowly because the caseload continued to grow in Africa, the Eastern Mediterranean, and South-East Asia (WHO, 2007).

Using the Directly Observed Therapy Short-course (DOTS) strategy, cure rates of 80 to 90 percent have been achieved for passively diagnosed cases of smear-positive pulmonary TB. The Stop TB Department of WHO together with its collaborating organizations—which provide guidance, support, and assistance to several countries worldwide to reverse epidemics of TB and implement DOTS strategy—affirm that DOTS strategy is both effective and cost-efficient. Based on the successes of these programs, WHO has adopted DOTS as its strategy for global TB control (WHO, 2001b).

More than 90 million people with TB were reported to WHO between 1980 and 2005. Some 26.5 million people were notified by DOTS programs between 1995 and 2005, while 10.8 million new smear-positive cases were registered for treatment by DOTS programs between 1994 and 2004 (WHO, 2007). By 2005, DOTS strategy was being applied in 187 countries, and close to 90 percent of the world's population lived in areas where DOTS strategy had been implemented by public health services.

TB has shown a dramatic resurgence in much of Southern and East Africa since 1980. This is primarily due to the HIV epidemic, and TB is also affecting countries outside of sub-Saharan Africa. People who are infected with HIV are much more likely to develop active TB than those who are not. Because sub-Saharan Africa has the highest rates of HIV in the world, HIV-related TB has its greatest impact in this region. An estimated one-quarter of TB cases are also HIV-infected. This leads to higher death rates among TB patients, making it difficult for the DOTS program to reach the WHO target of an 85 percent treatment success rate (WHO, 2005a).

Tuberculosis continues to be a major public health problem in Rwanda. Estimated prevalence of TB continues to increase from about 500 cases per 100,000 population in 2000 to 598 cases in 2002, and 660 cases in 2004. During the same period, the TB-related mortality rate increased from 55 per 100,000 population in 2000, to 66 then 102 in 2002 and 2004, respectively (PNILP, 2008). According to the Joint Annual Report for 2007 of the National Tuberculosis Program (PNILP), the number of notified TB cases increased from 7,720 in 2005 to 8,014 in 2007 (PNILP, 2008). The report also showed that the number of new smear-positives in 2005 and 2007 is about the same, 4,159 and 4,053 respectively. The PNILP reported that the treatment success rate for TB in Rwanda in 2007 was 86 percent.

7.2 Availability of STI Services

Integrating STI diagnosis and treatment into relevant health services increases opportunities for case detection and treatment follow-up. The RSPA survey assessed STI service availability and service delivery conditions. Most commonly, clients seeking health care specifically for symptoms of STIs are seen in a general outpatient department. Clients seeking services for ANC or family planning, who are mostly women, may also obtain STI services such as screening and treatment from these service sites. Integrating STI screening and treatment into ANC and family planning may increase early detection and improve follow-through on treatment, because women may be more comfortable discussing STI symptoms during the course of a regular ANC or family planning visit with a familiar provider. If women must go elsewhere for STI services, they are more likely to decide not to seek follow-up care.

Table 7.1 provides information on the availability of STI services. Appendix Tables A-7.1 and A-7.2 provide additional information on the availability of STI services and on whether facilities have the system components and items needed to support quality counseling and examination.

Table 7.1 Availability of services for sexually transmitted infections

Percentage of facilities offering services for sexually transmitted infections (STIs) as a primary service, and among facilities offering services for STIs, percentage where STI services are provided in specific service areas, and percentage where STI services are offered five or more days per week, by background characteristics, Rwanda SPA 2007

			Percentage of facilities offering STI services in:						
			Primary service location						
Background characteristics	Percentage of facilities offering STI services as a primary service	Number of facilities	General outpatient department (OPD)	Special clinic[1]	Family planning (FP) service area	Antenatal care (ANC) service area	OPD, FP, and ANC service areas	Percentage of facilities where services for STIs are available at least 5 days per week	Number of facilities offering STI services
Type of facility									
Hospital	90	42	95	5	18	11	3	74	38
Health center/Polyclinic	99	389	95	4	45	41	21	83	386
Dispensary/Clinic/Health post	83	107	97	1	34	25	17	87	89
Managing authority									
Government	98	309	95	4	48	37	21	81	304
Government-assisted	97	133	95	4	29	39	13	86	129
Private/NGO/Community	83	96	98	1	33	29	20	86	80
Province									
North	100	90	97	3	38	28	13	78	90
South	97	117	96	4	41	42	22	69	113
East	96	113	95	4	49	33	18	89	109
West	100	132	93	5	36	37	17	89	132
Kigali City	80	86	96	1	41	41	25	90	69
Total	95	538	95	4	41	36	19	83	513

Note: 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.
[1] STI services at the facilities surveyed are utilized primarily by females, so in almost all cases the special clinic is the gynecologic clinic. Males might receive STI services in a urology clinic.

STI services may include counseling, testing, diagnosis, and treatment. Almost all (95 percent) health facilities offer STI services (Table 7.1). Among these facilities, 95 percent offer STI services as part of the general outpatient curative services and 4 percent have special STI clinics. Eighty-three percent of facilities offer STI services at least five days per week (Table 7.1). STI services are also integrated into family planning services in 41 percent of facilities and into ANC services in 36 percent of facilities. About 1 in 5 facilities that offer STI services make these services available to clients in all three areas: general outpatient, family planning, and ANC. In health centers and polyclinics, as well as dispensaries,

clinics, and health posts (where services are more integrated), the provider available sees all clients for all services and provides STI services to those clients who need them.

Key Findings

STI services are offered in almost all health facilities as part of general outpatient curative services. About 1 in 5 facilities integrate STI services into ANC and family planning services as well as general curative care.

Specialized STI services are rare, and least likely to be present in dispensaries, clinics, and health posts.

7.3 Capacity to Provide Quality STI Services

The RSPA survey assessed systems, infrastructure, equipment, and supplies for support of quality STI services. While STI services are provided in multiple sites in large facilities, information on whether facilities have the capacity to provide quality STI services comes from the outpatient department, which is the main STI service area.

Table 7.2 provides information on whether facilities have the infrastructure and resources to support counseling and examinations for STI services. Figures 7.1, 7.2, and 7.3 summarize information on items needed for quality STI services, including examinations, and on the utilization and availability of diagnostic tests for STIs. Appendix Tables A-7.1 through A-7.3 provide details on system components, infrastructure and resources, specific tests and medicines for diagnosis and treatment, user fees, and supportive management services for STIs. Appendix Table A-7.5 offers details on training for STI service providers, and Appendix Table A-7.6 gives information on supportive supervision for those providers.

7.3.1 System Components to Support Utilization of Services

As a result of the stigma frequently associated with having an STI, as well as the lack of symptoms in many infected people, special efforts are needed to promote early diagnosis and encourage clients to seek modern medical help for STI symptoms. The survey assessed the existence of program strategies and service delivery components that contribute to the availability and improved utilization of STI services.

To effectively interrupt STI transmission, partners of clients with STIs must be tested, and if they are infected, they must also be treated. The client is usually asked to notify the partner and ask him or her to be examined; this process is referred to as *passive* follow-up. Under certain circumstances, the local health authorities may take the initiative to contact the partner, inform him or her about the possibility of STI infection, and recommend an appropriate course of action. This is known as *active* follow-up. Passive follow-up is the most widely used system of client notification, with 93 percent of facilities reporting that they use it, compared with 50 percent of facilities using active follow-up. Seven percent of facilities have no follow-up system in place (Appendix Table A-7.2.1).

7.3.2 Infrastructure and Resources to Support Quality Assessment and Counseling

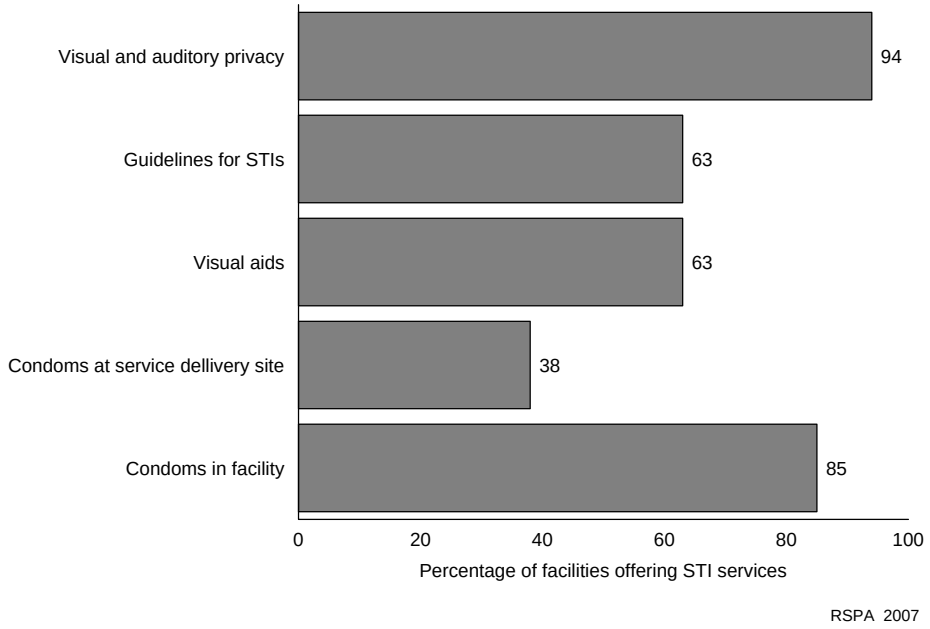
Complete privacy is needed to facilitate good counseling and open communication between providers and STI clients. Privacy encourages clients to use services and encourages providers to adhere to protocols and standards. Without privacy, the provider may not feel comfortable asking appropriate questions or making the necessary examinations. Since counseling for diagnosis and prevention of STIs often takes place in a location other than that of the physical examination, the conditions for counseling are assessed separately from those for physical examinations.

Almost all health facilities (94 percent) throughout Rwanda provide counseling for STIs under conditions that assure both visual and auditory privacy (Figure 7.1). However, 3 percent have conditions assuring visual but not auditory privacy, and 3 percent do not assure privacy of any kind (Appendix Table A-7.2.1).

Sixty-three percent of facilities have STI guidelines in the STI service delivery areas (Figure 7.1), and about 45 percent of facilities have guidelines for syndromic management of STIs (Appendix Table A-7.2.1). The syndromic approach is a systematic method for estimating STI diagnosis by assessing symptoms in a client. It offers a specific protocol for prescribing medicines based on the symptoms observed (WHO, 2001a). Hospitals, health centers and polyclinics are more likely than dispensaries, clinics and health posts to have STI guidelines of all kinds, including guidelines for syndromic diagnosis.

Sixty-three percent of facilities have visual aids for client education related to STIs, while a smaller proportion (40 percent) have educational materials specific to HIV/AIDS (Appendix Table 7.2.1).

Figure 7.1 **Items supporting quality of STI services (N=513)**



Having condoms available at the service delivery site allows the provider to readily demonstrate their use and to ensure that the client leaves with them. Condoms are not universally available in STI service delivery areas. While about 85 percent of facilities have condoms available somewhere in the facility, only about 2 in 5 facilities have condoms in the STI service delivery area (Figure 7.1).

Overall, only 1 in 5 facilities have all of the items needed to support quality counseling, including visual and auditory privacy, STI guidelines, and visual aids for client education (Table 7.2). Hospitals (21 percent) and health centers and polyclinics (20 percent) are more likely to have these items than dispensaries, clinics and health posts (11 percent). Facilities in East Province and government facilities are also more likely to have all the items.

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 components to support quality counseling, physical examinations, diagnosis, and treatment for STIs, by background characteristics, Rwanda SPA 2007

Background characteristics	All items to support quality counseling[1]	All conditions to provide quality physical examination[2]	Method for diagnosing STIs			Testing capacity for[4]:					Medicines to treat four major STIs[10]	Number of facilities offering STI services
			Etiologic	Syndromic[3]	Clinical	Syphilis[5]	Gonorrhea[6]	Wet mount[7]	Chlamydia[8]	HIV/AIDS[9]		
Type of facility												
Hospital	21	18	100	92	58	71	63	79	3	82	97	38
Health center/Polyclinic	20	2	66	97	57	47	15	39	2	53	81	386
Dispensary/Clinic/Health post	11	4	53	87	47	13	12	28	2	19	37	89
Managing authority												
Government	24	2	63	97	56	43	14	38	2	48	83	304
Government-assisted	14	5	77	97	60	59	26	47	1	67	85	129
Private/NGO/Community	8	6	60	84	46	19	20	39	5	26	25	80
Province												
North	14	3	78	96	81	37	8	20	0	44	79	90
South	11	0	51	100	32	55	11	37	3	64	83	113
East	35	3	72	92	39	42	18	42	2	43	77	109
West	18	5	59	99	83	39	23	50	2	47	80	132
Kigali City	13	7	81	84	32	42	36	51	6	46	39	69
Total	19	3	66	95	55	43	18	40	2	49	74	513

[1] Visual and auditory privacy, any guidelines, any visual aids or educational materials, individual client charts, and condoms in STI service delivery site.
[2] All infection control items (soap, water, latex gloves, disinfecting solution, and sharps box), visual privacy, examination bed, and examination light.
[3] This refers specifically to the WHO syndromic approach algorithms.
[4] Capacity to conduct a test does not mean the facility routinely utilizes the test.
[5] Either venereal disease research laboratory (VDRL) test and functioning microscope, or reactive protein reagent (RPR) test kit.
[6] Gram-stain reagents and functioning microscope or culture capacity.
[7] Functioning microscope and slides.
[8] Giemsa stain for chlamydia.
[9] Enzyme-linked immunosorbent assay (ELISA), Western Blot, rapid test, or polymerase chain reaction (PCR).
[10] At least one medicine to treat syphilis, gonorrhea, trichomoniasis, and chlamydia.

Key Findings

Only one in five facilities have everything needed to support quality STI counseling.

Almost all facilities provide STI counseling under conditions that ensure both visual and auditory privacy, and STI guidelines, visual aids and educational materials for STIs are each available in 6 out of 10 service delivery areas.

Fifteen percent of facilities providing STI services do not have condoms available, either in the service delivery area or anywhere in the facility.

Half of facilities have an active follow-up system to notify partners of STI clients, but 7 percent of facilities do not have any follow-up system.

7.3.3 Infrastructure and Resources for Examinations and Treatment

Facilities can better diagnose and treat STIs when there is an adequate infrastructure for physical examinations, laboratory diagnostic support, and medicines for treating specific STIs.

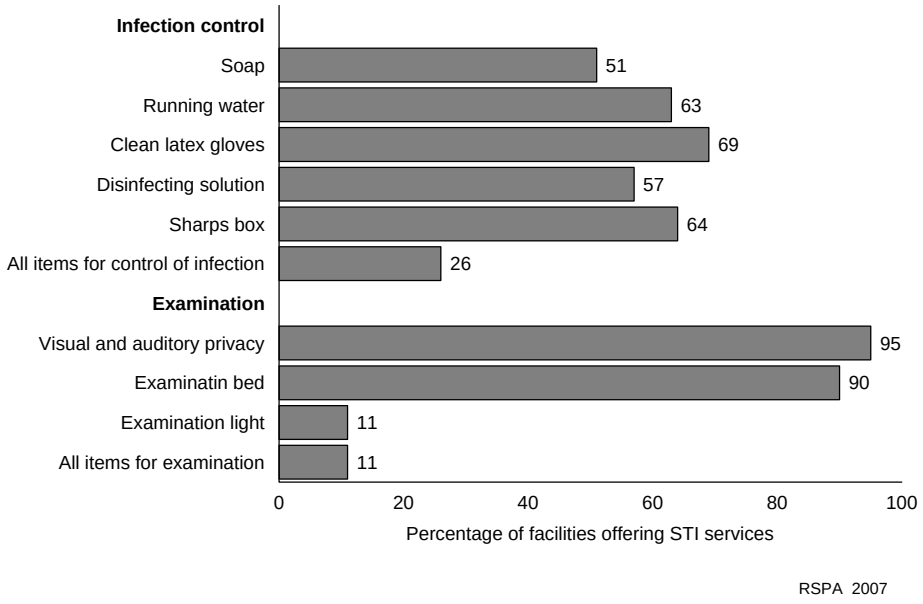
Quality physical examinations require infection control measures and adequate infrastructure and basic equipment for client examinations.

Infection control

Items considered important for infection control include soap, running water, latex gloves, disinfecting solution, and sharps containers. All of these infection control items are available in the STI service area in only 26 percent of facilities offering STI services (Figure 7.2). Latex gloves are the item most widely available. Soap is less frequently available, in only half of facilities. Hospitals (50 percent) are the most likely to have all items needed for infection control (Appendix Table A-7.2.1).

Waste receptacles are available in only about 3 in 5 facilities offering STI services. Just 22 percent of facilities have all necessary items for infection control as well as waste receptacles (Appendix Table A-7.2.1).

Figure 7.2 **Items to support quality examinations for STIs (N=513)**



Physical examinations

Quality physical examinations require visual and auditory privacy, an examination bed, and an examination light. All three of these are available in only 11 percent of facilities (Figure 7.2). Visual and auditory privacy (95 percent) and an examination bed (90 percent) are widely available in the facilities offering STI services. Hospitals (29 percent) are more likely than other types of facilities to have everything needed for physical examinations (Appendix Table A-7.2.1). Nearly all facilities can assure

visual and auditory privacy for client examinations (96 percent) and examination beds (92 percent). However, only 11 percent of facilities have an examination light, which brings down the composite indicator.

Overall, only 3 percent of facilities offering STI services have all items needed for infection control and quality physical examinations (Appendix Table A-7.2.1).

Key Findings

About 1 in 5 facilities have all items needed for infection control plus a waste receptacle in the STI service area. Hospitals seem best prepared for infection control.

One in 10 facilities offering STI services has all items needed for physical examinations. Rarely do facilities have everything needed for both infection control and quality physical examinations for STIs.

STI diagnosis

WHO recommends two approaches to diagnose and provide STI services at primary care facilities: the etiologic approach and the syndromic approach (WHO, 2001a). The etiologic approach uses laboratory tests to diagnose STIs and is more accurate than syndromic diagnosis. However, laboratory facilities are often unavailable. The syndromic approach, which is recommended for facilities without a laboratory, assesses the presence of specific symptoms and then uses an algorithm to determine what treatments should be provided. When neither an etiologic nor a syndromic approach is used, providers may diagnose and prescribe medications based on their clinical judgment and clients' symptoms, an approach referred to as clinical diagnosis. Studies have shown that when providers lack laboratory results or a specific protocol, such as the syndromic approach, to guide STI diagnosis and prescriptions, they often give the wrong treatment (Lande, 1993).

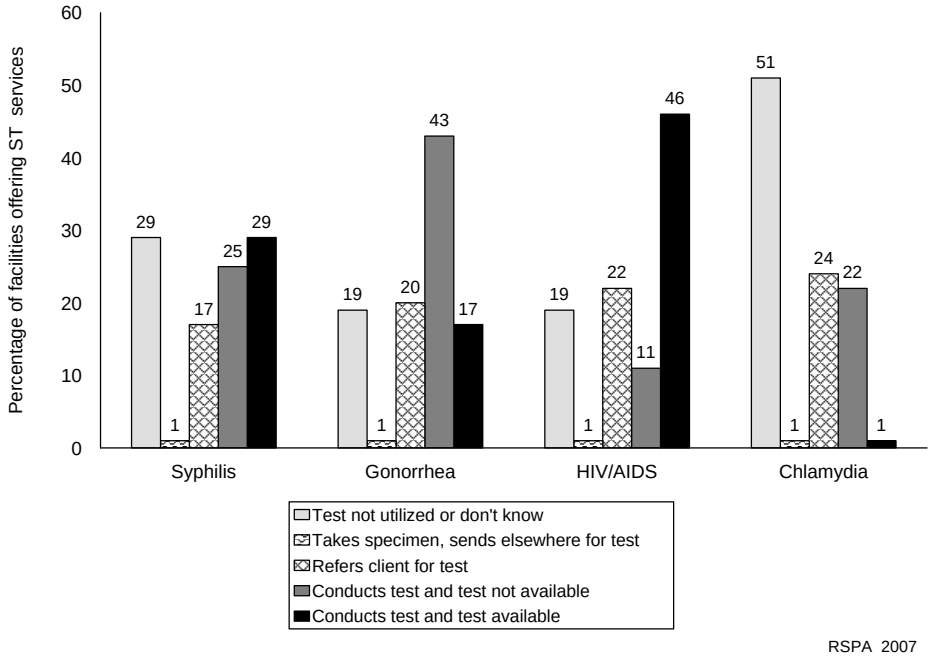
The most reliable means to ensure that clients receive a desired laboratory test is for the facility to conduct the test in-house. Another alternative is to collect the specimen and send it to another facility for testing. The least reliable means is to refer the client to another facility for the laboratory test, because the client may decide not to take the test at all. Figure 7.3 provides information on whether and how facilities test for various conditions.

The syndromic approach is the most common method used to diagnose STIs in Rwanda. Almost all (95 percent) facilities use the syndromic approach, while slightly more than half the facilities employ clinical diagnosis of STIs and 66 percent use the etiologic approach (Table 7.2). The etiologic approach is used in all hospitals, and is more likely to be used in government-assisted facilities (77 percent) and in facilities in Kigali City (81 percent) and North Province (78 percent). Only 2 percent of facilities have the capacity to test for chlamydia, compared with 18 percent that can test for gonorrhea, 43 percent for syphilis, and 49 percent for HIV.

As shown in Figure 7.3, HIV testing is both available and actually conducted in more facilities than other tests. Fifty-seven percent of facilities report conducting HIV tests in-house, and 46 percent had the tests available on the day of the survey. Syphilis, gonorrhea, and chlamydia testing are less common. Although 54 percent, 60 percent, and 23 percent of facilities report conducting syphilis, gonorrhea, and chlamydia tests in-house, respectively, only 29 percent, 17 percent, and 1 percent had the respective tests available on the day of the survey. When facilities reportedly conduct a test in-house but do not have the test available (as was the case for 25 percent of facilities regarding syphilis testing and 43 percent for gonorrhea testing), this may reflect stock-outs of test equipment or reagents, or a lack of precise knowledge on the part of the respondents on the availability of such specific testing equipment. From 17

percent to 24 percent of facilities refer clients elsewhere for various tests, while many facilities offering STI services do not utilize tests for gonorrhea (19 percent), HIV/AIDS (19 percent), syphilis tests (29 percent), and chlamydia (51 percent).

Figure 7.3 **Utilization and availability of diagnostic tests for STIs (N=513)**



STI treatment

The most common STIs are syphilis, gonorrhea, trichomoniasis, and chlamydia. Medicines to treat all four STIs are available in only three-quarters of facilities offering STI services, more often in hospitals (97 percent) and health centers and polyclinics (81 percent) than other types of facilities. Government and government-assisted facilities are also more likely than others to have this capacity (Table 7.2). Private, NGO, and community facilities (25 percent), and facilities in Kigali City (39 percent) are much less likely to have medicines to treat all four STIs.

The medicines most widely available are: any injectable penicillin for treating syphilis, which is available in 86 percent of facilities; metronidazole for treating trichomoniasis, available in 81 percent of facilities; amoxicillin for treating chlamydia, in 77 percent of facilities; erythromycin and doxycycline for treating chlamydia and syphilis, found in 76 percent and 74 percent of facilities respectively; ciprofloxin for treating gonorrhea, in 68 percent of facilities; and norfloxacin for treating chlamydia and gonorrhea, in 48 percent of facilities. Nystatin or miconazole suppositories for treating candidiasis are available in 77 percent of facilities. Other medicines are each available in about 20 percent or less of facilities. These include tinidazole for treating trichomoniasis, ceftriaxone for gonorrhea, augmentin for chlamydia, tetracycline for chlamydia and syphilis, and miconazole or clotrimazole creams or suppositories for treating candidiasis (Appendix Table A-7.3).

Key Findings

The syndromic approach is the most widely used method to diagnose STIs in Rwandan facilities, followed by the etiological approach. The clinical approach is the least used method.

About half the facilities have the capacity to test for HIV/AIDS—29 percent for syphilis—and also had test materials available on the day of the survey. Only 18 percent of facilities have the capacity to test for gonorrhea and had test materials available.

About three-quarters of facilities have at least one medicine for each of the four common STIs.

Very few health facilities take specimens and send them elsewhere for testing.

7.4 Management Practices Supportive of Quality Services

Management practices supporting quality STI services include documentation practices related to user fees, staff supervision, and staff development.

Summary information on management practices supporting STI services is provided in Table 7.3. Summary information on training topics for STI service providers is provided in Figure 7.4. Appendix Tables A-7.4 through A-7.9 provide additional information on service statistics, charging practices for STI services, supervision, and training.

7.4.1 Facility Documentation and Records

WHO considers recordkeeping and reporting on STIs and STI service utilization to be key elements in STI surveillance, necessary for improving the management of an STI program (UNAIDS/WHO Working Group, 1999). The survey considered that an STI services register is up-to-date if there is an entry during the past seven days, and if symptoms or a diagnosis consistent with STIs are recorded. Because most STI services are provided in outpatient departments, these records were checked for entries on clients with STI symptoms or diagnoses.

Thirty-seven percent of facilities (including 37 percent of hospitals and 38 percent of health centers and polyclinics) have an up-to-date register (Table 7.3). Dispensaries, clinics, and health posts (30 percent) are least likely to have up-to-date registers. Another 37 percent of facilities have registers with entries more than seven days old.

Table 7.3 Management practices supportive of quality services for sexually transmitted infections

Percentage of facilities offering services for sexually transmitted infections (STIs) with client register observed and percentage where interviewed STI providers reported receiving routine training on STIs and personal supervision, by background characteristics, Rwanda SPA 2007

Background characteristics	Observed client register with probable STI client recorded		Number of facilities offering STI services	Percentage of facilities where interviewed STI service providers reported receiving routine:		Number of facilities with interviewed providers of STI services[3]
	Entry within past 7 days	Most recent entry >7 days ago		Training related to STIs[1]	Personal supervision[2]	
Type of facility						
Hospital	37	39	38	97	86	36
Health center/Polyclinic	38	37	386	76	98	380
Dispensary/Clinic/Health post	30	36	89	44	58	81
Managing authority						
Government	37	37	304	76	95	296
Government-assisted	45	35	129	80	98	128
Private/NGO/Community	25	40	80	47	59	73
Province						
North	32	39	90	79	94	86
South	27	36	113	75	95	110
East	45	30	109	82	95	105
West	46	43	132	65	95	130
Kigali City	29	33	69	61	59	66
Total	37	37	513	73	90	497

[1] A facility has routine staff training if at least half of interviewed providers reported they had received pre- or in-service training related to their work during the 12 months preceding the survey. This refers to structured training sessions and does not include individual instruction received during routine supervision.
[2] A facility has routine staff supervision if at least half of interviewed providers reported they had been personally supervised at least once during the 6 months preceding the survey.
[3] Includes providers offering STI services in facilities that offer STI services in any service area assessed in the survey (e.g., outpatient, ANC, or FP service areas).

7.4.2 Training and Supervision

Training

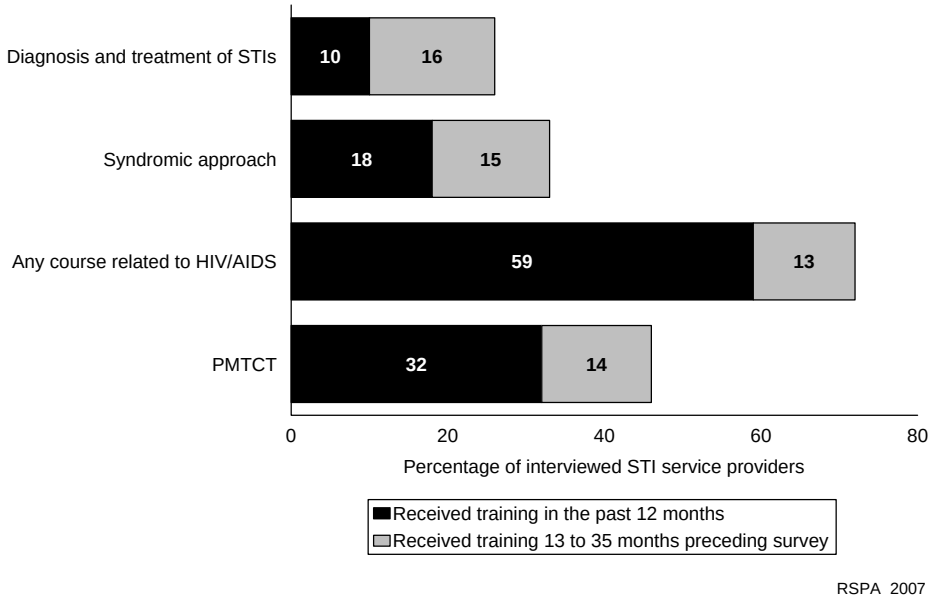
A facility is considered to have routine training and staff development if at least half of the interviewed STI providers received training related to STI services in the 12 months preceding the survey. This includes pre-service and in-service training, but excludes individual instruction received during discussions with supervisors. In Rwanda 73 percent of facilities meet this criterion (Table 7.3). Hospitals and health centers and polyclinics, as well as government and government-assisted facilities, are more likely to have routine training on STIs. Facilities in Kigali City are least likely to offer staff training.

Fifty-nine percent of STI service providers received some form of HIV/AIDS-related training in the 12 months preceding the survey and 32 percent received training on PMTCT. However, only 10 percent of them received training on the clinical diagnosis and treatment of STIs and 18 percent on the syndromic approach (Figure 7.4). Sixteen percent of interviewed staff received training on clinical diagnosis and treatment of STIs during the period 13-35 months preceding the survey, while 15 percent were trained on the syndromic approach.

Supervision

If at least half of STI service providers in a facility have been personally supervised during the past six months, the facility is considered to have routine staff supervision. Supervising individual staff promotes adherence to standards and the identification of problems that contribute to poor quality services. Routine supervision occurs in 90 percent of facilities (Table 7.3). Dispensaries, clinics, and health posts, as well as private, NGO, and community facilities, and facilities in Kigali City are the least likely to routinely supervise STI service providers. STI service providers who received supervision in the past six months were supervised an average of six times (Appendix Table A-7.6).

Figure 7.4 **Training received by interviewed STI service providers, by topic and timing of most recent training (N=1,220)**



Key Findings

About 2 in 5 facilities offering STI services have up-to-date client registers.

Seventy-three percent of facilities have routine staff training related to STI services, and 90 percent of facilities have routine staff supervision. Routine supervision is weakest in facilities in Kigali City.

7.5 Adherence to Standards for Quality Service Provision

To assess whether providers adhere to STI service standards, the RSPA survey observed STI client-provider consultations, using observation checklists based on generally accepted standards for STI services (WHO, 2001a). It was noted whether information was shared on a topic, or an examination was actually conducted and recorded. The survey did not assess whether the information was correct or whether findings were appropriately interpreted.

Figure 7.5 summarizes the information shared during the consultation and the types of examinations conducted for female clients. Appendix Tables A-7.9 through A-7.11 provide details on the content of the observed assessments, physical examinations, and counseling. Appendix Tables A-7.12 through A-7.14 provide clients experiences and opinions.

7.5.1 Assessment of Relevant History

Any client with a possible STI should be assessed for signs and symptoms, as well as social factors that affect the risk of contracting an STI. A total of 106 STI clients (32 males and 74 females) were observed while being assessed for symptoms that might be STIs. Only 65 percent of these clients were assured of confidentiality. In almost all cases, clients were asked about symptoms and how long they have been present, but other critical information was less frequently solicited (Figure 7.5). For example, providers took a history of recent sexual contacts in 80 percent of cases, assessed the presence of symptoms in the sexual partner in 66 percent of cases, and checked the status of the partner (e.g., whether monogamous or polygamous) in 69 percent of cases.

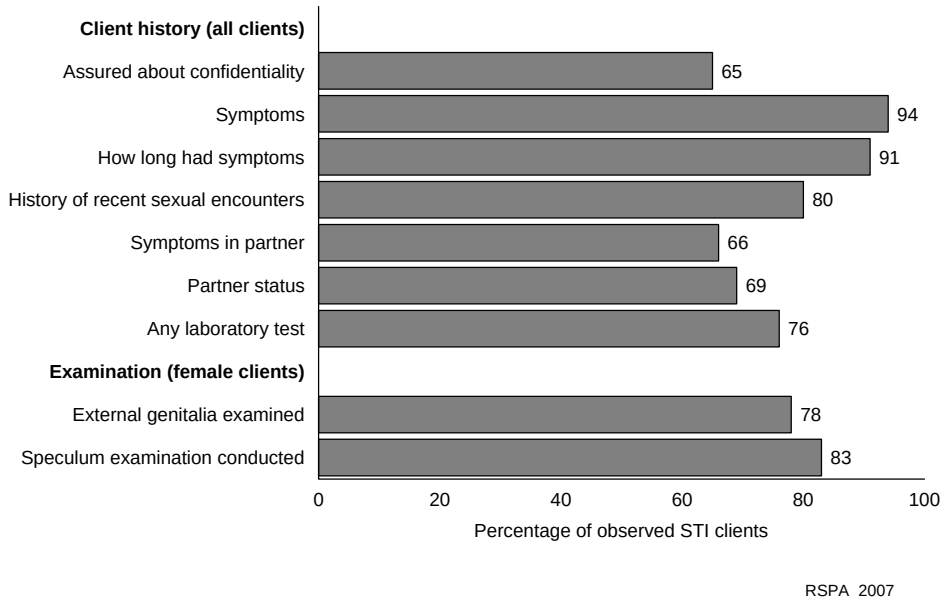
7.5.2 Pelvic Examination and Infection Control

A physical examination provides objective information that can improve the probability of an accurate diagnosis. Among observed female STI clients who were examined, the genitalia were inspected and a speculum was used in about 4 in 5 cases (Figure 7.5).

Conditions and practices for pelvic examination are generally good in health facilities. Visual and auditory privacy was assured during 98 percent of the pelvic examinations observed. Providers explained the procedure in 78 percent of cases, but they asked the client to relax before starting the pelvic examination in only about half the cases (Appendix Table A-7.10.1).

Providers wore clean gloves for 78 percent of pelvic examinations. Observers noted that providers washed their hands with soap prior to the examination and after removing gloves during 27 percent and 51 percent of examinations, respectively.

Figure 7.5 **Components of counseling for all clients assessed for possible symptoms of STIs (N=106) and type of examination conducted on female clients with symptoms of STIs (N=41)**



Only 44 percent of speculum examinations employed sterilized or high-level disinfected (HLD) equipment. Just over 44 percent of speculum examinations were conducted with instruments that were properly prepared beforehand, that is, sterilized, placed on a tray, and covered. Used equipment was placed in decontaminating solution after only 32 percent of exams, and similarly contaminated surfaces were wiped with disinfectant after only 35 percent of pelvic examinations (Appendix Table A-7.10.1).

Key Findings

Providers wear clean gloves during 8 in 10 pelvic examinations and wash their hands afterwards during half the examinations. Washing hands with soap and running water before conducting the examination is rarer; it occurred in just 27 percent of pelvic exams observed.

Pelvic examinations are performed under conditions assuring visual and auditory privacy in almost all facilities.

Use of sterilized equipment for pelvic exams is observed in less than half the examinations.

7.5.3 Client Counseling

The relationship between the client's infection and sexual activity was mentioned or discussed during 68 percent of STI consultations (Appendix Table A-7.11). About 4 in 5 STI clients received either medication or a prescription for treating their infection, but only 3 in 10 were given medication or a prescription for their sexual partners (Appendix Table A-7.11). Fifty-seven percent of clients were observed being told how to take the medicine, and a follow-up appointment was discussed with 45 percent of clients. Partner referral is common: 65 percent of STI clients were encouraged to refer their partners for diagnosis and treatment. Only about half of clients were counseled on the risk of HIV/AIDS.

Health education is not very common. Discussions of any kind about condoms or HIV/AIDS were observed in 55 percent of all STI consultations. Providers discussed using condoms for prevention in 29 percent of consultations, but only instructed 12 percent of STI clients on how to use a condom and offered condoms to only 3 percent of clients (Appendix Table A-7.11).

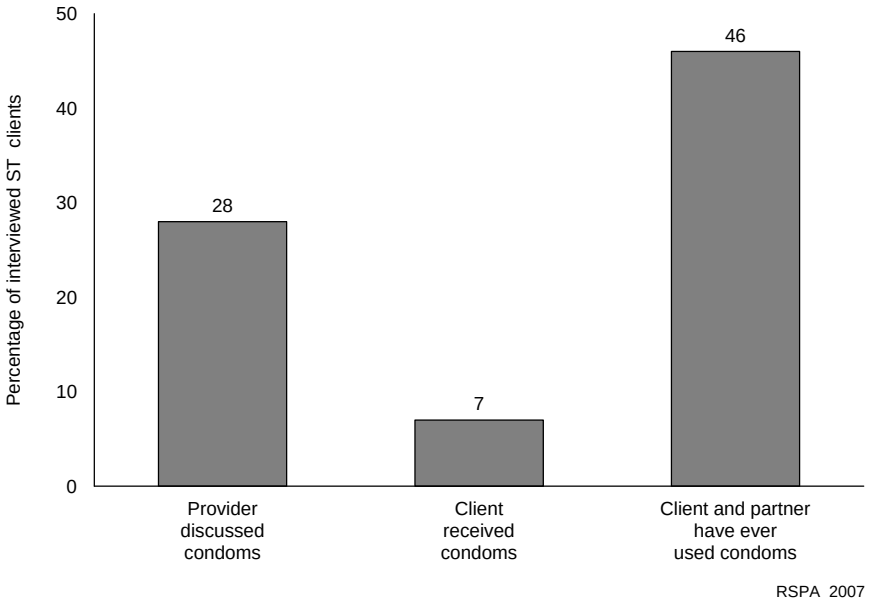
Using an individual client health card is important for ensuring that information is available for follow-up and continuity of care. Providers recorded information on the individual client health card for almost all observed STI clients (Appendix Table A-7.11).

7.5.4 Client Opinion from Exit Interviews

STI clients whose consultations were observed were asked about their experiences with the provider that day as they exited the facility. Forty-six percent of clients said that they had used condoms at some time. Twenty-eight percent of clients reported that the provider talked about condoms during the visit, which is comparable to what was observed. Seven percent of clients said they had received condoms during the visit, which is higher than what was observed (Figure 7.6, Appendix Table A-7.12).

When asked about issues that may contribute to lack of condom use in general, 41 percent identified some specific factor. The most common reasons were that condoms reduce their own sexual satisfaction (22 percent) or the partner's sexual satisfaction (20 percent), and that condoms are embarrassing to discuss with partners (16 percent). Other factors reported by clients were problems with disposal of condoms (8 percent) and embarrassment to purchase condoms (7 percent). Among clients who mentioned any of these issues, approximately 1 in 3 said they had discussed the issue with the provider (Appendix Table A-7.12).

Figure 7.6 **Client-reported knowledge and experience related to condom use (N=100)**



During the exit interview, clients were also asked their opinion about issues commonly related to client satisfaction. They were asked whether they considered specific issues to be big problems, small problems, or not a problem for them on the day of their visit. Only a few items were identified as big problems and by relatively few clients. Twenty-eight percent of clients felt that the waiting time to see a provider was a big problem and 13 percent said the availability of medicines was a big problem (Appendix Table A-7.13). The behavior or attitude of the provider, the inability to discuss problems or concerns, and cleanliness of the facility were each regarded as a problem by about 8 percent of clients.

Clients were asked whether this facility was the one nearest to their home and, if not, why they did not visit the nearest facility. Eighteen percent of STI clients said it was not the closest facility to their home. While 44 percent of these clients prefer keeping their reasons anonymous, 33 percent stated that the reason for not attending the nearest facility was a referral to this facility. Some clients cited a bad reputation (6 percent) as their reason for not going to the nearest facility (Appendix Table A-7.14).

Key Findings

The relationship between STIs and sexual activity was discussed in about 7 of 10 observed STI consultations.

Three-quarters of observed STI clients received medicines or a prescription, but less than a third were given medicines or a prescription for their partners.

7.6 Resources for Diagnosis and Management of Tuberculosis

Tuberculosis, especially multi-drug-resistant tuberculosis (MDR-TB), is a re-emerging communicable disease of public health significance. To control TB infection and to prevent its most severe complications, universal BCG vaccination at birth is mandatory in many developing countries, including Rwanda. TB is also one of the most common opportunistic infections for people who are HIV positive.

To improve compliance with full treatment and reduce the prevalence of drug-resistant strains of TB, the World Health Organization (WHO) recommends the use of the directly observed treatment, short-course (DOTS) strategy for the management TB. The DOTS strategy includes the following five essential elements:

1. Government commitment to sustained TB control
2. Sputum-smear microscopy to detect infectious cases of TB among people attending health care facilities who show symptoms of pulmonary disease, particularly cough of three weeks' duration or more,
3. Standardized short-course anti-TB treatment for at least all sputum smear-positive pulmonary TB cases, with direct observation of treatment for at least the initial two months;
4. Regular, uninterrupted supply of anti-TB drugs and diagnostics, and
5. Monitoring and accountability system for program supervision and evaluation of treatment outcome for each patient diagnosed.

While the RSPA survey did not collect all the information related to the DOTS strategy, it assessed TB services provided at all facilities, their capacity to conduct a sputum test, and the availability and uninterrupted supply of anti-TB medications for standardized short-course treatment. The survey also evaluated staff development and supervision activities among health providers that offer TB services.

It is worth noting that according to the Programme National Intégré de Lutte Contre le Paludisme (PNILP), there are currently 183 tuberculosis sentinel sites that provide TB screening and treatment across the country (PNILP, 2008). All health centers (government and government-assisted), whether they officially have a tuberculosis services clinic/unit or not, are obligated to provide follow-up treatment for tuberculosis cases that are referred from these 183 sentinel sites.

The survey found that TB diagnosis, treatment, and/or follow-up services are available in 64 percent of facilities, including almost all hospitals (93 percent) and 72 percent of health centers and polyclinics (Table 7.4). TB services are more widely available in government-assisted facilities (81 percent) and government facilities (70 percent) than other types of facilities. Facilities in South and East provinces are also more likely to offer TB services than facilities elsewhere.

7.6.1 Tuberculosis Diagnosis

Nearly 3 in 5 facilities offer TB diagnostic services, including almost all hospitals and 66 percent of health centers and polyclinics (Table 7.4). Private, NGO, and community facilities (16 percent), and facilities in Kigali City (37 percent) are among the least likely to diagnose TB. About half the facilities, including most hospitals and more than half of health centers and polyclinics, diagnose TB using sputum tests. The use of x-rays for diagnosing TB is available in only 8 percent of facilities and limited mostly to hospitals (69 percent) (Appendix Table A-7.20). None of the facilities rely on clinical symptoms for diagnosing TB. About 2 in 5 facilities that diagnose TB using sputum tests have all the items needed to conduct such a test, including a functioning microscope, glass slides, and hot stains (methyl blue, sulphuric acid, and carbol fusion) or cold stain (Kinyoun stain) for the AFB or Ziehl-Neeson test. Hospitals (79 percent) are more likely than other facilities to have the capacity to conduct microscopic sputum and stained sputum examinations for TB diagnosis. Seventy-two percent of facilities that use sputum tests to diagnose TB have records of sputum test results available (Appendix Table A-7.20).

7.6.2 Tuberculosis Treatment and Availability of Medicines

Sixty-one percent of facilities offer TB treatment and/or follow-up services, and 85 percent of these facilities follow the DOTS approach for TB treatment (Table 7.4).

Among facilities following the DOTS approach, 91 percent report being part of the National DOTS program. Client registers, an important part of any treatment program, are available in 81 percent of these facilities. Larger facilities are likely to offer TB services at multiple sites within the facility. Where this is the case, TB treatment protocols, which are expected to be available at these sites, are available in all sites in 71 percent of TB facilities. First-line anti-TB medicines (any combination of isoniazid, rifampicin, ethambutol, and pyrazinamide) are available in 90 percent of these facilities (Appendix Table A-7.18.1), including almost all hospitals and 89 percent of health centers and polyclinics. Facilities in North Province (85 percent) and South Province (84 percent), and private, NGO, and community facilities (50 percent) are the least likely to have all first-line TB medicines.

Table 7.4 Availability of services for TB

Among all facilities, percentage providing any TB diagnostic services and any TB treatment and/or follow-up services, and among those providing any treatment and/or follow-up services, percentage following DOTS or other strategies, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities offering: Any TB diagnostic services	Any TB treatment or follow-up services	Any TB diagnostic, treatment, follow-up services	Number of facilities	Among facilities providing any TB treatment and or follow-up services, percentage following[1]: Treatment through DOTS	Treatment other than DOTS	Number of facilities offering any TB treatment or follow-up services	Average number of sites offering any TB treatment or follow-up services[2]
Type of facility								
Hospital	93	93	93	42	79	31	39	2
Health center/Polyclinic	66	71	72	389	87	15	275	1
Dispensary/Clinic/Health post	18	12	21	107	69	31	13	1
Managing authority								
Government	62	69	70	309	84	19	213	1
Government-assisted	80	81	81	133	88	14	108	1
Private/NGO/Community	16	6	19	96	67	33	6	1
Province								
North	49	49	50	90	93	7	44	1
South	76	81	81	117	73	29	95	1
East	61	73	75	113	88	16	83	1
West	61	60	62	132	91	10	79	1
Kigali City	37	30	42	86	88	23	26	2
Total	58	61	64	538	85	18	327	1

[1] Some facilities used both DOTS and other treatments, so columns may add up to more than 100 percent.
[2] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

7.6.3 Tuberculosis and HIV/AIDS Services

Because TB is an important opportunistic infection in people who are HIV positive, it is recommended that newly diagnosed TB patients be screened for HIV and vice versa. According to a recent WHO report, "HIV testing for TB patients is increasing quickly in the African Region, however little effort has yet been made to screen HIV-infected people for TB, though this is a relatively efficient method of case-finding" (WHO, 2007*)*. The RSPA survey assessed the availability of a system in which newly diagnosed TB patients are tested for HIV. Among facilities offering any TB services, 85 percent routinely refer all newly diagnosed TB clients for HIV testing, while a few facilities (4 percent) refer only clients who are suspected of being infected with HIV. The referral records for HIV testing for newly diagnosed TB clients and for current TB clients who are HIV positive are available in 75 percent and 72 percent of TB facilities, respectively. Hospitals and health centers and polyclinics as well as government and

government-assisted facilities are more likely than other facilities to refer any or all newly diagnosed TB clients for HIV testing (Appendix Table A-7.21). These facilities are also more likely to have records of such referrals available.

Key Findings

Almost two-thirds of facilities, mostly hospitals and health centers, offer TB services of some kind, including diagnosis, treatment, and follow-up.

Three in five facilities provide TB treatment and/or follow-up, and 85 percent of facilities follow the DOTS approach.

Of facilities following the DOTS approach, nine in ten have all first-line treatment medicines available.

Eighty-five percent of facilities routinely refer newly diagnosed TB patients for HIV testing and three-fourths have records of such referrals available.

8.1 Background

8.1.1 Situation Related to Malaria in Rwanda

Malaria is caused by protozoa of the genus *Plasmodium* transmitted to humans through the bite of the female *Anopheles* mosquito. Malaria is one of the world's major public health concerns, particularly in sub-Saharan Africa. Each year it afflicts 300 to 500 million people worldwide, resulting in one to two million deaths. A large majority of infections and deaths (over 80 and 90 percent, respectively) occur in Africa. Malaria also has an enormous negative socioeconomic impact in countries with endemic infestation, with losses of about US$3.6 billion and 1.3 percentage points in GDP growth annually. Therefore, it aggravates poverty, contributes to inequality, and hampers development.

Although the epidemic of malaria is seasonal in Rwanda and exhibits different epidemic patterns, the entire Rwandan population is at risk of infection, particularly children under five, pregnant women, the poor, and people living with HIV/AIDS (PLHA). Additionally, people living in the epidemic-prone areas are likely to suffer from the severe form of the disease because of deterioration of the immune system.

Based on altitude, climate, plasmodic index (plasmodium parasite infestation), and disease vectors (*Anopheles* mosquitoes), Rwanda is divided into four "malaria ecozones" (MOH and PNILP, 2008):

The first ecozone extends from Lake Kivu to the Congo-Nile Divide, 1,461 to 1,800 meters. The plasmodic index ranges from 5 to 30 percent.

The second zone is a North-South band extending 160 kilometers and ranging in width from 20 to 50 kilometers, situated east of the first ecozone at an altitude of 1,800 to 3,000 meters. The plasmodic index is less than 2 percent.

The third ecozone is situated in the central plateau with an altitude of 1,000 to 2,000 meters. The plasmodic index varies substantially from 10 to 50 percent. This is the epidemic-prone zone and many epidemics have been recorded at altitude 1,675 to 1,862 meters. Malaria-endemic pockets in the valleys are the starting points for these epidemics.

The fourth ecozone is situated at the lower level of the eastern shelf of the central plateau with an altitude of 1,000 to 1,500 meters. The infection in this ecozone is endemic and seems to be stable.

Within each of these four large ecozones, further stratification is possible because of topographical variation and agricultural activity. Moreover, because of changes in migration patterns and an increase in coverage of malaria control activities, the pattern of the malaria epidemic may have changed over time. Malaria is now present in areas and at altitudes where the disease was not previously a major public health concern.

8.1.2 Combating Malaria in Rwanda

Malaria is a major public health problem in Rwanda because it compromises the health of the population. However, it also negatively impacts the nation's economic development. The government of Rwanda is strongly committed to combating the disease through the National Malaria Control Program (or Programme National Intégré de Lutte Contre le Paludisme [PNILP]), established in 1999, and a

comprehensive five-year strategy 2005-2010, that was revised in 2008 to incorporate the accomplishment of several indicators as well as the Economic Development and Poverty Reduction Strategy (EDPRS) of the Ministry of Finance and Economic Planning (MFEP, 2007).

Like many countries in the region, Rwanda has reported both chloroquine and some sulfadoxine-pyrimethamine (Fansidar) resistance among *Plasmodium falciparum*, and for that reason artemisinin-based combination therapy (ACT) is currently recommended as the first-line drug for the treatment of simple malaria.

Malaria is prevented through the use of insecticide-treated nets (ITNs), indoor residual spraying of homes with insecticides, and the destruction of mosquito breeding grounds. PNILP's 2005-2010 Strategic Plan calls for increased coverage of long-lasting insecticide-treated bed-nets (LLIN) targeting pregnant women and children under five years of age, reaching 80 percent by 2010 (MOH, 2005a). The draft of the Strategic Plan promotes universal coverage of LLIN utilization.

Data from the Health Management Information System (HMIS) reveal that in 2006 malaria was the leading cause of morbidity and mortality in Rwanda and represented 37 percent of outpatient visits and 41 percent of hospital deaths, of which 42 percent were children under five years of age, while in 2007 these figures dropped to 15 percent and 22 percent respectively. In 2007, the Global Fund and the World Health Organization with the collaboration of PNILP performed an impact assessment in nine district hospitals and 10 health centers selected from 10 districts (two districts per province). According to the assessment's report, which is based on HMIS data comparing data from patient registrations and laboratory registrations, there has been a significant reduction in diagnosed malaria (64 percent) cases and hospital deaths due to malaria (66 percent) (WHO 2008). These results are mainly due to the impact of the integrated national malaria campaign's mass distribution of more than 1.4 million LLINs to children under five, and to the implementation of the artemisinin-based combination therapy (ACTs) in all government and government-assisted facilities nationwide in 2006.

In 2005, the percentage of households that owned at least one pretreated net was 18 percent, the percentage of children under five who slept under a bednet was only 16 percent, and the percentage who slept under an insecticide-treated net (ITN) 13 percent. During the same period, the percentage of women and pregnant women age 15-49 who slept under a bednet was 13 percent and 20 percent, respectively. Meanwhile, only 11 percent and 17 percent, respectively, of these women slept under an ITN (INS and ORC Macro, 2006). Data from the 2007 Malaria Indicator Survey (National Program Against Malaria et al., 2007) show that compared with 2005, the percentage of households that own at least one-insecticide treated net (ITN) increased threefold (54 percent), and the percentage of children under five and pregnant women slept under ITNs the night before the survey increased four-to fivefold (60 percent each).

8.1.3 Rwanda Service Provision Assessment Survey Approach to Collection of Information on Malaria

Malaria is a preventable disease that can have a serious negative impact, particularly on pregnant women and young children. Malaria during pregnancy can result in low-birth-weight babies, maternal anemia, spontaneous abortion, stillbirth, and other severe consequences.

It is therefore of the utmost importance that the health care system appropriately diagnose and treat malaria. Using information collected in the RSPA, this chapter addresses the following central questions:

- To what extent are services for malaria available?
- To what extent do facilities offering malaria services have the capacity to support quality services, including medicines and protocols or guidelines for clinical management of malaria?

- Do facilities have the laboratory capacity to diagnose malaria?
- Do facilities have management practices that support quality malaria services?
- Do facilities provide insecticide-treated nets for malaria clients?
- Do facilities counsel ANC clients on malaria-related information?

8.2 Malaria Services

8.2.1 Availability and Capacity to Provide Quality Malaria Services

The RSPA survey assessed the capacity of facilities to diagnose and treat malaria. Table 8.1 provides detailed information on the availability of these services, and Table 8.2 provides information on the availability of insecticide-treated bednets as well as training received by providers of malaria services.

Nearly all facilities (93 percent), with the exception of dispensaries, clinics, and health posts, offer malaria treatment services. About 9 in 10 facilities that offer malaria services had antimalarial medicines (sulfadoxine-pyrimethamine [Fansidar] or Coartem) available in the facility on the day of the survey; they exist in all hospitals and in 94 percent of health centers and polyclinics. Dispensaries, clinics, and health posts that offer malaria treatment services are less likely than other types of facility to have first-line antimalarial medicines. Only about one-third of private, NGO, and community facilities that offer malaria treatment services have first-line antimalarial medicines. Facilities in Kigali City are less likely than facilities elsewhere to have these medicines (Table 8.1). At least one of two antimalarial medicines (either Fansidar or Coaterm) was out-of-stock at sometime in the six months preceding the survey in 42 percent of malaria facilities. Stock-outs of Fansidar were more commonly observed than stock-outs of Coarterm.

Treatment protocols and laboratory diagnostic tests are not commonly available. Larger facilities have multiple sites where malaria services are offered, with hospitals having an average of four sites and health centers and polyclinics having an average of two sites. Only 49 percent of facilities have malaria treatment guidelines and protocols at all sites offering malaria services within the facility. These facilities include 37 percent of hospitals, 54 percent of health centers and polyclinics, and 30 percent of dispensaries, clinics, and health posts that have protocols at all malaria service sites (Table A-8.1). This suggests that, while all facilities provide treatment for malaria and have the necessary medicines, treatment guidelines are not widely available.

Thirty-seven percent of facilities have the laboratory capacity to diagnose malaria from blood smears, which requires a functioning microscope, glass slides, and stain. Sixty-eight percent of hospitals and 35 percent of health centers and polyclinics have this laboratory diagnostic capacity for malaria, compared with just 28 percent of dispensaries, clinics and health posts. Facilities in North Province are among the least likely to have this laboratory diagnostic capacity. Rapid tests are available in only 6 percent of facilities and mostly in the private, NGO, and community facilities, as well as in facilities in Kigali City (Table 8.1).

Table 8.1 Malaria diagnosis and/or treatment services: Protocols at all sites

Percentage of facilities offering malaria treatment services, percentage that have malaria laboratory diagnostic capacity, percentage offering malaria diagnosis and/or treatment services, and among facilities offering malaria diagnosis and/or treatment services, percentage having specific components supporting services for malaria, by background characteristics. Rwanda SPA 2007

Background characteristics	Percentage of facilities that:			Number of facilities	Among facilities offering malaria diagnosis and/or treatment services, percentage with						Number of facilities offering malaria diagnosis and/or treatment services	Mean number of sites offering malaria diagnosis and/or treatment services
	Offer malaria treatment services	Have lab diagnostic capacity for malaria[1]	Offer malaria diagnosis and/or treatment services		Observed malaria treatment protocol in all relevant units	First-line anti-malaria medicines in the facility[2]	No stock-out of first-line anti-malarials in past 6 months	Lab diagnostic capacity for malaria (blood smear)	Other lab diagnostic capacity for malaria (rapid test)	Treatment protocol in all relevant units and medicines in facility		
Type of facility												
Hospital	95	71	98	42	37	100	76	68	7	37	41	4
Health center/Polyclinic	95	35	96	389	54	94	63	35	7	53	374	2
Dispensary/Clinic/ Health post	73	23	78	107	30	46	31	28	5	13	83	1
Managing authority												
Government	94	33	95	309	52	95	64	34	5	51	295	2
Government-assisted	95	43	96	133	55	95	67	41	8	53	128	2
Private/NGO/Community	72	32	78	96	27	35	20	39	11	8	75	2
Province												
North	91	22	91	90	41	88	68	21	7	40	82	2
South	96	37	96	117	48	97	60	37	6	48	112	2
East	94	35	95	113	59	93	61	36	2	57	107	2
West	88	43	91	132	55	93	63	48	6	54	120	2
Kigali City	83	37	90	86	32	47	36	38	13	14	77	2
Total	91	36	93	538	49	86	58	37	6	45	498	2

[1] Functional microscope, slides, and stain are available.
[2] Sulfadoxine-pyrimethamine (Fansidar) and Coartem.

The use of insecticide-treated nets (ITNs) can reduce malaria transmission. Sleeping under a mosquito net impregnated with insecticide offers protection from mosquitoes carrying malaria parasites. The insecticide-treated nets are nontoxic to humans and can last for up to four years without the need for re-impregnation. From 2005 to April 2008, a total of more than 3 million LLINs were distributed nationwide by Rwanda's National Malaria Control Program, with financial support from the Global Fund. Among these, about 1.4 million LLINs were distributed through malaria campaigns. There are ongoing efforts in Rwanda to make these nets fully available to the public. LLINs are also provided to the public through routine EPI and ANC services throughout the country. Approximately three-quarters of facilities offering malaria treatment services report they facilitate ANC clients obtaining an ITN; this includes 93 percent of health centers and polyclinics, and 22 percent of dispensaries, clinics, and health posts (Table 8.2). Somewhat fewer facilities (63 percent) actually had either retreated nets or ITNs available in the facility at the time of survey.

Seventy percent of facilities offering malaria treatment services had at least one provider other than a physician who had been trained in malaria services within the past 12 months. However, during the same time period only 7 percent of facilities had at least one physician providing malaria services who had received training on malaria (Table 8.2).

Table 8.2 Malaria: provision of bednets and training

Among facilities offering malaria treatment services, percentage that facilitate ANC clients to obtain insecticide-treated nets (ITN), have ITNs in the facility, and percentage where providers have received malaria-related pre- or in-service training, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities offering malaria treatment services and:		Among facilities offering malaria treatment services, percentage in which malaria-related pre- or in-service training was received by at least one:				Number of facilities offering malaria treatment services
			Physician provider of malaria services		Other clinical provider of malaria services		
	Facilitate ANC clients to obtain ITNs[1]	Have ITNs in facility[2]	In past 12 months	13-35 months preceding survey	In past 12 months	13-35 months preceding survey	
Type of facility							
Hospital	2	34	66	7	63	27	41
Health center/Polyclinic	93	76	1	0	78	24	374
Dispensary/Clinic/Health post	22	17	5	4	41	19	83
Managing authority							
Government	82	71	6	1	77	22	295
Government-assisted	84	70	9	1	73	30	128
Private/NGO/Community	23	19	8	5	39	19	75
Province							
North	85	73	5	0	70	13	82
South	86	64	4	1	72	24	112
East	78	72	6	4	74	27	107
West	81	75	8	0	75	32	120
Kigali City	27	18	14	3	56	17	77
Total	74	63	7	1	70	24	498

[1] Facilitate all or selected ANC clients to obtain ITNs
[2] The facility where either retreated ITN or long-lasting ITN were observed on the day of survey

Key Findings

Eighty-six percent of facilities that treat malaria have antimalarial medicines available. Malaria treatment guidelines are available at all malaria service sites in about half the facilities offering malaria services, while the capacity to do blood smear testing for malaria is available in a little over one-third of facilities.

Three-quarters of facilities that offer malaria services report facilitating ANC clients in obtaining ITNs, but only 6 in 10 had ITNs in the facility on the day of the survey.

8.2.2 Counseling for ANC clients on malaria-related information

During pregnancy the immune system in women weakens, particularly as regards malaria, making pregnant women more vulnerable to infection. Therefore, malaria during pregnancy increases women's risk of contracting other illnesses and infections, and can have adverse effects on both mother and fetus, including maternal anemia, intrauterine growth retardation, premature delivery, and possibly death for the woman and her child. Using ITNs can reduce malaria transmission in the population in general and in

pregnant women in particular. PNILP recommends counseling on topics related to ITN, and for the provision of nets to pregnant women during their ANC visits. PNILP also recommends intermittent preventive treatment (IPT) for malaria for pregnant women; thus, expectant mothers are given malaria treatments at regular intervals during pregnancy, through antenatal care services. With support from MCH, PNILP provided training for trainers of health workers on how to counsel on and prevent malaria in pregnancy in all districts, and provided a national annual supply of IPT medicines. Information shared with ANC clients on ITN and IPT for malaria are presented in Tables 8.3 and 8.4.

Insecticide-treated nets and intermittent preventive treatment for malaria

ITNs in Rwanda are being promoted through three main channels: the public sector (ANC and EPI programs), community-based programs (community health workers-CHW), and the private sector (e.g., Population Services International-PSI).

Table 8.3 Observed content of ITN-related health education for first-visit and follow-up visit clients

Percentage of first-visit and follow-up visit ANC clients who were counseled on ITNs and received or purchased ITNs, by type of facility, Rwanda SPA 2007

Counseling topic	Hospital	Health center/ Polyclinic	Dispensary/ Clinic/ Health post	Total percentage
First-visit ANC client				
Importance of using ITN explained	*	64	*	64
Giving ITN to client free of charge	*	28	*	27
Client purchases ITN from provider	*	31	*	30
Explanation about using ITN	*	52	*	52
Number of first-visit ANC clients		346		359
Follow-up visit ANC client				
Importance of using ITN explained	*	57	*	57
Giving ITN to client free of charge	*	18	*	18
Client purchases ITN from provider	*	23	*	22
Explanation about using ITN	*	49	*	48
Number of follow-up visit ANC clients	7	363	8	378

* The figure was based on a number too low to be meaningful

The usual practice is for pregnant women to receive information and items related to ITNs during ANC visits. This may include information on the importance of using an ITN, provision or purchase of an ITN, and instructions on how to use the ITN. As expected, first-visit ANC clients are more likely to receive ITN-related information and items than follow-up ANC clients. Sixty-four percent of first-visit ANC clients received information on the importance of ITNs, while 57 percent of follow-up clients received this information. Twenty-seven percent of first-visit clients received a free ITN and another 30 percent paid for it; fewer follow-up ANC clients received free nets or paid for the nets. About half of all ANC clients received instruction on using the ITNs (Table 8.3).

The PNILP's guidelines for IPT during pregnancy, recommend giving two doses of sulphadoxine-pyrimethamine (Fansidar) to expectant mothers in the second and third trimesters.

Providers are expected to explain the purpose of IPT to ANC clients, tell them how to take the antimalarial tablets, and discuss the possible side effects of the medicine. It is recommended that ANC

clients take their first IPT dose under the observation of the provider in the facility, and also receive information on the importance of taking the second dose of the medicine.

As expected, first-visit ANC clients are more likely to be given information on IPT than follow-up clients. About 2 in 3 first-visit ANC clients received information on IPT compared with a smaller percentage of follow-up ANC clients (Table 8.4). More than half of first-visit clients receive instruction on the purpose of IPT and information on how to take the medicine, compared with less than half of follow-up clients. About 6 in 10 first-visit clients and 5 in 10 follow-up clients got their first dose in the facility under the supervision of a provider. The importance of the second dose of IPT was explained to only about 40 percent of all ANC clients, including both first-visit clients and follow-up clients, while even fewer received any information on possible side effects of the medicine (Table 8.4).

Providing malaria treatment for children is critical because it is evident that children under five contribute to a large proportion of hospitalized cases of malaria morbidity and nearly half of documented malaria mortality in health facilities across Rwanda. Home-based management of malaria has been implemented in 16 districts by integrating ACT with community health packages (PNILP, 2004). Malaria treatment for sick children is described under Child Health Services in Chapter 4.

There is no established direct link between malaria and HIV/AIDS infection; however, malaria is the leading cause of mortality in Rwanda. Availability of malaria services among facilities offering HIV/AIDS services in Rwanda is described under HIV/AIDS services in Chapter 9, section 9.3.2.

Table 8.4 Observed content of malaria-related health education and receipt of first dose of IPT for first-visit clients and follow-up clients

Percentage of first and follow-up visit ANC clients who were observed receiving instruction on IPT and received the first dose of IPT in facility, by type of facility, Rwanda SPA 2007

Counseling topic	Hospital	Health center/ Polyclinic	Dispensary/ Clinic/ Health post	Total percentage
First-visit ANC client				
Provider gave or prescribed IPT	*	67	*	66
Provider explained purpose of IPT	*	56	*	55
Provider explained how to take IPT	*	55	*	54
Provider explained possible side effects of IPT	*	37	*	36
First dose of IPT observed being given in facility	*	61	*	59
Importance of 2nd dose of IPT explained	*	42	*	41
Number of first-visit ANC clients	8	346	5	359
Follow-up visit ANC client				
Provider gave or prescribed IPT	*	64	*	63
Provider explained purpose of IPT	*	47	*	46
Provider explained how to take IPT	*	49	*	49
Provider explained possible side effects of IPT	*	36	*	35
First dose of IPT observed being given in facility	*	52	*	51
Importance of 2nd dose of IPT explained	*	41	*	40
Number of follow-up visit ANC clients	7	363	8	378

* The figure was based on a number too low to be meaningful

Key Findings

About 6 in 10 pregnant women, both first-visit ANC clients and follow-up clients, received counseling on ITN during their ANC consultations; far fewer received free ITNs during their visits.

IPT medicines were provided to two-thirds of first-visit ANC clients (66 percent) and a slightly smaller proportion of follow-up clients (63 percent). The purpose of IPT was discussed with more than half of first-visit clients but less than half of follow-up clients.

About 6 in 10 first-visit ANC clients and half of follow-up clients received their first IPT dose during the observed consultation.

Chapter 9 HIV/AIDS Services

9.1 Background

An international technical working group, including representatives from the World Health Organization (WHO), the United Nations Program on HIV/AIDS (UNAIDS), the United States Agency for International Development (USAID), and other entities such as NGOs that implement HIV/AIDS services, has developed common indicators for measuring the quality of HIV/AIDS services provided through the formal health sector. These indicators can be summarized as follows:

- Capacity to provide basic services for HIV/AIDS,
- Capacity to provide advanced services for HIV/AIDS,
- Availability of recordkeeping systems for monitoring HIV/AIDS care and support,
- Capacity to provide services for prevention of mother-to-child transmission (PMTCT) of HIV, and
- Availability of youth-friendly services.

The 2007 RSPA survey collected information related to each of these indicators in health care facilities throughout Rwanda.

9.2 HIV/AIDS in Rwanda

Rwanda has been considered one of the African countries most affected by the HIV/AIDS epidemic. The first case of HIV/AIDS in Rwanda was seen at the Centre Hospitalier de Kigali in 1983. The infection spread rapidly and widely throughout the country. The HIV/AIDS epidemic has devastated the economy and the health care system of the country. It is estimated that 49,000 people died each year because of AIDS and related conditions, and as of 2003, an estimated 260,000 children had been orphaned by AIDS, though the real figure could be much higher. AIDS cases occupy 60 percent of all hospital beds (ROR and WJCF, 2003).

In 1987, the National AIDS Control Program (NACP) (or *Programme National de Lutte contre le SIDA* [PNLS]) was created to coordinate HIV/AIDS control activities. Recently, the Government restructured the coordination of AIDS control activities by replacing the NACP with the National AIDS Control Commission (NACC) (or *Commission National de Lutte contre le SIDA* [CNLS]) in November 2000. The main objective of the CNLS was to promote a multisectoral approach and strengthen cooperation). In 2004, the government established the Treatment Research AIDS Center (TRAC) to strengthen the Health Sector's capacity to respond to specific issues of the epidemic. In 2008, a law was promulgated to modify the institution and responsibilities of TRAC. TRAC included TRAC-Plus, which became an autonomous public institution. It is in charge of research, coordination and supervision of research and education curricula related to prevention and treatment of HIV/AIDS, malaria, and tuberculosis. It also advises the government on the manufacture and selling of medicines related to its programs (ROR, 2008).

The need to reorganize and expand the national response to HIV/AIDS, in conjunction with all groups involved in HIV/AIDS control activities, has become a national imperative and was emphasized by the NACC in the 2002-2006 Strategic Framework (NACC, 2002).

The 2002-2006 Strategic Framework was developed with financial support and technical assistance from the United Nations Development Program (UNDP). The framework puts forward the policy and strategic orientation to guide the formulation and implementation of national plans. The Strategic Framework is a

dynamic document, which can be revised periodically. The NACC also developed the Multisectoral National Plan,: a synthesis of the plans of action in all areas of intervention. It is a tool that is instrumental in making the strategic framework operational (NACC, 2002).

Findings from the 2005 RDHS indicate that HIV prevalence nationwide is 3.0 percent among adults age 15-49 years, with prevalence somewhat higher in women than men (3.6 percent and 2.3 percent, respectively). The prevalence of HIV/AIDS in Kigali City was 6.7 percent (8.0 percent in women and 5.2 percent in men), higher than the prevalence in other provinces (INSR et al., 2006). The wide gender difference in prevalence was a significant revelation that highlighted the vulnerability of women compared with men.

9.3 Definition of HIV/AIDS Indicators

The RSPA 2007 survey assessed the following HIV/AIDS-related services:

HIV Testing System/Counseling and Testing (CT): The survey defines a facility as having an HIV testing system or offering counseling and testing if: (1) before and/or after HIV testing ,Clients are counseled on the prevention of HIV, the meaning of the test, transmission of the virus, living with HIV/AIDS, care and support, and other aspects of the condition; and (2) clients are offered an HIV test conducted within the facility or by an affiliated lab, or the facility has a system for referring clients to an external testing site and receives test results back from that external site in order to follow up clients after testing. A facility that simply refers clients elsewhere, expecting the other location to counsel and follow up on test results, is not defined as having an HIV testing system or offering HIV counseling and testing.

Care and support services (CSS): Care and support services include any services that are directed towards improving the life of an HIV-infected person. These most often include treatment for opportunistic infections and illnesses that are commonly associated with or worsened by HIV infection, such as tuberculosis (TB), sexually transmitted infections (STIs), and malaria. Care and support services also may include palliative care and socioeconomic and psychological support services. Along with care and support services, infection control measures were assessed for all service units in the facility.

Antiretroviral therapy (ART): This refers to providing antiretroviral (ARV) medicines to treat HIV-positive persons and AIDS patients.

Post–exposure prophylaxis (PEP): This refers to providing prophylactic ARV drugs to persons who have been exposed to HIV, such as health are workers or rape victims.

Prevention of mother-to-child transmission (PMTCT): A facility is defined as offering PMTCT services if it offers any activities related to the prevention of mother-to-child transmission of HIV in pregnant or recently delivered women. Such activities include pre- and post-test counseling and HIV testing for pregnant women, counseling on infant feeding practices (including counseling about exclusive breastfeeding), family planning counseling and/or referral, and providing prophylactic ARV drugs to HIV-positive women and their newborn babies. PMTCT *plus* services includes the provision of ART to HIV-positive women and their families.

Youth-friendly services (YFS) with voluntary counseling and testing (VCT): This refers to specific programmatic strategies to encourage adolescents to utilize services with HIV/AIDS components. The RSPA specifically assessed the availability of youth-friendly services that include VCT.

9.4 Basic-Level Services for HIV/AIDS

9.4.1 Counseling and Testing

Generally accepted definitions for counseling and testing services—voluntary or not—(VCT or CT) for HIV include the following key elements:

- ***Counseling*** must be undertaken ***prior to testing***. Prior to testing, the counselor must ascertain that the client is taking the test ***voluntarily*** and understands that he/she can interrupt or stop the process at any point.
- The counselor must obtain an ***informed consent*** from client. The counselor shall ascertain that the client's mental state is sound and that he/she is not under the influence of any substance or undue pressure from any source. In case of doubt, the counselor should consult or refer the client to senior colleagues.
- Where HIV testing involves a person who is unable to provide consent, a close relative or next of kin shall be given information and asked to provide consent.
- The client must receive an assurance that test results are ***confidential*** and that no one will be told the results without his/her consent.
- Both HIV-positive and HIV-negative clients must receive ***post-test counseling*** on preventive measures, as well as treatment and follow-up.
- Same-day test results are encouraged.

Counseling and testing services may be provided in a special VCT unit. However, VCT may also be provided in almost any setting, wherever a client or provider determines that the service is necessary. Therefore, the survey gathered information from all service sites within a facility where it was determined that providers had any responsibility for providing counseling and/or testing for HIV.

Several elements have been defined as important for supporting the quality of counseling and testing services. For example, service sites must have guidelines and protocols and appropriate recordkeeping systems to ensure that all key elements of counseling and testing are covered. Tables 9.1 and 9.2 present information on the availability of an HIV testing system, defined as having an HIV test in the facility, or in an affiliated laboratory, or having a system for receiving results of tests conducted in a non-affiliated testing site in order to provide post-test services. Table 9.2 also presents information on the availability of informed consent documents and recordkeeping in counseling and testing sites.

Sixty-two percent of all facilities have an HIV testing system. Almost all hospitals (95 percent) and about 2 in 3 health centers and polyclinics (68 percent) have an HIV testing system (Table 9.1). Dispensaries, clinics, and health posts (29 percent) are least likely to have an HIV testing system. Government-assisted facilities are more likely to have an HIV testing system than other facilities while facilities in the North Province are less likely to have an HIV testing system than facilities in the other provinces.

Table 9.1 Availability of services for HIV/AIDS

Percentage of all facilities that offer specific HIV/AIDS services, by background characteristics. Rwanda SPA 2007

Background characteristics	HIV testing system[1]	CSS for HIV/AIDS clients[2]	PMTCT services[3]	Prescribing ART[4]	Staff have access to PEP[5]	Number of facilities
Type of facility						
Hospital	95	93	64	93	95	42
Health center/Polyclinic	68	60	63	29	27	389
Dispensary/Clinic/Health post	29	21	4	6	5	107
Managing authority						
Government	62	54	56	29	28	309
Government-assisted	81	77	74	47	44	133
Private/NGO/Community	36	27	5	5	3	96
Province						
North	50	47	46	27	28	90
South	78	68	65	27	27	117
East	62	56	58	32	27	113
West	57	52	51	28	27	132
Kigali City	62	51	33	34	29	86
Total	62	55	51	29	28	538

[1] Voluntary counseling and testing system for HIV/AIDS: facility conducts the test, has an affiliated laboratory, or has an agreement with a testing site where the test results are expected to be returned to the facility.
[2] Clinical care and support services for HIV/AIDS patients and people living with HIV/AIDS
[3] Prevention of mother-to-child transmission of HIV
[4] Antiretroviral therapy (that not include the follow-up services)
[5] Post-exposure prophylaxis for health care workers and other high-risk persons

Among facilities with a testing system, 90 percent conduct testing in the facility or in an affiliated laboratory; this includes 95 percent of hospitals, 89 percent of health centers and polyclinics, and 87 percent of dispensaries, clinics, and health posts. Only a small proportion of facilities (4 percent), have testing done exclusively outside the facility. On average, hospitals have two service sites offering HIV counseling and testing services, while other types of facilities have an average of just one HIV testing site per facility (Table 9.2).

An informed consent policy for HIV testing is available in only 69 percent of facilities that have an HIV testing system (Table 9.2). A facility is classified as having a written informed consent policy for HIV testing only if it is found at *all* sites in the facility where counseling and testing services are provided. As a result, only half of hospitals meet this criterion. Over 90 percent of facilities that have an HIV testing system have a register of HIV test results at all sites and keep a record of clients receiving their HIV test results. Recordkeeping is better in health centers and polyclinics than in other facilities. Facilities in Kigali City are less likely to have an informed consent policy for HIV testing, a register with HIV test results, and a record of clients receiving those results. On average 62 percent of all facilities have these three items in all testing sites, which includes 69 percent of health centers and polyclinics and 72 percent of government-assisted facilities.

Table 9.2 System for HIV testing

Percentage of facilities reporting an HIV testing system, and among these, percentage conducting HIV tests in facility or at external site, percentage with specific policies and records in all relevant service sites, and mean number of service sites per facility with an HIV testing system, by background characteristics. Rwanda SPA 2007

Background characteristics	Percentage of facilities reporting an HIV testing system[1]	Number of facilities	Percentage of facilities with: HIV test available in facility or affiliated lab[2]	HIV test available only at external site[3]	Specific items observed in all relevant service sites in facility: Informed consent policy for HIV testing[4]	Register with HIV test results	Record for clients receiving HIV test results[5]	All items for indicator[6]	Number of facilities reporting an HIV testing system	Mean number of service sites[6] with HIV testing system[7]
Type of facility										
Hospital	95	42	95	0	50	83	73	40	40	2
Health center/Polyclinic	68	389	89	5	76	96	96	69	263	1
Dispensary/Clinic/Health post	29	107	87	6	35	84	81	32	31	1
Managing authority										
Government	62	309	88	4	71	94	92	62	191	2
Government-assisted	81	133	94	4	77	94	94	72	108	1
Private/NGO/Community	36	96	89	6	34	89	86	31	35	1
Province										
North	50	90	98	0	69	96	96	64	45	2
South	78	117	86	5	69	93	93	59	91	2
East	62	113	84	4	70	94	93	59	70	1
West	57	132	95	5	85	96	95	84	75	1
Kigali City	62	86	91	4	45	87	79	40	53	2
Total	62	538	90	4	69	93	92	62	334	1

[1] Facility reports conducting the test in the facility or in an affiliated external laboratory or has an agreement with a testing site where the test results are expected to be returned to the facility.
[2] HIV testing is confirmed in the facility or in an affiliated laboratory.
[3] HIV testing is not done in the facility, but there are observed records of testing conducted outside the facility, with test results.
[4] If any of the following guidelines are present, they are considered as having an informed consent policy: national VCT guidelines, national guidelines for the clinical management of HIV and AIDS, national guidelines for prevention of mother-to-child transmission, or guidelines for counselors in Tanzania with emphasis on HIV/AIDS/STDs counseling.
[5] If rapid test is done, a record with client identifier and results is sufficient.
[6] Informed consent policy in all relevant service sites, observed register with HIV test results, observed register for clients receiving HIV test results, and HIV test available or records showing test results are received by facility.
[7] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

9.4.2 HIV/AIDS Care and Support Services

The RSPA survey defines HIV/AIDS care and support services (CSS) as the provision of any curative care for illnesses that may be related to HIV/AIDS (such as the diagnosis and treatment of opportunistic infections), or the provision of, or referrals for, counseling or social support services to help people live with HIV/AIDS. The survey defines clinical CSS as additional services, including the provision or prescription of treatments for opportunistic infections, systemic intravenous treatment for specific fungal infections such as cryptococcal meningitis, treatment for Kaposi's sarcoma, palliative care such as symptom or pain management, nutritional rehabilitation services, fortified protein supplements, ART, or follow-up services for persons on ART. Fifty-five percent of all facilities offer CSS, and 48 percent offer clinical CSS for HIV/AIDS clients (Table 9.3).

Less than half (47 percent) of clinical CSS facilities have registers with HIV/AIDS-related client diagnosis in all service sites. The registers are least observed in the facilities in the East Province (33 percent) and are most observed in the facilities in Kigali City (63 percent). The record of individual client appointments is observed in all services sites in 71 percent of all clinical CSS facilities, including 83 percent of facilities in North Province and 62 percent and 60 percent of the facilities in West Province and Kigali City, respectively.

Table 9.3 Availability and documentation of care and support services for HIV/AIDS clients

Percentage of facilities offering care and support services (CSS) for HIV/AIDS clients; percentage of facilities offering clinical CSS; and among these, percentage with specific recordkeeping systems, and mean number of clinical CSS service sites per facility, by background characteristics. Rwanda SPA 2007

				Among facilities offering clinical CSS for HIV/AIDS clients, percentage with:				
Background characteristics	Percentage of facilities offering CSS for HIV/AIDS clients[1]	Percentage of facilities offering any clinical CSS for HIV/AIDS clients[2]	Number of facilities	Individual record/chart observed in all relevant service sites	Register with HIV/AIDS related client diagnosis observed in any relevant service sites	Observed record system for individual client appointments in all relevant outpatient program sites	Number of facilities offering any clinical CSS for HIV/AIDS clients	Mean number of clinical CSS service sites[3]
Type of facility								
Hospital	93	93	42	92	54	82	39	3
Health center/Polyclinic	60	53	389	93	46	71	206	2
Dispensary/Clinic/Health post	21	12	107	100	46	38	13	1
Managing authority								
Government	54	49	309	91	47	73	150	2
Government-assisted	77	70	133	96	49	73	93	2
Private/NGO/Community	27	16	96	100	40	47	15	1
Province								
North	47	44	90	95	43	83	40	2
South	68	60	117	96	59	79	70	2
East	56	49	113	89	33	71	55	2
West	52	44	132	95	41	62	58	1
Kigali City	51	41	86	89	63	60	35	2
Total	55	48	538	93	47	71	258	2

[1] Providers report providing any curative care for illnesses that may be related to HIV/AIDS, such as the diagnosis and treatment of opportunistic infections, and report providing or referring clients for counseling and/or social support services for help in living with HIV/AIDS.
[2] In addition to CSS, providers report providing or prescribing any of the following: treatment for opportunistic infections; systemic intravenous treatment of specific fungal infections, such as cryptococcal meningitis; treatment for Kaposi's sarcoma; palliative care for patients, such as symptom management, pain management, or nursing care; nutritional rehabilitation services; fortified protein supplements; antiretroviral therapy (ART); and follow-up services for persons receiving ART.
[3] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Basic Clinical Care and Support Services

HIV/AIDS clients are at higher risk of developing opportunistic infections such as TB and STIs as a result of their suppressed immune system. One of the most important HIV/AIDS care and support strategies is the immediate treatment of opportunistic infections among HIV/AIDS clients. Table 9.4 presents information on the availability of basic clinical care and support services, including the treatment of opportunistic infections among all facilities.

Sixty-one percent of all facilities provide services for TB treatment or follow-up (Table 9.4). Facilities in Kigali City are less likely to report having services for TB treatment or follow-up (30 percent). Around nine in 10 facilities (91 percent) provide services for malaria treatment. Treatment of STIs (96 percent of

facilities) is almost universally available. Twenty-eight percent of facilities offer preventive treatment for pneumonia, while only 15 percent offer preventive treatment for TB using isoniazid. In Rwanda, the policy of using isoniazid for TB preventive treatment is new and has not been formalized. Overall, only one-third of all facilities, including 83 percent of hospitals, offer some type of treatment for opportunistic infections.

The survey assessed the availability of several services among a subset of facilities that offer CSS services. Facilities that offer CSS for HIV/AIDS clients should also be able to offer services for TB, STIs, and malaria. TB and STIs are both associated with HIV/AIDS. Although malaria infection is not directly associated with HIV infection or AIDS, the Global Roll Back Malaria initiative of the World Health Organization promotes the integration of malaria and HIV services to reduce morbidity and mortality associated with dual infection.

Table 9.4 Availability of HIV testing system and basic clinical care and support services for HIV/AIDS

Percentage of facilities that report an HIV testing system and offer treatment for various illnesses, by background characteristics. Rwanda SPA 2007

	Percentage of facilities[1] reporting:								
Background characteristics	HIV testing system[2]	Treatment of TB	Treatment of STIs	Treatment of malaria	Preventive treatment for TB[3]	Preventive treatment for pneumonia	Any treatment of opportunistic infections[4]	All services	Number of facilities
Type of facility									
Hospital	95	93	95	95	45	67	83	31	42
Health center/ Polyclinic	68	71	98	95	15	29	33	8	389
Dispensary/Clinic/Health post	29	12	86	73	2	8	9	1	107
Managing authority									
Government	62	69	98	94	17	29	31	9	309
Government-assisted	81	81	97	95	19	38	51	14	133
Private/ NGO/ community	36	6	85	72	0	9	10	0	96
Province									
North	50	49	99	91	12	22	31	8	90
South	78	81	97	96	19	34	35	10	117
East	62	73	96	94	14	30	29	8	113
West	57	60	98	88	11	20	33	7	132
Kigali City	62	30	87	83	17	33	34	10	86
Total	62	61	96	91	15	28	33	9	538

[1] Refers to any health service facility or other non-home-based site where services related to HIV/AIDS are offered.
[2] Facility reports conducting the test, has an affiliated external laboratory, or has an agreement with a testing site to return the test results to the facility.
[3] Using isoniazid.
[4] Must treat opportunistic infections other than TB.

Tuberculosis

Tuberculosis (TB) is the most common opportunistic infection associated with HIV/AIDS, and it is among the leading causes of death among people infected with HIV. Worldwide, it is estimated that more than 21 million people are co-infected with HIV and TB. People who are HIV-positive and infected with TB are up to 50 times more likely to develop active TB in a given year than people who are infected with TB and are HIV-negative (WHO, 2007). TB diagnosis and treatment is considered an important component of care for HIV/AIDS clients. To improve compliance with full treatment and reduce the prevalence of drug-resistant strains of TB, WHO advocates the directly observed treatment short-course strategy (DOTS Strategy) for TB treatment (Section 7.6, in Chapter 7), which includes a directly observed anti-TB treatment, short-course (DOTS) for at least all sputum smear-positive pulmonary TB cases, with

direct observation of treatment for at least the initial two months. This section presents the availability of DOTS for HIV/AIDS patients.

Among facilities offering CSS for HIV/AIDS clients, 69 percent provide TB diagnostic and/or treatment services, 59 percent report being part of the national DOTS program and 55 percent follow the DOTS program (Table 9.5). A majority of hospitals and 70 percent of health centers and polyclinics offer TB diagnostic, or treatment services, or both. TB services are available in only 30 percent of dispensaries, clinics, and health posts. Government and government-assisted facilities are more likely than facilities under other managing authorities to offer TB services. Facilities in the North Province and in Kigali City are less likely than facilities elsewhere to offer these services.

Table 9.5 Tuberculosis treatment at HIV service sites using Directly Observed Treatment Short-course (DOTS)

Among facilities offering care and support services (CSS) for HIV/AIDS clients, percentage with specific tuberculosis (TB) activities; and among facilities offering CSS and following the DOTS strategy for TB treatment, percentage with program components that support TB treatment, and mean number of service sites per facility that offer CSS and TB services using the DOTS approach, by background characteristics. Rwanda SPA 2007

Background characteristics	Percentage of facilities offering CSS for HIV/AIDS clients	Number of facilities	Among facilities offering CSS for HIV/AIDS clients, percentage with specific TB activities			Number of facilities offering CSS for HIV/AIDS clients	Among facilities offering CSS for HIV/AIDS clients and following DOTS strategy, percentage with				Number of facilities offering CSS for HIV/AIDS clients and following DOTS	Mean number of sites offering TB services using DOTS[5]
			Any TB diagnostic or treatment services[1]	Report they are part of national DOTS program	Follow DOTS[2]		Observed client register at any DOTS site	Observed TB treatment protocol in all sites	All first-line medicines available[3]	All items for TB indicator[4]		
Type of facility												
Hospital	93	42	87	82	67	39	81	77	96	62	26	2
Health center/Polyclinic	60	389	70	60	59	234	81	78	90	63	137	1
Dispensary/Clinic/ Health post	21	107	30	13	0	23	-	-	-	-	0	-
Managing authority												
Government	54	309	71	62	59	167	81	72	90	57	99	1
Government-assisted	77	133	74	66	61	103	81	87	92	71	63	1
Private/NGO/Community	27	96	38	12	4	26	100	100	100	100	1	1
Province												
North	47	90	57	40	50	42	81	90	95	71	21	1
South	68	117	82	80	66	79	71	67	83	44	52	1
East	56	113	76	60	65	63	80	76	98	68	41	1
West	52	132	62	59	47	68	94	100	91	88	32	1
Kigali City	51	86	57	39	39	44	88	59	94	47	17	2
Total	55	538	69	59	55	296	81	78	91	63	163	1

[1] Unit conducts TB test or prescribes initial therapy or follows up TB patients.
[2] Treatment strategy followed is either direct-observe 2 months with 4 months follow-up, or direct-observe 6 months, or direct-observe 8 months.
[3] Any combination of isoniazid (INH), rifampicin, ethambutol, and pyrazinamide. If medicines provided are pre-packaged for individual DOTS clients, medicines had to be available for all DOTS clients.
[4] Observed client register for DOTS and observed TB treatment protocols and all first-line TB medicines available in facility.
[5] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Although 82 percent of hospitals that offer CSS for HIV/AIDS clients report being part of the national DOTS program, only 67 percent follow the DOTS treatment (Table 9.4). This suggests that some hospitals that report being part of the national DOTS program do not actually follow the DOTS treatment strategy. Similarly, 13 percent of dispensaries, clinics, and health posts report being part of the national DOTS program, but none follows the DOTS treatment. In contrast, 60 percent of health centers and polyclinics report they are part of the national DOTS program, and a similar proportion (59 percent) follows the DOTS treatment.

Among facilities that offer CSS for HIV/AIDS clients and follow the DOTS treatment strategy, 81 percent maintain a register for DOTS clients. TB treatment protocols are available in 78 percent of these facilities. All first-line TB medicines (any combination of isoniazid, rifampicin, ethambutol and pyrazinamide) are available in almost all hospitals (96 percent) and in 90 percent of health centers and polyclinics. Overall, 63 percent of all facilities offering CSS and following the DOTS treatment strategy have everything needed to treat TB (Table 9.5).

About 66 percent of facilities offering CSS for HIV/AIDS clients also offer TB diagnostic services (Appendix Table A-9.4). This includes most hospitals and 65 percent of health centers and polyclinics. Among all facilities that offer CSS for HIV/AIDS clients, 59 percent use a sputum test and 11 percent use X-rays to diagnose TB. The use of X-rays is limited almost exclusively to hospitals, 67 percent of which use X-rays to diagnose TB.

Slightly less than half (44 percent) of facilities that use sputum tests for TB diagnosis have all the items needed to conduct the test, and hospitals are more likely than other types of facilities to have everything needed (74 percent). About one in five facilities (19 percent) that diagnose TB using sputum tests send the specimen elsewhere with documentation. About three in four facilities (74 percent) keep a record of clients' sputum test results. Overall, only 54 percent of the facilities that report using sputum tests for TB diagnosis have 1) all the items needed to conduct the test or send the specimen elsewhere with documentation, and 2) keep a record of clients' sputum test results.

More than half (59 percent) of facilities that use X-rays for TB diagnosis have a functioning X-ray machine with films, including 73 percent of hospitals and only 13 percent of the health centers and polyclinics (Appendix Table A-9.4).

Sexually Transmitted Infections (STIs)

There is a documented correlation between STIs and the risk of contracting HIV/AIDS. Persons with HIV/AIDS are at higher risk than the general population for contracting STIs. Findings from the 2005 RDHS show that among Rwandans who ever had sex and were HIV-positive, 15.7 percent reported having an STI or STI symptoms during the 12 months before the survey, compared with only 3.7 percent of those who had ever had sex but were HIV-negative (INSR et al., 2006). Thus, screening, diagnosis, and treatment for STIs, including syphilis, are basic services that must be provided to all HIV-positive clients.

Generally accepted standards for quality STI services include the:

- Availability of diagnostic and treatment guidelines in all STI service sites, and
- Provision of appropriate treatment before the client leaves the facility.

In addition, laboratory diagnosis is important as it may be the only way to confirm the presence or absence of an STI. International experts advocate that all newly diagnosed HIV/AIDS clients be screened for STIs, particularly syphilis.

Almost all facilities (95 percent) that offer CSS for HIV/AIDS clients also offer STI treatment services, including 90 percent of hospitals, 98 percent of health centers and polyclinics, and 70 percent of dispensaries, clinics, and health posts (Table 9.6). Among these, only about one-quarter (23 percent) have STI treatment protocols in all CSS sites that offer STI treatment. Hospitals (14 percent) and dispensaries, clinics, and health posts (6 percent) are less likely than health centers and polyclinics (25 percent) to meet this criterion. Medicines for treating each major STI (syphilis, gonorrhea, chlamydia, and trichomoniasis) are available in 82 percent of facilities that offer CSS for HIV/AIDS clients and also offer STI treatment services. Hospitals (97 percent) and health centers and polyclinics (83 percent) are more likely to have

medicines for treating all four STIs than are dispensaries, clinics, and health posts (38 percent). Private, NGO, and community facilities (25 percent), and facilities in Kigali City (59 percent) are less likely than other facilities to have these medicines. Condoms are available in 83 percent of all facilities, and are more likely to be available in government facilities (92 percent) than other types of facilities. Overall, about one in five facilities offering CSS for HIV/AIDS clients have all the items considered essential for STI services.

Table 9.6 Diagnosis and treatment of sexually transmitted infections at HIV service sites

Percentage of facilities offering care and support services (CSS) for HIV/AIDS clients that treat sexually transmitted infections (STIs), and among them, percentage with program components to support STI services (including treatment protocol at all sites), and mean number of CSS service sites offering STI treatment, by background characteristics. Rwanda SPA 2007

Background characteristics	Among facilities offering CSS, percentage that offer STI treatment services	Number of facilities offering CSS for HIV/AIDS clients	Among facilities offering CSS for HIV/AIDS clients and STI treatment services, percentage with: Observed STI treatment protocol in all relevant service sites	Medications for treating major STIs in facility[1]	Condoms in any service area or pharmacy	All items for STI services[2]	Number of facilities offering CSS for HIV/AIDS clients and STI treatment services	Mean number of sites offering CSS for HIV/AIDS clients and STI treatment services[3]
Type of facility								
Hospital	90	39	14	97	80	9	35	1
Health center/Polyclinic	98	234	25	83	84	20	229	1
Dispensary/Clinic/Health post	70	23	6	38	75	6	16	1
Managing authority								
Government	95	167	25	87	92	22	159	1
Government-assisted	98	103	23	86	69	13	101	1
Private/ NGO/ community	77	26	5	25	80	5	20	2
Province								
North	95	42	13	85	88	13	40	1
South	95	79	25	81	76	17	75	1
East	95	63	35	87	83	27	60	1
West	97	68	21	91	89	17	66	0
Kigali City	89	44	13	59	79	10	39	2
Total	95	296	23	82	83	18	280	1

[1] At least one medicine for treating syphilis, (doxycycline, erythromycin, penicillin, or tetracycline), gonorrhea (ceftriaxone, ciprofloxacin, or norfloxacin), chlamydia (amoxicillin, doxycycline, erythromycin, norfloxacin, or tetracycline), and trichomoniasis (metronidazole, tinidazole, or miconazole vaginal suppository).
[2] Observed treatment protocols in all relevant units, STI medicines available, and condoms in any service area or pharmacy.
[3] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Malaria

Even though no direct link has been established between malaria and HIV/AIDS, malaria poses a significant burden on the health care system in Rwanda and it is the leading cause of death in Rwanda. As a result, most people with HIV/AIDS die primarily as a result of contracting malaria. The health situation related to malaria in Rwanda is described in Chapter 7, section 7.1.4.

Facility-based initiatives for controlling malaria include following national protocols for treatment and, whenever possible, conducting laboratory confirmation of the diagnosis.

With the exception of dispensaries, clinics, and health posts, nearly all facilities offering CSS for HIV/AIDS clients also offer malaria treatment services and have first-line antimalaria medicines (sulfadoxine-pyrimethamine [Fansidar], amodiaquine, or Coartem) in the facility (Appendix Table A-9.5). Facilities in Kigali City (65 percent) and private, NGO, and community facilities (22 percent) are among the least likely to have first-line antimalaria medicines. Malaria treatment guidelines are available in all CSS sites offering malaria treatment services in only 58 percent of facilities. Only 28 percent of private, NGO, and community facilities, and 38 percent of facilities in Kigali City have malaria treatment guidelines in all relevant sites.

Key Findings

Sixty-two percent of all facilities in Rwanda have an HIV testing system. This includes almost all hospitals and nearly 7 in 10 health centers. An informed consent policy for HIV testing is available in 7 of 10 facilities with an HIV testing system.

More than half of all facilities provide care and support services for HIV/AIDS clients. TB diagnosis and/or treatment services are available in about two-thirds of these facilities, and over half of these follow the DOTS treatment approach.

STI treatment services are available in almost all facilities that offer care and support services for HIV/AIDS clients. The items to support STI services that are most often missing are STI treatment guidelines in all relevant service sites.

Malaria treatment services are available in nearly all facilities that offer care and support services for HIV/AIDS clients. While antimalaria medicines are widely available in these facilities, fewer than 6 in 10 of them have malaria treatment guidelines.

9.5 Advanced-Level Services for HIV/AIDS

Persons in an advanced stage of HIV/AIDS are usually seriously ill and require a more advanced level of treatment and follow-up than is available at many health facilities. Hospitals should be the first among all types of facilities to be equipped with the capacity to provide all of the advanced care and support services needed for monitoring and treating HIV/AIDS clients. As service development expands, however, it is expected that many of these services will become available outside of hospitals, in lower level facilities as well. Current programs are focusing on increasing staff training, developing protocols and guidelines, ensuring adequate laboratory and medical equipment, implementing recordkeeping for HIV/AIDS services, and provision of ARVs. The main elements of advanced-level services for HIV/AIDS include the management of opportunistic infections and provision of advanced palliative care for the people living with HIV/AIDS including the laboratory diagnostic capacity and the availability of treatment medications for severe opportunistic infections, antiretroviral therapy (ART), a referral system for psychosocial and socioeconomic care and support services, conditions to support home care services, and post-exposure prophylaxis (PEP). Additional HIV/AIDS services are the prevention of mother-to-child transmission (PMTCT) of HIV, and youth-friendly services. A good recordkeeping system for monitoring HIV/AIDS clients should be available in all facilities that provide HIV services.

The activities and services assessed for advanced-level care and support in this section include:

- Advanced-level treatment of opportunistic infections and palliative care for HIV/AIDS, including the laboratory diagnostic capacity and the availability of treatment medications for severe opportunistic infections
- Antiretroviral therapy (ART)
- Prevention of mother-to-child transmission (PMTCT) of HIV
- Post-exposure prophylaxis (PEP)
- Youth-friendly services (YFS)

9.5.1 Advanced-Level Treatment of Opportunistic Infections and Palliative Care for HIV/AIDS

For the purpose of this survey, a facility must meet the following requirements to be classified as having advanced-level treatment capacity:

- At least one medicine (or in some cases, two medicines) for the treatment of an indicated condition is available,
- Protocols or guidelines for treating common opportunistic infections are available in each service area,
- At least one trained provider for an indicated service is available in the facility; and
- Laboratory diagnostic capacity exists for common HIV/AIDS-related illnesses.

The survey defines palliative care as the availability of any of the following: treatment for cryptococcal infections, treatment for Kaposi's sarcoma, symptomatic or pain relief, nutritional rehabilitation, or any psychosocial support services. Treatment for Kaposi's sarcoma is available at only 16 percent of facilities that offer CSS for HIV/AIDS clients and is offered mostly in hospitals (54 percent) (Appendix Table A-9.12). Facilities in Kigali City and in the West Province are more likely than facilities in other provinces to offer treatment for Kaposi's sarcoma. Treatment for cryptococcal infections is only slightly more widely available, found in 18 percent of all facilities, including 74 percent of hospitals. Facilities are more likely to offer symptomatic or pain relief (53 percent) and nutritional rehabilitation (60 percent), while psychosocial counseling is almost universally available (90 percent).

The vast majority of facilities that offer clinical CSS for HIV/AIDS clients have medicines for treating pneumonia (95 percent) and other bacterial infections (94 percent) and medicines for basic pain management (93 percent) (Table 9.7). Medicines for treating topical fungal infections are available in 78 percent of these facilities and deworming medications are present in 91 percent of facilities. Oral rehydration salts and vitamins are available in 88 percent and 66 percent of these facilities, respectively. Medicines for managing chronic diarrhea (25 percent) and intravenous fluids with infusion set (40 percent) are generally less available.

Laboratory testing capacity for monitoring HIV/AIDS clients is low among facilities that offer clinical CSS for HIV/AIDS clients (Appendix Table A-9.14). The most widely available tests are kits to perform a spinal tap, which are found at 56 percent of facilities that offer clinical CSS, including 92 percent of hospitals and 85 percent of dispensaries, clinics, and health posts. Private, NGO, and community facilities and facilities in Kigali City are more likely to have this item than other facilities. Capacity to measure hemoglobin or hematocrit, serum glucose, and gram stain is found at about 2 in 5 facilities that offer clinical CSS, including 79 to 90 percent of hospitals. Other testing capacities are less common. For example, about one-third of all facilities that offer clinical CSS have the capacity to perform Enzyme Linked Immunosorbent Assay (ELISA) tests for HIV (33 percent), blood urea nitrogen (BUN) and serum creatinine tests (36 percent), and liver function tests (36 percent), including 46 to 79 percent of hospitals.

One-fourth of all facilities (including 59 percent of hospitals) can do white cell count and platelet count. Only 7 percent of all facilities have culture media and an incubator, and only 8 percent can perform an Indian ink test. Hospitals and, in some instances, private, NGO, and community facilities, are most likely to have each of these testing capacities.

Confidentiality is one of the important aspects of care and support for people living with HIV/AIDS. The survey assessed the availability of confidentiality guidelines in facilities offering clinical CSS. About 3 in 4 facilities have confidentiality guidelines in all service sites offering clinical CSS for HIV/AIDS clients (Appendix Table A-9.11). Hospitals, with an average of three service sites per facility, are least likely to meet the criterion. Other guidelines are equally lacking, including guidelines on opportunistic infections (51 percent), symptomatic and palliative care (48 percent), the care of children living with HIV/AIDS (48 percent), and the care of adults living with HIV/AIDS (45 percent).

Table 9.7 Availability of treatments for opportunistic infections and conditions

Among facilities offering clinical care and support services (CSS) for HIV/AIDS clients, percentage with medicines to treat or manage opportunistic infections and other conditions, by background characteristics. Rwanda SPA 2007

	Among facilities offering clinical CSS for HIV/AIDS clients, percentage with at least one medicine to manage or treat specific conditions or have specific items									Number of facilities offering clinical CSS for HIV/AIDS clients
Background characteristics	Topical fungal infection[1]	Bacterial pneumonia[2]	Other bacterial infections[3]	Vitamin supple-mentation[4]	Manage-ment of chronic diarrhea[5]	Basic manage-ment of pain[6]	Deworming[7]	Intravenous fluid with infusion set for rehydration[8]	Oral rehydration salts	
Type of facility										
Hospital	95	100	100	82	54	100	97	67	100	39
Health center/Polyclinic	76	96	95	66	19	95	93	36	89	206
Dispensary/Clinic/Health post	46	62	62	23	23	54	54	31	38	13
Managing authority										
Government	78	97	97	60	24	96	94	36	89	150
Government-assisted	84	96	97	83	28	97	97	46	95	93
Private/NGO/Community	33	67	47	20	13	47	33	47	40	15
Province										
North	78	93	93	80	23	90	90	8	93	40
South	74	94	96	73	17	94	93	53	89	70
East	75	98	98	45	36	98	98	40	93	55
West	91	93	97	74	22	97	93	38	86	58
Kigali City	66	94	83	54	29	83	77	57	77	35
Total	78	95	94	66	25	93	91	40	88	258

[1] Fluconazole, clotrimazole, ketoconazole, or nystatin
[2] Amoxicillin, ampicillin, or chloramphenicol
[3] Tetracycline, nalidixic acid, cotrimoxazole, erythromycin, or penicillin
[4] Iron or iron with folate, any multivitamin, and B6 or other B vitamin
[5] Loperamide, diphenoxylate, or oral codeine
[6] Paracetamol, aspirin, or ibuprofen
[7] Albendazole or mebendazole
[8] Normal saline, D5NS, Ringer's lactate, or plasma expanders, plus an infusion set

9.5.2 Antiretroviral Therapy (ART)

Not every HIV/AIDS client is eligible for ART. The Ministry of Health's guidelines for utilization of antiretroviral medicines in adults and children (Mott, 2002) provides criteria for prescribing ARV treatment for adults and children in Rwanda. It states that ART is prescribed for a person (adult or children) with clinical AIDS (WHO stage 4); or a person with WHO stage 3 with severe infections such as esophageal candidiasis, zona, herpes, TB, etc) and CD4 count <350/mm^3; or a person with WHO stage 1 or 2 with no symptoms of infection but a CD4 count of <200/mm^3. The prescription and provision of

ART should be done by trained health personnel, who should regularly monitor the condition of these clients to ensure that an effective ARV regime is being implemented and that side effects are properly managed.

Elements identified as important for providing quality ART services include the following:

- Staff trained in the provision of relevant services,
- Protocols and guidelines for relevant care and support services,
- A consistent supply of ARVs and good storage practices to maintain their quality and security,
- A system for making client appointments for routine follow-up services,
- An individual client record to assure continuity of care for the client, and
- Good recordkeeping systems for ART compliance.

ARV drugs inhibit the replication of HIV and can significantly prolong and improve the quality of life of HIV-positive people. ART is therefore a treatment option which is beneficial and important to effective care and treatment programs in Rwanda. The provision of ART services in Rwanda started in 1999. The RSPA survey finds that, overall, only 29 percent of all facilities prescribe ART, and, as expected, ART services are offered mostly at hospitals (93 percent) and in a limited number of health centers and polyclinics (29 percent). Only 6 percent of dispensaries, clinics, and health posts prescribe ART (Table 9.8). Items to support ART services are not commonly available in facilities that prescribe ART. For example, about 3 in 5 hospitals and health centers and polyclinics that prescribe ART have national guidelines for the clinical management of ART available. Only one-third of dispensaries, clinics, and health posts that prescribe ART have the ART national guidelines. Laboratory capacity for monitoring ART is available in 68 percent of all ART facilities, including 79 percent of hospitals, 65 percent of health centers and polyclinics, and half of dispensaries, clinics, and health posts. However, about three-fourths of facilities that prescribe ART experienced a stock-out of ARVs in the 6 months preceding the survey.

Table 9.8 Facilities with ART and items to support antiretroviral combination therapy services

Percentage of facilities prescribing antiretroviral therapy (ART), and among these, percentage with specific program components, by background characteristics. Rwanda SPA 2007

Background characteristics	Percentage of facilities prescribing ART	Number of facilities	Percentage of facilities prescribing ART that have: National guidelines for the clinical management of HIV/AIDS	No stock-outs of normally stocked ARVs in past 6 months	Laboratory capacity for monitoring ART[1]	Number of facilities prescribing ART
Type of facility						
Hospital	93	42	59	26	79	39
Health center/Polyclinic	29	389	58	23	65	113
Dispensary/Clinic/Health post	6	107	33	17	50	6
Managing authority						
Government	29	309	57	19	63	90
Government-assisted	47	133	62	29	73	63
Private/NGO/Community	5	96	20	40	80	5
Province						
North	27	90	54	13	79	24
South	27	117	38	28	59	32
East	32	113	58	8	50	36
West	28	132	78	43	78	37
Kigali City	34	86	55	21	76	29
Total	29	538	58	23	68	158

[1] Either laboratory conducts CD4, viral load, or total lymphocyte count (TLC) tests, or there is a system for sending blood samples for outside testing and receiving results.

9.5.3 Prevention of Mother-to-Child Transmission (PMTCT) of HIV

One of the strategies adopted by the government of Rwanda to fight HIV/AIDS is the prevention of mother-to-child transmission (PMTCT) of HIV. These services are typically offered in conjunction with VCT, antenatal and delivery services, and may include a variety of activities. The degree to which a facility offers the total package is often determined by the level of staffing and whether the facility offers both antenatal care and delivery services. The government of Rwanda, in collaborating with various partners, began offering PMTCT services in 2002. By the end of 2005, 228 facilities offered VCT and 208 offered PMTCT services. In 2006, the Ministry of Health issued new national guidelines: National guidelines and protocols for voluntary counseling and testing and preventing mother-to-child transmission of HIV. The new guidelines call for screening all patients with TB and other opportunistic infections. They also revised and improved the protocol and criteria for testing young adults 18 or younger and children whose mothers are HIV positive. The guidelines also describe the procedures for testing women utilizing antenatal care and delivery services, and the regimes for prophylactic use of ARVs among HIV-positive pregnant women and their newborns.

Generally accepted standards for PMTCT include the following:

- Pre- and post-HIV test counseling for pregnant women,
- Counseling HIV-positive women on infant feeding practices and family planning,
- Providing prophylactic ARV drugs to HIV-positive women during labor and delivery, and to the newborn within 72 hours of birth, and
- Providing family planning counseling and/or referrals.

Additional services (referred to as PMTCT plus) include making ART available to all eligible women identified through PMTCT as HIV-positive, as well as to their families.

Table 9.9 presents information on the availability of PMTCT services. Additional information on PMTCT is provided in Appendix Table A-9.20. Overall, 51 percent of facilities offer any of the four components of PMTCT services (Table 9.9). These include 64 percent of hospitals and 63 percent of health centers and polyclinics. A small proportion of dispensaries, clinics and health posts (4 percent) also offer at least one component of PMTCT services. Facilities in the South Province (65 percent) are more likely than facilities in other provinces to offer any components of PMTCT. Government-assisted facilities (74 percent) are more likely to offer PMTCT services than government facilities (56 percent). Five percent of private, NGO, and community facilities and 33 percent of facilities in Kigali City offer the services.

Almost all facilities that offer PMTCT services provide pre- and post-test counseling and HIV testing for pregnant women (98 percent), counseling on infant feeding (98 percent), and family planning counseling or referral (95 percent) (Table 9.9). ARV prophylaxis for pregnant women, which is available in about three-quarters of facilities offering PMTCT services, is slightly less available in dispensaries, clinics and health posts (50 percent) than in health centers and polyclinics (72 percent) and hospitals (89 percent). With the exception of counseling and testing for HIV and family planning counseling or referral, each component of PMTCT is less likely to be available in dispensaries than hospitals and health centers and polyclinics. Overall, two-thirds of PMTCT facilities provide all four components of the minimum PMTCT package. About half also offer ART to HIV-positive women and their families; and 43 percent offer PMTCT plus.

Table 9.9 Availability of services for prevention of mother-to-child transmission of HIV

Percentage of facilities offering any services for prevention of mother-to-child transmission (PMTCT) of HIVAIDS, and among these, percentage with specific PMTCT program components, and the mean number of PMTCT service sites per facility, by background characteristics. Rwanda SPA 2007

Background characteristics	Percentage of facilities offering any PMTCT services	Number of facilities	Percentage of facilities that offer specific PMTCT services							Percent of facilities with a PMTCT provider trained in past 3 years	Number of facilities offering PMTCT services	Mean number of sites offering PMTCT services[3]
			Pre- and post-test counseling and HIV testing services	ARV prophylaxis to prevent MTCT	Infant feeding counseling	Family planning counseling or referral	All four items for minimum PMTCT package[1]	ARV therapeutic treatment for HIV+ women and their family	All items for PMTCT plus[2]			
Type of facility												
Hospital	64	42	96	89	96	89	74	89	70	85	27	1
Health center/Polyclinic	63	389	98	72	98	96	67	44	40	83	246	1
Dispensary/Clinic/ Health post	4	107	100	50	75	100	50	50	50	75	4	1
Managing authority												
Government	56	309	99	69	99	99	67	41	39	86	174	1
Government-assisted	74	133	96	82	96	89	69	62	51	81	98	1
Private/NGO/Community	5	96	100	40	80	100	40	40	40	60	5	1
Province												
North	46	90	98	61	100	100	61	51	51	73	41	1
South	65	117	96	74	96	92	67	34	26	75	76	1
East	58	113	100	72	98	94	66	46	40	92	65	1
West	51	132	99	73	99	99	69	52	48	85	67	1
Kigali City	33	86	96	89	96	93	79	82	75	96	28	1
Total	51	538	98	73	98	95	68	49	43	83	277	1

[1] HIV testing with pre- and post-test counseling, ARV prophylaxis for the mother and newborn, counseling on infant feeding, and family planning counseling or referral.
[2] All components for the minimum package PMTCT services are available, and the facility offers ARV therapy for HIV-positive women and their families.
[3] There may be several locations within one facility where the same service is offered. Each of these locations is defined as a service site.

Training is important for the provision of quality services. Eighty-three percent of facilities offering PMTCT have a PMTCT provider who has received training within the past three years (Table 9.9).

Recordkeeping for PMTCT is also an important aspect of PMTCT service delivery. Eighty-four percent each of PMTCT facilities have records of women attending ANC who accepted HIV testing, and records of women who received HIV test results. However, only 43 percent of facilities have records of women who received post-test counseling by serostatus, and 42 percent have records of HIV-positive women who received a complete ARV course for PMTCT. Slightly more than three-quarters (77 percent) have PMTCT guidelines at all PMTCT sites (Table 9.10).

Table 9.10 Availability of service records for PMTCT services

Percentage of facilities offering services for prevention of mother-to-child transmission of HIV (PMTCT), and among those, percentage with specific documentation observed and up-to-date, and mean number of sites offering PMTCT services, by background characteristics. Rwanda SPA 2007

Background characteristics	Percentage of facilities offering any PMTCT services	Number of facilities	Percentage of facilities offering PMTCT services that had specific documentation observed					Number of facilities offering PMTCT services	Mean number of sites offering PMTCT services
			Record of women attending ANC and who accepted HIV testing	Record of women who received HIV test results	Record of women who received post-test counseling (by serostatus)	Record of HIV+ pregnant women who received complete ARV course for PMTCT	All PMTCT sites have PMTCT guidelines		
Type of facility									
Hospital	64	42	30	30	11	22	85	27	1
Health center/Polyclinic	63	389	91	91	48	44	76	246	1
Dispensary/Clinic/Health post	4	107	25	25	0	25	50	4	1
Managing authority									
Government	56	309	85	84	44	42	74	174	1
Government-assisted	74	133	85	85	42	43	83	98	1
Private/NGO/Community	5	96	40	40	40	20	60	5	1
Province									
North	46	90	83	83	37	51	80	41	1
South	65	117	89	89	34	57	61	76	1
East	58	113	80	80	58	22	74	65	1
West	51	132	87	87	43	42	93	67	1
Kigali City	33	86	75	71	43	36	82	28	1
Total	51	538	84	84	43	42	77	277	1

9.5.4 Post-exposure Prophylaxis (PEP)

The risk of HIV infection among health care providers from needle sticks or exposure to infected bodily fluids has led to the need for post-exposure prophylaxis (PEP). The service must be available not only to health care providers, but also to anyone at risk as a result of inadvertent exposure (such as sexual assault victims and accident victims). Even facilities that do not officially offer HIV/AIDS-related services should have access to PEP, because it is frequently not known which clients may be infected with HIV.

Findings from the survey indicate that PEP services are available in only 28 percent of facilities (Table 9.11). As expected, PEP services are concentrated mostly in hospitals, 95 percent of which either offer the service or have a referral system for it. The services are offered in only 27 percent of health centers and polyclinics and 5 percent of dispensaries, clinics, and health posts. Government-assisted facilities (44 percent) are more likely than government facilities (28 percent) and much more likely than private, NGO, and community facilities (3 percent) to have PEP services. Among facilities where staff members have access to PEP, three in five (58 percent) have records or registers indicating that staff received PEP services, but only 5 percent have records for monitoring full compliance with the PEP regime. The ARV medicines specifically for PEP were observed in 7 of 10 facilities. Guidelines are available at service sites in 55 percent of facilities. PEP medicines are generally stored with other medicines without special limited access (Table 9.11).

Table 9.11 Post-exposure prophylaxis (PEP)

Percentage of facilities offering post-exposure prophylaxis (PEP) or having a system to refer staff for PEP, and among these facilities, percentage where specific elements of PEP documentation and storage are present, and mean number of service sites where PEP is prescribed, by background characteristics. Rwanda SPA 2007

Background characteristics	Percentage of facilities where staff have access to PEP[1]	Number of facilities	Percentage of facilities offering PEP that have:				Among facilities offering PEP, percentage that store ARVs for PEP:			Number of facilities where staff have access to PEP	Mean number of service sites where PEP is prescribed
			Observed PEP guidelines present in any PEP service sites	Any record/ register of staff receiving PEP services	Any observed record for monitoring full compliance for PEP regime	Observed antiretroviral (ARV) for PEP	Separate from other medications	Locked/ limited access	Separate and locked		
Type of facility											
Hospital	95	42	63	80	3	83	3	8	3	40	4
Health center/Polyclinic	27	389	53	49	5	67	2	2	2	104	2
Dispensary/Clinic/Health post	5	107	40	60	20	40	0	0	0	5	2
Managing authority											
Government	28	309	57	59	7	74	2	5	2	87	3
Government-assisted	44	133	53	54	2	66	2	2	2	59	3
Private/NGO/Community	3	96	33	100	0	67	0	0	0	3	3
Province											
North	28	90	40	56	12	72	0	0	0	25	3
South	27	117	34	59	3	69	3	6	3	32	3
East	27	113	55	52	3	65	0	0	0	31	3
West	27	132	81	47	0	69	3	3	3	36	2
Kigali City	29	86	60	80	8	80	4	8	4	25	4
Total	28	538	55	58	5	70	2	3	2	149	3

[1] Facility offers PEP or has a system to refer staff for PEP.

9.5.5 Youth-friendly Services (YFS)

Youth-friendly services (YFS) help youth overcome barriers to accessing health care, including HIV/AIDS services. Ideally youth-friendly services involve young people in all aspects of a program's planning, operations, and evaluation. The services should include culturally competent workers who are members of the target population and sensitive to youth culture, ethnic cultures, and issues of gender, sexual orientation, and HIV status. Youth-friendly services should provide outreach services for homeless youth, and tailored support groups for substance users and teen parents. The services usually have convenient locations and flexible hours, including walk-in appointments, to improve access by youth. At the time of survey, youth-friendly services in Rwanda were still in the early stage of development. According to UNDP, there were only 9 youth-friendly service centers in 2006, with 5 new centers planned to open by 2012. These youth-friendly service centers may or may not be affiliated with a health care facility, or integrated with other HIV/AIDS services in a health facility. The RSPA survey assesses the availability of youth-friendly services that include HIV counseling and testing services within a health facility setting. It also assesses the availability of guidelines and protocols and trained providers.

Among facilities with an HIV testing system, only 7 out of 334 offer youth-friendly testing services (Table 9.12). Among facilities that offer youth-friendly testing services, YFS guidelines and protocols are rarely available (2 out of 7 facilities), but 4 of these 7 facilities have at least one trained provider for YFS.

Table 9.12 Youth-friendly services for HIV/AIDS

Number of facilities with an HIV-testing system that offer youth-friendly services (YFS) for counseling and testing for HIV/AIDS, and among these, number with components supporting YFS, by background characteristics. Rwanda SPA 2007

Background characteristics	Number of facilities offering youth friendly HIV testing services	Number of facilities with an HIV testing system	Number of facilities with:			Number of facilities offering youth friendly HIV testing services
			Observed policy/ guidelines for YFS	At least one trained provider for YFS[1]	All items for indicator[2]	
Type of facility						
Hospital	0	40	-	-	-	0
Health center/Polyclinic	5	263	1	2	1	5
Dispensary/Clinic/Health post	2	31	1	2	1	2
Managing authority						
Government	0	191	-	-	-	0
Government-assisted	4	108	0	1	0	4
Private/NGO/Community	3	35	2	3	2	3
Province						
North	0	45	-	-	-	0
South	2	91	1	2	1	2
East	2	70	1	1	1	2
West	2	75	0	0	0	2
Kigali City	1	53	0	1	0	1
Total	7	334	2	4	2	7

[1] Provider reports having received training related to youth-specific services within the 3 years preceding the survey, or facility in-charge reports there is such a trained provider, but the provider was not present on the day of the survey.
[2] Facility offers youth-friendly HIV testing services, has observed policy and guidelines for YFS, and has at least one provider trained in YFS.

Key Findings

Almost all facilities that offer clinical CSS for HIV/AIDS clients have medicines for treating pneumonia and other bacterial infections, and 9 in 10 facilities have medicines for basic pain management and deworming.

Laboratory testing capacity for monitoring HIV/AIDS clients is generally low among facilities offering clinical CSS for HIV/AIDS clients. The most widely available, the spinal tap kit, is available in slightly more than half of facilities. With the exception of bacterial culture and Indian ink, which are available in less than one in ten facilities, other tests are available in 25 to 44 percent of the facilities.

Only one-third of all facilities, including 9 in 10 hospitals, prescribe ART. Items to support ART services are not widely available in facilities: about 3 in 5 ART facilities have the national guidelines for clinical management of ART, about 7 in 10 have the laboratory capacity to monitor ART, and one-fourth had uninterrupted stock for ARVs during the six months preceding the survey.

PMTCT services are available in about half of all facilities, including about two-thirds of hospitals, health centers, and polyclinics. Two-thirds of PMTCT facilities offer all four of the basic components of PMTCT. Eighty-three percent of facilities have a staff member who received PMTCT-related training within the past three years.

PEP services are accessible in slightly more than one-fourth of facilities, mostly hospitals (95 percent). PEP is more widely accessible in government-assisted facilities, where 44 percent either offer or have a referral system for PEP services.

Only 7 out of 334 facilities with an HIV testing system offer youth-friendly services (YFS) for HIV testing. While 4 of these 7 facilities that provide youth-friendly services have at least one trained YFS provider, YFS guidelines and policies are available in only 2 of the facilities.

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Chapter 1

Table A-1.1 Distribution of facility staff sample frame and final sample selection

Number of providers that were present on the day of the survey (sample frame) and number selected for interview (SPA sample) by type of facility, and percentage of eligible providers that were interviewed, by provider type/qualification, managing authority, and province, Rwanda SPA 2007

Background characteristics	Type of facility: Hospital		Health center/ Polyclinic		Dispensary/ Clinic/Health post		Total		Percentage of eligible providers interviewed in SPA sample
	Sample frame	SPA sample	Sample frame	SPA sample	Sample frame	SPA sample	Sample frame	SPA sample	
Qualification of provider									
Physicians/medical officers	122	54	29	14	28	19	179	87	49
Nurses/midwives/auxiliary health personnel	533	142	2,005	1,288	223	129	2,761	1,559	56
Lab staff	76	23	255	152	50	23	381	198	52
Pharmacy staff	3	0	0	0	0	0	3	0	0
Other clinical/technical staff	17	0	0	0	2	1	19	1	5
Nonclinical/technical staff	40	8	170	53	7	1	217	62	29
Missing	27	5	106	28	26	8	159	41	26
Managing authority									
Government	417	145	1,681	1,043	64	37	2,162	1,225	57
Government-assisted	401	87	854	474	6	1	1,261	562	45
Private/NGO/Community	0	0	47	19	267	143	314	162	52
Province									
North	78	25	363	279	24	16	465	320	69
South	122	44	634	374	36	12	792	430	54
East	159	56	554	379	30	22	743	457	62
West	286	67	733	375	74	47	1,093	489	45
Kigali City	173	40	298	129	173	84	644	253	39
Total	818	232	2,582	1,536	337	181	3,737	1,949	52

Table A-1.2 Sample of interviewed health care providers

Number of interviewed health care providers, by type of provider and type of facility, Rwanda SPA 2007

Type of facility	Number of interviewed providers
PHYSICIANS/MEDICAL OFFICERS	
Hospital	51
Health center/Polyclinic	12
Dispensary/Clinic/Health post	17
Total	80
NURSES/MIDWIVES/AUXILIARY PERSONNEL	
Hospital	140
Health center/Polyclinic	1,271
Dispensary/Clinic/Health post	125
Total	1,536
LAB STAFF	
Hospital	25
Health center/Polyclinic	165
Dispensary/Clinic/Health post	25
Total	215
OTHER CLINICAL/TECHNICAL STAFF	
Hospital	14
Health center/Polyclinic	79
Dispensary/Clinic/Health post	10
Total	103
NONCLINICAL/TECHNICAL STAFF	
Hospital	0
Health center/Polyclinic	0
Dispensary/Clinic/Health post	1
Total	1
TOTAL	
Hospital	230
Health center/Polyclinic	1,527
Dispensary/Clinic/Health post	178
Total	1,935

Table A-1.3 Sample of observed and interviewed clients

Number of children/women attending facility on the day of the survey who were eligible for observation, number whose consultation was observed, and percentage of eligible clients who were observed, by type of service and type of facility, Rwanda SPA 2007

Type of facility	Number of clients present on the day of the survey (eligible for observation)	Actual number of clients observed	Percentage of eligible clients who were observed
CURATIVE CARE FOR SICK CHILDREN			
Hospital	170	103	61
Health center/Polyclinic	2,086	1,546	74
Dispensary/Clinic/Health post	172	107	62
Total	2,428	1,756	72
FAMILY PLANNING			
Hospital	28	15	54
Health center/Polyclinic	913	648	71
Dispensary/Clinic/Health post	33	24	73
Total	974	687	71
ANTENATAL CARE			
Hospital	48	15	31
Health center/Polyclinic	1,414	709	50
Dispensary/Clinic/Health post	31	13	42
Total	1,493	737	49
STI			
Total	117	106	91

Table A-1.4 Population in catchment areas

Median population of assigned catchment areas for facilities providing data on a known catchment population, by background characteristics, Rwanda SPA 2007

Background characteristics	Median population in catchment area	Number of facilities
Type of facility		
Hospital	195,000	34
Health center/Polyclinic	19,618	379
Dispensary/Clinic/Health post	8,500	31
Managing authority		
Government	19,292	293
Government-assisted	23,200	130
Private/NGO/Community	8,500	21
Province		
North	18,550	81
South	21,100	111
East	20,000	102
West	19,643	123
Kigali City	25,500	27
Total	19,824	444

Table A-1.5.1 Staffing patterns for SPA facilities

Median number of health care providers present on the day of the survey by type of provider and type of facility, Rwanda SPA 2007

	Median number of providers assigned to each facility[1]							
Type of facility	Total staff	Physicians/ medical officers	Nurses/ midwives/ auxiliary health personnel	Lab technicians	Pharmacists	Other clinical/ technical staff	Non-clinical/ technical staff	Number of facilities
Referral hospital	188	18	48	8	2	43	4	4
District hospital	66	6	28	4	-	16	6	38
Health center	12	-	6	1	-	3	1	382
Dispensary	5	-	2	-	-	1	-	60
Health post	4	-	3	-	-	-	-	22
Policlinic (private)	18	2	6	3	-	7	-	7
Clinic (private)	5	2	2	2	-	2	-	25
Total	11	-	6	1	-	3	1	538

Continued …

[1] Numbers were provided by facility administrators.

Table A-1.5.1—*Continued*

	Median number of providers assigned to each facility[1]					
Type of facility	Total other clinical/ technical staff	Nutritionists/ social workers	Anesthetists/ dentists	Radiologists/ physiotherapists/ hygiene and sanitation staff	Other clinical/ technical staff	Number of facilities
Referral hospital	43	5	5	5	16	4
District hospital	16	5	2	3	6	38
Health center	3	1	-	-	2	382
Dispensary	1	-	-	-	1	60
Health post	-	-	-	-	-	22
Policlinic (private)	7	-	-	-	6	7
Clinic (private)	2	-	-	-	2	25
Total	3	-	-	-	2	538

[1] Numbers were provided by facility administrators.

Table A-1.5.2 HIV/AIDS counseling related to testing and training of staff

Percentage of interviewed staff who reported they providing HIV/AIDS counseling related to testing, and among these, percentage who received training for HIV/AIDS counseling during the preceding three years, Rwanda SPA 2007

Background characteristics	Report they provide counseling related to HIV/AIDS testing	Number of interviewed staff	Percentage with recent training for HIV/AIDS counseling related to testing		Number of staff reporting they provide HIV/AIDS counseling
			Official course[1]	Other course	
Qualification of provider					
Physicians/medical officers	66	80	75	0	53
Nurses/midwives/auxiliary health personnel	62	1,536	57	6	950
Lab staff	6	215	62	8	13
Other clinical/technical staff	58	103	73	7	60
Non-clinical/technical staff	*	1	0	*	1
Type of facility					
Hospital	60	230	71	3	138
Health center/Polyclinic	57	1,527	58	6	865
Dispensary/Clinic/Health post	42	178	46	4	74
Total	56	1,935	59	6	1,077

* The figure is based on too few cases to be meaningful
[1] These are country-specific courses defined by the MOH, which may be organized by the MOH or other agencies, such as WHO or NGOs.

Table A-1.6 Education levels of interviewed health service providers

Median number of years of basic schooling, and median number of years of study for technical qualification, reported by interviewed health service providers, by qualification of provider, Rwanda SPA 2007

Qualification of provider	Median number of years of basic education prior to technical training	Number of interviewed providers with information on basic education	Median number of years of technical training for qualification	Number of interviewed providers with information on technical training
Physician[1]	12	39	6	79
A0[2]	-	1	-	1
A1[3]	14	69	3	72
A2[4]	12	1,559	-	1,575
A3[5]	10	41	-	40
Auxiliary health personnel	9	108	-	102
Other staff[6]	10	44	-	43
Total	12	1,861	-	1,912

[1] Physician generalist, physician specialist, and medical officer
[2] Social worker A0 and pharmacist A0
[3] Midwife A1, nurse A1, lab technician A1, nutritionist A1, social worker A1, pharmacist A1, anesthetist A1, dentist A1, and hygiene & sanitation A1
[4] Nurse A2, lab technician A2, nutritionist A2, and social worker A2
[5] Nurse A3 and lab technician A3
[6] Radiologist, physiotherapist, and others

Chapter 3

Table A-3.1 Availability of basic services by type of facility

Percentage of facilities offering basic services and percentage offering packages of services (with the frequency and staffing indicated), by type of facility, Rwanda SPA 2007

Services	Type of facility: Hospital	Health center/ Polyclinic	Dispensary/ Clinic/Health post	Total percentage
Basic services				
Curative care for children	90	99	79	95
Any service for sexually transmitted infections (STIs)	90	99	83	95
Temporary methods of family planning	52	85	37	73
Antenatal care	33	98	34	80
Child immunization	12	96	24	75
Growth monitoring	17	72	7	55
Packages of services available				
All basic services at any frequency[1]	5	60	1	44
Facility-based 24-hour delivery services	93	88	19	74
At least one qualified staff[2]	100	100	97	99
All services, minimum frequency[3]	2	48	1	35
All services, minimum frequency, and 24-hour delivery services	2	43	1	31
All services, minimum frequency, and 24-hour delivery services, and at least one qualified staff	2	42	1	31
Number of facilities	42	389	107	538

[1] Outpatient services for sick children and for adult STIs, temporary methods of family planning, antenatal care, immunization, and child growth monitoring.
[2] Qualified staff (providers of curative care) includes physician specialist, physician generalist, medical officers, nurses, midwives, auxiliaries, anesthetist, and dentist that prescribe the treatment.
[3] Minimum frequencies are defined as: curative care for children offered at least five days per week, STI services at least one day per week, and preventive or elective services (temporary methods of family planning, antenatal care, immunization, and growth monitoring) at least one day per week.

Table A-3.2 Availability of basic services by province

Percentage of facilities offering basic services and percentage offering packages of services (with the frequency and staffing indicated), by province, Rwanda SPA 2007

Services	Province					Total percentage
	North	South	East	West	Kigali City	
Basic services						
Curative care for children	100	95	93	97	87	95
Any service for sexually transmitted infections (STIs)	100	97	96	100	80	95
Temporary methods of family planning	78	69	80	81	53	73
Antenatal care	89	88	81	88	49	80
Child immunization	84	85	73	83	44	75
Growth monitoring	58	68	54	59	30	55
Packages of services						
All basic services at any frequency[1]	49	50	46	51	20	44
Facility-based 24-hour delivery services	82	86	81	80	34	74
At least one qualified staff[2]	100	100	98	100	98	99
All services, minimum frequency[3]	47	38	29	44	13	35
All services, minimum frequency, and 24-hour delivery services	42	36	26	37	12	31
All services, minimum frequency, and 24-hour delivery services, and at least one qualified staff	42	36	25	37	12	31
Number of facilities	90	117	113	132	86	538

[1] Outpatient services for sick children and for adult STIs, temporary methods of family planning, antenatal care, immunization, and child growth monitoring.
[2] Qualified staff (providers of curative care) includes physician specialist, physician generalist, medical officers, nurses, midwives, auxiliaries, anesthetist, and dentist that prescribe the treatment.
[3] Minimum frequencies are defined as: curative care for children offered at least five days per week, STI services at least one day per week, and preventive or elective services (temporary methods of family planning, antenatal care, immunization, and growth monitoring) at least one day per week.

Table A-3.3.1 Facility infrastructure supportive of client utilization and quality services by type of facility

Percentage of facilities with client amenities, regular supply of electricity and water, and staff furnishings to support quality 24-hour emergency services, by type of facility, Rwanda SPA 2007

	Type of facility			
Items	Hospital	Health center/ Polyclinic	Dispensary/ Clinic/Health post	Total percentage
Client comfort amenities				
Client latrine	69	73	76	73
Protected waiting area	88	88	84	88
Clean facility	76	74	63	72
All client amenities[1]	52	58	50	56
Facility infrastructure				
No electricity or generator	2	18	25	18
Generator observed with fuel	95	22	32	29
Regular electricity or generator	95	59	67	63
Any safe onsite water[2]	76	58	76	63
Regular water supply (any safe onsite and year-round)	38	28	52	33
Regular water and electricity[3]	36	18	49	25
All client amenities, regular water and electricity	24	8	26	13
Staff and furnishings				
At least two qualified staff[4]	100	99	73	94
Duty staff onsite 24 hours[5]	95	93	43	83
Duty staff on call 24 hours[5]	0	1	2	1
Part of 24-hour emergency network`	2	1	2	1
Qualified staff living onsite	52	67	27	58
Qualified staff living onsite, no duty roster seen or no duty roster	0	2	13	4
Emergency communication[6]	95	91	88	91
Overnight patient beds[7]	98	92	64	87
Basic components supporting 24-hour emergency services[8]	55	32	19	31
Basic components plus regular water and electricity[9]	26	8	10	10
Number of facilities	42	389	107	538

[1] Clean, functioning client latrine, waiting area protected from sun and rain, and basic level of cleanliness.
[2] Piped water from any source or water from protected well/ pump or water outlet within 500 meters of facility.
[3] Year-round onsite water plus electricity (or a generator with fuel) routinely available during service hours.
[4] Qualified staff (providers of curative care) includes physician specialist, physician generalist, medical officers, nurses, midwives, auxiliaries, anesthetist, and dentist that prescribe the treatment.
[5] A duty schedule or other documentation of official duty status was observed.
[6] Communication devices either in the facility or within a 5-minute walk and available 24 hours a day.
[7] Either routine inpatient services or beds for overnight care for emergencies.
[8] At least two qualified staff assigned to facility, duty staff onsite or on call 24 hours a day, overnight beds, client latrine, access to 24-hour emergency communication, and onsite water source.
[9] At least two qualified staff assigned to facility, duty staff onsite or on call 24 hours a day, overnight beds, client latrine, access to 24-hour emergency communication, and regular water and electricity.

Table A-3.3.2 Facility infrastructure supportive of client utilization and quality services by province

Percentage of facilities with client amenities, regular supply of electricity and water, and staff and furnishings to support quality 24-hour emergency services, by province, Rwanda SPA 2007

Items	Province					Total
	North	South	East	West	Kigali City	percentage
Client comfort amenities						
Client latrine	77	73	68	63	93	73
Protected waiting area	84	98	81	83	93	88
Clean facility	89	85	72	58	59	72
All client amenities[1]	63	63	56	45	53	56
Facility infrastructure						
No electricity or generator	19	9	27	29	1	18
Generator observed with fuel	33	23	22	23	52	29
Regular electricity or generator	63	63	49	56	94	63
Any safe onsite water[2]	52	44	58	73	87	63
Regular water supply (any safe onsite and year-round)	28	20	19	38	69	33
Regular water and electricity[3]	24	11	10	24	67	25
All client amenities, regular water and electricity	12	7	4	11	38	13
Staff and furnishings						
At least two qualified staff[4]	96	98	94	95	87	94
Duty staff onsite 24 hours[5]	87	86	88	90	58	83
Duty staff on call 24 hours[5]	1	1	1	0	2	1
Part of 24-hour emergency network`	1	3	0	1	1	1
Qualified staff living onsite	67	65	65	61	24	58
Qualified staff living onsite, no duty roster seen or no duty roster	4	3	3	5	3	4
Emergency communication[6]	94	97	77	89	97	91
Overnight patient beds[7]	86	91	89	88	76	87
Basic components supporting 24-hour emergency services[8]	29	21	27	39	40	31
Basic components plus regular water and electricity[9]	10	3	4	10	28	10
Number of facilities	90	117	113	132	86	538

[1] Clean, functioning client latrine, waiting area protected from sun and rain, and basic level of cleanliness.
[2] Piped water from any source or water from protected well/ pump or water outlet within 500 meters of facility.
[3] Year-round onsite water plus electricity (or a generator with fuel) routinely available during service hours.
[4] Qualified staff (providers of curative care) includes physician specialist, physician generalist, medical officers, nurses, midwives, auxiliaries, anesthetist, and dentist that prescribe the treatment.
[5] A duty schedule or other documentation of official duty status was observed.
[6] Communication devices either in the facility or within a 5-minute walk and available 24 hours a day.
[7] Either routine inpatient services or beds for overnight care for emergencies.
[8] At least two qualified staff assigned to facility, duty staff onsite or on call 24 hours a day, overnight beds, client latrine, access to 24-hour emergency communication, and onsite water source.
[9] At least two qualified staff assigned to facility, duty staff onsite or on call 24 hours a day, overnight beds, client latrine, access to 24-hour emergency communication, and regular water and electricity.

Table A-3.4 Routine management meetings

Percentage of facilities reporting they have routine management meetings at the indicated intervals, by background characteristics, Rwanda SPA 2007

Background characteristics	Meetings held: Monthly or more often	Every 2-3 months	Every 4-6 months	Number of facilities
Type of facility				
Hospital	88	12	0	42
Health center/Polyclinic	89	6	1	389
Dispensary/Clinic/Health post	58	10	5	107
Managing authority				
Government	89	5	1	309
Government-assisted	87	8	1	133
Private/NGO/Community	58	13	5	96
Province				
North	87	3	1	90
South	86	7	1	117
East	83	10	0	113
West	88	5	2	132
Kigali City	66	12	5	86
Total	83	7	1	538

Table A-3.5 Quality assurance activities with documentation observed

Among facilities that report having quality assurance (QA) activities, with documentation that specific QA method is used, by type of facility, Rwanda SPA 2007

Type of facility	QA method: Supervisory checklist for health system components	Supervisory checklist for observation of services	Mortality review	Auditing medical records or registers	Quality assurance committee	Other	Number of facilities reporting quality assurance activities
Hospital	64	67	58	64	69	3	36
Health center/Polyclinic	32	34	21	35	42	2	245
Dispensary/Clinic/Health post	20	15	5	35	15	0	20
Total	35	37	25	39	43	2	301

Table A-3.6 Facility-level supervision and in-service training for interviewed staff

Percentage of facilities where, none, at least half, or all of the interviewed health service providers received training and supervision, by background characteristics, Rwanda SPA 2007

Background characteristics	Received related in-service training during the past 12 months[1]			Were personally supervised during the past 6 months			Number of facilities with interviewed providers[2]
	None	At least half	All	None	At least half	All	
Type of facility							
Hospital	0	50	48	0	60	35	40
Health center/Polyclinic	2	36	58	1	24	74	389
Dispensary/Clinic/Health post	30	27	41	33	17	46	105
Managing authority							
Government	3	39	56	1	25	72	306
Government-assisted	2	34	58	0	32	67	132
Private/NGO/Community	29	25	43	36	18	43	96
Province							
North	3	26	70	7	29	63	89
South	4	27	66	0	24	74	117
East	3	35	59	3	23	74	111
West	7	50	35	2	23	73	132
Kigali City	22	33	44	29	29	35	85
Total	7	35	54	7	25	66	534

[1] This refers to structured training sessions and does not include individual instruction received during routine supervision.
[2] Interviewed providers who do not personally provide any of the assessed services (i.e., managers other than those for clinical services who might have been interviewed) are excluded.

Table A-3.7 Supportive management practices at the individual provider level

Among interviewed health service providers, percentage who received specific supportive management practices, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of providers who received:				Number of interviewed health service providers[2]
	In-service training during past 12 months[1]	Personal supervision in past 6 months	Personal supervision during past 6 months and in-service training during past 12 months	Most recent in-service training 13-59 months preceding the survey	
Type of facility					
Hospital	86	80	70	8	230
Health center/Polyclinic	85	92	79	7	1,527
Dispensary/Clinic/Health post	56	56	34	16	177
Managing authority					
Government	86	90	78	7	1,220
Government-assisted	84	90	75	10	555
Private/NGO/Community	57	54	33	16	159
Province					
North	90	88	80	3	319
South	88	90	80	5	429
East	87	91	82	7	455
West	73	90	67	15	487
Kigali City	73	66	52	11	244
Total	83	87	74	8	1,934

[1] Includes only structured training sessions; excludes individual instruction received during routine supervision.
[2] Interviewed providers who do not personally provide any of the assessed services (i.e., managers other than those for clinical services who might have been interviewed) are excluded.

Table A-3.8 Types of funding options utilized

Among facilities having user fees for adult curative care, percentage using the specific financing mechanisms, and percentage where fees are publicly posted, by background characteristics, Rwanda SPA 2007

Background characteristics	System for decreasing out-of-pocket fees		System for reimbursement of deferred client fees				Facility has any system to decrease costs to client	Fees are posted publicly		Number of facilities having any user fees
	Discount or exemption for some clients	Client can prepay for multiple visits	By employer of client	By insurance	By charity fund	Government pooling risk		All fees	Some fees	
Type of facility										
Hospital	78	66	27	63	27	85	100	34	10	41
Health center/Polyclinic	69	63	12	46	22	77	99	50	10	383
Dispensary/Clinic/ Health post	36	32	3	21	2	13	62	28	3	87
Managing authority										
Government	63	60	14	51	22	76	99	49	11	294
Government-assisted	86	70	12	41	26	82	99	48	8	132
Private/NGO/Community	32	35	5	20	1	14	60	26	5	85
Province										
North	73	52	10	48	19	80	95	72	7	88
South	65	86	13	32	51	77	99	46	13	112
East	66	29	19	64	13	62	96	14	14	104
West	67	68	3	43	5	76	97	63	3	128
Kigali City	44	48	15	25	5	32	68	24	8	79
Total	64	58	12	43	19	67	93	45	9	511

Table A-3.9 Components for which fees are charged

Among facilities with user fees for adult curative care, percentage charging for specific items, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities charging for:					Number of facilities with client fees
	Client chart or record	Consultation	Medicine	Tests	Registration	
Type of facility						
Hospital	90	100	100	93	7	41
Health center/Polyclinic	92	99	99	98	3	383
Dispensary/Clinic/Health post	82	99	84	90	3	87
Managing authority						
Government	91	99	99	97	3	294
Government-assisted	95	99	100	98	5	132
Private/NGO/Community	78	99	84	91	4	85
Province						
North	98	100	99	98	2	88
South	88	99	99	99	10	112
East	86	99	97	95	1	104
West	97	99	99	95	2	128
Kigali City	80	97	85	94	4	79
Total	90	99	96	96	4	511

Table A-3.10 Facility systems for maintenance and repair of equipment

Among facilities with preventive maintenance programs for large equipment, percentage where specific persons are responsible for maintenance, and among facilities with systems for repairing small equipment, percentage where specific systems are used for repair, by background characteristics, Rwanda SPA 2007

Background characteristics	Persons responsible for performing preventive maintenance of major equipment			Number of facilities with preventive maintenance for large equipment	Method used for maintenance or replacement of small equipment				Number of facilities with system for small equipment repair
	Onsite staff	External technicians	Both onsite and external technicians		Onsite repair	Send outside for repair or replace	Purchase or pay for from funds on hand	Replaced by MOH /donor	
Type of facility									
Hospital	78	7	10	41	76	32	66	20	41
Health center/Polyclinic	24	27	4	168	32	30	78	10	383
Dispensary/Clinic/Health post	19	57	2	58	52	18	77	8	102
Managing authority									
Government	35	22	3	125	35	29	76	9	302
Government-assisted	35	23	7	81	37	35	75	15	133
Private/NGO/community	20	57	2	61	58	13	82	8	91
Province									
North	20	25	7	44	17	51	82	8	90
South	30	36	9	47	41	24	87	28	115
East	40	20	0	40	31	18	78	6	106
West	44	13	2	63	44	31	66	2	131
Kigali City	23	52	4	73	67	14	74	7	84
Total	31	31	4	267	40	28	77	10	526

Table A-3.11 Facility systems for maintenance and repair of building

Among facilities with systems for maintenance and repair of buildings, percentage where specific persons are responsible for performing repairs, by background characteristics, Rwanda SPA 2007

Background characteristics	Repairs on building or infrastructure are made by:			Number of facilities with system for maintenance and repair
	On-site staff	Persons hired from outside	Both onsite staff and externally hired	
Type of facility				
Hospital	83	6	11	36
Health center/Polyclinic	37	55	8	179
Dispensary/Clinic/Health post	25	75	0	51
Managing authority				
Government	42	51	8	142
Government-assisted	51	39	10	72
Private/NGO/Community	25	75	0	52
Province				
North	23	69	9	35
South	36	56	8	77
East	57	39	5	44
West	62	34	4	53
Kigali City	26	65	9	57
Total	41	52	7	266

Table A-3.12 Storage conditions and stock monitoring systems for vaccines

Among facilities that routinely store vaccines, percentage with specific elements related to vaccine storage, by background characteristics, Rwanda SPA 2007

Background characteristics	Stock condition					Stock monitoring system					Number of facilities with stored vaccines observed
	Functioning thermometer in refrigerator	Up-to-date tempera-ture chart	Tempera-ture 0-8° at time of visit	Adequate cold chain monitoring system	Refriger-ator protected from sun	No expired vaccines present	Vaccines stored by expiration date	Stock card present	Inven-tory up to date	No vaccines out of stock	
Type of facility											
Hospital	100	71	86	57	100	100	86	71	43	57	7
Health center/Polyclinic	97	80	77	61	89	98	92	66	33	60	358
Dispensary/Clinic/ Health post	91	73	73	64	82	91	91	55	45	55	11
Managing authority											
Government	97	80	76	61	91	98	91	69	29	60	255
Government-assisted	96	79	79	63	86	100	93	62	40	61	107
Private/NGO/community	93	71	79	64	71	86	86	57	50	57	14
Province											
North	100	91	93	86	93	99	94	86	45	83	69
South	99	77	56	40	94	98	95	48	14	66	99
East	90	77	80	62	90	98	76	69	10	32	84
West	97	75	82	61	81	100	100	67	60	60	88
Kigali City	97	78	89	72	83	94	92	69	53	64	36
Total	97	79	77	61	89	98	91	66	33	60	376

Table A-3.13.1 Storage conditions and stock monitoring systems for commodities

Among facilities that store clinical methods of contraception, facilities that store medicines, and facilities that store antiretrovirals (ARVs), percentage with specific elements relating to commodity storage, by background characteristics, Rwanda SPA 2007

Background characteristics	Proper storage conditions					Stock monitoring systems					Number of facilities with stored commodities observed
	Off the ground	Protected from water	Protected from sun	No evidence of pests or rodents	Good storage	No expired items present	Items stored by expiration date	Stock card present	Inventory up-to-date	No com-modities out of stock	
CONTRACEPTIVE METHODS											
Type of facility											
Hospital	71	100	100	47	41	100	76	24	29	47	17
Health center/Polyclinic	43	98	96	35	15	97	83	39	35	52	313
Dispensary/Clinic/ Health post	58	86	86	22	14	100	83	25	31	33	36
Managing authority											
Government	42	97	95	33	14	98	84	40	35	50	263
Government-assisted	55	99	99	43	22	96	81	35	36	55	69
Private/ NGO/Community	56	88	88	18	15	100	74	21	29	35	34
Province											
North	27	98	100	17	10	97	83	32	43	44	63
South	28	97	95	51	15	97	81	32	13	63	78
East	35	99	95	46	14	98	81	48	28	34	85
West	77	99	99	26	22	97	87	38	52	59	99
Kigali City	56	83	80	20	15	100	80	29	34	44	41
Total	46	97	95	34	16	98	83	37	34	50	366
MEDICINES											
Type of facility											
Hospital	50	95	98	45	33	100	88	60	45	45	42
Health center/Polyclinic	36	98	98	40	17	99	91	45	38	42	374
Dispensary/Clinic/ Health post	34	97	95	31	11	88	74	25	14	15	65
Managing authority											
Government	39	98	97	39	18	99	91	49	37	40	299
Government-assisted	36	97	100	47	21	100	87	42	41	43	127
Private/ NGO/Community	31	98	96	24	5	85	80	18	15	22	55
Province											
North	18	100	100	15	8	99	94	45	36	31	80
South	23	98	97	61	14	100	88	46	31	50	114
East	29	98	94	44	13	99	94	48	31	41	105
West	71	98	100	36	33	97	86	44	46	38	125
Kigali City	35	93	95	30	14	89	77	28	28	26	57
Total	37	98	98	39	18	98	89	43	36	39	481
ARVs											
Type of facility											
Hospital	70	97	97	45	36	100	94	61	48	24	33
Health center/Polyclinic	69	99	97	38	32	99	95	55	50	50	112
Dispensary/Clinic/Health post	67	100	100	33	17	100	83	83	50	83	6
Managing authority											
Government	64	99	97	37	30	99	95	56	52	45	87
Government-assisted	75	98	98	43	37	100	92	57	47	45	60
Private/ NGO/Community	75	100	100	50	25	100	100	100	50	75	4
Province											
North	56	100	100	20	16	100	96	52	44	28	25
South	67	100	100	52	42	97	94	45	39	58	33
East	63	97	95	34	21	100	97	55	61	42	38
West	88	100	97	56	50	100	88	74	50	53	34
Kigali City	67	95	95	29	29	100	95	62	52	43	21
Total	69	99	97	40	32	99	94	58	50	46	151

Table A-3.13.2 Reported reliability of ordering system for commodities where order is placed by facility

Among facilities that provide vaccinations, contraceptive methods, or medicines, percentage where decisions on when to order commodities are made by facility staff, and among those, percentage of facilities reporting their supplies were very reliable, sometimes reliable, or rarely reliable during the 3 months preceding the survey, and percentage that received their most recent supply during the past 4 weeks, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities where staff members place commodity orders	Number of facilities providing vaccinations, contraceptive methods, medicines, or ARVs	Receipt of ordered commodity considered:			Most recent order received during past 4 weeks	Number of facilities that place commodity orders
			Very reliable	Sometimes reliable	Rarely reliable		
VACCINES							
Type of facility							
Hospital	100	5	40	40	20	100	5
Health center/Polyclinic	99	373	71	27	1	95	368
Dispensary/Clinic/Health post	96	24	70	26	0	100	23
Managing authority							
Government	99	263	72	27	1	95	260
Government-assisted	98	111	69	29	2	97	109
Private/NGO/Community	96	28	74	26	0	100	27
Province							
North	100	76	92	7	0	96	76
South	98	98	59	40	1	98	96
East	98	83	43	56	1	91	81
West	99	108	85	12	2	98	107
Kigali City	97	37	78	22	0	92	36
Total	99	402	71	28	1	96	396
CONTRACEPTIVE METHODS							
Type of facility							
Hospital	94	17	75	25	0	56	16
Health center/Polyclinic	98	313	45	40	15	89	306
Dispensary/Clinic/Health post	92	37	56	41	3	74	34
Managing authority							
Government	97	264	44	42	14	86	256
Government-assisted	100	69	62	26	12	90	69
Private/NGO/Community	91	34	45	48	6	77	31
Province							
North	100	63	48	46	6	92	63
South	97	78	57	32	12	84	76
East	94	86	19	67	15	85	81
West	99	99	69	16	14	90	98
Kigali City	93	41	37	45	18	74	38
Total	97	367	48	39	13	86	356

Continued…

Table A-3.13.2—Continued

Background characteristics	Percentage of facilities where staff members place commodity orders	Number of facilities providing vaccinations, contraceptive methods, medicines, or ARVs	Receipt of ordered commodity considered:			Most recent order received during past 4 weeks	Number of facilities that place commodity order s
			Very reliable	Sometimes reliable	Rarely reliable		
MEDICINES							
Type of facility							
Hospital	100	42	31	60	10	93	42
Health center/Polyclinic	99	374	27	63	10	84	370
Dispensary/Clinic/Health post	98	66	43	32	25	60	65
Managing authority							
Government	100	300	25	67	8	86	299
Government-assisted	98	127	31	55	14	87	125
Private/NGO/Community	96	55	49	23	28	47	53
Province							
North	100	80	23	75	3	78	80
South	100	114	21	65	14	90	114
East	100	106	21	74	6	91	106
West	98	125	37	41	22	81	123
Kigali City	95	57	57	31	11	54	54
Total	99	482	29	59	12	82	477
ARVs							
Type of facility							
Hospital	97	33	41	53	3	56	32
Health center/Polyclinic	93	117	40	50	10	58	109
Dispensary/Clinic/Health post	100	6	33	67	0	83	6
Managing authority							
Government	92	89	37	57	6	56	82
Government-assisted	97	62	45	43	10	60	60
Private/NGO/Community	100	5	40	40	20	80	5
Province							
North	100	25	48	52	0	60	25
South	85	34	41	52	7	66	29
East	92	39	31	61	6	47	36
West	100	36	47	33	19	61	36
Kigali City	95	22	33	62	5	62	21
Total	94	156	40	51	8	59	147

Table A-3.14 Reported reliability of ordering system for commodities where order is placed by external authority

Among facilities that provide vaccinations, contraceptive methods, medicines, or antiretrovirals (ARVs), percentage where decisions on when to order the commodity are made by external authority, and among those, percentage of facilities reporting their supplies were very reliable, sometimes reliable, or rarely reliable during the 3 months preceding the survey, and percentage that received their most recent supply during the past 4 weeks, by province, Rwanda SPA 2007

Province	Percentage of facilities where external authority places commodity orders	Number of facilities providing vaccinations, contraceptive methods, medicines, or ARVs	Receipt of ordered commodity considered:			Most recent order received during past 4 weeks	Number of facilities where external authority places commodity order
			Very reliable	Sometimes reliable	Rarely reliable		
VACCINES							
North	0	76	-	-	-	-	0
South	2	98	0	100	0	50	2
East	1	83	0	100	0	0	1
West	1	108	0	100	0	100	1
Kigali City	5	37	0	100	0	100	2
Total	1	402	0	100	0	67	6
CONTRACEPTIVE METHODS							
North	0	63	-	-	-	-	0
South	10	78	50	50	0	63	8
East	7	86	50	33	17	100	6
West	1	99	0	0	100	0	1
Kigali City	7	41	33	33	33	100	3
Total	5	367	44	39	17	78	18
MEDICINES							
North	0	80	-	-	-	-	0
South	4	114	20	60	20	80	5
East	1	106	0	100	0	100	1
West	2	125	0	100	0	100	2
Kigali City	4	57	50	0	50	50	2
Total	2	482	20	60	20	80	10
ARVs							
North	0	25	-	-	-	-	0
South	15	34	80	20	0	100	5
East	5	39	0	0	50	0	2
West	6	36	100	0	0	100	2
Kigali City	5	22	0	100	0	100	1
Total	6	156	60	20	10	80	10

Table A-3.15 System for ordering commodities for facilities placing their own order

Among facilities that order their own supplies of vaccines, contraceptive methods, medicines, and antiretrovirals (ARVs), percentage that use specific criteria to determine amount of commodities ordered and percentage that use specific criteria to determine when stock orders are level, by background characteristics, Rwanda SPA 2007

	Criteria for amount ordered			Criteria for when orders are placed						
					Routinely					
Background characteristics	Maintain a fixed stock	Order same amount each time	Order based on utilization	When stock falls to a pre-determined level	More often than once monthly	Every 4 weeks	Less often than once monthly	When needed	Don't know/ missing	Number of facilities that order their own supplies
VACCINES										
Type of facility										
Hospital	20	0	80	0	0	20	20	60	0	5
Health center/Polyclinic	11	4	83	11	5	46	4	33	1	368
Dispensary/Clinic/Health post	4	4	91	17	48	17	0	17	0	23
Managing authority										
Government	10	4	83	9	3	47	3	35	2	260
Government-assisted	15	1	81	16	5	47	5	28	0	109
Private/NGO/Community	4	7	89	15	56	11	0	19	0	27
Province										
North	7	3	89	0	0	83	0	17	0	76
South	8	3	86	33	3	28	10	23	2	96
East	16	5	78	4	4	37	4	51	1	81
West	8	2	83	8	9	47	0	35	1	107
Kigali City	19	8	72	3	36	17	3	42	0	36
Total	11	4	83	11	7	44	4	32	1	396
CONTRACEPTIVE METHODS										
Type of facility										
Hospital	13	0	88	6	0	25	19	50	0	16
Health center/Polyclinic	12	1	86	6	0	48	4	41	1	306
Dispensary/Clinic/Health post	9	0	88	3	3	12	3	74	3	34
Managing authority										
Government	10	1	88	4	0	48	5	42	1	256
Government-assisted	19	0	80	12	0	43	4	39	0	69
Private/NGO/Community	10	0	87	3	3	13	0	77	0	31
Province										
North	6	0	94	3	0	48	3	46	0	63
South	8	3	89	14	0	37	8	39	1	76
East	12	0	85	5	0	53	5	32	2	81
West	18	1	79	2	1	48	1	47	0	98
Kigali City	8	0	89	0	0	21	5	71	0	38
Total	12	1	86	5	0	44	4	44	1	356

Continued…

Table A-3.15—*Continued*

Background characteristics	Criteria for amount ordered: Maintain a fixed stock	Criteria for amount ordered: Order same amount each time	Criteria for amount ordered: Order based on utilization	Criteria for when orders are placed: When stock falls to a pre-determined level	Criteria for when orders are placed: Routinely: More often than once monthly	Criteria for when orders are placed: Routinely: Every 4 weeks	Criteria for when orders are placed: Routinely: Less often than once monthly	Criteria for when orders are placed: When needed	Criteria for when orders are placed: Don't know/ missing	Number of facilities that order their own supplies
MEDICINES										
Type of facility										
Hospital	2	0	98	14	0	38	14	29	5	42
Health center/Polyclinic	7	0	92	19	0	41	15	24	1	370
Dispensary/Clinic/Health post	5	2	83	8	2	18	8	58	6	65
Managing authority										
Government	8	0	91	16	1	45	15	22	1	299
Government-assisted	2	0	97	23	0	28	17	29	3	125
Private/NGO/Community	6	2	81	8	0	17	2	68	6	53
Province										
North	10	0	88	5	0	46	30	18	1	80
South	6	0	92	27	0	24	20	26	3	114
East	6	0	91	4	0	61	4	27	4	106
West	2	0	97	29	2	37	6	25	2	123
Kigali City	11	2	83	11	0	9	17	61	2	54
Total	6	0	91	17	0	38	14	29	2	477
ARVs										
Type of facility										
Hospital	13	0	81	13	3	0	47	28	6	32
Health center/Polyclinic	8	2	83	14	1	10	44	22	5	109
Dispensary/Clinic/Health post	0	0	100	17	0	0	17	67	0	6
Managing authority										
Government	9	2	83	11	0	7	46	26	6	82
Government-assisted	8	0	83	17	3	8	42	22	4	60
Private/NGO/Community	20	0	80	20	0	0	20	60	0	5
Province										
North	12	4	84	4	0	20	64	12	0	25
South	14	0	72	24	3	0	24	34	3	29
East	6	3	81	0	0	11	44	28	14	36
West	3	0	92	28	3	6	44	14	0	36
Kigali City	14	0	86	10	0	0	43	43	5	21
Total	9	1	83	14	1	7	44	25	5	147

Table A-3.16 System for ordering commodities placing by authorities external to facility

Among facilities where external authorities order supplies of vaccines, contraceptive methods, medicines, and antiretrovirals (ARVs), percentage where the amount ordered is based on activity level or maintaining a fixed supply, by background characteristics, Rwanda SPA 2007

Background characteristics	Amount ordered is based on: Activity level	Maintaining fixed supply	Don't know/ missing	Number of facilities where stock ordered by external authorities
VACCINES				
Type of facility				
Hospital	100	0	0	1
Health center/Polyclinic	75	0	25	4
Dispensary/Clinic/Health post	100	0	0	1
Managing authority				
Government	67	0	33	3
Government-assisted	100	0	0	2
Private/NGO/Community	100	0	0	1
Total	83	0	17	6
CONTRACEPTIVE METHODS				
Type of facility				
Hospital	100	0	0	2
Health center/Polyclinic	100	0	0	13
Dispensary/Clinic/Health post	67	33	0	3
Managing authority				
Government	100	0	0	15
Private/NGO/Community	67	33	0	3
Total	94	6	0	18
MEDICINES				
Type of facility				
Health center/Polyclinic	78	0	22	9
Dispensary/Clinic/Health post	100	0	0	1
Managing authority				
Government	80	0	20	5
Government-assisted	67	0	33	3
Private/NGO/Community	100	0	0	2
Total	80	0	20	10
ARVs				
Type of facility				
Hospital	100	0	0	1
Health center/Polyclinic	78	22	0	9
Managing authority				
Government	83	17	0	6
Government-assisted	75	25	0	4
Total	80	20	0	10

Table A-3.17 Knowledge and capacity for autoclave processing of equipment

Among facilities with a functioning autoclave machine, percentage where the informant's knowledge of processing temperature and pressure was excellent or good, Rwanda SPA 2007

Knowledge of autoclave processing temperature and pressure	Percentage of facilities with level of knowledge of autoclave processing
Temperature	
Excellent[1]	44
Good[2]	23
Don't know/invalid	34
Pressure	
Excellent[3]	59
Good[4]	0
Don't know/invalid	41
Temperature and pressure	
Both excellent	37
Both al least good	9
Don't know/invalid response for temperature or pressure	53
Total number of facilities with functioning autoclave	137

[1] Autoclave had automatic temperature control or response was 121˚ to 132˚C.
[2] Response was more than 132˚C but was less than 361˚C (high cut-off point was selected to include any response that appeared valid).
[3] Either automatic machine (one facility) or response was PPI of 15-30 or ATM of 1 or 2.
[4] Response was PPI more than 30 and less than 61, or ATM more than 2 and less than 8 (high cut-off points were selected to include any response that appeared valid).
ATM = Atmospheres (of pressure)
PPI = Pounds per square inch

Table A-3.18 Storage conditions for sterilized or high-level disinfected items

Percentage of facilities with sterilized or high-level disinfected (HLD) instruments present and, among these, percentage with specific storage conditions for processed items, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities with sterilized or disinfected items present	Number of facilities	Storage conditions				Number of facilities with stored processed items
			Sterile/HLD status storage conditions[1]	Clean, but not sterile, storage conditions[2]	Processing dates observed on items	Sterile/HLD status storage conditions and processing dates on items	
Type of facility							
Hospital	98	42	90	85	78	68	41
Health center/ Polyclinic	89	389	71	63	28	25	348
Dispensary/Clinic/Health post	79	107	74	63	18	17	84
Managing authority							
Government	90	309	67	60	26	22	277
Government-assisted	89	133	81	71	44	41	119
Private/ NGO/ community	80	96	83	73	25	23	77
Province							
North	89	90	64	56	36	34	80
South	90	117	71	66	13	10	105
East	85	113	63	60	25	19	96
West	86	132	82	70	46	41	114
Kigali City	91	86	83	72	32	32	78
Total	88	538	73	65	30	27	473

[1] Items are wrapped and sealed with time-steam-temperature (TST) tape or are in a sterile/HLD box that clasps shut, and storage area is dry and clean.
[2] Items may be wrapped but not sealed, unwrapped on a tray under a cloth, unwrapped on a tray in the sterilizer or autoclave, or sitting in disinfecting solution. Storage area is dry and clean.

Table A-3.19.1 Items for infection control in MCH and RH service areas: All service areas

Percentage of facilities where specific infection control items were either observed or reported available in all service delivery areas assessed for that facility, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities with item available in all MCH/RH service areas:[1]							Number of facilities
	Running water	Soap	Clean latex or sterile gloves	Sharps box	Chlorine-based disinfectant	All items present in all relevant sites	Waste receptacle[2]	
Type of facility								
Hospital	81	64	69	55	62	29	62	42
Health center/Polyclinic	23	11	35	42	27	4	26	389
Dispensary/Clinic/Health post	49	45	59	58	58	28	43	107
Managing authority								
Government	26	12	39	48	31	5	30	309
Government-assisted	34	24	35	31	26	8	26	133
Private/NGO/Community	55	51	65	59	64	34	49	96
Province								
North	29	17	42	42	30	2	26	90
South	20	15	24	40	15	4	16	117
East	19	10	42	50	33	2	28	113
West	39	21	42	41	42	8	36	132
Kigali City	63	56	71	60	64	44	62	86
Total	33	22	43	46	36	11	32	538

[1] Survey criteria required that the item be available in the service delivery room or immediately adjacent, and the item must be observed. If the service was not being provided on the day of the survey, a report that an item was normally available when services were being offered was noted and the item is included in this table. In most cases this added only 0-1 percentage points. Items assessed for each service were: soap, water, and sharps box in the immunization area and injection room; soap, water, sharps box, and disinfectant in the consultation area for sick children; and soap, water, sharps box, disinfecting solution, and clean latex or sterile gloves in the consultation and examination areas for STI services, family planning, antenatal care, and delivery services.

[2] Waste receptacle with plastic liner and lid. This is not a component of the aggregate indicator because, while important for infection control, it has not been commonly introduced.

Table A-3.19.2 Items for infection control in MCH and RH service areas: Any service area

Percentage of facilities where specific infection control items were either observed or reported available in any of the maternal and child health (MCH) or reproductive health care (RH) service delivery areas assessed for that facility, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities with item available in any MCH/RH service area:[1]							Number of facilities
	Running water	Soap	Clean latex or sterile gloves	Sharps box	Chlorine-based disinfectant	All items present in any relevant sites	Waste receptacle[2]	
Type of facility								
Hospital	98	98	95	95	95	93	95	42
Health center/Polyclinic	93	89	98	99	98	73	97	389
Dispensary/Clinic/Health post	75	72	84	79	82	54	75	107
Managing authority								
Government	89	84	97	97	97	70	95	309
Government-assisted	96	95	96	98	97	79	97	133
Private/NGO/Community	82	81	88	81	85	63	78	96
Province								
North	94	91	96	98	98	76	97	90
South	92	86	95	97	94	71	91	117
East	77	73	94	96	93	53	93	113
West	93	92	98	95	98	78	92	132
Kigali City	91	90	92	86	91	79	91	86
Total	89	86	95	95	95	71	93	538

[1] Survey criteria required that the item be available in the service delivery room or immediately adjacent, and the item must be observed. If the service was not being provided on the day of the survey, a report that an item was normally available when services were being offered was noted and the item is included in this table. In most cases this added only 0-1 percentage points. Items assessed for each service were: soap, water, and sharps box in the immunization area and injection room; soap, water, sharps box, and disinfectant in the consultation area for sick children; and soap, water, sharps box, disinfecting solution, and clean latex or sterile gloves in the consultation and examination areas for STI services, family planning, antenatal care, and delivery services.

[2] Waste receptacle with plastic liner and lid. This is not a component of the aggregate indicator because, while important for infection control, it has not been commonly introduced.

Table A-3.20.1 Items for infection control in HIV service areas: All service areas

Among all facilities, percentage with specific infection control elements in all relevant HIV service sites, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities with item available in all relevant service sites: Running water	Soap	Clean latex or sterile gloves	Sharps box	Chlorine-based disinfectant	All items present in all relevant sites	Waste receptacle	Number of facilities	Mean number of eligible service sites
Type of facility									
Hospital	36	21	55	43	50	17	45	42	8
Health center/Polyclinic	32	19	46	49	42	8	35	389	4
Dispensary/Clinic/Health post	49	35	51	40	57	16	33	107	2
Managing authority									
Government	28	14	41	47	40	5	34	309	4
Government-assisted	41	27	52	48	45	15	38	133	5
Private/NGO/Community	55	43	60	44	61	21	39	96	3
Province									
North	32	16	40	41	36	9	24	90	3
South	20	15	38	39	33	6	24	117	5
East	22	12	48	55	46	4	36	113	4
West	47	26	51	51	52	12	44	132	3
Kigali City	63	47	62	45	62	22	49	86	5
Total	36	22	47	47	45	10	36	538	4

Note: Relevant service sites within a facility include all assessed outpatient or inpatient client examination areas, all VCT or PMTCT sites where blood is drawn or HIV testing is conducted in the unit, and the blood-drawing area in the lab.

Table A-3.20.2 Items for infection control in HIV service areas: Any service area

Among all facilities, percentage with specific infection control elements in any relevant HIV service sites, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities with item available in any relevant service site: Running water	Soap	Clean latex or sterile gloves	Sharps box	Chlorine-based disinfectant	All items present in all relevant sites	Waste receptacle	Number of facilities	Mean number of eligible service sites
Type of facility									
Hospital	98	98	98	98	98	98	98	42	8
Health center/Polyclinic	89	86	94	97	98	73	92	389	4
Dispensary/Clinic/Health post	79	75	79	79	88	51	80	107	2
Managing authority									
Government	84	81	91	96	96	66	90	309	4
Government-assisted	95	95	98	98	98	89	97	133	5
Private/NGO/Community	88	82	80	80	90	60	82	96	3
Province									
North	83	79	92	97	97	66	93	90	3
South	90	91	97	98	98	77	93	117	5
East	82	80	89	96	97	60	86	113	4
West	85	81	83	87	89	71	85	132	3
Kigali City	99	95	95	92	99	81	97	86	5
Total	87	85	91	94	96	71	90	538	4

Note: Relevant service sites within a facility include all assessed outpatient or inpatient client examination areas, all VCT or PMTCT sites where blood is drawn or HIV testing is conducted in the unit, and the blood-drawing area in the lab.

Table A-3.21 Availability of stock items for preventing nosocomial infections

Among all facilities, percentage with specific infection control items, by background characteristics, Rwanda SPA 2007

Background characteristics	Hand washing soap	Disinfectant	Needles and syringes	Latex gloves	All items available	Number of facilities
Type of facility						
Hospital	57	100	76	100	50	42
Health center/Polyclinic	46	79	43	94	27	389
Dispensary/Clinic/Health post	26	39	25	57	12	107
Managing authority						
Government	42	79	40	94	26	309
Government-assisted	59	86	55	93	39	133
Private/NGO/Community	20	35	29	53	8	96
Province						
North	22	81	38	88	11	90
South	52	83	32	97	21	117
East	52	73	39	92	32	113
West	50	74	54	89	41	132
Kigali City	27	49	45	62	19	86
Total	43	73	42	87	26	538

Table A-3.22.1 Waste disposal methods for contaminated materials

Percentage of facilities that use specific methods for final disposal of contaminated materials, by background characteristics, Rwanda SPA 2007

	Percentage of facilities where contaminated material is:							
Background characteristics	Removed offsite	Burned in incinerator	Burned on flat ground unprotected	Burned in pit or protected ground	Dumped without burning/no protection	Dumped without burning/ protection	Other response/ missing	Number of facilities
Type of facility								
Hospital	5	74	2	12	0	5	2	42
Health center/Polyclinic	5	56	8	10	1	19	2	389
Dispensary/Clinic/Health post	13	43	16	14	0	7	7	107
Managing authority								
Government	6	54	8	10	1	18	3	309
Government-assisted	5	59	8	10	1	17	1	133
Private/NGO/Community	9	52	15	14	0	3	7	96
Province								
North	8	46	9	18	0	20	0	90
South	3	61	3	3	0	27	3	117
East	9	48	12	9	0	21	2	113
West	6	54	17	12	2	5	5	132
Kigali City	9	67	1	13	0	3	6	86
Total	7	55	9	11	1	15	3	538

Table A-3.22.2 Waste disposal methods for sharps materials

Percentage of facilities that use specific methods for final disposal of sharps materials, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities in which sharps waste material is: Removed offsite	Burned in incinerator	Burned on flat ground unprotected	Burned in pit or protected ground	Dumped without burning/no protection	Dumped without burning/ protection	Other response/ missing	Number of facilities
Type of facility								
Hospital	5	83	0	10	0	2	0	42
Health center/Polyclinic	20	54	4	7	1	12	3	389
Dispensary/Clinic/Health post	23	38	7	9	0	13	8	107
Managing authority								
Government	24	50	2	8	0	12	4	309
Government-assisted	9	65	7	6	1	12	0	133
Private/NGO/Community	18	46	9	9	0	9	8	96
Province								
North	19	44	4	13	0	18	1	90
South	20	65	3	2	0	7	4	117
East	34	27	1	10	0	25	4	113
West	12	61	12	7	2	3	3	132
Kigali City	12	70	0	8	0	6	5	86
Total	19	53	4	8	0	11	4	538

Chapter 4

Table A-4.1 Availability of child health services at facilities

Percentage of facilities offering outpatient care for sick children, routine growth monitoring services, routine child immunization services, measles immunization, and BCG immunization, specific numbers of days per week, by background characteristics, Rwanda SPA 2007

Background characteristics	Outpatient care for sick children				Growth monitoring				Routine series of child immunization[2]				Measles				BCG immunization			
	Days[1]			Number of facilities	Days[1]			Number of facilities	Days[1]			Number of facilities	Days[1]			Number of facilities	Days[1]			Number of facilities
	1-2	3-4	5+		1-2	3-4	5+		1-2	3-4	5+		1-2	3-4	5+		1-2	3-4	5+	
Type of facility																				
Hospital	3	5	92	38	14	14	71	7	60	40	0	5	60	40	0	5	60	40	0	5
Health center/ Polyclinic	1	0	99	387	70	20	10	282	84	14	2	374	84	14	2	375	84	13	3	376
Dispensary/Clinic/ Health post	1	0	99	84	88	13	0	8	100	0	0	26	100	0	0	26	100	0	0	26
Managing authority																				
Government	1	1	98	301	74	15	10	195	86	12	2	263	86	12	2	264	86	11	3	265
Government-assisted	1	0	99	130	58	29	13	95	79	21	1	112	79	21	1	112	79	17	4	112
Private/NGO/ Community	1	0	99	78	86	14	0	7	97	3	0	30	97	3	0	30	97	3	0	30
Province																				
North	0	0	100	90	87	8	6	52	92	7	1	76	92	7	1	76	95	3	3	76
South	2	1	97	111	68	25	8	80	85	14	1	99	86	13	1	99	86	13	1	99
East	1	0	99	105	82	7	11	61	94	6	0	83	93	7	0	84	91	7	2	85
West	1	1	98	128	50	36	14	78	72	25	3	109	72	25	3	109	72	22	6	109
Kigali City	3	0	97	75	69	12	19	26	84	13	3	38	84	13	3	38	84	13	3	38
Total	1	0	98	509	69	20	11	297	85	14	1	405	85	14	1	406	85	12	3	407

[1] Some facilities offer the service less than one day per week so percentage may not add up to 100 percent.
[2] Pentavalent, measles, and BCG vaccines may not be offered on the same schedule as other routine vaccines.

Table A-4.2 Availability of child health services through village outreach activities

Among all facilities, percentage offering curative care for sick children, percentage offering routine growth monitoring, and percentage offering child immunization (EPI) services with and without BCG vaccine, through outreach services to villages, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities offering specific services through outreach				Number of facilities
	Sick child services	Growth monitoring	Routine series of child immunizations without BCG[1]	All child immunizations including BCG[2]	
Type of facility					
Hospital	31	10	5	2	42
Health center/Polyclinic	31	69	88	21	389
Dispensary/Clinic/Health post	36	5	10	0	107
Managing authority					
Government	28	61	78	17	309
Government-assisted	32	62	75	23	133
Private/NGO/Community	44	4	15	0	96
Province					
North	19	54	73	8	90
South	21	74	77	15	117
East	30	53	73	12	113
West	41	52	70	30	132
Kigali City	49	14	29	5	86
Total	32	51	66	15	538

[1] Pentavalent and measles but no BCG vaccine offered through outreach at least one day per month
[2] Pentavalent, measles and BCG vaccines offered through outreach at least one day per month.

Table A-4.3 Availability of child vaccines and vitamin A

Among facilities offering child immunization services and routinely storing vaccines, percentage with specific child vaccines and vitamin A observed on the day of the survey, by background characteristics, Rwanda SPA 2007

Background characteristics	Among facilities offering immunization services and storing vaccines, percentage with specific vaccines and vitamin A observed						Number of facilities offering child immunization services and storing vaccines
	BCG	Polio	Pentavalent	Measles	All basic child vaccines available[1]	Vitamin A in area with vaccines	
Type of facility							
Hospital	100	100	100	100	100	60	5
Health center/Polyclinic	97	96	97	97	94	42	356
Dispensary/Clinic/Health post	100	100	89	100	89	44	9
Managing authority							
Government	96	96	97	96	94	40	250
Government-assisted	98	95	98	97	94	47	107
Private/NGO/Community	100	100	92	100	92	38	13
Province							
North	99	99	99	97	97	19	68
South	98	97	100	100	95	63	97
East	94	90	95	95	90	24	80
West	97	97	97	94	94	43	90
Kigali City	97	97	94	97	94	69	35
Total	97	96	97	97	94	42	370

[1] BCG, polio, pentavalent, and measles vaccines.

Table A-4.4 Equipment, supplies, and recordkeeping systems for child immunization services

Among facilities offering child immunization services, percentage with specific equipment and supplies, items for infection control, and recordkeeping system components observed, by background characteristics, Rwanda SPA 2007

Background characteristics	Equipment and supplies			Items for infection control			Administrative practices			Number of facilities offering child immunization services
	Blank child immunization record	Adequate supplies of syringes and needles	Vaccine carriers with ice pack[1]	Soap	Running water	Sharps box	Register	Tally sheet	Monitoring of community coverage[2]	
Type of facility										
Hospital	100	100	100	100	100	100	80	80	40	5
Health center/Polyclinic	86	79	98	33	46	78	87	85	84	374
Dispensary/Clinic/ Health post	85	81	81	65	73	73	73	69	54	26
Managing authority										
Government	88	82	98	31	44	81	88	88	85	263
Government-assisted	81	73	98	40	52	73	86	79	80	112
Private/NGO/Community	83	83	87	67	73	77	70	70	60	30
Province										
North	86	79	97	29	45	80	84	89	86	76
South	81	84	98	31	43	82	84	73	85	99
East	83	70	96	17	27	75	83	86	78	83
West	91	78	96	50	64	72	92	88	83	109
Kigali City	89	97	97	66	68	92	84	89	68	38
Total	86	80	97	36	48	78	86	84	82	405

[1] If a facility reported it purchased ice, this was accepted in place of the ice pack.
[2] Measles coverage or pentavalent dropout rate was documented.

Table A-4.5 Availability of specific equipment and supplies for quality assessment of the sick child

Among facilities that provide outpatient care for sick children, percentage with specific items to support quality services, to provide preventive services, and to assess the sick child in the service delivery room, by type of facility, Rwanda SPA 2007

	Type of facility			
Items	Hospital	Health center/ Polyclinic	Dispensary/ Clinic/ Health post	Total percentage
Infection control items				
Soap	87	45	74	53
Running water	95	60	79	66
Latex gloves	87	64	75	68
Sharps container	74	67	76	69
Decontaminant	79	53	75	59
All items for infection control	55	25	54	32
Waste receptacle with plastic liner	79	65	70	67
All items including waste receptacle	47	22	52	29
Items to support quality				
Child health cards	82	95	81	92
Treatment guidelines/standards (any)	24	32	11	28
Visual aids for health education	39	33	14	30
All items to support quality of care	13	14	0	12
Preventive measures				
Capacity to provide vaccinations[1]	13	24	14	21
Infant weighing scale	55	41	32	41
Child weighing scale	92	73	60	72
Both infant and child weighing scales	53	38	23	37
All preventive measures	13	15	7	13
Equipment for assessment				
Thermometer	95	95	96	95
Minute timer[2]	26	23	37	26
Pitcher for mixing ORS	16	28	32	28
Cup/spoon for giving ORS	29	31	36	32
ORS packet in sick child service area	29	40	55	42
ORS packet in facility (pharmacy or sick child service area)	100	92	70	89
All three oral rehydration therapies (ORT)	13	24	26	24
All equipment for assessment	13	10	13	11
ORT Corner observed	18	15	11	15
Number of facilities offering sick child services	38	387	84	509

[1] Vaccines, equipment, immunization cards, and infection control items all available. Register and monitoring of coverage were not considered essential for providing vaccines for sick children on the day of survey.

[2] This is either a minute timer or a wristwatch that has a second hand that could be used to time for 1 minute; includes facility equipment only

Table A-4.6 Availability of infection control items for therapeutic injections

Among facilities providing outpatient care for sick children and therapeutic injections, percentage with specific infection control items in the therapeutic injection area, by type of facility, Rwanda SPA 2007

	Type of facility			
Infection control items	Hospital	Health center/ Polyclinic	Dispensary/ Clinic/ Health post	Total percentage
Soap	85	52	66	56
Running water	97	66	71	69
Clean latex gloves	94	75	84	77
Sharps container	88	87	84	87
Decontaminant	94	84	92	86
All items for infection control	70	35	51	40
Waste receptacle with plastic liner	88	80	78	80
All items including waste receptacle	67	31	49	36
Sterile syringes	85	84	88	84
Number of facilities offering sick child services and therapeutic injections	33	382	76	491

Table A-4.7 Availability of guidelines and teaching materials

Among facilities providing outpatient care for sick children, percentage with IMCI guidelines or client educational aids available, by background characteristics, Rwanda SPA 2007

	Percentage of facilities offering sick child services with:				
Background characteristics	IMCI chart booklet	IMCI counseling cards for provider	IMCI mother cards	Other visual aids	Number of facilities offering sick child services
Type of facility					
Hospital	16	13	13	37	38
Health center/Polyclinic	19	10	11	29	387
Dispensary/Clinic/Health post	8	1	1	13	84
Managing authority					
Government	19	9	11	29	301
Government-assisted	20	11	10	31	130
Private/NGO/Community	6	1	1	13	78
Province					
North	8	6	4	11	90
South	22	12	12	15	111
East	11	6	7	24	105
West	27	13	16	51	128
Kigali City	12	3	4	27	75
Total	17	8	9	27	509

Table A-4.8 Availability of immunization services and outpatient care for sick children on the same day

Among all facilities offering outpatient care for sick children, percentage offering child immunization (EPI) every day sick that child services are offered, and percentage where both sick child and EPI services were both being offered on the day of the survey, by background characteristics, Rwanda SPA 2007

Background characteristics	EPI services available every day sick child services are offered	On day of survey, both sick child and EPI services were provided	Number of facilities offering sick child services
Type of facility			
Hospital	3	21	38
Health center/Polyclinic	19	33	387
Dispensary/Clinic/Health post	2	13	84
Managing authority			
Government	19	29	301
Government-assisted	14	39	130
Private/NGO/Community	1	12	78
Province			
North	30	48	90
South	17	50	111
East	13	10	105
West	7	20	128
Kigali City	8	17	75
Total	15	29	509

Table A-4.9 Availability of specific medicines for treatment of the sick child

Among facilities that provide outpatient care for sick children, percentage where first-line, pre-referral, and other essential medications are available, by type of facility, Rwanda SPA 2007

	Type of facility			
Items	Hospital	Health center/ Polyclinic	Dispensary/ Clinic/ Health post	Total percentage
First-line oral medicines				
Oral rehydration solution (ORS)	100	92	70	89
Antibiotic: amoxicillin	97	85	37	78
Antibiotic: cotrimoxazole	97	90	42	83
Antibiotic: chloramphenicol	95	49	18	48
Any antibiotic	100	95	50	88
Antimalarial: Coartem	100	93	31	83
Antimalarial: Fansidar	32	67	21	57
Antimalarial: amodiaquine	3	2	2	2
Any antimalarial	100	96	52	89
All first-line oral medicines[1]	100	89	43	82
Pre-referral medicines				
Injectable chloramphenicol	92	46	14	44
Injectable ampicillin or cloxacillin	97	65	15	59
Injectable penicillin	100	94	39	85
Injectable gentamycin	95	52	23	51
Injectable ceftriaxone	42	4	0	6
Intravenous solution with perfusion set	68	49	45	50
Sterile syringes	100	98	94	97
All pre-referral medicines[2]	68	36	10	34
Other essential medicines				
Aspirin or paracetamol (antipyretic)	100	93	48	86
Vitamin A (any dose)	34	35	7	30
Iron tablet	79	79	19	69
Albendazole or mebendazole (deworming)	97	91	45	84
All other essential medicines	32	31	4	27
Number of facilities offering sick child services	38	387	84	509

[1] ORS, at least one antimalarial, and at least one oral antibiotic.
[2] At least one first-line injectable antibiotic (ampicillin or penicillin), at least one second-line injectable antibiotic (ceftriaxone or gentamicin) or injectable chloramphenicol, and intravenous solution (normal saline, Ringer's lactate, or dextrose and saline 0.9%) with perfusion set and sterile syringes

Table A-4.10 Facility utilization statistics for outpatient care for sick children

Among facilities providing outpatient care for sick children, the median number of sick child consultations per month, by background characteristics, Rwanda SPA 2007

Background characteristics	Median number of sick child consultations per month[1]	Number of facilities providing data on sick child consultations
Type of facility		
Hospital	104	33
Health center/Polyclinic	244	357
Dispensary/Clinic/Health post	31	71
Managing authority		
Government	218	277
Government-assisted	231	120
Private/NGO/Community	33	64
Province		
North	211	83
South	195	102
East	290	94
West	161	121
Kigali City	98	61
Total	200	461

[1] Data are from health information system monthly reports available at the facility on the day of the survey. Data were requested for the 12 months preceding the survey, but frequently some months were missing. Information from the 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 clients per month.

Table A-4.11 Information on user fees for outpatient care for sick children

Among facilities offering outpatient care for sick children, percentage where specific user fees are reported and, among those, percentage where discounts are offered and fees are posted publicly, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities charging for: Client chart or record	Consulta-tion	Medi-cines	Tests	Registra-tion	No charges or don't know	Number of facilities offering sick child services	Discount or exemptions offered	Percentage where fees are posted in public view: All fees are posted	Some fees are posted	No fees are posted	Number of facilities having any user fees for sick child services
Type of facility												
Hospital	76	97	97	97	13	3	38	65	38	14	49	37
Health center/Polyclinic	90	97	98	97	13	2	387	67	51	13	36	378
Dispensary/Clinic/ Health post	74	88	82	77	13	12	84	27	24	31	45	74
Managing authority												
Government	88	96	97	96	14	3	301	69	48	14	38	290
Government-assisted	88	95	96	95	8	2	130	63	54	10	35	127
Private/ NGO/ community	77	94	87	83	17	6	78	26	24	33	43	72
Province												
North	92	98	97	97	9	1	90	57	53	7	40	88
South	85	91	94	94	5	5	111	67	46	17	37	105
East	87	96	96	96	30	3	105	74	20	21	59	101
West	89	96	97	91	2	3	128	58	73	6	20	124
Kigali City	77	96	92	92	24	4	75	44	28	34	38	71
Total	86	95	95	94	13	3	509	61	46	16	38	489

Table A-4.12 Out-of-pocket payments for sick child consultations

Among interviewed caretakers of sick children, percentage who reported that they are part of a program to prepay or defer child health costs and percentage who reported paying any out-of-pocket fees for services for the sick child on the day of the survey and, among the caretakers who paid any fees for services for the sick child, median amount (in RWF) paid on the day of the survey by whether the child belongs to a prepayment or cost-deferral program, by type of facility, Rwanda SPA 2007

Type of facility	Percentage who belong to prepayment or cost-deferral program	Payment of any out-of-pocket fees this visit: Belong to program	Do not belong to program	Number of interviewed caretakers	Median out-of-pocket fees (RWF) paid by caretakers who paid anything for child health services this visit, among those who: Belong to program	Do not belong to program	Number of interviewed caretakers providing valid responses for out-of-pocket payments: Belong to program	Do not belong to program
Hospital	88	66	7	92	208	1,510	60	6
Health center/Polyclinic	89	79	9	1,505	203	806	1,173	126
Dispensary/Clinic/Health post	77	56	23	97	210	1,005	53	21
Total	88	77	9	1,694	203	853	1,286	153

[1] Includes any amount paid out-of-pocket, including fees for consultation, laboratory tests, medicines, or other.

Table A-4.13 Supportive management for providers of child health services

Among interviewed child health service providers, percentage who received specific supportive management practices, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of interviewed service providers who received: Pre- or in-service training related to child health during the past 12 months	Personal supervision in the past 6 months	Pre- or in-service training during the past 12 months and personal supervision during the past 6 months	Most recent pre- or in-service training in the period 13-35 months preceding the survey	Number of interviewed child health service providers
Type of facility					
Hospital	27	73	19	7	90
Health center/Polyclinic	17	92	15	6	1,138
Dispensary/Clinic/Health post	21	54	14	6	112
Managing authority					
Government	18	91	16	5	869
Government-assisted	18	90	16	7	367
Private/NGO/Community	21	54	13	8	104
Province					
North	14	86	12	3	241
South	16	91	14	3	307
East	17	92	17	8	315
West	20	89	16	7	347
Kigali City	28	67	21	8	130
Total	18	88	16	6	1,340

Table A-4.14 Training for child health providers

Among interviewed child health providers, percentage who received in-service training on specific topics during the past 12 months or 13-35 months preceding the survey, by background characteristics, Rwanda SPA 2007

Background characteristics	EPI/Cold chain		ARI treatment		Diarrhea treatment		Nutrition and micronutrient deficiencies		IMCI		Malaria treatment for children		Number of interviewed child health service providers[1]
	12m	13-35m	12m	13-35m	12m	13-35m	12m	13-35m	12m	13-35m	12m	13-35m	
Type of facility													
Hospital	6	4	2	4	2	2	4	3	6	2	7	3	90
Health center/Polyclinic	5	3	4	4	5	3	5	2	7	1	9	2	1,138
Dispensary/Clinic/Health post	11	3	13	4	13	4	11	4	14	1	13	4	112
Managing authority													
Government	6	3	4	4	5	3	6	3	7	2	9	2	869
Government-assisted	5	3	5	4	5	3	4	1	8	1	9	2	367
Private/NGO/Community	11	2	13	4	13	4	11	4	13	1	13	4	104
Province													
North	4	1	0	2	0	1	2	0	3	0	3	0	241
South	6	2	6	3	7	1	6	2	7	2	10	1	307
East	5	3	3	6	3	5	5	3	4	2	8	4	315
West	8	4	9	5	9	5	7	3	12	1	13	3	347
Kigali City	7	6	4	5	7	5	8	5	14	3	11	5	130
Total	6	3	5	4	5	3	6	2	8	1	9	3	1,340

Continued…

Table A-4.14—*Continued*

Background characteristics	Breastfeeding		Complementary infant feeding		Pediatric AIDS training		Number of interviewed child health service providers[1]
	12m	13-35m	12m	13-35m	12m	13-35m	
Type of facility							
Hospital	6	6	4	4	10	0	90
Health center/Polyclinic	6	3	5	3	5	1	1,138
Dispensary/Clinic/Health post	14	4	13	4	1	2	112
Managing authority							
Government	6	3	6	3	6	1	869
Government-assisted	6	3	4	2	4	1	367
Private/NGO/Community	13	4	13	4	1	2	104
Province							
North	2	1	2	0	2	0	241
South	7	2	6	2	5	0	307
East	6	4	5	3	7	3	315
West	10	5	8	4	3	1	347
Kigali City	10	4	8	5	11	4	130
Total	7	3	6	3	5	1	1,340

ARI = Acute respiratory infection
IMCI = Integrated management of childhood illness.
[1] Includes only providers of child health services in facilities offering child health services.

Table A-4.15 Supportive supervision for child health service providers

Among interviewed child health providers who were personally supervised in the past 6 months, median number of times staff were supervised, and percentage who reported specific activities of the supervisor during the last visit, by background characteristics, Rwanda SPA 2007

Background characteristics	Median number of times staff were supervised in past 6 months	Percentage of providers reporting that, during the last supervisory visit, the supervisor carried out specific activities						Number of providers of child health services who were supervised in the past 6 months[1]
		Checked records	Observed work	Provided feedback	Provided updates	Discussed problems	Delivered supplies	
Type of facility								
Hospital	3	91	92	91	74	86	27	66
Health center/Polyclinic	6	97	95	93	81	87	29	1,047
Dispensary/Clinic/Health post	3	88	92	92	70	88	15	60
Managing authority								
Government	6	97	95	93	80	86	28	788
Government-assisted	6	98	95	94	81	89	30	329
Private/NGO/Community	2	79	88	89	66	89	14	56
Province								
North	6	97	95	90	82	81	29	207
South	5	99	97	95	78	83	27	279
East	6	98	93	91	82	88	17	290
West	5	96	95	95	81	94	40	310
Kigali City	4	85	90	91	71	89	22	87
Total	5	97	95	93	80	87	28	1,173

[1] Includes only providers of child health services in facilities offering child health services.

Table A-4.16 Observed assessments, examinations, and treatments for sick children

Percentage of observed children for whom the specific assessments, physical examinations, or interventions were a component of their consultation, by type of facility, Rwanda SPA 2007

Components of consultation	Type of facility: Hospital	Health center/ Polyclinic	Dispensary Clinic/ Health post	Total percentage
Consultation conducted by qualified provider	100	99	96	99
Consultation conducted by physician	89	1	15	7
History: assessment of danger signs				
Inability to eat or drink anything	32	24	26	25
Vomiting everything	32	26	29	26
Convulsions	5	2	3	2
All three danger signs	2	1	3	2
History: assessment of symptoms				
Cough or difficult breathing	63	71	74	70
Diarrhea	31	36	35	36
Fever	49	71	65	70
All three major symptoms[1]	15	19	16	18
Nutritional status	41	35	39	35
All four assessments	10	14	11	14
Ear pain or discharge	8	6	4	6
Physical examination				
Felt temperature	57	38	41	39
Measured temperature[2]	88	95	91	94
Any temperature	92	96	94	96
Assessed anemia: Looked at palms	40	21	24	22
Assessed anemia: Looked at eye conjunctiva or mucosa of mouth	49	33	30	34
Any assessment of anemia	51	36	32	37
Assessed dehydration	61	36	30	37
Counted respiratory rate per minute	30	14	24	15
All key physical checks[3]	23	7	14	8
Auscultate	66	42	41	43
Looked in ear	44	20	24	21
Felt behind ear	11	5	4	5
Checked for pedal edema (pressed both feet)	23	11	12	12
Removed clothing and observed musculature	44	19	35	22
All physical checks[4]	10	1	5	2
Essential advice				
Increase fluids	21	14	17	15
Continue/increase feeding	23	15	19	16
Symptoms for immediate return	27	25	23	25
Dose, frequency, and duration of medications	40	52	31	50
Drinking/feeding practice during illness				
Feeding/breastfeeding practices	49	41	55	42
Observed if child can drink or suck	25	23	27	23
Both assessments of drinking/feeding status	21	16	24	17
Number of observed children	96	1,546	99	1,741

[1] Cough, diarrhea, and fever
[2] Either the provider or another health worker is observed measuring the child's temperature, or the facility has a system in which all sick children have their temperature measured prior to being seen by a provider
[3] Assessed presence of fever and anemia and counted respiratory rate
[4] Assessed presence of fever and anemia, counted respiratory rate, auscultated, checked ears, checked feet, and checked musculature

Table A-4.17 Prescriptions and medicines provided for the observed sick child

Among interviewed caretakers of sick children, percentage who reported child received dose of medicine or injection at the facility; among interviewed caretakers of children who received medicine or a prescription, percentage who had medicines or prescriptions on departure from the facility, percentage who reported being told how to administer the medicine at home, and percentage who felt they understood how to give the medicine, and among observed sick children who were prescribed or provided oral medicines, percentage whose caretakers were told how to administer medicine and percentage who received first dose at facility, by type of facility, Rwanda SPA 2007

	Type of facility			
Components of consultation	Hospital	Health center/ Polyclinic	Dispensary/ Clinic/ Health post	Total percentage
Reported by caretaker:				
Child provided a dose of oral medicine at the facility	9	19	17	19
Child received injection or prescription for injection	15	17	16	17
Number of interviewed caretakers of sick children	92	1,505	97	1,694
Observed during exit interview				
Caretaker has all medicines	56	85	62	83
Caretaker has some medicines and prescriptions	6	3	3	3
Caretaker has only prescriptions	15	5	31	7
Child received or was prescribed an injection	15	17	16	17
Reported by caretaker				
Was told how to give the medicine at home	63	83	85	82
Knows how to provide medicine at home	63	88	89	87
Number of interviewed caretakers of sick children who were given or prescribed medicine	86	1,481	95	1,662
Observed during consultation				
Caretaker told about:				
*Dose, frequency, **and** duration of medications*	40	52	31	50
*Dose, frequency, **or** duration of medications*	40	55	42	54
Caretaker was asked to repeat instructions	3	15	0	14
Child received first dose of oral medicine at facility	21	25	19	24
Antibiotic was prescribed	60	65	88	65
Number of observed sick children who were prescribed or provided oral medicines	62	1,260	48	1,370

Table A-4.18 Observed preventive assessments for sick children

Percentage of observed children whose weight, feeding, and immunization status were assessed during the consultation, by child's age and type of facility, Rwanda SPA 2007

Components of consultation	Type of facility: Hospital	Health center/ Polyclinic	Dispensary Clinic/ Health post	Total percentage
Growth monitoring				
Child weighed	75	81	68	80
Weight plotted	10	20	6	18
Normal breastfeeding assessed				
Children age <24 months	42	30	53	32
Normal feeding assessed				
Children age <24 months	51	34	56	36
Children age ≥24 months	17	16	14	16
Children of any age	38	27	38	28
Immunization status assessed				
Children age <24 months	32	31	18	30
Children age ≥24 months	26	28	24	28
Children of any age	29	30	21	29
Number of observed children < 24 months	57	891	55	1,003
Number of observed children ≥ 24 months	35	614	42	691
Total number of observed children	92	1,505	97	1,694

Table A-4.19 Topics discussed and immunizations received by sick children

Percentage of interviewed caretakers of observed children who, when asked, reported that a provider discussed specific topics during that visit, and percentage of interviewed caretakers of children under 24 months who reported bringing an immunization card to the facility and that the child received an immunization, by type of facility, Rwanda SPA 2007

Components of consultation	Type of facility: Hospital	Health center/ Polyclinic	Dispensary/ Clinic/ Health post	Total percentage
Topics discussed by provider				
Weight or nutritional status of the child	50	42	36	42
General feeding practices	11	9	12	9
Give more food/liquid during the illness	17	11	22	12
Give same food/liquid during the illness	2	1	0	1
Was told what the illness was	58	27	41	29
Number of interviewed caretakers	92	1,505	97	1,694
Brought immunization card to facility	11	15	5	14
Child <24 months received immunization	2	1	2	1
Number of caretakers of children <24 months	57	891	55	1,003

Table A-4.20 Feedback from caretaker of sick children on service providers

Percentage of interviewed caretakers of observed children who said that they considered specific service issues to be a big problem for them on the day of the visit, by type of facility, Rwanda SPA 2007

Problems	Hospital	Health center/ Polyclinic	Dispensary/ Clinic/ Health post	Total percentage
Behavior/attitude of provider	8	4	1	4
Inability to discuss problems or concerns	3	5	3	5
Insufficient explanation about child's illness	4	2	3	2
Waiting time to see provider	30	17	7	18
Quality of examination and treatment	1	2	5	3
Availability of medicines	11	2	3	3
Days facility is open	0	1	0	1
Hours facility is open	0	3	2	2
Cleanliness of facility	0	1	2	1
Cost of services	5	1	0	1
Insufficient visual privacy	0	0	1	0
Insufficient auditory privacy	1	1	1	1
Number of interviewed caretakers	92	1,505	97	1,694

Table A-4.21 Caretaker choice of facility

Among interviewed caretakers of observed children, percentage who reported that this facility was not the closest health facility to their home, and among these, the main reasons they did not go to the nearest facility, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of caretakers who reported that facility was not the closest to their home	Number of interviewed caretakers of sick children	Percentage of caretakers who say the main reason they did not go to the nearest facility was:						Number of interviewed caretakers for whom this was not the closest facility
			Bad reputation	Don't like personnel	No medicines	More expensive	Was referred to this facility	Don't know/ missing	
Type of facility									
Hospital	38	92	0	3	14	0	69	14	35
Health center/Polyclinic	7	1,505	19	10	4	2	8	57	109
Dispensary/Clinic/Health post	15	97	20	0	0	0	0	80	15
Managing authority									
Government	8	1,094	12	7	7	1	31	41	83
Government-assisted	9	513	22	13	7	2	15	41	46
Private/NGO/Community	34	87	13	0	0	0	0	87	30
Province									
North	4	335	23	8	8	0	23	38	13
South	10	447	13	2	9	4	28	43	46
East	6	345	19	5	0	0	43	33	21
West	10	386	24	21	5	0	11	39	38
Kigali City	23	181	5	2	5	0	10	78	41
Total	9	1,694	15	8	6	1	21	50	159

Table A-4.22 Educational characteristics of caretakers of observed sick children

Percent distribution of interviewed caretaker of sick children by level of education, and among caretakers with primary, informal, or no education, percentage who are literate, by background characteristics, Rwanda SPA 2007

Background characteristics	Percent distribution of caretakers by level of education					Number of interviewed caretakers	Percentage of interviewed caretakers with primary, informal or no education who:			Number of interviewed caretakers with primary, informal or no education
	No education	Informal	Primary	Secondary	Higher		Cannot read or write	Can read, cannot write	Can read and write	
Type of facility										
Hospital	24	4	40	24	8	92	25	14	56	63
Health center/Polyclinic	26	5	60	9	1	1,505	28	9	61	1,364
Dispensary/Clinic/Health post	13	4	55	22	6	97	21	10	69	70
Managing authority										
Government	28	6	58	7	1	1,094	30	9	60	999
Government-assisted	22	4	64	11	0	513	25	11	63	457
Private/NGO/Community	3	1	43	40	13	87	7	12	80	41
Province										
North	34	6	51	9	0	335	36	6	57	305
South	26	2	66	5	0	447	25	10	63	421
East	29	10	53	6	1	345	31	9	59	320
West	19	3	67	11	1	386	27	10	62	341
Kigali City	8	2	51	32	7	181	11	19	67	110
Total	25	5	59	10	1	1,694	28	10	61	1,497

Chapter 5

Table A-5.1 Methods of family planning offered

Among facilities offering family planning (FP) methods, percentage that provide (P) or provide and prescribe (P&P) specific FP methods, by type of facility, Rwanda SPA 2007

	Type of facility							
	Hospital		Health center/ Polyclinic		Dispensary/ Clinic/Health post		Total percentage	
Methods offered	P	P&P	P	P&P	P	P&P	P	P&P
Combined oral contraceptive pill	63	63	93	95	98	98	92	93
Progestin-only oral pill	54	54	92	94	63	63	87	89
Progestin-only injectable (two- or three-month intervals)	63	63	93	95	95	98	91	93
Combined injectable (monthly)	13	13	7	10	20	20	9	11
Male condom	67	71	92	94	83	83	90	91
Female condom	17	25	34	38	15	18	31	35
Intrauterine device (IUD)	79	83	9	16	18	20	14	20
Implant	75	79	48	52	20	23	46	51
Spermicide	4	4	0	2	8	10	1	3
Diaphragm	4	4	1	2	0	3	1	2
Counseling on Standard Days Method (SDM)	38	46	75	81	38	43	69	75
Female sterilization	83	83	1	1	3	3	6	6
Male sterilization	50	50	1	1	3	3	4	4
At least two temporary modern methods[1]	88	88	94	95	100	100	94	95
At least four temporary modern methods[1]	75	75	91	92	75	78	88	90
Emergency contraceptive pill	21	21	14	16	8	10	14	16
Number of facilities providing any FP methods	24	24	332	332	40	40	396	396

[1] Includes contraceptive pills (combined or progestin-only), injectables (combined or progestin-only), implants, IUD, condoms (male or female), spermicides, or diaphragm. Permanent methods (sterilization) and emergency contraceptive pills are not included.

Table A-5.2 Availability of family planning methods by type of facility

Among facilities offering specific family planning methods, percentage where the method was available on the day of the survey, by type of facility, Rwanda SPA 2007

Methods	Type of facility: Hospital	Health center/ Polyclinic	Dispensary/ Clinic/ Health post	Total percentage	Number of facilities offering the indicated method
Combined oral contraceptive pill	67	75	69	74	368
Progestin-only oral pill	69	71	68	71	351
Progestin-only injectable (2-3 month intervals)	67	73	62	71	368
Combined injectable (monthly)	67	15	75	30	44
Male condom	59	70	70	69	362
Female condom	50	57	57	57	139
Intrauterine device (IUD)	55	43	25	44	81
Implant	58	49	33	49	202
Spermicide	0	0	75	30	10
Emergency contraceptive pill	60	15	75	22	63
Cycle Beads for Standard Days Method SDM)	0	13	6	12	297

Table A-5.3 Availability of family planning methods by province

Among facilities offering specific family planning methods, percentage where the method was available on the day of the survey, by province, Rwanda SPA 2007

Methods	Province: North	South	East	West	Kigali City	Total percentage	Number of facilities offering the indicated method
Combined oral contraceptive pill	47	84	65	95	63	74	368
Progestin-only oral pill	47	79	59	95	59	71	351
Progestin-only injectable (2-3 month intervals	45	81	63	95	56	71	368
Combined injectable (monthly)	0	43	9	36	50	30	44
Male condom	47	71	58	93	66	69	362
Female condom	47	86	24	70	56	57	139
Intrauterine device (IUD)	27	74	20	48	40	44	81
Implant	53	55	16	66	38	49	202
Spermicide	-	100	0	0	50	30	10
Emergency contraceptive pill	17	32	13	17	25	22	63
Cycle Beads for Standard Days Method (SDM)	19	9	19	4	8	12	297

Table A-5.4 Availability of infrastructure, resources, and systems for quality family planning services

Percentage of facilities offering temporary family planning (TFP) methods where there are items to support quality counseling, infection control, and pelvic examination, by type of facility, Rwanda SPA 2007

Item	Type of facility: Hospital	Health center/ Polyclinic	Dispensary/ Clinic/ Health post	Total percentage
Items to support quality counseling				
Visual and auditory privacy	91	93	90	93
Visual privacy only	5	1	5	2
No privacy	0	2	3	2
Individual client health cards	77	96	80	93
Written FP guidelines	36	46	30	44
Written STI guidelines	14	33	23	31
Visual aids for health education on FP	64	85	78	83
Visual aids for health education on STIs	50	52	28	49
All items to support quality counseling[1]	32	42	30	40
All items to support quality counseling for FP and for STI services and client education[2]	9	18	10	17
Items for infection control				
Soap	77	36	48	40
Running water	86	48	63	52
Clean latex gloves	91	70	90	74
Disinfecting solution	91	72	83	74
Sharps box	95	85	75	84
All items for infection control[3]	73	27	38	30
Waste receptacle[4]	91	63	63	64
All items plus waste receptacle for infection control	73	21	38	25
Items for pelvic examination				
Visual and auditory privacy	95	94	90	94
Visual privacy only	0	2	5	3
No privacy	0	1	0	1
Examination bed[5]	86	85	80	85
Examination light[6]	59	12	18	15
Vaginal speculum	68	7	13	11
All furnishings and equipment for pelvic examination[7]	41	3	8	5
All items for both infection control and pelvic examination	36	1	5	4
Number of facilities offering TFP methods	22	332	40	394

[1] Either private room or visual barrier, individual client health cards, written guidelines for FP, and any visual aids for FP.
[2] All items to support quality counseling plus written STI guidelines and visual aids for health education on STIs, including HIV/AIDS.
[3] Soap, running water, clean latex gloves, disinfecting solution, and sharps box.
[4] While important for infection control, this is not an item that has been commonly introduced and so was not included in the aggregate for infection control.
[5] Any bed where a woman can lie down flat.
[6] Examination light, flashlight, or other spotlight source.
[7] Visual and auditory privacy, examination bed, examination light, and vaginal speculum.

Table A-5.5.1 Availability of specific teaching and visual aids: Facilities offering family planning services

Among facilities offering temporary family planning (TFP) methods, percentage where specific teaching tools and visual aids were available, by type of facility, Rwanda SPA 2007

Item	Type of facility: Hospital	Health center/ Polyclinic	Hospital	Total percentage
Visual aids or teaching materials				
Samples of different methods	50	69	63	67
Other visual aids for teaching about FP	27	55	25	51
Posters for general promotion of FP	45	52	28	49
Visual aids about STIs	32	30	15	28
Visual aids about HIV/AIDS	27	35	23	33
Posters for general awareness of STIs or HIV/AIDS	45	35	13	33
Model for demonstrating how to use condom	36	55	28	51
Information for client to take home				
On family planning	45	58	28	54
On sexually transmitted infections	32	29	10	27
On HIV/AIDS	32	30	8	28
Service guidelines				
Any FP guidelines	36	46	30	44
WHO guidelines for syndromic approach	9	33	23	30
Other guidelines for diagnosis and treatment of STIs	14	20	15	20
Number of facilities offering TFP methods	22	332	40	394

Table A-5.5.2 Availability of specific teaching and visual aids: Facilities offering family planning and STI services

Among facilities offering temporary family planning (TFP) methods and STI services, percentage where specific teaching tools and visual aids were available, by type of facility, Rwanda SPA 2007

Item	Type of facility: Hospital	Health center/ Polyclinic	Dispensary/ Clinic/ Health post	Total percentage
Visual aids or teaching materials				
Samples of different methods	83	70	57	69
Other visual aids for teaching about FP	33	59	23	53
Posters for general promotion of FP	67	53	27	50
Visual aids about STIs	33	34	13	31
Visual aids about HIV/AIDS	17	38	23	35
Posters for general awareness of STIs or HIV/AIDS	67	37	7	33
Model for demonstrating how to use condom	17	62	23	55
Information for client to take home				
On family planning	67	62	33	58
On sexually transmitted infections	50	35	13	33
On HIV/AIDS	33	32	10	29
Service guidelines				
Any FP guidelines	50	46	23	43
WHO guidelines for syndromic approach	17	40	17	36
Other guidelines for diagnosis and treatment of STIs	17	24	10	22
Number of facilities offering TFP and STI services	6	172	30	208

Table A-5.6 Location where equipment for family planning services is processed for reuse

Among facilities offering temporary family planning (TFP) methods, percentage where family planning equipment is sterilized or disinfected for reuse in specific locations, by type of facility, Rwanda SPA 2007

Type of facility	Percentage of facilities where FP service equipment is processed:[1]				Number of facilities offering temporary FP services
	In the family planning service area	In the main facility area	In the delivery service area	Outside facility (facility does not process FP equipment)	
Hospital	45	36	18	0	22
Health center/ Polyclinic	49	32	6	13	332
Dispensary/ Clinic/ Health post	55	33	0	13	40
Total	49	32	6	12	394

[1] Main facility area and FP service area may be a single location in a small facility

Table A-5.7.1 Sterilization and disinfecting capacity for family planning equipment: All facilities offering family planning

Among facilities processing family planning (FP) equipment for reuse highest level of processing for which the facility has all items to support quality sterilization/high-level disinfection (HLD) processing, and the percentage with written guidelines at the processing site, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities where:					Number of facilities offering temporary FP services
	Specified procedure is the highest level for which all conditions for quality sterilization/HLD are available		Sterilization is reported but missing equipment and/or knowledge	Family planning equipment is not sterilized	Percentage of facilities with written guidelines for sterilization or HLD procedures at processing site	
	Dry heat or autoclave[1]	Boil/steam or chemical HLD[1]				
Type of facility						
Hospital	68	0	32	0	27	22
Health center/Polyclinic	9	1	70	19	5	332
Dispensary/Clinic/Health post	13	0	43	45	3	40
Managing authority						
Government	10	1	73	16	7	275
Government-assisted	17	0	53	30	4	83
Private/NGO/Community	22	0	39	39	3	36
Province						
North	14	3	70	13	6	70
South	12	0	72	16	5	81
East	4	2	69	24	8	90
West	15	0	64	21	6	107
Kigali City	22	0	46	33	4	46
Total	13	1	65	21	6	394

[1] Functioning equipment, appropriate knowledge of temperature and time for method used, and an automatic timer are all present.

Table A-5.7.2 Sterilization and disinfecting capacity for family planning equipment: Facilities where equipment is processed in the family planning service area

Among facilities processing family planning (FP) equipment for reuse in the family planning service area, highest level of processing for which the facility has all items to support quality sterilization/high-level disinfection (HLD) processing, and the percentage with written guidelines at processing site, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities where: Dry heat or autoclave[1] is the highest level for which all conditions for quality sterilization/HLD are available	Sterilization is reported but missing equipment and/or knowledge	Family planning equipment is not sterilized	Percentage of facilities with written guidelines for sterilization or HLD procedures at processing site	Number of facilities offering FP and processing equipment in FP service area
Type of facility					
Hospital	70	30	0	0	10
Health center/Polyclinic	9	87	5	5	163
Dispensary/Clinic/Health post	14	77	9	0	22
Managing authority					
Government	9	86	5	5	133
Government-assisted	20	78	2	2	41
Private/NGO/Community	19	71	10	5	21
Province					
North	14	86	0	0	14
South	9	87	4	4	54
East	3	87	10	3	30
West	16	79	5	4	75
Kigali City	18	77	5	9	22
Total	12	83	5	4	195

[1] Functioning equipment, appropriate knowledge of temperature and time for method used, and an automatic timer are all present.

Table A-5.8.1 Storage conditions for sterilized or high-level disinfected family planning (FP) equipment: All facilities

Percentage of facilities with stored, sterilized/high-level disinfected (HLD) family planning (FP) equipment present and, among those, percentage that meet specific standards for good storage, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities with stored sterilized/HLD FP items present	Number of facilities	Sterile/HLD status storage conditions[1]	Clean, but not sterile, storage conditions[2]	Processing dates observed on processed and stored items	Sterile/HLD status storage conditions and processing dates on sterilized items	Number of facilities with stored sterilized/HLD items
Type of facility							
Hospital	100	22	86	14	64	59	22
Health center/ Polyclinic	88	332	67	18	29	25	291
Dispensary/Clinic/Health post	100	40	73	13	10	10	40
Managing authority							
Government	90	275	69	17	28	25	247
Government-assisted	84	83	61	19	39	34	70
Private/ NGO/ community	100	36	81	11	17	17	36
Province							
North	86	70	62	17	40	37	60
South	90	81	74	8	10	8	73
East	91	90	67	15	27	21	82
West	90	107	67	26	38	33	96
Kigali City	91	46	79	14	33	33	42
Total	90	394	69	17	29	26	353

[1] Items are wrapped and sealed with time-steam-temperature (TST) tape or are in a sterile/HLD box that clasps shut and storage area is dry and clean.
[2] Items may be wrapped but not sealed, unwrapped on a tray under a cloth, unwrapped on a tray in the sterilizer of autoclave, or sitting in disinfecting solution, and storage area is dry and clean.

Table A-5.8.2 Storage conditions for sterilized or high-level disinfected family planning (FP) equipment: Facilities where equipment is stored in the family planning service area

Percentage of facilities with stored, sterilized/high-level disinfected (HLD) family planning (FP) equipment present in the FP service area, and among those, percentage that meet specific standards for good storage, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities with stored sterilized/HLD FP items present in the FP service area	Number of facilities	Sterile/HLD status storage conditions[1]	Clean, but not sterile, storage conditions[2]	Processing dates observed on processed and stored items	Sterile/HLD status storage conditions and processing dates on sterilized items	Number of facilities with stored sterilized/HLD FP items in the FP service area
Type of facility							
Hospital	41	22	100	0	56	56	9
Health center/Polyclinic	38	332	81	8	25	25	125
Dispensary/Clinic/Health post	75	40	80	13	13	13	30
Managing authority							
Government	39	275	86	7	25	25	107
Government-assisted	31	83	65	8	31	31	26
Private/NGO/Community	86	36	81	13	16	16	31
Province							
North	9	70	83	17	67	67	6
South	54	81	80	5	5	5	44
East	33	90	83	3	17	17	30
West	50	107	85	9	36	36	53
Kigali City	67	46	77	16	32	32	31
Total	42	394	82	9	24	24	164

[1] Items are wrapped and sealed with time-steam-temperature (TST) tape or are in a sterile/HLD box that clasps shut and storage area is dry and clean.
[2] Items may be wrapped but not sealed, unwrapped on a tray under a cloth, unwrapped on a tray in the sterilizer of autoclave, or sitting in disinfecting solution, and storage area is dry and clean.

Table A-5.9 Availability of medicines for treating sexually transmitted infections

Percentage of facilities offering temporary family planning (FP) methods where FP providers offer services for sexually transmitted infections (STIs), and among those, percentage with specific medicines available, and percentage with at least one treatment for each of four common STIs, by type of facility, Rwanda SPA 2007

	Type of facility			
Infection and treatment	Hospital	Health center/ Polyclinic	Dispensary/ Clinic/ Health post	Total percentage
FP provides STI service	27	52	75	53
Number of facilities offering temporary FP methods	22	332	40	394
Medication (illness treated)				
Metronidazole (trichomoniasis)	100	87	30	79
Tinidazole (trichomoniasis)	33	16	20	17
Ceftriaxone (gonorrhea)	50	3	0	4
Ciprofloxacin (gonorrhea)	83	72	27	65
Amoxicillin (chlamydia)	83	84	33	77
Augmentin (chlamydia)	33	13	10	13
Norfloxacin (chlamydia, gonorrhea)	83	51	20	48
Doxycycline (chlamydia, syphilis)	83	82	20	73
Tetracycline (chlamydia, syphilis)	50	16	3	15
Erythromycin (chlamydia, syphilis)	83	83	30	75
Any injectable or oral penicillin (syphilis)	100	94	53	88
Nystatin suppository or Miconazole (candidiasis)	83	87	27	78
Miconazole cream or suppository (candidiasis)	50	9	10	10
Clotrimazole cream or suppository (candidiasis)	17	3	3	4
At least one medication for:				
Trichomoniasis	100	87	43	81
Gonorrhea	100	85	37	78
Chlamydia	100	95	40	87
Syphilis	100	95	53	89
The four STIs assessed[1]	100	78	30	72
Number of facilities offering temporary FP methods and providing STI services	6	172	30	208

[1] At least one medicine for treating trichomoniasis, gonorrhea, chlamydia, and syphilis

Table A-5.10 Availability of equipment and infrastructure for providing specific methods of contraception

Among facilities offering contraceptive methods containing estrogen, injectable methods, intrauterine devices (IUDs), or implants, percentage having the required equipment and infrastructure to provide the method safely, by type of facility, Rwanda SPA 2007

	Estrogen-based method[1]		Injectables		IUD			Implants		
Type of facility	Percentage with blood pressure apparatus[2]	Number of facilities offering method with estrogen	Percentage with sterile needle and syringe	Number of facilities offering injectable method	Percentage with basic items for IUD insertion[3]	Percentage with all items and conditions for quality IUD insertion[4]	Number of facilities offering IUD	Percentage with items for implant or Implanon insertion[5]	Percentage with all equipment, items for infection control, and infrastructure for implant or Implanon insertion[6]	Number of facilities offering implants
Hospital	87	15	60	15	63	37	19	67	44	18
Health center/Polyclinic	89	314	65	310	23	0	31	21	6	158
Dispensary/Clinic/ Health post	98	40	79	38	71	14	7	50	13	8
Total	90	369	66	363	42	14	57	27	10	184

[1] Combined oral pills and combined injectables.
[2] Stethoscope and sphygmomanometer.
[3] Clean latex gloves, iodine antiseptic, speculum, forceps for holding gauze to clean cervix, tenacula, and uterine sound (or IUD kit that includes a tenacula and uterine sound).
[4] Basic items for IUD insertion plus all infection control items (soap, water, clean latex gloves, disinfecting solution, and sharps box), visual privacy, an examination bed, an examination light, and an IUD method.
[5] Forceps for grasping implant, local anesthetic (Xylocaine), scalpel with blade, sterile needle and syringe, sterile gloves, antiseptic for cleaning skin.
[6] Equipment for implant insertions, all infection control items (soap, water, disinfecting solution, and sharps box), visual privacy, examination bed, examination light, and implant method or sealed Implanon packet with disposable sterile applicator.

Table A-5.11 Availability of items for providing the intrauterine device

Among facilities that offer the intrauterine device (IUD), percentage that have each of the indicated supplies and pieces of equipment to support quality insertion and removal of IUD, by type of facility, Rwanda SPA 2007

	Type of facility			
Item	Hospital	Health center/ Polyclinic	Dispensary/ Clinic/ Health post	Total percentage
Clean or sterile latex gloves	95	94	100	95
Antiseptic solution	89	71	71	77
Sponge holding forceps	74	52	71	61
Speculum	79	71	71	74
Tenacula	79	55	71	65
Uterine sound	68	35	71	51
All basic items	63	23	71	42
IUD method available	53	68	29	58
All basic items plus method	47	10	29	25
Number of facilities offering IUD	19	31	7	57

Table A-5.12 Availability of items for pelvic exam of STI clients

Among facilities where family planning (FP) providers offer services for sexually transmitted infections (STIs), percentage that have specific supplies and equipment to support quality pelvic examinations, by type of facility, Rwanda SPA 2007

	Type of facility			
Item	Hospital	Health center/ Polyclinic	Dispensary/ Clinic/ Health post	Total percentage
Visual and auditory privacy	100	95	90	94
Examination bed	83	88	80	87
Examination light	67	12	20	14
Speculum	83	6	17	10
Protocol for STI diagnosis and treatment	17	40	17	36
All items	17	1	3	1
Number of facilities where FP providers offer STI services	6	172	30	208

Table A-5.13 Availability of items for providing implants

Among facilities that offer the implant method, percentage that have specific supplies and equipment to support quality insertion and removal of implants, by type of facility, Rwanda SPA 2007

	Type of facility			
Item	Hospital	Health center/ Polyclinic	Dispensary/ Clinic/ Health post	Total percentage
Sterile gloves	94	85	100	87
Antiseptic solution	89	70	100	73
Sponge holding forceps	78	34	63	40
Local anesthetic	78	61	100	65
Sterile syringe and needle	83	73	100	76
Scalpel with blade	78	56	88	60
Forceps for grasping implant	72	65	88	66
Canula and trochar for inserting implant plus Norplant method	56	39	38	41
Sealed Implanon Pack	78	63	75	65
All items[1]	67	21	50	27
Number of facilities offering implants	18	158	8	184

[1] Sterile gloves, antiseptic solution, sponge-holding forceps, local anesthetic, sterile syringe and needle, scalpel with blade, any forceps, and any implant method with inserter.

Table A-5.14 Facility utilization statistics for family planning clients

Median number of family planning (FP) consultations per month, by background characteristics, Rwanda SPA 2007

Background characteristics	Median number of family planning consultations per month[1]	Number of facilities providing FP consultation data
Type of facility		
Hospital	14	20
Health center/Polyclinic	60	316
Dispensary/Clinic/Health post	16	33
Managing authority		
Government	53	263
Government-assisted	56	79
Private/NGO/Community	15	27
Province		
North	178	67
South	37	79
East	44	84
West	62	103
Kigali City	38	36
Total	51	369

[1] Data are from health information system monthly reports available at the facility on the day of the survey. Data were requested for the 12 months preceding the survey, but frequently some months were missing. Information from the 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 clients per month.

Table A-5.15 Information on user fees for family planning services

Percentage of facilities offering temporary family planning (FP) that report charging user fees for specific items, and among facilities with any family planning user fees, percentage that offer discounts and publicly post fees, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities charging for specific items:						Number of facilities offering temporary FP methods	Discount/ exemption for some clients	Percentage where fees are posted in public view			Number of facilities with any user fees for FP services
	Client chart or record	Consul-tation	Method	Lab tests	Registra-tion	No charges/ don't know			All fees posted	Some fees posted	No fees posted	
Type of facility												
Hospital	9	32	27	32	5	64	22	63	38	25	38	8
Health center/Polyclinic	1	6	5	5	1	92	332	68	43	18	39	28
Dispensary/Clinic/ Health post	30	45	40	45	15	48	40	24	19	38	43	21
Managing authority												
Government	1	7	7	7	1	89	275	69	48	14	38	29
Government-assisted	2	4	2	2	0	95	83	75	25	25	50	4
Private/NGO/Community	36	58	47	58	17	33	36	25	17	42	42	24
Province												
North	0	9	9	3	1	90	70	71	71	14	14	7
South	5	9	7	12	1	84	81	69	38	15	46	13
East	1	4	4	3	0	93	90	67	33	0	67	6
West	3	7	7	6	2	90	107	64	18	18	64	11
Kigali City	22	41	30	43	11	57	46	20	25	50	25	20
Total	5	11	9	10	2	86	394	51	33	26	40	57

Table A-5.16.1 Out-of-pocket payments for family planning services

Among observed and interviewed female family planning (FP) clients, percentage who reported paying any out-of-pocket fees for family planning services on the day of the survey and, among these, median amount (in RWF) paid on the day of the survey, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of interviewed FP clients paying any out-of-pocket fees	Number of interviewed FP clients	Median out-of-pocket payment (in RWF) by FP clients who paid anything for FP services on day of survey[1]	Number of interviewed FP clients providing valid responses for out-of-pocket payments
Type of facility				
Hospital	33	15	102	5
Health center/Polyclinic	4	634	108	24
Dispensary/Clinic/Health post	50	22	705	11
Managing authority				
Government	3	544	108	15
Government-assisted	11	111	105	12
Private/ NGO/community	81	16	705	13
Province				
North	5	185	108	9
South	9	100	106	9
East	3	148	58	5
West	1	174	-	1
Kigali City	25	64	510	16
Total	6	671	155	40

[1] Includes any amount paid out-of-pocket, including consultation, laboratory test, medicines, or other fees.

Table A-5.16.2 Out-of-pocket payments for specific family planning procedures

Among observed and interviewed family planning (FP) clients who received IUD insertion, IUD removal, injectable contraceptive or a pelvic exam without another procedure, percentage who paid any out-of-pocket fees, and median amount (in RWF) paid on the day of the survey, by the main procedure received, Rwanda SPA 2007

Procedure	Percentage of clients who paid out-of-pocket fee	Number of interviewed FP clients who received procedure	Median out-of-pocket fee (in RWF) paid by clients receiving procedure[1]	Number of clients who paid out-of-pocket fee for procedure
IUD insertion[2]	50	2	-	1
Implant insertion/removal	67	6	1,010	4
Injection	6	393	107	24
Pelvic exam[3]	50	2	-	1

[1] Includes any amount paid out-of-pocket, including consultation, laboratory test, medicines, or other fees.
[2] May or may not include IUD removal as well.
[3] Includes clients who received a pelvic exam but did not also receive an IUD procedure, implant insertion or removal, or injectable contraceptive.

Table A-5.17 Supportive management for providers of family planning services

Among interviewed family planning (FP) service providers, percentage who received training and supervision related to family planning, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of interviewed service providers who received:				Number of interviewed FP service providers[2]
	Pre- or in-service training during the past 12 months[1]	Personal supervision in the past 6 months	Pre- or in-service training during the past 12 months and personal supervision during the past 6 months	Most recent pre- or in-service training 13-35 months preceding the survey	
Type of facility					
Hospital	30	70	26	21	43
Health center/ Polyclinic	20	92	18	15	829
Dispensary/Clinic/Health post	40	64	24	11	55
Managing authority					
Government	22	91	19	13	711
Government-assisted	18	91	17	20	171
Private/NGO/Community	40	62	22	13	45
Province					
North	24	89	24	7	188
South	20	91	16	11	188
East	21	93	20	15	228
West	15	92	14	22	249
Kigali City	43	66	30	16	74
Total	22	90	19	15	927

[1] Refers to structured training sessions and does not include individual instruction received during routine supervision.
[2] Includes only providers of family planning services in facilities offering family planning services.

Table A-5.18 In-service training for family planning service providers

Among interviewed family planning (FP) service providers, percentage who received in-service training[1] on specific topics during the past 12 months or 13-35 months preceding the survey, by background characteristics, Rwanda SPA 2007

Background characteristics	Counseling on family planning		family planning-related clinical issues		Symptom updates related to family planning methods		Symptom management for family planning methods		Family planning topics for HIV+ women		Number of interviewed family planning service providers[2]
	12m	13-35m	12m	13-35m	12m	13-35m	12m	13-35m	12m	13-35m	
Type of facility											
Hospital	28	21	23	19	26	21	26	21	14	14	43
Health center/Polyclinic	19	14	17	12	17	13	17	12	11	5	829
Dispensary/Clinic/Health post	40	11	38	11	36	13	38	11	13	9	55
Managing authority											
Government	21	14	18	12	19	12	19	12	12	5	711
Government-assisted	18	18	13	15	14	17	14	15	8	9	171
Private/NGO/Community	40	13	40	11	38	16	40	13	13	11	45
Province											
North	24	7	21	6	21	6	22	6	10	2	188
South	20	11	15	7	17	7	18	7	10	4	188
East	20	16	18	12	18	14	18	14	12	4	228
West	14	21	13	20	14	21	14	20	8	12	249
Kigali City	41	16	36	16	36	15	38	15	27	9	74
Total	21	14	18	12	19	13	19	13	11	6	927

[1] Includes structured training sessions only; does not include individual instruction received during routine supervision.
[2] Includes only providers of family planning services in facilities offering family planning services.

Table A-5.19 Supportive supervision for family planning providers

Among interviewed family planning (FP) service providers who were personally supervised in the past 6 months, median number of times staff were supervised, and percentage who report specific activities of the supervisor during the last visit, by background characteristics, Rwanda SPA 2007

Background characteristics	Median number of times staff were supervised in past 6 months	Percentage of providers reporting that, during the last supervisory visit, the supervisor:						Number of FP service providers who were supervised in the past 6 months[1]
		Checked records	Observed work	Provided feedback	Provided updates	Discussed problems	Delivered supplies	
Type of facility								
Hospital	3	93	93	97	87	97	43	30
Health center/Polyclinic	6	98	95	93	81	86	31	766
Dispensary/Clinic/Health post	3	94	91	97	60	91	17	35
Managing authority								
Government	6	98	95	93	81	86	30	648
Government-assisted	6	99	97	94	81	90	33	155
Private/NGO/Community	2	93	89	96	50	93	18	28
Province								
North	6	98	98	90	81	81	31	168
South	6	98	95	94	78	81	28	171
East	6	98	94	92	85	89	17	213
West	5	98	96	97	80	94	42	230
Kigali City	5	96	92	90	67	90	43	49
Total	6	98	95	94	80	87	30	831

[1] Includes only providers of FP services in facilities offering FP services.

Table A-5.20 Description of observed female family planning clients

Among observed female family planning (FP) clients, percentage for whom this was the first visit for family planning at this facility, percentage for whom this was a follow-up visit, and percentage who had no prior pregnancy, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of observed FP clients			Number of observed family planning clients
	First visit	Follow-up visit	Never pregnant	
Type of facility				
Hospital	7	93	7	15
Health center/Polyclinic	20	80	1	641
Dispensary/Clinic/Health post	25	75	0	24
Managing authority				
Government	18	82	1	550
Government-assisted	24	76	1	111
Private/NGO/Community	26	74	0	19
Province				
North	21	79	1	185
South	26	74	1	102
East	16	84	1	149
West	17	83	0	174
Kigali City	21	79	3	70
Total	20	80	1	680

Table A-5.21 Principal reason for visit and user status among observed family planning clients

Percent distribution of observed family planning (FP) clients by user status and principal reason for coming for family planning services on the day of the survey, Rwanda SPA 2007

User status and principal reason for visit	Percentage of clients
Current user: reason for visit:	
Re-supply current method/routine visit	63
Elective method change/discontinue family planning	4
Discuss problem with current method	3
Discuss non-FP health problem	0
Other/missing reason for user's visit	1
Nonuser	
Used method in past	5
Never used method	22
Reason for visit not determined	2
Number of observed FP clients	680

Table A-5.22 Method of choice for observed family planning clients

Among observed and interviewed family planning (FP) clients, percentage for whom specific methods were provided, prescribed, or continued being used at the end of the visit, by background characteristics, Rwanda SPA 2007

	Percentage of FP clients who received, were prescribed, or continued using specific methods:									
Background characteristics	Combined oral contraceptive (COC) or oral type unknown	Progestin only pill (POP)	Progestin injectable (2- or 3-month intervals) (PIN)	Combined injectable (monthly) (CIN)	Condom	IUD	Implant	Other[1]	No method	Number of observed and interviewed FP clients
Type of facility										
Hospital	33	13	53	0	0	7	0	0	0	15
Health center/Polyclinic	21	3	66	0	2	0	1	1	9	634
Dispensary/Clinic/Health post	9	5	55	0	5	9	14	0	23	22
Managing authority										
Government	21	4	64	0	2	0	1	1	10	544
Government-assisted	21	2	73	1	3	0	0	3	3	111
Private/NGO/Community	13	6	56	0	6	19	25	6	0	16
Province										
North	24	3	68	0	1	0	2	0	3	185
South	25	2	52	0	1	0	2	2	17	100
East	14	4	64	0	3	0	1	1	20	148
West	21	2	72	2	2	1	0	1	2	174
Kigali City	22	9	61	0	2	5	5	5	5	64
Total	21	3	65	0	2	1	1	1	9	671

[1] May include emergency contraception or Standard Days Method (SDM) or female sterilization.

Table A-5.23 Conditions for counseling of observed female family planning clients

Among observed family planning (FP) clients, percentage whose consultations included specific components associated with quality counseling, by type of facility, Rwanda SPA 2007

Components of consultation	Type of facility: Hospital	Health center/ Polyclinic	Dispensary/ Clinic/ Health post	Total percentage
Visual privacy assured	93	86	88	86
Auditory privacy assured	93	86	88	86
Client was assured of confidentiality	60	59	79	59
Client was asked about concerns of methods discussed or used	80	75	79	75
All counseling conditions met[1]	60	48	67	49
Individual client card reviewed during consultation	87	80	83	80
Individual client card written on after consultation	100	98	100	99
Visual aids were used during consultation	33	57	58	56
Return visit was discussed	100	99	100	99
Number of observed family planning clients	15	641	24	680

[1] Visual and auditory privacy assured, confidentiality assured, and client asked about concerns with methods discussed or currently used.

Table A-5.24 General assessments, examinations, and interventions for observed first-visit female family planning clients

Percentage of observed first-visit family planning clients whose consultations included specific assessments and examinations, by type of facility, Rwanda SPA 2007

Components of consultation	Type of facility: Hospital	Health center/ Polyclinic	Dispensary/ Clinic/ Health post	Total percentage
Client history				
Age	*	91	*	92
Any history of pregnancy	*	93	*	93
Current pregnancy status	*	77	*	77
Desired timing for next child or desire for another child	*	84	*	85
Breastfeeding status (if ever pregnant)	*	81	*	81
Regularity of menstrual cycle	*	90	*	90
All elements of reproductive history[1]	*	66	*	67
Client medical history				
Asked about smoking	*	63	*	62
Asked about symptoms of sexuality transmitted infections (STIs)	*	63	*	63
Asked about any chronic illnesses	*	76	*	76
All risk history[2]	*	52	*	50
Client examination				
Measured blood pressure	*	97	*	97
Measured weight	*	95	*	95
Client examination (specific exam information)				
Measured blood pressure (according to client)	*	90	*	90
Measured blood pressure (according to facility standard)	*	75	*	77
Measured weight (according to client)	*	88	*	89
Measured weight (according to facility standard)	*	77	*	78
Number of first-visit FP clients who have had a previous pregnancy	1	124	6	131
Discussion related to partner				
Partner attitude toward family planning	*	23	*	23
Partner status[3]	*	19	*	19
Either partner question	*	25	*	25
Discussion related to STIs and condoms				
Use of condoms to prevent STIs	*	20	*	20
Use of condoms as dual method[4]	*	15	*	15
Any discussion related to STIs[5]	*	24	*	23
Individual client card reviewed during consultation	*	83	*	83
Individual client card written on after consultation	*	97	*	97
Visual aids were used during consultation	*	54	*	56
Client was assured of confidentiality	*	70	*	71
Number of first-visit FP clients	1	126	6	133

* Figure based on too few cases to be meaningful.
[1] Asked about age, any history of pregnancy, current pregnancy status, breastfeeding status if client has ever been pregnant, desired timing for next child or desire for another child, and regularity of menstrual cycle.
[2] Asked about smoking, symptoms of STIs, and any chronic illness.
[3] Asked about other partners of self or partner and about absence of partner
[4] Both to prevent pregnancy and STIs
[5] Discussed risk of STIs, using condoms to prevent STIs, or using condom as dual method.

Table A-5.25 Observed assessments of clients who received contraceptives containing estrogen

Percentage of observed and interviewed family planning (FP) clients who received a contraceptive with estrogen (either combined oral pills or combined injectables), who had their blood pressure and weight measured, by type of facility, Rwanda SPA 2007

	Type of facility			
Components of consultation	Hospital	Health center/ Polyclinic	Dispensary/ Clinic/ Health post	Total percentage
Examination specific to estrogen-based contraceptive				
Blood pressure measured	*	98	*	97
Weight measured	*	97	*	95
Number of clients receiving estrogen-based contraception	5	137	2	144

* The figure was based on too few cases to be meaningful.

Table A-5.26 Counseling and client knowledge related to injectable or oral contraceptives

Among observed and interviewed female family planning (FP) clients who received oral contraceptive pills or injectables, percentage who were observed being told essential information about the method, percentage who reported that the provider explained the method to them, and percentage who knew the correct response to an exit interview question about their method, by type of facility, Rwanda SPA 2007

	Type of facility			
Components of consultation	Hospital	Health center/ Polyclinic	Dispensary/ Clinic/ Health post	Total percentage
Provider was observed to explain topic to the client				
When to take method	100	88	64	88
Menstrual changes (side-effects)	69	67	50	67
Non-menstrual side effects	69	52	29	51
Any side effects	69	70	50	69
What to do if she forgets	54	48	50	48
Mentioned follow-up visit	100	99	100	99
Client reported that the provider explained the topic				
How to use the method	77	69	57	69
Possible side effects	54	59	57	59
What to do for problems	69	79	64	78
Mentioned follow-up visit	77	92	71	91
Client gave correct answer to:				
Question about their method	92	97	86	97
Number of observed and interviewed FP pill and injectable clients	13	560	14	587

Table A-5.27 Counseling and client knowledge related to condoms, IUDs, and implants

Among observed and interviewed clients who received or were prescribed condoms, IUDs, and implants, percentage who were observed being told essential information about the method, percentage who correctly answered a key question about using their method during the exit interview, and percentage who reported that the provider instructed them on their method, Rwanda SPA 2007

Components of consultation	Percentage observed and interviewed clients
Condom: clients were observed being told:	
Cannot use if allergic to latex	38
Use one time only	54
About lubricant	15
Can use as a backup method	31
About dual protection	31
Interviewed client received condom and knows to use condom only once	85
Number of observed and interviewed clients receiving condom	13
IUD: clients were observed being told:	
Good for up to 12 years	50
Should return after 3-6 weeks or first period	50
About side effects like heavy bleeding	50
Interviewed client received IUD and knows its common side effects	50
Number of observed and interviewed clients receiving IUD or prescription for IUD	4
Implant: clients were observed being told:	
Implant is good for three/five years	56
About menstrual changes that might occur	56
About non-menstrual initial side effects that might occur	56
Interviewed client received implant and knows how long implant lasts	100
Number of observed and interviewed clients receiving implants or prescription for implant	9
During exit interviews, condom, IUD, and implant clients:	
Knew the correct response to a question about their method	85
Reported provider explained how to use the method	85
Reported provider explained about possible side effects	58
Reported provider explained what to do for problems	73
Reported provider mentioned a follow-up visit	85
Number of observed and interviewed FP clients receiving condoms, IUD, or implants, or a prescription for them	26

Table A-5.28 Family planning client feedback on service problems

Percentage of observed and interviewed female family planning (FP) clients who considered specific service issues to be a big problem for them on the day of the visit, by type of facility, Rwanda SPA 2007

Client service issue	Type of facility: Hospital	Health center/ Polyclinic	Dispensary/ Clinic/ Health post	Total percentage
Behavior/attitude of provider	27	3	5	3
Inability to discuss problems or concerns	20	5	0	5
Insufficient explanation about method or problems	27	2	9	3
Waiting time to see provider	27	18	5	17
Quality of examination and treatment	20	2	9	3
Availability of methods or medicines	33	3	0	3
Days facility is open	33	1	0	2
Hours facility is open	27	3	0	4
Cleanliness of facility	33	1	0	2
Cost of services	13	0	5	1
Insufficient visual privacy	33	2	0	3
Insufficient auditory privacy	27	2	0	2
Number of interviewed FP clients	15	634	22	671

Table A-5.29 Client choice of facility

Among interviewed female family planning (FP) clients, percentage who reported this was not the closest health facility to their home, and among these, the main reasons they did not go to the nearest facility, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of interviewed FP clients who reported facility was not the closest facility to their home	Number of interviewed FP clients	Among family planning clients who did not go to the closest facility, percentage who reported specific reasons for not going to the closest facility: Bad reputation	Did not like personnel	No medicines	Prefer anonymity	More expensive	Was referred to this facility	Refused to answer	Don't know/ missing	Number of interviewed FP clients for whom this was not the closest facility
Type of facility											
Hospital	40	15	0	0	33	0	0	0	67	0	6
Health center/Polyclinic	11	634	1	1	24	7	1	4	56	4	71
Dispensary/Clinic/ Health post	27	22	0	0	17	0	17	0	67	0	6
Managing authority											
Government	12	544	2	2	24	8	3	5	52	5	63
Government-assisted	14	111	0	0	27	0	0	0	73	0	15
Private/NGO/Community	31	16	0	0	20	0	0	0	80	0	5
Province											
North	8	185	7	0	20	7	13	7	47	0	15
South	16	100	0	0	44	0	0	0	56	0	16
East	11	148	0	0	13	19	0	0	56	13	16
West	12	174	0	5	29	0	0	10	57	0	21
Kigali City	23	64	0	0	13	7	0	0	73	7	15
Total	12	671	1	1	24	6	2	4	58	4	83

Table A-5.30 Educational characteristics of female family planning clients

Percent distribution of interviewed and observed female family planning (FP) clients by level of education, and percent distribution of family planning clients with primary, informal, or no education by level of literacy, according to background characteristics, Rwanda SPA 2007

Background characteristics	Distribution of interviewed family planning clients by level of education					Number of interviewed FP clients	Percentage of interviewed FP clients with primary, informal or no education who:			Number of interviewed FP clients with primary, informal or no education
	No education	Informal	Primary	Secondary	Higher		Cannot read or write	Can read, cannot write	Can read and write	
Type of facility										
Hospital	13	0	67	13	7	15	8	17	75	12
Health center/Polyclinic	32	4	59	5	0	634	31	9	59	601
Dispensary/Clinic/Health post	9	0	77	14	0	22	11	0	89	19
Managing authority										
Government	31	4	60	5	0	544	30	9	59	515
Government-assisted	33	2	59	5	1	111	30	5	63	104
Private/NGO/Community	6	6	69	19	0	16	8	8	85	13
Province										
North	45	4	49	2	0	185	44	1	54	181
South	21	2	72	5	0	100	9	16	74	95
East	36	3	57	4	0	148	33	8	56	142
West	25	1	66	6	1	174	30	11	60	161
Kigali City	8	11	64	16	2	64	8	17	75	53
Total	31	3	60	5	0	671	30	9	61	632

Chapter 6

Table A-6.1 Availability of antenatal care and other family health services on the day of the survey

Among facilities offering antenatal care (ANC), percentage offering ANC, tetanus toxoid (TT) vaccine, family planning (FP), curative care for sick children (SC), and child immunization (EPI) services on the day of the survey, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities offering specific services on the day of the survey						Number of facilities offering ANC
	ANC	ANC and TT vaccine	ANC and FP	ANC and SC	ANC and FP and SC services	ANC and EPI	
Type of facility							
Hospital	29	21	29	21	21	21	14
Health center/Polyclinic	39	38	31	38	30	26	382
Dispensary/Clinic/Health post	28	14	25	19	17	6	36
Managing authority							
Government	37	36	34	36	33	24	274
Government-assisted	38	37	20	37	19	29	120
Private/NGO/Community	37	24	32	29	24	16	38
Province							
North	35	35	30	34	30	26	80
South	38	36	26	37	25	27	103
East	30	26	21	29	20	10	91
West	36	36	31	34	29	28	116
Kigali City	62	52	57	55	50	36	42
Total	38	35	30	36	28	25	432

Table A-6.2 Availability of antenatal care and tetanus vaccine services

Percentage of facilities offering ANC and tetanus toxoid vaccine (TT) specific numbers of days per week[1] and percentage of facilities where tetanus toxoid vaccine is reported offered every day ANC is offered, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities offering ANC services specific numbers of days per week			Percentage of facilities offering TT services specific numbers of days per week				Percentage of facilities offering TT every day ANC is offered	Number of facilities offering ANC
	1-2 days	3-4 days	5+ days	Not offered	1-2 days	3-4 days	5+ days		
Type of facility									
Hospital	7	14	7	57	14	7	21	29	14
Health center/Polyclinic	68	11	5	0	72	13	13	97	382
Dispensary/Clinic/Health post	64	6	25	19	58	6	17	64	36
Managing authority									
Government	70	8	5	1	75	9	13	94	274
Government-assisted	58	19	5	4	63	21	12	93	120
Private/NGO/Community	61	3	32	18	50	8	24	71	38
Province									
North	66	13	13	4	63	14	20	94	80
South	72	11	1	1	76	9	13	93	103
East	65	7	1	1	78	11	4	93	91
West	70	11	5	5	70	12	13	89	116
Kigali City	38	17	31	10	45	21	24	88	42
Total	66	11	7	3	69	12	13	92	432

[1] Some facilities offer the services less than one day per week, so percentages may not add to 100%.

Table A-6.3 Availability of items to support quality antenatal care services: Observed

Percentage of facilities offering antenatal care (ANC) where supplies and equipment to support quality counseling, infection control, physical examination and basic ANC services were observed in the ANC/postpartum care (PPC) service area or adjacent to the consultation or examination room, by background characteristics, Rwanda SPA 2007

	Type of facility			
Item	Hospital	Health center/ Polyclinic	Dispensary/ Clinic/ Health post	Total percentage
Items to support quality counseling				
Individual client health cards	36	93	53	88
Focused ANC orientation package for provider	21	19	8	18
Any ANC guidelines	36	36	36	36
Visual aids for health education	7	49	11	44
All items to support quality counseling[1]	0	27	3	24
Items for infection control				
Soap	64	40	44	41
Running water	79	56	53	56
Clean latex gloves	71	76	94	78
Disinfecting solution	71	68	89	70
Sharps box	64	90	83	88
All items for infection control[2]	57	30	33	31
Covered waste receptacle with plastic liner[3]	71	60	44	59
All items for infection control plus waste receptacle	57	24	28	25
Items for physical examination				
Visual and auditory privacy	79	97	83	95
Visual privacy only	0	1	14	2
No privacy	0	1	0	1
Examination bed[4]	86	93	92	92
Examination light[5]	50	16	11	17
All elements for physical examination[6]	50	15	8	15
All elements for physical examination and specific components for infection control present[7]	43	8	3	9
Essential supplies for basic ANC				
Blood pressure apparatus	71	88	89	88
Fetoscope (Pinard)	64	64	78	65
Iron tablets[8]	86	79	28	75
Folic acid tablets[8]	100	78	28	74
Tetanus toxoid vaccine	36	74	25	69
All basic ANC equipment and medicines[9]	0	30	8	28
Number of facilities offering ANC	14	382	36	432

[1] Individual client health cards, written ANC guidelines, and visual aids for health education.
[2] Soap, running water, gloves, disinfecting solution for decontaminating reusable items, and sharps box.
[3] While important for infection control, this is not an item that has been commonly introduced and thus was not included in the aggregate for infection control.
[4] May be any type of bed where a client can lie down flat.
[5] May be examination light, flashlight, or other spotlight source.
[6] Visual and auditory privacy, examination light, and bed.
[7] Visual and auditory privacy, examination light, bed, and all infection control items, excluding sharps box.
[8] Iron and folic acid may be separate tablets or one combined tablet.
[9] Blood pressure apparatus, fetoscope, iron and folic acid, and tetanus toxoid vaccine.

Table A-6.4 Availability of specific medicines and guidelines for antenatal and postpartum services

Among facilities offering antenatal care (ANC), percentage with specific medicines for managing common complications during pregnancy and for sexually transmitted infections (STIs), percentage that routinely provide the indicated medicine or test as a component of antenatal care (ANC), and percentage with items for postpartum care (PPC), by type of facility, Rwanda SPA 2007

Item	Hospital	Health center/ Polyclinic	Dispensary/ Clinic/ Health post	Total percentage
Medicines for managing common complications during pregnancy				
Antibiotic[1]	100	94	61	92
Albendazole (antihelminth)	57	21	8	21
Mebendazole (antihelminth)	93	91	61	89
Either albendazole or mebendazole	93	92	61	89
First line antimalarial	100	95	56	92
Other antimalarial	100	95	69	93
Methyldopa (Aldomet)	93	10	0	12
Medicines for STIs (illness treated)				
Metronidazole (trichomoniasis)	93	88	56	86
Tinidazole (trichomoniasis)	57	17	22	19
Ceftriaxone (gonorrhea)	36	4	0	5
Ciprofloxacin (gonorrhea)	93	74	39	72
Amoxicillin (chlamydia)	100	85	47	82
Augmentin (chlamydia)	57	16	19	18
Norfloxacin (chlamydia, gonorrhea)	79	53	19	51
Doxycycline (chlamydia, syphilis)	93	82	47	79
Tetracycline (chlamydia, syphilis)	64	21	11	22
Erythromycin (chlamydia, syphilis)	93	84	44	81
Any injectable or oral penicillin (syphilis)	100	95	64	92
Nystatin suppository or oral (candidiasis)	86	86	36	82
Miconazole cream or suppository (candidiasis)	64	11	6	13
Clotrimazole cream or suppository (candidiasis)	29	5	0	5
At least one medication for:				
Trichomoniasis	93	89	67	88
Gonorrhea	100	87	44	84
Chlamydia	100	95	64	92
Syphilis	100	95	67	93
Each of the four STIs assessed[2]	93	82	42	79
All medicines for ANC complications[3]	86	9	0	11
ANC service components				
Preventive antimalarial	29	96	81	93
ANC providers treat STI (if needed)	29	42	61	43
Routine counseling about family planning	29	89	89	87
Counseling about HIV/AIDS	50	63	11	58
Voluntary testing for HIV/AIDS	57	62	11	58
Counseling or testing for HIV/AIDS	57	63	11	59
Equipment related to PPC				
Thermometer	79	42	50	44
Infant scale	79	55	33	54
Guidelines for STI services				
Any STI guidelines	29	40	25	38
Guidelines for syndromic approach	29	37	25	36
Number of facilities offering ANC	14	382	36	432

[1] Amoxicillin or cotrimoxazole
[2] At least one medicine to treat trichomoniasis, gonorrhea, chlamydia, and syphilis.
[3] At least one broad-spectrum antibiotic (amoxicillin or cotrimoxazole); either albendazole or mebendazole; methyldopa (Aldomet); a first-line antimalarial; and at least one medicine for treating each of the following STIs: trichomoniasis, gonorrhea, chlamydia, syphilis, and candidiasis.

Table A-6.5 Capacity to provide anemia screening with antenatal care

Among facilities offering antenatal care (ANC), percentage with the capacity to test for anemia and percentage that routinely screen ANC clients for anemia, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities offering ANC services that: Have the capacity to conduct anemia test[1]	Routinely screen ANC clients for anemia	Number of facilities offering ANC
Type of facility			
Hospital	50	29	14
Health center/Polyclinic	27	21	382
Dispensary/Clinic/Health post	17	25	36
Managing authority			
Government	25	21	274
Government-assisted	32	20	120
Private/NGO/Community	29	32	38
Province			
North	25	18	80
South	20	29	103
East	27	9	91
West	26	21	116
Kigali City	50	40	42
Total	27	22	432

[1] Any anemia test. Specific tests assessed were use of hemoglobinometer or calorimeter, centrifuge and capillary tubes for hematocrit, or any of the blotting paper tests.

Table A-6.6 Capacity to test for urine protein with antenatal care

Among facilities offering antenatal care (ANC), percentage of facilities with the capacity to test for urine protein and percentage that routinely screen ANC clients for urine protein, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities offering ANC services that: Have the capacity to conduct urine protein test[1]	Routinely screen ANC clients for urine protein	Number of facilities offering ANC
Type of facility			
Hospital	86	36	14
Health center/Polyclinic	60	32	382
Dispensary/Clinic/Health post	28	19	36
Managing authority			
Government	57	28	274
Government-assisted	68	39	120
Private/ NGO/Community	34	26	38
Province			
North	59	34	80
South	70	34	103
East	46	9	91
West	54	35	116
Kigali City	64	52	42
Total	58	31	432

[1] Any dip stick for urine protein or flame, acetic acid, and test tube for testing urine albumin.

Table A-6.7 Capacity to test for urine glucose with antenatal care

Among facilities offering antenatal care (ANC), percentage with the capacity to test urine for glucose and percentage that routinely screen ANC clients for urine glucose, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities offering ANC services that: Have the capacity to conduct urine glucose test[1]	Routinely screen ANC clients for urine glucose	Number of facilities offering ANC
Type of facility			
Hospital	79	29	14
Health center/Polyclinic	55	15	382
Dispensary/Clinic/Health post	25	14	36
Managing authority			
Government	55	12	274
Government-assisted	56	22	120
Private/NGO/Community	32	21	38
Province			
North	54	9	80
South	58	26	103
East	43	3	91
West	51	16	116
Kigali City	67	29	42
Total	53	16	432

[1] Any dip stick for urine glucose or Benedict's solution and stove for boiling Benedict's solution

Table A-6.8 Capacity to provide blood grouping with Rh factor with antenatal care

Among facilities providing antenatal care (ANC), percentage with the capacity to determine blood group and Rh factor and percentage that routinely offer the blood grouping and Rh factor determination to ANC clients, Rwanda SPA 2007

Background characteristics	Percentage of facilities offering ANC services that: Have the capacity to conduct blood group and Rh factor tests[1]	Routinely offer blood grouping and Rh factor test to ANC clients	Number of facilities offering ANC
Type of facility			
Hospital	71	29	14
Health center/Polyclinic	3	3	382
Dispensary/Clinic/Health post	6	14	36
Managing authority			
Government	4	4	274
Government-assisted	7	1	120
Private/NGO/Community	13	21	38
Province			
North	4	3	80
South	4	6	103
East	2	1	91
West	4	0	116
Kigali City	21	24	42
Total	5	4	432

[1] Anti-A, Anti-B, Anti AB, Anti-D, Incubator (for Coombs test) and glass slides with cover.

Table A-6.9 Capacity to test for syphilis with antenatal care

Among facilities offering antenatal care (ANC), percentage with the capacity to conduct test for syphilis and percentage that routinely screen ANC clients for syphilis, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities offering ANC services that: Have the capacity to conduct syphilis test[1]	Routinely screen ANC clients for syphilis	Number of facilities offering ANC
Type of facility			
Hospital	93	29	14
Health center/Polyclinic	48	61	382
Dispensary/Clinic/Health post	11	17	36
Managing authority			
Government	45	53	274
Government-assisted	59	74	120
Private/NGO/Community	18	24	38
Province			
North	39	49	80
South	58	75	103
East	43	49	91
West	41	48	116
Kigali City	52	64	42
Total	46	56	432

[1] VDRL test with functioning rotary shaker or RPR.

Table A-6.10 Statistics on utilization of antenatal care and postpartum care services for facilities in SPA

Median number of antenatal care (ANC) visits (including new and repeat clients) and postpartum care (PPC) visits per month for the 12 months preceding the survey, by type of facility, Rwanda SPA 2007

Type of facility	Median number of ANC visits per month	Number of facilities reporting ANC data	Median number of PPC visits per month	Number of facilities reporting PPC data
Hospital	45	6	100	2
Health center/Polyclinic	84	365	32	22
Dispensary/Clinic/Health post	24	28	-	1
Total	80	399	33	25

Note: Data are from health information system monthly reports available at the facility on the day of the survey. Data were requested for the 12 months preceding the survey, but frequently some months were missing. Information from the 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 clients per month.

Table A-6.11 User fees for antenatal care services

Percentage of facilities offering antenatal care (ANC) that charge user fees for specific items or offer prepayment systems or discounts, and percentage of facilities charging user fees that publicly post fees, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities charging for:					System to prepay for multiple visits	Discount/ exemption for some clients	Number of facilities offering ANC	Percentage where fees are posted in public view			Number of facilities with routine fees for ANC services
	Client chart/ record	Consul-tation	Regis-tration	Medi-cines	Labora-tory tests				All fees are posted	Some fees are posted	No fees are posted	
Type of facility												
Hospital	7	21	7	21	29	14	7	14	75	25	0	4
Health center/Polyclinic	9	4	2	2	7	7	4	382	28	13	59	61
Dispensary/Clinic/Health post	44	39	11	25	39	39	0	36	35	13	52	23
Managing authority												
Government	7	3	1	2	5	5	3	274	38	9	53	34
Government-assisted	11	7	4	3	9	11	7	120	23	19	58	26
Private/NGO/Community	50	50	11	29	50	39	0	38	32	14	54	28
Province												
North	3	1	0	1	1	3	1	80	0	0	100	2
South	11	10	5	5	13	16	9	103	27	13	60	30
East	11	3	1	0	8	7	4	91	27	27	47	15
West	12	1	2	2	1	7	1	116	33	0	67	18
Kigali City	31	45	7	29	50	21	0	42	43	17	39	23
Total	12	8	3	5	10	9	3	432	32	14	55	88

Table A-6.12.1 Out-of-pocket payments for antenatal care services: First-visit clients

Among first-visit ANC clients whose consultation was observed and who were interviewed, 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, median amount (in RWF) paid on the day of the survey, by type of facility, Rwanda SPA 2007

Type of facility	Percentage of interviewed first-visit ANC clients paying any out-of-pocket fees	Number of interviewed first-visit ANC clients	Median out-of-pocket payment (in RWF) by first-visit ANC clients who paid anything for ANC services on the day of survey[1]	Number of interviewed first-visit ANC clients providing valid responses for out-of-pocket payments
Hospital	88	8	375	7
Health center/Polyclinic	27	339	204	90
Dispensary/Clinic/Health post	100	5	58	5
Total	30	352	204	102

[1] Includes any amount paid out-of-pocket, including consultation, laboratory test, medicines, or other fees.

Table A-6.12.2 Out-of-pocket payments for antenatal care services: Follow-up clients

Among follow-up ANC clients whose consultation was observed and who were interviewed, 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, median amount (in RWF) paid on the day of the survey, by type of facility, Rwanda SPA 2007

Type of facility	Percentage of interviewed follow-up visit ANC clients paying any out-of-pocket fees	Number of interviewed follow-up visit ANC clients	Median out-of-pocket payment (in RWF) by follow-up visit ANC clients who paid anything for ANC services on the day of survey[1]	Number of interviewed follow-up visit ANC clients providing valid responses for out-of-pocket payments
Hospital	57	7	5,003	4
Health center/Polyclinic	12	355	204	30
Dispensary/Clinic/Health post	38	8	58	3
Total	14	370	205	37

[1] Includes any amount paid out-of-pocket, including consultation, laboratory test, medicines, or other fees.

Table A-6.13 Supportive management for providers of antenatal care

Among interviewed antenatal care (ANC) service providers, percentage who received training and supervision related to ANC, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of interviewed service providers who received:				Number of interviewed ANC providers[2]
	Pre- or in-service training during the past 12 months[1]	Personal supervision in the past 6 months	Pre- or in-service training during the past 12 months and personal supervision during the past 6 months	Most recent pre- or in-service training 13-35 months preceding the survey	
Type of facility					
Hospital	80	70	60	13	30
Health center/Polyclinic	73	92	68	12	1,041
Dispensary/Clinic/Health post	58	69	40	21	52
Managing authority					
Government	74	92	69	10	753
Government-assisted	69	91	64	16	317
Private/NGO/Community	60	70	42	17	53
Province					
North	78	91	71	5	201
South	68	93	64	12	268
East	78	93	74	10	279
West	64	91	59	20	285
Kigali City	81	76	61	12	90
Total	72	91	66	12	1,123

[1] Refers to structured training sessions and does not include individual instruction received during routine supervision
[2] Includes only providers of ANC services in facilities offering ANC services

Table A-6.14.1 In-service training for antenatal care service providers: Training on antenatal care

Among interviewed antenatal care (ANC) service providers, percentage who received in-service training[1] on specific topics related to ANC during the past 12 months or 13-35 months preceding the survey, by background characteristics, Rwanda SPA 2007

Background characteristics	ANC counseling		ANC screening		Complications of pregnancy		Risky pregnancies		Symptom management for pregnancy		Postpartum care		Number of interviewed ANC service providers[2]
	12m	13-35m	12m	13-35m	12m	13-35m	12m	13-35m	12m	13-35m	12m	13-35m	
Type of facility													
Hospital	10	7	3	7	7	7	7	7	3	7	10	10	30
Health center/Polyclinic	8	10	8	11	8	11	8	10	8	11	7	8	1,041
Dispensary/Clinic/Health post	4	12	4	12	6	12	6	12	6	12	2	12	52
Managing authority													
Government	8	10	8	11	8	10	8	10	8	11	7	8	753
Government-assisted	8	10	7	10	8	10	7	10	7	10	5	9	317
Private/NGO/Community	4	13	4	13	6	15	8	13	6	15	6	13	53
Province													
North	13	5	12	5	13	4	11	5	13	5	10	3	201
South	8	8	7	8	8	9	8	8	8	9	7	5	268
East	8	14	8	15	7	15	8	15	8	16	6	14	279
West	5	13	5	14	5	13	6	12	5	12	4	9	285
Kigali City	9	10	4	8	6	9	4	11	4	9	6	12	90
Total	8	10	7	11	8	11	8	10	8	11	6	9	1,123

[1] Refers to structured training sessions and does not include individual instruction received during routine supervision
[2] Includes only providers of ANC services in facilities offering ANC services

Table A-6.14.2 In-service training for antenatal care service providers: Training on family planning, STIs, and PMTCT

Among interviewed antenatal care (ANC) service providers, percentage who received in-service training[1] related to family planning (FP), sexually transmitted infections (STIs), prevention of mother-to-child transmission (PMTCT) of HIV, and antiretroviral (ARV) prophylaxis during the 12 months or 13-35 months preceding the survey, by background characteristics, Rwanda SPA 2007

Background characteristics	Family planning		Any diagnosis or treatment of STI		ARV prophylaxis for PMTCT		PMTCT counseling		Number of interviewed ANC service providers[2]
	12m	13-35m	12m	13-35m	12m	13-35m	12m	13-35m	
Type of facility									
Hospital	20	3	73	13	20	7	27	7	30
Health center/Polyclinic	15	11	67	13	7	5	9	6	1,041
Dispensary/Clinic/Health post	15	12	54	21	2	8	4	8	52
Managing authority									
Government	18	11	68	11	7	5	9	5	753
Government-assisted	11	10	65	17	8	6	9	8	317
Private/NGO/Community	15	11	57	17	6	9	8	9	53
Province									
North	23	5	71	4	6	2	8	2	201
South	12	8	62	13	5	5	6	6	268
East	17	15	73	11	10	6	13	7	279
West	11	15	57	22	5	6	6	8	285
Kigali City	18	7	78	10	14	9	18	10	90
Total	16	11	66	13	7	5	9	6	1,123

[1] Refers to structured training sessions and does not include individual instruction received during routine supervision
[2] Includes only providers of ANC services in facilities offering ANC services

Table A-6.15 Supportive supervision for antenatal care service providers

Among interviewed antenatal care (ANC) service providers who were personally supervised during the past 6 months, median number of times staff were supervised, and percentage who reported specific activities of the supervisor during the last visit, by background characteristics, Rwanda SPA 2007

Background characteristics	Median number of times staff were supervised in past 6 months	Percentage of providers reporting that, during the last supervisory visit, the supervisor:						Number of ANC service providers who were supervised in past 6 months
		Checked records	Observed work	Provided feedback	Provided updates	Discussed problems	Delivered supplies	
Type of facility								
Hospital	5	86	95	95	86	90	29	21
Health center/ Polyclinic	6	98	95	93	81	87	29	962
Dispensary/Clinic/Health post	3	92	89	94	67	92	22	36
Managing authority								
Government	6	98	95	93	81	86	29	693
Government-assisted	6	97	95	94	81	88	30	289
Private/ NGO/ community	2	89	89	89	68	92	19	37
Province								
North	6	98	96	92	82	82	31	182
South	6	98	96	94	76	83	24	250
East	6	98	94	92	84	88	18	260
West	5	98	95	96	82	94	41	259
Kigali City	6	90	90	87	74	85	32	68
Total	6	97	95	93	80	87	29	1,019

Table A-6.16 Characteristics of observed antenatal care clients

Among ANC clients whose consultation was observed, percentage for whom this was their first ANC visit, percentage for whom this was a follow-up ANC visit, percentage who were estimated to be less than 5 months pregnant, at least 5 months pregnant, and at least 8 months pregnant, by background characteristics, Rwanda SPA 2007

Background characteristics	First ANC visit for this pregnancy	Follow-up ANC visit	First pregnancy	Month of pregnancy				Number of observed ANC clients
				<5m	≥5m	≥8m	Missing	
Type of facility								
Hospital	53	47	20	20	47	33	0	15
Health center/Polyclinic	49	51	23	17	57	25	0	709
Dispensary/Clinic/Health post	38	62	23	8	69	23	0	13
Managing authority								
Government	53	47	23	18	58	24	0	521
Government-assisted	38	62	23	14	57	29	0	208
Private/NGO/Community	50	50	25	13	63	25	0	8
Province								
North	58	42	24	26	50	24	0	156
South	48	52	20	16	56	27	1	166
East	53	47	20	18	63	19	0	139
West	42	58	22	10	63	26	0	205
Kigali City	41	59	31	17	48	35	0	71
Total	49	51	23	17	57	25	0	737

Table A-6.17 General assessments, examinations, and interventions for observed first-visit antenatal care clients

Among first-visit antenatal care (ANC) clients whose consultation was observed, percentage whose consultation included specific assessments, examinations, and interventions, and among clients with prior pregnancies, percentage whose consultations included a discussion of prior complications, by type of facility, Rwanda SPA 2007

Components of consultation	Hospital	Health center/ Polyclinic	Dispensary/ Clinic/ Health post	Total percentage
Prior history and client characteristics				
Client age	*	94	*	92
Date of last menstrual period	*	96	*	96
Any prior pregnancy[1]	*	97	*	97
Complications during prior pregnancy (if had prior pregnancy)	*	64	*	64
Medications client currently taking	*	54	*	53
All relevant elements for client history[2]	*	51	*	49
Laboratory tests and examinations				
Measured blood pressure	*	100	*	100
Weighed client	*	100	*	100
Urine test (protein) done	*	28	*	29
Blood test (anemia) done	*	62	*	63
Preventive interventions				
Gave or prescribed iron tablets	*	38	*	37
Gave or prescribed tetanus toxoid vaccine	*	72	*	71
Number of first-visit ANC clients	8	346	5	359
Among women with prior pregnancies, prior complications discussed:				
Stillbirth	*	80	*	80
Infant mortality during first week after birth	*	72	*	72
Heavy bleeding during labor or postpartum	*	67	*	66
Assisted delivery	*	73	*	73
Previous abortion	*	70	*	69
Number of observed first-visit ANC clients with prior pregnancy	6	266	4	276

* Figure based on too few cases to be meaningful
[1] Any questions that would indicate whether the client had a prior pregnancy
[2] Client age, last menstrual period, medicines, any prior pregnancy, and, if there was a prior pregnancy, any complications during prior pregnancies

Table A-6.18 Assessment of current health status of antenatal care clients

Among antenatal care (ANC) clients whose consultation was observed, percentage whose consultation included specific assessments, examinations, or interventions, by type of facility, Rwanda SPA 2007

Components of consultation	Hospital	Health center/ Polyclinic	Dispensary/ Clinic/ Health post	Total percentage
Client questioned regarding				
Vaginal bleeding	7	52	23	51
Fetal movement (at least 5m pregnant)	50	68	50	67
Any other problems	67	75	38	74
Basic physical examination				
Measured blood pressure	87	100	100	100
Urine test (protein) done	73	26	0	26
Checked fetal position (at least 8m pregnant)	*	98	*	97
Listened for fetal heart (at least 5m pregnant)	75	98	100	98
All questions and basic examination[1]	7	47	23	45
Other examinations				
Weighed client	100	100	100	100
Checked uterine height	73	87	92	87
Blood test (anemia) done	73	51	38	52
Preventive interventions				
Provider gave or prescribed iron tablets	40	43	0	42
Provider explained purpose of iron tablets	7	35	0	34
Provider explained how to take iron tablets	13	39	0	38
Provider gave or prescribed tetanus toxoid (TT) vaccine	33	54	62	54
Provider explained purpose of TT vaccine	27	41	38	41
Number of observed ANC clients at least 5 months pregnant	12	586	12	610
Number of observed ANC clients at least 8 months pregnant	5	179	3	187
Number of observed ANC clients	15	709	13	737

* Figure based on too few cases to be meaningful

[1] Questions regarding vaginal bleeding and fetal movement (if at least 5 months pregnant), blood pressure measured, fetal position palpated or ultrasound performed (if at least 8 months pregnant), and provider listened for fetal heart (if at least 5 months pregnant)

Table A-6.19 Observed content of counseling on antenatal care: By type of facility

Percentage of first 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, Rwanda SPA 2007

Counseling topic	Hospital	Health center/ Polyclinic	Dispensary/ Clinic/ Health post	Total percentage
First-visit ANC client				
Nutrition	*	39	*	40
Progress of pregnancy	*	56	*	56
Any risk symptoms for seeking help	*	45	*	45
Specific risk: vaginal bleeding	*	40	*	40
Specific risk: fever	*	25	*	25
Specific risk: shortness of breath or excessive fatigue	*	24	*	23
Specific risk: swelling in hands or face	*	34	*	34
Specific risk: headache or blurred vision	*	29	*	29
Delivery plans	*	39	*	39
Exclusive breastfeeding	*	21	*	20
Family planning after birth	*	40	*	39
Provider used any visual aids	*	37	*	36
Number of first-visit ANC clients	8	346	5	359
Follow-up visit ANC client				
Nutrition	*	41	*	39
Progress of pregnancy	*	49	*	47
Any risk symptoms for seeking help	*	33	*	31
Specific risk: vaginal bleeding	*	26	*	25
Specific risk: fever	*	12	*	12
Specific risk: shortness of breath or excessive fatigue	*	15	*	15
Specific risk: swelling in hands or face	*	25	*	24
Specific risk: headache or blurred vision	*	17	*	17
Delivery plans	*	48	*	47
Exclusive breastfeeding	*	22	*	21
Family planning after birth	*	34	*	34
Provider used any visual aids	*	36	*	35
Number of follow-up visit ANC clients	7	363	8	378
All observed ANC clients				
Nutrition	33	40	15	39
Progress of pregnancy	33	52	23	51
Any risk symptoms for seeking help	27	38	15	38
Specific risk: vaginal bleeding	20	33	15	33
Specific risk: fever	13	19	8	18
Specific risk: shortness of breath or excessive fatigue	0	19	0	19
Specific risk: swelling in hands or face	13	29	15	29
Specific risk: headache or blurred vision	7	23	15	23
Delivery plans	47	43	15	43
Exclusive breastfeeding	0	21	0	21
Family planning after birth	7	37	46	36
Provider used any visual aids	0	37	8	36
Number of all observed ANC clients	15	709	13	737

* Figure based on too few cases to be meaningful

Table A-6.20 Observed content of counseling on antenatal care: By province

Percentage of first 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 province, Rwanda SPA, 2007

Counseling topic	Province					Total percentage
	North	South	East	West	Kigali City	
First-visit ANC client						
Nutrition	47	33	34	49	24	40
Progress of pregnancy	62	48	46	62	69	56
Any risk symptoms for seeking help	33	30	42	64	69	45
Specific risk: vaginal bleeding	30	25	35	63	62	40
Specific risk: fever	12	14	12	57	34	25
Specific risk: shortness of breath or excessive fatigue	18	1	9	58	28	23
Specific risk: swelling in hands or face	22	15	35	58	52	34
Specific risk: headache or blurred vision	20	15	16	63	24	29
Delivery plans	39	19	46	52	41	39
Exclusive breastfeeding	27	6	14	36	3	20
Family planning after birth	57	21	38	42	31	39
Provider used any visual aids	38	35	26	37	59	36
Number of first-visit ANC clients	90	80	74	86	29	359
Follow-up visit ANC client						
Nutrition	71	34	23	41	21	39
Progress of pregnancy	64	37	43	53	31	47
Any risk symptoms for seeking help	45	17	22	38	33	31
Specific risk: vaginal bleeding	45	13	12	31	24	25
Specific risk: fever	15	6	5	18	12	12
Specific risk: shortness of breath or excessive fatigue	18	3	8	25	14	15
Specific risk: swelling in hands or face	33	14	14	29	26	24
Specific risk: headache or blurred vision	24	3	8	26	19	17
Delivery plans	74	30	55	39	43	47
Exclusive breastfeeding	47	8	8	25	19	21
Family planning after birth	73	14	15	39	29	34
Provider used any visual aids	65	36	15	34	19	35
Number of follow-up visit ANC clients	66	86	65	119	42	378
All observed ANC clients						
Nutrition	57	33	29	44	23	39
Progress of pregnancy	63	42	45	57	46	51
Any risk symptoms for seeking help	38	23	32	49	48	38
Specific risk: vaginal bleeding	37	19	24	44	39	33
Specific risk: fever	13	10	9	35	21	18
Specific risk: shortness of breath or excessive fatigue	18	2	9	39	20	19
Specific risk: swelling in hands or face	27	14	25	41	37	29
Specific risk: headache or blurred vision	22	9	12	41	21	23
Delivery plans	54	25	50	45	42	43
Exclusive breastfeeding	35	7	11	30	13	21
Family planning after birth	63	17	27	40	30	36
Provider used any visual aids	49	36	21	35	35	36
Number of all observed ANC clients	156	166	139	205	71	737

Table A-6.21 Health education received by ANC clients and knowledge related to warning signs during pregnancy: By type of facility

Among interviewed antenatal care (ANC) clients, percentage who said provider counseled them on warning signs for pregnancy, percentage who named specific warning signs, and percentage who said provider told them what to do in case of warning signs, and percentage who said provider discussed breastfeeding, delivery plans and supplies, and family planning, during this visit or a previous visit, by type of facility, Rwanda SPA, 2007

Issue discussed during current/previous visit	Hospital	Health center/ Polyclinic	Dispensary/ Clinic/ Health post	Total percentage
Counseling on risk signs				
Any warning signs	20	23	15	22
Warning signs mentioned by client				
Bleeding	20	14	8	14
Fever	7	3	8	3
Swollen face or hands	7	3	0	3
Tiredness or breathlessness	0	3	8	3
Headache or blurred vision	7	2	0	2
Convulsions	0	0	0	0
Reduced fetal movement	7	12	8	12
What client was told to do if warning sign occurs:				
Seek care at facility	20	23	8	23
Decrease activity level	0	1	0	1
Change diet	0	0	8	0
Client reported provider discussed:				
Exclusive breastfeeding	20	33	15	32
Exclusive breastfeeding for 6 months	20	28	8	27
Delivery plans	47	51	38	51
Supplies to prepare for delivery	33	47	46	47
Using family planning after birth	60	46	46	46
Number of interviewed ANC clients	15	694	13	722

Table A-6.22 Health education received by ANC clients and knowledge related to warning signs during pregnancy: By province

Among interviewed antenatal care (ANC) clients, percentage who said provider counseled them on warning signs for pregnancy, percentage who named specific warning signs, and percentage who said provider told them what to do in case of warning signs, and percentage who said provider discussed breastfeeding, delivery plans and supplies, and family planning, during this visit or a previous visit, by province, Rwanda SPA, 2007

Issue discussed during current/ previous visit	Province					Total percentage
	North	South	East	West	Kigali City	
Counseling on risk signs						
Any warning signs	19	31	15	24	21	22
Warning signs mentioned by client						
Bleeding	11	21	8	16	15	14
Fever	2	4	4	4	2	3
Swollen face or hands	4	5	1	3	2	3
Tiredness or breathlessness	5	1	1	5	2	3
Headache or blurred vision	2	6	1	1	0	2
Convulsions	1	1	0	0	0	0
Reduced fetal movement	15	16	8	9	11	12
What client was told to do if warning sign occurs:						
Seek care at facility	20	33	14	24	20	23
Decrease activity level	0	2	2	1	2	1
Change diet	1	0	0	0	0	0
Client reported provider discussed:						
Exclusive breastfeeding	36	30	22	38	33	32
Exclusive breastfeeding for 6 months	28	23	22	33	30	27
Delivery plans	54	53	36	56	50	51
Supplies to prepare for delivery	43	52	43	53	30	47
Using family planning after birth	56	42	48	43	38	46
Number of interviewed ANC clients	156	159	137	204	66	722

Table A-6.23 Client plans for place of delivery

Among observed and interviewed antenatal care (ANC) clients, percentage who reported planning where they will deliver, by type of facility, Rwanda SPA 2007

Background characteristics	Percentage of ANC clients who plan to deliver at:				Number of interviewed ANC clients
	This facility	Other facility	Private home	Don't know	
Type of facility					
Hospital	100	0	0	0	15
Health center/Polyclinic	86	8	0	6	694
Dispensary/Clinic/Health post	23	77	0	0	13
Managing authority					
Government	84	10	0	6	511
Government-assisted	88	5	0	6	206
Private/NGO/Community	*	*	*	*	5
Province					
North	88	10	0	1	156
South	92	2	1	6	159
East	77	15	0	8	137
West	86	6	0	7	204
Kigali City	74	18	2	6	66
Total	85	9	0	6	722

* Figure based on too few cases to be meaningful

Table A-6.24 Use of individual client cards

Among first- and follow-up visit antenatal care (ANC) clients, percentage of consultations in which the provider looked at the client card during the consultation, and percentage in which provider wrote on the client card at the end of the visit, by background characteristics, Rwanda SPA 2007

Background characteristics	Provider looked at client card during consultation		Provider wrote on client card at end of visit		Number of first-visit ANC clients	Number of follow-up visit ANC clients
	First visit	Follow-up visit	First visit	Follow-up visit		
Type of facility						
Hospital	*	*	*	*	8	7
Health center/Polyclinic	91	89	99	96	346	363
Dispensary/Clinic/Health post	*	*	*	*	5	8
Managing authority						
Government	92	94	98	97	275	246
Government-assisted	88	77	100	95	80	128
Private/NGO/Community	*	*	*	*	4	4
Province						
North	94	98	99	95	90	66
South	84	85	96	98	80	86
East	92	92	100	98	74	65
West	94	82	100	95	86	119
Kigali City	93	95	97	95	29	42
Total	91	89	99	96	359	378

* Figure based on too few cases to be meaningful

Table A-6.25 Outcome of observed consultations

Among antenatal care (ANC) clients whose consultations were observed, percentage who went home, were referred elsewhere in the same facility, were admitted to the facility, were referred outside the facility, and whose status was uncertain at the end of the observation, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of ANC consultations where:					Number of observed ANC clients
	Client went home	Client referred, same facility	Client admitted to facility	Client referred elsewhere	Don't Know	
Type of facility						
Hospital	73	27	0	0	0	15
Health center/Polyclinic	90	6	1	1	2	709
Dispensary/Clinic/Health post	92	8	0	0	0	13
Managing authority						
Government	90	7	1	1	2	521
Government-assisted	88	8	1	0	2	208
Private/NGO/Community	*	*	*	*	*	8
Province						
North	94	4	1	0	1	156
South	91	5	0	0	4	166
East	89	9	0	1	0	139
West	88	8	0	1	2	205
Kigali City	77	11	4	4	3	71
Total	89	7	1	1	2	737

* Figure based on too few cases to be meaningful

Table A-6.26 Client feedback on service problems

Among ANC clients whose consultations were observed, percentage who considered specific service issues to be a big problem for them on the day of the visit, by type of facility, Rwanda SPA 2007

Service issue	Hospital	Health center/ Polyclinic	Dispensary/ Clinic/ Health post	Total percentage
Behavior/attitude of provider	0	4	0	4
Inability to discuss problems or concerns	0	8	8	8
Insufficient explanation about problems	0	7	0	7
Waiting time to see provider	7	20	0	19
Quality of examination and treatment	0	6	0	6
Availability of medicines	0	6	0	6
Days facility is open	0	5	0	5
Hours facility is open	0	6	0	6
Cleanliness of facility	0	6	0	6
Cost of services	20	1	0	2
Insufficient visual privacy	0	5	0	5
Insufficient auditory privacy	0	6	0	5
Number of interviewed ANC clients	15	694	13	722

Table A-6.27 Client choice of facility

Among interviewed antenatal care (ANC) clients, percentage who reported this was not the closest health facility to their home, and among these, the main reasons they did not go to the nearest facility, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of interviewed ANC clients who reported this was not the closest facility to their home	Number of interviewed ANC clients	Percentage of ANC clients who said the main reason they did not go to the nearest facility was:			Number of interviewed ANC clients for whom this was not the closest facility
			Bad reputation	No medicines	Referred to this facility	
Type of facility						
Hospital	47	15	*	*	*	7
Health center/Polyclinic	6	694	12	2	10	41
Dispensary/Clinic/Health post	23	13	*	*	*	3
Managing authority						
Government	6	511	10	0	13	31
Government-assisted	8	206	13	0	6	16
Private/NGO/Community	*	5	*	*	*	4
Province						
North	5	156	*	*	*	8
South	6	159	*	*	*	9
East	6	137	*	*	*	8
West	6	204	8	0	0	12
Kigali City	21	66	21	7	0	14
Total	7	722	10	2	10	51

* Figure based on too few cases to be meaningful

Table A-6.28 Educational characteristics of antenatal care clients

Among antenatal care (ANC) clients whose consultations were observed and who were interviewed, percent distribution by education level and, among clients with primary, informal, or no education, percentage who are literate, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of ANC clients who have: No education	Informal	Primary	Middle	Secondary or higher	Number of interviewed ANC clients	Percentage of ANC clients with primary, informal or no education who: Cannot read or write	Can read, cannot write	Can read and write	Number of interviewed ANC clients with primary, informal or no education
Type of facility										
Hospital	0	0	60	13	27	15	*	*	*	9
Health center/Polyclinic	32	4	57	7	0	694	33	6	60	643
Dispensary/Clinic/Health post	46	0	46	8	0	13	58	17	25	12
Managing authority										
Government	33	5	55	7	1	511	35	6	59	473
Government-assisted	30	2	59	8	0	206	30	7	62	188
Private/NGO/Community	*	*	*	*	*	5	*	*	*	3
Province										
North	45	2	49	4	0	156	48	3	49	150
South	31	1	61	6	1	159	24	3	73	148
East	28	13	51	8	0	137	26	10	63	126
West	32	1	58	8	0	204	38	8	53	188
Kigali City	9	2	68	15	6	66	19	13	67	52
Total	32	4	57	7	1	722	33	6	60	664

* Figure based on too few cases to be meaningful

Table A-6.29 Emergency maternity transportation systems

Among facilities with emergency transportation for obstetric referrals, percentage using specific transportation systems and median transportation time to referral facility, by background characteristics, Rwanda SPA 2007

Background characteristics	Among facilities with emergency transportation, percentage in which means for transport is: Ambulance or other facility-based vehicle[1]	Vehicle at other facility[2]	Facility hires vehicle	Other arrangement to support cost[3]	Median transportation time (in minutes) to referral facility using most common mode of emergency transportation: Dry season	Wet season	Number of facilities supporting emergency transportation
Type of facility							
Hospital	100	10	2	10	61	61	41
Health center/Polyclinic	22	83	34	63	36	46	367
Dispensary/Clinic/Health post	33	39	24	42	31	31	33
Managing authority							
Government	24	78	31	58	40	46	287
Government-assisted	47	70	32	56	31	51	122
Private/NGO/Community	25	38	25	47	20	21	32
Province							
North	36	84	18	84	40	60	76
South	32	79	47	62	41	46	106
East	25	76	26	48	40	60	99
West	24	73	29	47	40	51	115
Kigali City	44	36	27	38	16	16	45
Total	30	73	31	56	36	46	441

[1] Ambulance or other vehicle that stays at the facility.
[2] Facility calls for dedicated vehicle from other facility to collect emergency patient.
[3] May include facility or community financial support or other system.

Table A-6.30 Availability of equipment, infrastructure, and staff for quality delivery services: Observed

Percentage of facilities offering delivery services that are observed to have equipment, supplies, infrastructure, and staff for infection control and delivery services in the delivery service area, by type of facility, Rwanda SPA 2007

Items for quality delivery services	Hospital	Health center/ Polyclinic	Dispensary/ Clinic/ Health post	Total percentage
Infection control				
Soap	92	69	60	71
Water	97	84	75	85
Clean latex gloves	97	93	100	94
Disinfecting solution	100	92	95	93
Sharps box	97	92	70	92
All items for infection control	85	59	40	60
Covered waste receptacle with plastic liner[2]	95	79	55	80
All items for infection control plus waste receptacle	82	54	30	56
Infrastructure for delivery				
Visual privacy and auditory privacy	92	94	85	94
Visual privacy only	0	0	5	0
No privacy	3	4	5	4
Delivery bed[3]	95	91	90	92
Examination light[4]	87	38	20	42
All elements of infrastructure[5]	74	33	15	36
Other items to support quality services				
Blank partograph	97	87	65	87
Guidelines for normal obstetric care	51	27	20	29
Guidelines for emergency obstetric care	36	12	0	14
Qualified delivery provider onsite 24 hours[6]	87	86	60	84
Qualified delivery provider on call 24 hours[6]	3	0	0	0
All other items to support quality services[7]	31	10	0	11
Number of facilities offering delivery services	39	345	20	404

[1] Soap, running water, gloves, disinfecting solution for decontaminating reusable items, and sharps box.
[2] While important for infection control, this is not an item that has been commonly introduced and so was not included in the aggregate for infection control.
[3] Any type of bed where a client can lie down flat.
[4] Examination light, flashlight, or other spotlight source.
[5] Both visual and auditory privacy, examination bed, and examination light.
[6] Qualified delivery providers include gynecologists, doctors, clinical officers, assistant medical officers, qualified nurse-midwives, and nurses with training in midwifery. A duty schedule must be observed.
[7] Guidelines, partograph, and delivery staff available 24 hours per day, with duty schedule observed.

Table A-6.31 Location where delivery equipment is processed and stored

Percentage of facilities that process delivery equipment and/or store processed equipment for reuse in specific locations, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities that process delivery service equipment in:[1]				Number of facilities offering delivery services
	Delivery service area	Main facility area	Family planning service area	Outside facility/no processing delivery equipment	
Type of facility					
Hospital	56	44	0	0	39
Health center/Polyclinic	59	38	2	1	345
Dispensary/Clinic/Health post	50	20	5	25	20
Managing authority					
Government	54	43	3	1	266
Government-assisted	71	27	1	1	113
Private/NGO/Community	44	32	4	20	25
Province					
North	28	70	1	0	74
South	88	10	1	1	102
East	40	55	3	1	92
West	70	21	4	6	107
Kigali City	38	62	0	0	29
Total	58	38	2	2	404

[1] Main facility area and delivery processing area may be the same location in small facilities

Table A-6.32.1 Sterilization and disinfecting capacity for delivery service equipment: All facilities

Among all facilities offering delivery services, percentage that have all items to support quality sterilization or high-level disinfection (HLD) processes, and percentage with written guidelines at the site where delivery equipment is processed for reuse, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities where the indicated procedure is the highest level for which all conditions for quality sterilization/HLD of delivery equipment were available			Percentage of facilities with written guidelines for sterilization or HLD procedures at processing site	Number of facilities offering delivery services
	Dry heat or autoclave[1]	Boil/steam or chemical HLD[1]	No procedure[2]		
Type of facility					
Hospital	64	3	33	33	39
Health center/Polyclinic	13	4	83	6	345
Dispensary/Clinic/Health post	10	0	90	5	20
Managing authority					
Government	15	3	82	8	266
Government-assisted	24	4	72	10	113
Private/NGO/Community	20	0	80	4	25
Province					
North	22	7	72	9	74
South	15	3	82	4	102
East	13	4	83	9	92
West	18	1	81	10	107
Kigali City	31	3	66	10	29
Total	18	3	79	8	404

[1] Functioning equipment, appropriate knowledge of temperature and time for method used, and an automatic timer are all present.
[2] Either equipment or knowledge was lacking or facility does not process delivery equipment.

Table A-6.32.2 Sterilization and disinfecting capacity for delivery service equipment: Facilities where processing occurs in delivery service area

Among facilities processing delivery equipment for reuse in the delivery service area, percentage where facility has all items to support quality sterilization or high-level disinfection (HLD) processes, and percentage with written guidelines at the site where delivery equipment is processed for reuse, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities where the specific procedure is the highest level for which all conditions for quality sterilization/HLD of delivery equipment were available			Percentage of facilities with written guidelines for sterilization or HLD procedures at processing site	Number of facilities offering delivery services and processing equipment in delivery area
	Dry heat or autoclave[1]	Boil/steam or chemical HLD[1]	No procedure[2]		
Type of facility					
Hospital	68	5	27	27	22
Health center/Polyclinic	12	3	85	4	202
Dispensary/Clinic/Health post	10	0	90	0	10
Managing authority					
Government	15	2	83	6	143
Government-assisted	20	5	75	8	80
Private/ NGO/ community	18	0	82	9	11
Province					
North	5	10	86	5	21
South	14	3	82	4	90
East	16	3	81	3	37
West	20	1	79	11	75
Kigali City	45	0	55	9	11
Total	17	3	80	6	234

[1] Functioning equipment, appropriate knowledge of temperature and time for method used, and an automatic timer are all present.
[2] Either equipment or knowledge was lacking or facility does not process delivery equipment.

Table A-6.33.1 Storage conditions for sterilized or high-level disinfected delivery equipment: All facilities

Percentage of facilities with stored, sterilized/high-level disinfected (HLD) delivery instruments present and, among those, percentage that meet standards for good storage, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities with stored sterilized/HLD delivery items present	Number of facilities	Sterile/ HLD status storage conditions[1]	Clean, but not sterile, storage conditions[2]	Processing dates observed on processed and stored items	Sterile/HLD status storage conditions and processing dates on sterilized items	Number of facilities with stored sterilized HLD delivery items
Type of facility							
Hospital	100	39	64	31	56	44	39
Health center/ Polyclinic	100	345	35	45	21	13	345
Dispensary/Clinic/Health post	100	20	10	80	25	0	20
Managing authority							
Government	100	266	36	43	23	14	266
Government-assisted	100	113	40	46	30	20	113
Private/ NGO/ community	100	25	24	64	28	8	25
Province							
North	100	74	49	26	38	32	74
South	100	102	34	44	14	7	102
East	100	92	43	37	21	12	92
West	100	107	18	74	26	10	107
Kigali City	100	29	59	17	41	28	29
Total	100	404	36	45	25	15	404

[1] Items are wrapped and sealed with time-steam-temperature (TST) sensitive tape or are in a sterile/HLD box that clasps shut.
[2] Items may be wrapped but not sealed, unwrapped on a tray under a cloth, unwrapped on a tray in the sterilizer or autoclave, or sitting in disinfecting solution.

Table A-6.33.2 Storage conditions for sterilized or high-level disinfected delivery equipment: Facilities where items are present in delivery area

Percentage of facilities with stored, sterilized/high-level disinfected (HLD) delivery instruments present in the delivery area and, among those, percentage that meet standards for good storage, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities with stored sterilized/HLD delivery items present in the delivery area	Number of facilities	Sterile/ HLD status storage conditions[1]	Clean, but not sterile, storage conditions[2]	Processing dates observed on processed and stored items	Sterile/HLD status storage conditions and processing dates on sterilized items	Number of facilities with stored sterilized HLD delivery items in the delivery area
Type of facility							
Hospital	69	39	52	44	52	33	27
Health center/Polyclinic	71	345	20	62	18	7	245
Dispensary/Clinic/Health post	90	20	11	83	22	0	18
Managing authority							
Government	69	266	21	60	19	7	184
Government-assisted	76	113	27	60	26	13	86
Private/NGO/Community	80	25	20	75	25	5	20
Province							
North	34	74	16	68	28	16	25
South	90	102	32	49	14	7	92
East	66	92	26	52	21	11	61
West	85	107	8	87	23	4	91
Kigali City	72	29	48	24	38	19	21
Total	72	404	23	61	21	9	290

[1] Items are wrapped and sealed with time-steam-temperature (TST) sensitive tape or are in a sterile/HLD box that clasps shut.
[2] Items may be wrapped but not sealed, unwrapped on a tray under a cloth, unwrapped on a tray in the sterilizer or autoclave, or sitting in disinfecting solution.

Table A-6.34 Delivery service providers

Among facilities offering delivery services, percentage where a qualified, trained delivery provider is available onsite on or call for 24-hour duty to conduct deliveries, with or without an observed duty schedule, and percentage where a staff member with specific qualification most commonly conducts deliveries at night, by background characteristics, Rwanda SPA 2007

Background characteristics	Qualified, trained delivery provider available 24 hours, with observed duty schedule		Qualified, trained delivery provider available 24 hours, with no observed duty schedule		Provider most commonly on duty to conduct deliveries at night[1]				Number of facilities offering delivery services
	Onsite	On call	Onsite	On call	Doctor	Nurse/ midwife	Auxiliary nurse	Other/ don't know	
Type of facility									
Hospital	87	3	10	0	87	100	10	0	39
Health center/Polyclinic	86	0	12	1	2	99	19	1	345
Dispensary/Clinic/Health post	60	0	40	0	15	100	0	0	20
Managing authority									
Government	83	0	14	1	9	100	17	1	266
Government-assisted	91	1	6	0	12	98	22	1	113
Private/NGO/Community	64	0	36	0	32	100	0	0	25
Province									
North	99	0	1	0	5	100	12	1	74
South	77	1	20	1	9	100	12	1	102
East	77	0	21	1	11	99	26	0	92
West	88	1	9	0	10	98	23	0	107
Kigali City	83	0	14	3	34	100	3	3	29
Total	84	0	13	1	11	99	18	1	404

[1] There may be more than one type of staff who routinely conducts night deliveries at the same facility.

Table A-6.35 Availability of medicines and supplies for quality delivery services: Observed

Percentage of facilities offering delivery services where specific medicines and supplies are observed in the facility, delivery room (DR), and/or pharmacy, by type of facility, Rwanda SPA 2007

Item	Hospital	Health center/ Polyclinic	Dispensary/ Clinic/ Health post	Total percentage
Basic medicines and supplies for delivery				
Scissors or blade	100	95	95	95
Cord clamp or tie	92	86	90	87
Suction apparatus (bulb or machine)	97	87	70	87
Suction bulb	90	85	70	84
Suction machine	64	12	0	17
Antibiotic eye ointment for newborn (in DR)	77	66	60	67
Antibiotic eye ointment for newborn in pharmacy or DR	100	96	80	96
Skin disinfectant for perineum	95	88	95	89
All basic supplies for delivery[1]	90	65	50	67
Additional medicines and supplies for managing common complications of delivery				
Syringes and needles in DR	97	84	80	85
Syringes and needles in facility	97	89	85	90
Intravenous solution[2] and perfusion set in DR	79	24	10	29
Intravenous solution[2] and perfusion set in facility	97	49	15	52
Oral antibiotic[3] in facility	100	96	70	95
Injectable oxytoxic medication in DR	92	22	15	28
Injectable oxytoxic medication in facility	100	32	15	38
Suture material in DR	100	92	90	92
Needle holder in DR	74	67	30	66
All basic treatment interventions[4]	59	7	0	12
Additional medicines and supplies for managing serious complications				
Valium or magnesium sulfate in DR	74	27	40	32
Valium or magnesium sulfate in facility	90	60	50	62
Injectable amoxicillin or ampicillin in facility	100	70	45	71
Injectable amoxicillin or ampicillin in DR	74	28	30	33
Injectable procaine penicillin in DR	33	25	25	25
Injectable gentamicin in facility	97	57	45	60
Injectable gentamicin in DR	79	24	20	29
All other medicines for complications[5]	74	25	30	30
Injectable hydralazine in DR	13	1	0	2
Injectable ergometrine/methergine in DR	87	50	45	53
Number of facilities offering delivery services	39	345	20	404

[1] Scissors or blade, cord clamp, suction apparatus, antibiotic eye ointment for newborn, and skin disinfectant for perineum
[2] Accepted intravenous solutions were dextrose 5% and normal saline (D5NS), 0.9% normal saline, or Ringer's lactate.
[3] Oral amoxicillin, ampicillin, or cotrimoxazole.
[4] Needles and syringes, intravenous solution with perfusion set, injectable oxytocic, suture material, and needle holder all located in delivery room area; oral antibiotic (cotrimoxazole, amoxicillin, or ampicillin) located in pharmacy or delivery room area
[5] Injectable anticonvulsant (Valium or magnesium sulfate) in delivery room area, and injectable antibiotics (penicillin and ampicillin or gentamicin) in delivery room area or pharmacy

Table A-6.36 Availability of services, equipment, and supplies for complications of labor and delivery

Percentage of facilities offering delivery services where specific services, equipment, and supplies are available for certain complications of labor and delivery, by background characteristics, Rwanda SPA 2007

Background characteristics	Assisted labor	Removal of retained products		Blood transfusion services	Caesarean section	Emergency support for newborn		Number of facilities offering delivery services
	Vacuum extractor	Vacuum aspirator	D&C kit[1]			Newborn respiratory support[2]	External heat source[3]	
Type of facility								
Hospital	79	85	97	100	100	95	77	39
Health center/Polyclinic	3	13	7	2	1	29	9	345
Dispensary/Clinic/Health post	0	5	5	5	5	15	0	20
Managing authority								
Government	9	15	11	9	9	30	11	266
Government-assisted	16	33	26	15	15	47	25	113
Private/NGO/Community	4	16	20	16	12	28	12	25
Province								
North	7	16	12	7	7	32	12	74
South	11	15	12	12	11	34	17	102
East	8	8	12	10	9	17	10	92
West	12	33	22	11	11	46	14	107
Kigali City	21	38	28	28	24	59	34	29
Total all facilities	10	20	16	11	11	35	15	404
Total hospitals, health centers, and health posts	11	21	16	12	11	36	16	384

[1] Dilation and curettage kit
[2] Infant-sized Ambu bag or equivalent
[3] Most often an incubator, although heat light would be sufficient

Table A-6.37 Capacity to conduct caesarean section

Among facilities that offer caesarean section, percentage where basic items and staff are available, by background characteristics, Rwanda SPA 2007

Background characteristics	Basic item					Additional components		Provider for conducting caesarean section on duty 24 hours	Number of facilities offering caesarean section
	Operating table	Operating light	Scrub area adjacent to operating room	Sterilized instruments	All basic items observed[1]	Anesthetist	Anesthesia-giving set		
Type of facility									
Hospital	100	100	100	79	79	79	97	85	39
Health center/Polyclinic	100	100	67	67	33	67	100	100	3
Dispensary/Clinic/Health post	100	100	100	100	100	0	100	100	1
Managing authority									
Government	100	100	100	78	78	87	96	91	23
Government-assisted	100	100	94	82	76	65	100	76	17
Private/NGO/Community	100	100	100	67	67	67	100	100	3
Province									
North	100	100	100	100	100	100	100	80	5
South	100	100	91	64	55	64	100	100	11
East	100	100	100	75	75	75	88	88	8
West	100	100	100	92	92	83	100	75	12
Kigali City	100	100	100	71	71	71	100	86	7
Total all facilities	100	100	98	79	77	77	98	86	43

[1] Operating table, operating light, scrub area, and sterilized instruments

Table A-6.38 Newborn care practices

Percentage of facilities offering delivery services that report specific practices are routine components of newborn care, by type of facility, Rwanda SPA 2007

Routine newborn care practices	Hospital	Health center/ Polyclinic	Dispensary/ Clinic/ Health post	Total percentage
Routine suction with catheter	46	8	0	12
Full immersion bath within 24 hours after birth	41	37	65	39
Weigh newborn	100	98	90	98
Infant scale available	97	94	80	93
Provide vitamin A to mother	21	41	20	38
Vitamin A in delivery area	18	28	15	26
Vitamin A in pharmacy or delivery area	49	49	15	47
Provide oral polio vaccine to newborn	49	70	25	66
Provide BCG to newborn	49	54	20	52
Provide prelacteal liquids to newborn	100	94	95	95
Rooming in[1]	97	99	100	99
Number of facilities offering delivery services	39	345	20	404

[1] Newborn stays with mother

Table A-6.39 Emergency obstetric practices

Among facilities offering delivery services, percentage that ever provided specific emergency obstetric interventions and percentage that reported they provided the emergency obstetric interventions during the past three months, by background characteristics, Rwanda SPA 2007

Background characteristics	Assisted delivery[1]		Removal of retained products[2]		Parenteral oxytoxic drugs		Parenteral anticonvulsants		Manual removal of placenta		Blood transfusion		Number of facilities offering delivery services
	Ever	Within past 3 months	Ever	Within past 3 months	Ever	Within past 3 months	Ever	Within past 3 months	Ever	Within past 3 months	Ever	Within past 3 months	
Type of facility													
Hospital	85	77	100	72	100	100	77	59	90	85	100	97	39
Health center/Polyclinic	4	3	28	16	22	21	21	17	64	52	2	1	345
Dispensary/Clinic/Health post	0	0	15	5	20	20	25	25	65	50	5	0	20
Managing authority													
Government	9	9	28	17	24	23	25	21	65	55	9	9	266
Government-assisted	19	16	50	32	43	42	29	19	72	58	15	15	113
Private/NGO/Community	4	4	32	12	24	24	28	28	60	48	16	4	25
Province													
North	7	5	35	12	19	15	11	4	65	35	7	7	74
South	11	10	27	31	27	27	20	16	63	57	12	10	102
East	9	8	15	9	26	25	22	21	52	48	10	10	92
West	16	13	51	23	37	37	43	33	80	69	11	11	107
Kigali City	24	24	55	31	41	41	45	45	76	72	28	17	29
Total all facilities	12	10	34	21	29	28	26	21	66	55	11	10	404
Total hospitals, health centers, and polyclinics	13	11	35	21	30	29	27	21	66	55	12	11	384

[1] Via ventous (vacuum extractor)
[2] Via manual vacuum aspiration or dilatation and curettage

Table A-6.40 Utilization of delivery services

Median monthly number of vaginal deliveries and caesarean sections among facilities with data available on the day of the survey, by background characteristics, Rwanda SPA 2007

Background characteristics	Median monthly vaginal deliveries[1]	Number of facilities reporting vaginal delivery data	Median monthly caesarean sections	Number of facilities reporting caesarean section data
Type of facility				
Hospital	103	38	28	36
Health center/Polyclinic	28	336	10	3
Dispensary/Clinic/Health post	9	19	-	1
Managing authority				
Government	27	260	34	21
Government-assisted	41	109	25	16
Private/NGO/Community	8	24	9	3
Province				
North	32	72	24	4
South	29	100	22	11
East	28	90	34	8
West	32	103	26	10
Kigali City	29	28	21	7
Total	30	393	26	40

[1] Data are from health information system monthly reports available at the facility on the day of the survey. Data were collected for the 12 months preceding the survey, but frequently some months were missing. Information from the number of months for which data were available was summed and an average monthly number of cases calculated for each facility. This number was then used to calculate the median number of vaginal deliveries and caesarean sections per month.

Table A-6.41 User fees for delivery services

Percentage of facilities offering delivery services that charge various user fees for delivery services and percentage that offer discounts, and among facilities with routine charges for delivery services, percentage that publicly post fees, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities charging fees for delivery services				Offer discount/ exemption	No charges or don't know	Number of facilities offering delivery services	Percentage of facilities where fees are posted in public view			Number of facilities having any routine charges for delivery services
	Normal delivery	Fixed fee for ANC plus delivery	Medicines	Tests				All fees are posted	Some fees are posted	No fees are posted	
Type of facility											
Hospital	92	44	95	95	77	5	39	54	14	30	37
Health center/Polyclinic	80	30	83	79	66	15	345	51	10	38	292
Dispensary/Clinic/Health post	85	30	100	65	40	0	20	35	20	45	20
Managing authority											
Government	79	29	82	79	66	16	266	51	12	36	224
Government-assisted	84	36	88	84	72	11	113	51	8	40	101
Private/NGO/Community	88	40	96	72	44	4	25	42	17	42	24
Province											
North	82	42	89	89	80	11	74	64	6	29	66
South	78	30	79	75	66	17	102	44	8	46	85
East	84	14	87	84	59	12	92	37	17	46	81
West	79	35	81	71	62	17	107	58	12	28	89
Kigali City	86	52	97	93	72	3	29	57	7	36	28
Total	81	31	85	80	66	14	404	51	11	37	349

Table A-6.42 Supportive management for providers of delivery services

Among interviewed delivery service providers, percentage who received training and supervision related to delivery services, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of interviewed delivery service providers who received: Pre- or in-service training during the past 12 months[1]	Personal supervision in the past 6 months	Pre- or in-service training during the past 12 months and personal supervision during the past 6 months	Most recent pre- or in-service training was 13-35 months preceding the survey	Number of interviewed delivery service providers[2]
Type of facility					
Hospital	56	66	37	10	100
Health center/Polyclinic	36	92	33	15	1,027
Dispensary/Clinic/Health post	15	76	12	21	34
Managing authority					
Government	39	90	35	15	790
Government-assisted	33	88	28	15	328
Private/NGO/Community	19	77	14	16	43
Province					
North	39	89	33	10	209
South	35	91	31	14	307
East	39	94	37	20	291
West	34	87	30	16	276
Kigali City	41	76	29	13	78
Total	37	89	33	15	1,161

[1] Refers to structured training sessions and does not include individual instruction received during routine supervision
[2] Includes only providers of delivery services in facilities offering delivery services

Table A-6.43.1 Pre- and in-service training for delivery service providers: Topics related to delivery

Among interviewed delivery service providers, percentage who received pre- and in-service training on specific topics during the 12 months or 13-35 months preceding the survey, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of interviewed delivery service providers who received specific pre- and in-service training on: Delivery care		Use of partograph		Life-saving skills		Post-abortion care		Exclusive breastfeeding		Number of interviewed delivery service providers
	12m	13-35m	12m	13-35m	12m	13-35m	12m	13-35m	12m	13-35m	
Type of facility											
Hospital	19	18	19	18	18	17	14	13	3	5	100
Health center/Polyclinic	12	10	12	10	11	9	8	7	4	3	1,027
Dispensary/Clinic/Health post	9	9	9	9	9	9	9	9	6	18	34
Managing authority											
Government	13	12	14	12	12	11	8	8	4	3	790
Government-assisted	13	9	11	8	12	7	8	6	3	3	328
Private/NGO/Community	7	14	7	12	9	12	7	12	7	16	43
Province											
North	14	5	16	5	13	4	7	2	4	2	209
South	13	6	13	6	13	5	9	4	3	1	307
East	10	18	9	19	8	18	5	14	2	6	291
West	14	11	15	12	15	11	12	9	5	7	276
Kigali City	8	15	8	13	8	12	4	9	10	3	78
Total	12	11	13	11	12	10	8	8	4	4	1,161

Table A-6.43.2 Pre- and in-service training for delivery service providers: Topics related to newborn care and HIV/AIDS

Among interviewed delivery service providers, percentage who received in-service training on specific topics during the 12 months or 13-59 months preceding the survey, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of interviewed delivery service providers who received pre- and in-service training on:										Number of interviewed delivery service providers
	Care of normal newborn		Neonatal resuscitation		PMTCT[1]		Nutrition counseling for mothers with HIV/AIDS		Obstetric practices for HIV/AIDS		
	12m	13-35m	12m	13-35m	12m	13-35m	12m	13-35m	12m	13-35m	
Type of facility											
Hospital	7	5	5	6	43	8	33	6	43	8	100
Health center/Polyclinic	5	4	3	3	24	12	20	9	21	11	1,027
Dispensary/Clinic/Health post	3	15	3	15	6	9	6	6	6	6	34
Managing authority											
Government	5	4	4	4	27	12	22	9	24	11	790
Government-assisted	5	3	3	2	21	13	19	9	20	12	328
Private/NGO/Community	5	14	5	14	12	9	9	7	12	5	43
Province											
North	6	1	5	1	25	7	22	6	22	7	209
South	4	1	1	1	22	13	15	9	18	12	307
East	3	8	2	6	30	14	26	9	27	13	291
West	6	6	5	6	21	12	19	10	20	10	276
Kigali City	9	6	5	5	32	13	29	10	31	12	78
Total	5	4	3	4	25	12	21	9	23	11	1,161

[1] Prevention of mother-to-child transmission of HIV

Table A-6.44 Supportive supervision for delivery service providers

Among interviewed delivery service providers who received a supervisory visit during the 6 months preceding the survey, median number of times staff were supervised, and percentage who report specific activities of the supervisor during the last visit, by background characteristics, Rwanda SPA 2007

Background characteristics	Median number of times staff were supervised in past 6 months	Percentage of providers reporting that, during the last supervisory visit, the supervisor:						Number of delivery service providers who were supervised in past 6 months[1]
		Checked records	Observed work	Provided feedback	Provided updates	Discussed problems	Delivered supplies	
Type of facility								
Hospital	18	95	94	91	80	92	29	66
Health center/Polyclinic	19	97	95	93	80	87	29	945
Dispensary/Clinic/Health post	7	88	88	92	69	96	8	26
Managing authority								
Government	19	98	95	92	81	86	28	714
Government-assisted	20	97	95	93	80	89	31	290
Private/NGO/community	8	85	88	88	70	97	9	33
Province								
North	23	97	95	92	83	82	32	186
South	20	99	96	95	79	83	27	278
East	18	97	93	90	81	88	18	273
West	15	97	95	95	80	95	41	241
Kigali City	16	90	92	85	71	88	20	59
Total	18	97	95	93	80	87	28	1,037

[1] Includes only providers of delivery services in facilities offering delivery services

Table A-6.45 Use of partograph among providers of delivery services

Percent distribution of interviewed delivery service providers by use of partograph, according to background characteristics. Rwanda SPA 2007

Background characteristics	Partograph used: During past 1 week	During past 1 month	During past 6 months	More than 6 months ago	Never	Don't know/ missing	Total	Number of interviewed delivery service providers
Type of facility								
Hospital	76	9	2	3	7	3	100	100
Health center/Polyclinic	71	17	3	1	6	2	100	1,027
Dispensary/Clinic/Health post	32	32	9	3	24	0	100	34
Managing authority								
Government	71	17	3	1	6	1	100	790
Government-assisted	74	14	2	2	5	2	100	328
Private/NGO/Community	37	26	9	2	23	2	100	43
Province								
North	76	16	1	1	6	1	100	209
South	64	20	2	2	9	2	100	307
East	75	12	5	2	5	1	100	291
West	70	18	2	1	6	3	100	276
Kigali City	67	17	5	4	6	1	100	78
Total	71	17	3	2	7	2	100	1,161

Table A-6.46 Basic emergency obstetric practices: All facilities

Among all facilities offering delivery services, percentage that ever provide specific interventions and percentage that report providing the intervention, during the past three months, by background characteristics, Rwanda SPA 2007

Background characteristics	Parenteral antibiotics		Parenteral oxytocics		Parenteral anticonvulsants		Manual removal of placenta		Removal of retained products		Assisted vaginal delivery		Number of facilities offering delivery services
	Ever	Within past 3 months	Ever	Within past 3 months	Ever	Within past 3 months	Ever	Within past 3 months	Ever	Within past 3 months	Ever	Within past 3 months	
Type of facility													
Hospital	97	97	100	100	77	59	90	85	100	72	85	77	39
Health center/Polyclinic	56	47	22	21	21	17	64	52	28	16	4	3	345
Dispensary/Clinic/ Health post	40	40	20	20	25	25	65	50	15	5	0	0	20
Managing authority													
Government	59	51	24	23	25	21	65	55	28	17	9	9	266
Government-assisted	62	52	43	42	29	19	72	58	50	32	19	16	113
Private/NGO/Community	48	48	24	24	28	28	60	48	32	12	4	4	25
Province													
North	46	26	19	15	11	4	65	35	35	12	7	5	74
South	61	55	27	27	20	16	63	57	27	31	11	10	102
East	59	53	26	25	22	21	52	48	15	9	9	8	92
West	64	58	37	37	43	33	80	69	51	23	16	13	107
Kigali City	72	72	41	41	45	45	76	72	55	31	24	24	29
Total	59	51	29	28	26	21	66	55	34	21	12	10	404

Table A-6.47 Basic emergency obstetric practices: Hospitals, health centers, and polyclinics

Among hospitals, health centers and polyclinics offering delivery services, percentage that ever provide specific interventions and percentage that report providing the intervention, during the past three months, by background characteristics, Rwanda SPA 2007

Background characteristics	Parenteral antibiotics		Parenteral oxytocics		Parenteral anticonvulsants		Manual removal of placenta		Removal of retained products		Assisted vaginal delivery		Number of facilities offering delivery services
	Ever	Within past 3 months	Ever	Within past 3 months	Ever	Within past 3 months	Ever	Within past 3 months	Ever	Within past 3 months	Ever	Within past 3 months	
Type of facility													
Hospital	97	97	100	100	77	59	90	85	100	72	85	77	39
Health center/Polyclinic	56	47	22	21	21	17	64	52	28	16	4	3	345
Managing authority													
Government	59	51	24	23	25	21	64	54	28	17	9	9	264
Government-assisted	62	52	43	42	29	19	72	58	50	32	19	16	113
Private/NGO/Community	86	86	29	29	43	43	57	57	71	29	14	14	7
Province													
North	46	26	19	15	11	4	65	35	35	12	7	5	74
South	61	55	27	27	20	16	63	57	27	31	11	10	102
East	58	52	26	24	21	20	51	48	16	8	9	8	90
West	70	62	41	41	47	35	83	72	59	27	18	15	92
Kigali City	77	77	42	42	46	46	81	77	54	35	27	27	26
Total	60	52	30	29	27	21	66	55	35	21	13	11	384

Table A-6.48 Signal functions for emergency obstetric care in hospitals, health centers, and polyclinics

Among hospitals, health centers, and polyclinics offering delivery services, percentage that report performing the signal functions for emergency obstetric care (EmOC) at least once during the past three months, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of hospitals, health centers, and polyclinics that applied or carried out:							Number of hospitals, health centers, and polyclinics offering delivery services	Percentage of hospitals that applied or carried out:			Number of hospitals offering delivery services
	Parenteral antibiotics[1]	Parenteral oxytocics	Parenteral anti-convul-sants or sedatives	Manual removal of placenta	Removal of retained products	Assisted vaginal delivery	Basic EmOC[2]		Blood trans-fusion	Caesarean section	Compre-hensive EmOC[3]	
Type of facility												
Hospital	97	100	59	85	72	77	36	39	97	82	28	39
Health center/Polyclinic	47	21	17	52	16	3	0	345	-	-	-	-
Managing authority												
Government	51	23	21	54	17	9	3	264	96	83	30	23
Government-assisted	52	42	19	58	32	16	4	113	100	81	25	16
Private/NGO/ Community	86	29	43	57	29	14	14	7	n/a	n/a	n/a	0
Province												
North	26	15	4	35	12	5	0	74	100	80	0	5
South	55	27	16	57	31	10	6	102	90	90	40	10
East	52	24	20	48	8	8	1	90	100	87	13	8
West	62	41	35	72	27	15	4	92	100	67	25	12
Kigali City	77	42	46	77	35	27	15	26	100	100	75	4
Total	52	29	21	55	21	11	4	384	97	82	28	39

[1] Information was not collected specifically on the use of parenteral antibiotics during past 3 months, but facility had at least one unexpired injectable antibiotic (ampicillin, amoxicillin, gentamicin, or procaine penicillin) available in the delivery area.
[2] Facility applied the first six procedures (left to right) in the 3 months preceding the survey.
[3] Facility applied all eight procedures in the 3 months preceding the survey.

Chapter 7

Table A-7.1 Availability of services for sexually transmitted infections in facilities reporting no primary services

Among facilities that do not offer primary services for sexually transmitted infections (STIs), percentage where service providers for antenatal care (ANC) report that they offer STI diagnosis and treatment to their clients, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities where ANC providers offer STI services to ANC clients	Number of facilities reporting no primary STI services
Type of facility		
Hospital	0	4
Health center/Polyclinic	33	3
Dispensary/Clinic/Health post	0	18
Managing authority		
Government	20	5
Government-assisted	0	4
Private/NGO/Community	0	16
Province		
North	n/a	0
South	0	4
East	25	4
West	n/a	0
Kigali City	0	17
Total	4	25

Table A-7.2.1 Availability of system components, infrastructure, and resources to support quality services for sexually transmitted infections: Observed

Among facilities offering services for sexually transmitted infections (STIs), percentage where specific systems and items to support utilization of STI services, quality counseling, infection control, and physical examinations were observed, by type of facility, Rwanda SPA 2007

Item	Hospital	Health center/ Polyclinic	Dispensary/ Clinic/ Health post	Total percentage
Items to support utilization of STI services				
Active partner follow-up system	50	53	39	50
Passive partner follow-up system	100	95	80	93
No follow-up system for partners	0	5	20	7
Items to support quality counseling				
Individual client record/chart	82	75	64	74
Visual and auditory privacy	92	96	90	94
Visual privacy only	0	2	7	3
No privacy	8	2	3	3
Any guidelines for STIs	53	72	27	63
Guidelines for syndromic diagnosis of STIs	39	51	21	45
Any visual aids or educational materials for STIs	61	67	49	63
Educational materials specific for HIV/AIDS	53	42	24	40
Condoms at service delivery site	29	40	31	38
Condoms anywhere in facility	97	88	67	85
All items to support quality counseling[1]	21	20	11	19
Items for infection control				
Soap	95	46	57	51
Running water	97	60	62	63
Clean latex gloves	89	67	69	69
Disinfecting solution for contaminated equipment	74	53	69	57
Sharps box	74	62	69	64
All items for control of infection[2]	50	21	37	26
Waste receptacle[3]	76	59	54	59
All items for control of infection plus waste receptacle	42	18	34	22
Items for physical examination				
Visual and auditory privacy[4]	100	96	88	95
Visual privacy[5]	0	1	1	1
No privacy	0	3	11	4
Examination bed[6]	100	92	78	90
Examination light[7]	29	9	12	11
All items for examination	29	9	11	11
All items for infection control and physical examination				
All items for infection control and physical examination	18	2	4	3
Number of facilities offering STI services	38	386	89	513

[1] Private room assuring visual and auditory privacy, any guidelines, any visual aids or educational materials, individual client chart, and condoms in STI service area.
[2] Soap, running water, latex gloves, disinfecting solution, and sharps box.
[3] While important for infection control, this is not an item that has been commonly introduced and so was not included in the aggregate for infection control.
[4] Private room
[5] Private room or room with screen or curtain that can be pulled for visual privacy.
[6] Any type of bed where a woman can lie down flat.
[7] Examination light, flashlight, or other spotlight source.
[8] All items for infection control, visual and auditory privacy, examination bed, and examination light.

Table A-7.2.2 Availability of system components, infrastructure, and resources to support quality services for sexually transmitted infections: Observed or reported

Among facilities offering services for sexually transmitted infections (STIs), percentage where specific systems and items to support utilization of STI services, quality counseling, infection control, and physical examinations were observed or reported, by type of facility, Rwanda SPA 2007

Item	Hospital	Health center/ Polyclinic	Dispensary/ Clinic/ Health post	Total percentage
Items to support utilization of STI services				
Active partner follow-up system	50	53	39	50
Passive partner follow-up system	100	95	80	93
No follow-up system for partners	0	5	20	7
Items to support quality counseling				
Individual client record/chart	95	91	82	90
Visual and auditory privacy	92	96	90	94
Visual privacy only	0	2	7	3
No privacy	8	2	3	3
Any guidelines for STIs	74	84	35	75
Guidelines for syndromic diagnosis of STIs	66	65	28	58
Any visual aids or educational materials for STIs	87	86	61	82
Educational materials specific for HIV/AIDS	74	63	31	58
Condoms at service delivery site	53	61	40	57
Condoms anywhere in facility	97	90	67	87
All items to support quality counseling[1]	45	46	15	40
Items for infection control				
Soap	95	49	64	55
Running water	97	63	65	66
Clean latex gloves	89	74	72	75
Disinfecting solution for contaminated equipment	76	64	78	67
Sharps box	76	69	75	70
All items for control of infection[2]	53	28	38	31
Waste receptacle[3]	79	62	58	62
All items for control of infection plus waste receptacle	45	23	34	27
Items for physical examination				
Visual and auditory privacy[4]	100	96	88	95
Visual privacy[5]	0	1	1	1
No privacy	0	3	11	4
Examination bed[6]	100	93	85	92
Examination light[7]	34	14	15	15
All items for examination	34	13	13	15
All items for infection control and physical examination				
All items for infection control and physical examination	24	4	6	6
Number of facilities offering STI services	38	386	89	513

[1] Private room assuring visual and auditory privacy, any guidelines, any visual aids or educational materials, individual client chart, and condoms in STI service area
[2] Soap, running water, latex gloves, disinfecting solution, and sharps box
[3] While important for infection control, this is not an item that has been commonly introduced and so was not included in the aggregate for infection control.
[4] Private room
[5] Private room or room with screen or curtain that can be pulled for visual privacy.
[6] Any type of bed where a woman can lie down flat.
[7] Examination light, flashlight, or other spotlight source.
[8] All items for infection control, visual and auditory privacy, examination bed, and examination light

Table A-7.3 Availability of tests and medicines for diagnosis and treatment of sexually transmitted infections

Among facilities offering services for sexually transmitted infections (STIs), percentage that have equipment and tests for etiologic diagnosis of STIs and medicines for treating STIs available, by type of facility, Rwanda SPA 2007

Item	Hospital	Health center/ Polyclinic	Dispensary/ Clinic/ Health post	Total percentage
Items for etiologic examination				
Vaginal speculum	37	17	30	21
Swab stick for specimen	26	7	4	8
Syphilis test capacity[1]	71	47	13	43
Gonorrhea test capacity[2]	63	15	12	18
Chlamydia test capacity[3]	3	2	2	2
Wet mounting test capacity[4]	79	39	28	40
HIV/AIDS testing capacity[5]	82	53	19	49
All five laboratory tests	3	1	0	1
Medicines illness treated				
Metronidazole(trichomoniasis)	97	88	45	81
Tinidazole(trichomoniasis)	47	17	18	19
Ceftriaxone (gonorrhea)	39	4	0	6
Ciprofloxacin (gonorrhea)	97	73	36	68
Amoxicillin (chlamydia)	95	84	38	77
Augmentin (chlamydia)	45	16	12	17
Norfloxacin (chlamydia, gonorrhea)	82	52	17	48
Doxycycline (chlamydia, syphilis)	95	81	36	74
Tetracycline (chlamydia, syphilis)	58	20	8	21
Erythromycin (chlamydia, syphilis)	95	83	38	76
Any injectable penicillin (syphilis)	100	95	45	86
Nystatin suppository or miconazole (candidiasis)	95	85	30	77
Miconazole cream or suppository (candidiasis)	58	11	8	14
Clotrimazole cream or suppository (candidiasis)	21	4	3	5
At least one medication for:				
Trichomoniasis	97	89	49	83
Gonorrhea	100	87	40	80
Chlamydia	100	94	47	87
Syphilis	100	95	52	88
Each of these four STIs[6]	97	81	37	74
Number of facilities offering STI services	38	386	89	513

[1] Either venereal disease research laboratory (VDRL) test and functioning microscope, or reactive protein reagent (RPR) test kit.
[2] Gram stain reagents and functioning microscope and glass slides or culture capacity.
[3] Giemsa stain for chlamydia and functioning microscope and glass slides.
[4] Functioning microscope and glass slides.
[5] Enzyme-linked immunosorbent assay (ELISA), Western Blot, or rapid test.
[6] At least one medicine for treating trichomoniasis, gonorrhea, chlamydia, and syphilis.

Table A-7.4 Supportive management of services for sexually transmitted infections

Among interviewed providers of services for sexually transmitted infections (STIs), percentage who received training and supervision, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of interviewed service providers who received: Pre- or in-service training related to STIs during the past 12 months[1]	Personal supervision in the past 6 months	Pre- or in-service training during the past 12 months and personal supervision during the past 6 months	Most recent pre- or in-service training 13-35 months preceding the survey	Number of interviewed providers of STI services[1]
Type of facility					
Hospital	75	73	55	14	102
Health center/Polyclinic	65	92	60	15	1,011
Dispensary/Clinic/Health post	37	58	20	21	107
Managing authority					
Government	65	90	60	14	787
Government-assisted	66	89	59	18	335
Private/NGO/Community	39	58	19	19	98
Province					
North	65	86	57	10	210
South	65	90	58	16	283
East	70	93	66	15	275
West	57	90	52	18	322
Kigali City	61	68	42	18	130
Total	63	87	56	15	1,220

[1] Includes only providers of STI services in facilities where STI services are offered in any assessed clinic.

Table A-7.5 Training for providers of services for sexually transmitted infections

Among interviewed providers of services for sexually transmitted infections (STIs), percentage who received pre- or in-service training on specific topics during the past 12 months or 13-35 months preceding the survey, by background characteristics, Rwanda SPA 2007

Background characteristics	Training for providers of services for STIs: Any diagnosis and treatment of STIs		Syndromic approach for diagnosing and treating STIs		Any course related to HIV/AIDS		Specific course related to PMTCT[1]		Number of interviewed STI service providers[2]
	12m	13-35m	12m	13-35m	12m	13-35m	12m	13-35m	
Type of facility									
Hospital	17	16	25	15	72	12	47	18	102
Health center/Polyclinic	9	16	18	15	61	13	32	14	1,011
Dispensary/Clinic/Health post	7	16	14	17	35	16	9	8	107
Managing authority									
Government	11	14	18	14	60	12	34	13	787
Government-assisted	8	19	19	17	64	17	32	17	335
Private/NGO/Community	9	17	17	16	37	15	12	10	98
Province									
North	9	12	14	12	61	8	29	9	210
South	10	15	25	12	59	14	35	14	283
East	13	20	21	15	65	12	34	17	275
West	7	15	12	18	53	16	27	14	322
Kigali City	11	17	22	18	58	16	35	14	130
Total	10	16	18	15	59	13	32	14	1,220

[1] Prevention of mother-to-child transmission of HIV
[2] Includes only providers of STI services in facilities where STI services are offered in any assessed clinic

Table A-7.6 Supportive supervision for providers of services for sexually transmitted infections

Among interviewed providers of services for sexually transmitted infections (STIs) who were personally supervised in the past 6 months, median number of times staff were supervised, and percentage who reported specific activities carried out by the supervisor during the last visit, by background characteristics, Rwanda SPA 2007

Background characteristics	Median number of times staff were supervised in past 6 months	Percentage of providers reporting specific activities carried out by the supervisor during the last supervisory visit						Number of STI service providers who received supervision in past 6 months
		Checked records	Observed work	Provided feedback	Provided updates	Discussed problems	Delivered supplies	
Type of facility								
Hospital	4	93	96	96	80	89	32	74
Health center/Polyclinic	6	97	95	93	80	87	30	931
Dispensary/Clinic/Health post	3	89	92	85	66	87	19	62
Managing authority								
Government	6	97	96	93	81	87	29	712
Government-assisted	5	98	95	94	79	89	30	298
Private/NGO/Community	2	81	89	84	65	89	19	57
Province								
North	6	97	96	90	82	82	29	181
South	5	99	96	94	78	82	28	254
East	6	97	94	91	82	90	20	255
West	5	96	95	95	78	93	40	289
Kigali City	5	89	92	91	76	88	24	88
Total	6	97	95	93	79	87	29	1,067

Table A-7.7 Utilization of services for sexually transmitted infections and sources of data on sexually transmitted infections

Median number of clients per month utilizing for services for sexually transmitted infections (STIs), by background characteristics, Rwanda SPA 2007

Background characteristics	Median number of STI clients per month[1]	Number of facilities reporting statistics[2]
Type of facility		
Hospital	4	28
Health center/Polyclinic	7	277
Dispensary/Clinic/Health post	3	57
Managing authority		
Government	7	211
Government-assisted	7	100
Private/NGO/Community	3	51
Province		
North	5	65
South	5	62
East	7	76
West	7	118
Kigali City	6	41
Total	6	362

[1] Data are from health information system monthly reports available at the facility on the day of the survey. Data were requested for the 12 months preceding the survey, but frequently some months were missing. Information from the 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 clients per month.
[2] All facilities did not have data available.

Table A-7.8 Service area where client was observed for sexually transmitted infection

Among observed clients who were assessed for possible sexually transmitted infections (STIs), percentage who came to the facility primarily for antenatal care (ANC), family planning (FP) services, or assessment of STI or reproductive tract infection (RTI), by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of observed STI clients who came to the facility primarily for:			Number of observed STI clients
	ANC	FP	STI or RTI	
Type of facility				
Hospital	10	0	90	10
Health center/Polyclinic	0	0	75	89
Dispensary/Clinic/Health post	*	*	*	7
Managing authority				
Government	1	0	74	72
Government-assisted	0	0	85	27
Private/NGO/Community	*	*	*	7
Province				
North	0	0	55	11
South	6	6	56	16
East	0	0	81	37
West	0	0	81	26
Kigali City	0	0	100	16
Total	1	1	77	106

* Figure based on too few cases to be meaningful

Table A-7.9 Assessments, laboratory tests, and examinations for clients with symptoms of sexually transmitted infections

Among observed clients with symptoms of sexually transmitted infections (STIs), percentage who were reassured about confidentiality, were asked about client history, had laboratory tests, and had a physical examination, by type of facility, Rwanda SPA 2007

Component of consultation	Hospital	Health center/ Polyclinic	Dispensary/ Clinic/ Health post	Total percentage
Reassured about confidentiality	70	62	*	65
Client history elicited				
Client symptoms	90	94	*	94
How long symptoms have been present	90	90	*	91
History of recent sexual contact	90	79	*	80
Symptoms in partner	50	65	*	66
Partner status[1]	70	66	*	69
All elements of client history[2]	40	47	*	49
Types of laboratory tests				
Any laboratory test	90	49	*	53
Any blood test (reason not specified)	40	27	*	26
HIV test	20	26	*	25
Microscopic examination of specimen	80	29	*	35
Examination				
Physical examination (male)	*	57	*	59
Number of observed male STI clients	3	28	1	32
Physical examination (female)	*	49	*	55
Number of observed female STI clients	7	61	6	74
Number of observed STI clients	10	89	7	106

* Figure based on too few cases to be meaningful.
[1] Monogamous, multiple partners, non-monogamous partners, etc.
[2] Client symptoms, how long symptoms have been present, history of recent sexual contacts, symptoms in partner, and partner status

Table A-7.10.1 Physical examination of clients assessed for sexually transmitted infections: Females

Percentage of observed physical examinations of female clients for sexually transmitted infections (STIs) that included specific components, and percentage of speculum examinations that followed specific procedures, Rwanda SPA 2007

Components/ Procedures	Total percentage
Provider treatment of client	
Visual privacy assured	98
Auditory privacy assured	98
Explained procedure before starting	78
Asked client to relax	54
Infection control procedure	
Provider washed hands with soap prior to examination	27
Provider wore clean gloves	78
Provider washed hands after removing gloves	51
General examination	
Inspected labia	78
Used speculum	83
Number of observed female STI client examinations	41
Procedures for speculum examination	
Used sterilized or HLD instruments	44
Prepared all instruments before starting	44
Used items placed in decontaminating solutions	32
Contaminated surfaces wiped with disinfectant	35
Procedures utilized	
Explained speculum procedure	35
Inspected cervix	35
Performed bimanual examination	47
Conducted all elements of pelvic examination[1]	26
Number of observed clients with speculum examination	34

[1] Used speculum, explained the speculum procedure, used sterilized or HLD instruments, prepared all instruments before starting, inspected the cervix, and performed a bimanual examination.

Table A-7.10.2 Physical examination of clients assessed for sexually transmitted infections: Males

Percentage of observed physical examinations of male clients for sexually transmitted infections (STIs) that included specific components, by type of facility, Rwanda SPA 2007

Conditions during physical examination[1]	Hospital	Health center/ Polyclinic	Total percentage
Visual privacy assured	*	100	100
Visual and auditory privacy assured	*	100	100
Provider washed hands with soap prior to examination	*	13	26
Provider wore clean latex gloves	*	38	42
Genitals fully exposed	*	56	58
All elements of examination[2]	*	6	16
Retracted foreskin (for uncircumcised male)	*	60	67
Number of observed male STI clients with physical examination	3	16	19
Number of uncircumcised male STI clients examined	3	15	18

* Figure based on too few cases to be meaningful
[1] Clients may have had only an external examination of the genitalia.
[2] Visual and auditory privacy assured, provider washed hands with soap prior to examination, provider wore clean latex gloves, and genitals were fully exposed.

Table A-7.11 Observed counseling for clients assessed for sexually transmitted infections

Among clients whose consultation for sexually transmitted infections (STIs) was observed, percentage for whom the indicated items were components of counseling, by type of facility, Rwanda SPA 2007

Components of consultation	Hospital	Health center/ Polyclinic	Dispensary/ Clinic/ Health post	Total percentage
Components of counseling				
Any mention of client diagnosis	60	69	*	70
Any mention of relationship between the infection and sexual activity	50	69	*	68
Client received prescription or medication	60	80	*	78
Client received prescription or medication for sexual partner	20	31	*	29
Client instructed about medications	40	56	*	57
Partner referral encouraged	60	65	*	65
Follow-up appointment discussed	50	44	*	45
Risk of HIV/AIDS mentioned	50	47	*	48
Components of health education				
Discussed condoms for prevention	30	27	*	29
Instructed how to use condom	20	10	*	12
Offered condoms	10	2	*	3
Demonstrated how to put on condom	10	1	*	2
Any discussion of condoms or HIV/AIDS	50	53	*	55
Wrote on client health card	90	96	*	94
Number of observed STI consultations	10	89	7	106

* Figure based on too few cases to be meaningful

Table A-7.12 Knowledge and experience of condom use reported by clients

Among clients whose consultation for a sexually transmitted infection (STI) was observed and who were interviewed, percentage who reported previous condom use, percentage who reported factors contributing to lack of condom use and percentage who received condoms and counseling on the day of the interview, Rwanda SPA 2007

Item	Total percentage
Client and partner have used condom before	46
Factors contributing to lack of condom use	
Embarrassing to purchase	7
Problem with disposal	8
Embarrassing to discuss with partner	16
Reduces own sexual satisfaction	22
Reduces partner's sexual satisfaction	20
Client identified any of the factors as contributing to lack of condom use	41
Health workers talked about condoms on day of visit	28
Client received condoms on day of visit	7
Number of interviewed STI clients	100
Among clients who reported any factors contributing to lack of condom use, percentage who discussed the issue with provider	32
Number of interviewed STI clients who identified a factor as contributing to lack of condom use	41

Table A-7.13 Client feedback on service problems

Among clients whose consultation for a sexually transmitted infection (STI) was observed and who were interviewed, percentage who said that they considered specific service issues to be a big problem for them on the day of the interview, by type of facility, Rwanda SPA 2007

Service issue	Hospital	Health center/ Polyclinic	Dispensary/ Clinic/ Health post	Total percentage
Behavior/attitude of provider	*	8	*	8
Inability to discuss problems or concerns	*	8	*	8
Insufficient explanation about method or problems	*	7	*	7
Waiting time to see provider	*	30	*	28
Quality of examination and treatment	*	6	*	5
Availability of methods or medicines	*	14	*	13
Days facility is open	*	2	*	2
Hours facility is open	*	3	*	3
Cleanliness of facility	*	8	*	8
Cost of services	*	5	*	5
Insufficient visual privacy	*	1	*	1
Insufficient auditory privacy	*	2	*	2
Number of interviewed STI clients	8	86	6	100

* Figure based on too few cases to be meaningful

Table A-7.14 Client choice of facility

Among interviewed STI clients, percentage who reported this was not the closest health facility to their home, and among these, the main reasons they did not go to the nearest facility, Rwanda SPA 2007

Percentage of interviewed STI clients who reported this was not the closest facility to their home	Number of interviewed STI clients	Percentage of STI clients who said the main reason they did not go to the nearest facility was:			Number of interviewed STI clients for whom this was not the closest facility
		Bad reputation	Prefer anonymity	Referred to this facility	
18	100	6	44	33	18

Table A-7.15 Education and literacy of STI clients

Among clients whose consultation for a sexually transmitted infection (STI) was observed and who were interviewed, percent distribution by educational level, and percentage of STI clients with primary, informal or no education who are literate, by background characteristics, Rwanda SPA 2007

Background characteristic	Among interviewed STI clients, percentage with:				Number of interviewed STI clients	Percentage of interviewed STI clients with primary, informal or no education who:			Number of STI clients with primary, informal, or no education
	No education	Informal	Primary	Middle		Cannot read or write	Can read, cannot write	Can read and write	
Type of facility									
Hospital	*	*	*	*	8	*	*	*	8
Health center/Polyclinic	26	9	57	8	86	30	15	53	79
Dispensary/Clinic/Health post	*	*	*	*	6	*	*	*	5
Managing authority									
Government	23	12	61	4	69	27	20	52	66
Government-assisted	28	0	56	16	25	33	0	67	21
Private/NGO/Community	*	*	*	*	6	*	*	*	5
Province									
North	*	*	*	*	9	*	*	*	9
South	17	8	75	0	12	25	17	58	12
East	19	8	68	5	37	26	14	60	35
West	31	0	65	4	26	28	12	60	25
Kigali City	25	13	31	31	16	18	27	45	11
Total	25	8	59	8	100	27	16	55	92

* The figure was based on too few cases to be meaningful.

Table A-7.16 Capacity to provide services for tuberculosis

Among facilities providing any tuberculosis services, percentage that have the capacity to test for TB and medicines for treating TB, by type of facility, Rwanda SPA 2007

Service item	Hospital	Health center/ Polyclinic	Dispensary/ Clinic/ Health post	Total percentage
Ability to conduct microscopic sputum exam[1]	87	45	41	49
Ability to stain sputum for TB diagnosis[2]	77	24	23	30
Availability of medicines				
Isoniazid (INH)	85	45	5	47
Pyrazinamide	46	11	5	15
Rifampicin	46	23	9	25
Ethambutol	51	14	9	18
Rifina (rifampicin + INH), adult formulation	92	75	27	74
Rifina (rifampicin + INH), pediatric formulation	77	37	9	40
RHZ, Rifater (INH+rifampicin+pyrazinamide)	90	50	23	53
EH (INH+ethambutol)	36	17	23	20
4FDC (INH, ethambutol+pyrazinamide+rifampicin)	97	78	45	78
Streptomycin	95	39	32	45
Pre-packed DOTS TB drugs	82	70	36	69
All first-line treatment available[3]	97	86	45	85
All first- and second-line treatment available[4]	95	39	32	45
Number of facilities providing TB diagnostic or treatment/follow-up services	39	282	22	343

[1] Functioning microscope and glass slides
[2] Functioning microscope and glass slides plus all stains for AFB or Ziehl-Neelson test
[3] Any combination of pyrazinamide, rifampicin, ethambutol, and INH
[4] All first-line medicines plus streptomycin

Table A-7.17.1 Supportive management of laboratory tuberculosis diagnostic services

Among interviewed providers of laboratory tuberculosis (TB) diagnostic services, percentage who received pre- or in-service training and supervision related to TB services, by background characteristics, Rwanda SPA 2007

	Percentage of interviewed service providers who received:				
Background characteristics	Pre- or in-service training related to TB during the past 12 months1	Personal supervision in the past 6 months	Pre- or in-service training during the past 12 months and personal supervision during the past 6 months	Most recent pre- or in-service training 13-35 months preceding the survey	Number of interviewed providers of lab TB diagnostic services[1]
Type of facility					
Hospital	10	87	10	30	30
Health center/Polyclinic	40	95	38	24	102
Dispensary/Clinic/Health post	0	53	0	7	15
Managing authority					
Government	32	91	29	23	82
Government-assisted	33	95	33	27	55
Private/NGO/Community	0	40	0	0	10
Province					
North	35	90	30	35	20
South	30	86	28	16	43
East	37	97	37	26	35
West	32	96	32	36	28
Kigali City	10	71	10	5	21
Total	30	89	29	23	147

[1] Includes only laboratory providers of TB services in facilities where lab TB services are offered in any assessed clinic

Table A-7.17.2 Supportive management of clinical tuberculosis services

Among interviewed clinical providers of any tuberculosis (TB) services, percentage who received pre- or in-service training and supervision related to TB services, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of interviewed service providers who received: Pre- or in-service training related to TB during the past 12 months[1]	Personal supervision in the past 6 months	Pre- or in-service training during the past 12 months and personal supervision during the past 6 months	Most recent pre- or in-service training 13-35 months preceding the survey	Number of interviewed clinical providers of TB services[1]
Type of facility					
Hospital	49	86	46	17	69
Health center/Polyclinic	32	94	31	14	469
Dispensary/Clinic/Health post	31	88	31	19	16
Managing authority					
Government	35	93	33	14	375
Government-assisted	34	93	33	15	169
Private/NGO/Community	40	80	30	20	10
Province					
North	44	90	40	12	68
South	26	93	26	11	140
East	39	94	38	13	156
West	30	95	29	18	150
Kigali City	48	83	40	20	40
Total	34	93	33	14	554

[1] Includes only clinical providers of TB services in facilities where lab TB services are offered in any assessed clinic

Table A-7.18.1 Tuberculosis treatment and/or follow-up using DOTS: Protocols at all sites

Percentage of all facilities following the Direct Observed Treatment Short-Course (DOTS) strategy for tuberculosis (TB) and, among them, percentage having specific components, by background characteristics, Rwanda SPA 2007

Background characteristic	Percent of facilities offering: Any TB services	DOTS for TB	Number of facilities	Among facilities following DOTS strategy, percentage: Reporting they are part of national DOTS program	With observed client register for DOTS	With observed TB treatment protocol at all sites offering TB treatment following DOTS	With all first-line TB medicines available[1]	With all items for TB indicator[2]	Number of facilities following DOTS for TB treatment
Type of facility									
Hospital	93	74	42	90	87	58	97	55	31
Health center/Polyclinic	72	61	389	90	79	72	89	58	238
Dispensary/Clinic/Health post	21	8	107	100	89	78	78	67	9
Managing authority									
Government	70	58	309	90	79	64	89	51	179
Government-assisted	81	71	133	92	83	82	94	71	95
Private/ NGO/Community	19	4	96	100	75	75	50	50	4
Province									
North	50	46	90	83	80	80	85	59	41
South	81	59	117	99	70	61	84	42	69
East	75	65	113	82	78	64	96	58	73
West	62	55	132	94	92	83	90	76	72
Kigali City	42	27	86	96	87	61	96	43	23
Total	64	52	538	91	81	71	90	58	278

[1] Any combination of isoniazid (INH), rifampicin, ethambutol, and pyrazinamide. If medicines provided are pre-packaged for individual DOTS clients, medicines had to be available for all DOTS clients.
[2] Observed client register for DOTS, observed TB treatment protocols at all sites, and all first-line TB medicines in facility.

Table A-7.18.2 Tuberculosis treatment and/or follow-up using DOTS: Protocols at any sites

Percentage of all facilities following the Direct Observed Treatment Short-Course (DOTS) strategy for tuberculosis (TB) and among them, percentage having specific components, by background characteristics, Rwanda SPA 2007

Background characteristic	Percentage of facilities offering: Any TB services	Percentage of facilities offering: DOTS strategy for TB	Number of facilities	Among facilities following DOTS strategy, percentage: Reporting they are part of national DOTS program	With observed client register for DOTS	With observed TB treatment protocol at all sites offering TB treatment following DOTS strategy	With all first-line TB medicines available[1]	With all items for TB indicator[2]	Number of facilities following DOTS strategy for TB treatment
Type of facility									
Hospital	93	74	42	90	87	74	97	68	31
Health center/Polyclinic	72	61	389	90	79	74	89	60	238
Dispensary/Clinic/Health post	21	8	107	100	89	78	78	67	9
Managing authority									
Government	70	58	309	90	79	67	89	54	179
Government-assisted	81	71	133	92	83	87	94	75	95
Private/ NGO/Community	19	4	96	100	75	75	50	50	4
Province									
North	50	46	90	83	80	80	85	59	41
South	81	59	117	99	70	68	84	48	69
East	75	65	113	82	78	68	96	62	73
West	62	55	132	94	92	83	90	76	72
Kigali City	42	27	86	96	87	70	96	52	23
Total	64	52	538	91	81	74	90	61	278

[1] Any combination of isoniazid (INH), rifampicin, ethambutol, and pyrazinamide. If medicines provided are pre-packaged for individual DOTS clients, medicines had to be available for all DOTS clients.
[2] Observed client register for DOTS, observed TB treatment protocols at all sites, and all first-line TB medicines in facility

Table A-7.19.1 Management of tuberculosis: Protocols at all sites

Among facilities offering any tuberculosis (TB) treatment and/or follow-up services, percentage with specific components for managing TB; and average number of sites per facility offering TB services, by background characteristics, Rwanda SPA 2007

Background characteristics	Among facilities offering any TB services, percentage with: Observed client register at any site where TB treatment is offered	Observed TB treatment protocol at all sites offering TB treatment	All first-line TB medicines available[1]	All items for TB indicator[2]	Number of facilities offering TB treatment/ follow-up services	Mean number of sites per facility offering TB treatment/ follow-up services[3]
Type of facility						
Hospital	92	77	97	72	39	2
Health center/Polyclinic	83	79	88	64	275	1
Dispensary/Clinic/Health post	77	77	77	54	13	1
Managing authority						
Government	83	73	88	60	213	1
Government-assisted	87	89	93	75	108	1
Private/NGO/Community	50	67	33	33	6	1
Province						
North	82	86	84	57	44	1
South	78	68	83	51	95	1
East	84	76	95	71	83	1
West	92	94	91	86	79	1
Kigali City	81	62	88	42	26	2
Total	84	78	89	65	327	1

[1] Any combination of isoniazid (INH), rifampicin, ethambutol, and pyrazinamide. If medicines provided are pre-packaged for individual DOTS clients, medicines had to be available for all DOTS clients.
[2] Observed client register for DOTS at any TB treatment site, observed TB treatment protocols at all TB treatment sites, and all first-line TB medicines available in facility.
[3] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Table A-7.19.2 Management of tuberculosis: Protocols at any sites

Among facilities offering any tuberculosis (TB) treatment and/or follow-up services, percentage with specific components to manage TB; and average number of sites per facility offering TB services, by background characteristics, Rwanda SPA 2007

Background characteristics	Among facilities offering any TB services, percentage with:				Number of facilities offering TB treatment/ follow-up services	Mean number of sites per facility offering TB treatment/ follow-up services[3]
	Observed client register at any site where TB treatment is offered	Observed TB treatment protocol at any site offering TB treatment	All first-line TB medicines available[1]	All items for TB indicator[2]		
Type of facility						
Hospital	92	95	97	90	39	2
Health center/Polyclinic	83	82	88	67	275	1
Dispensary/Clinic/Health post	77	85	77	62	13	1
Managing authority						
Government	83	79	88	65	213	1
Government-assisted	87	93	93	79	108	1
Private/NGO/Community	50	83	33	33	6	1
Province						
North	82	86	84	57	44	1
South	78	76	83	57	95	1
East	84	81	95	76	83	1
West	92	94	91	86	79	1
Kigali City	81	85	88	62	26	2
Total	84	83	89	69	327	1

[1] Any combination of isoniazid (INH), rifampicin, ethambutol, and pyrazinamide. If medicines provided are pre-packaged for individual DOTS clients, medicines had to be available for all DOTS clients.
[2] Observed client register for DOTS at any TB treatment site, observed TB treatment protocols at any TB treatment sites, and all first-line TB medicines available in facility.
[3] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Table A-7.20 Resources and supplies for diagnosing tuberculosis

Percentage of all facilities offering specific tuberculosis (TB) diagnostic methods, and among those using sputum texts and x-rays, percentage with capacity for diagnostic activities, by background characteristics. Rwanda SPA 2007

Background characteristics	Percentage of facilities that diagnose TB with any method[1], onsite or through referrals to external lab	Percentage of facilities that diagnose TB onsite using the following method[2]:		Number of facilities	Among facilities using sputum tests[2] to diagnose TB, percentage with:					Number of facilities diagnosing TB using sputum test	Among facilities using X-rays to diagnose TB, percentage with:	
		Sputum[3]	X-ray		All items for conducting sputum test for TB[4]	Docu-mented system for sending sputum else-where for TB diagnosis	Observed record of sputum test results	Tests conducted or referred with documen-tation recorded results [5]	Staff trained in sputum TB test in past 3 years		X-ray capacity[6]	Number of facilities diagnosing TB using X-ray
Type of facility												
Hospital	93	93	69	42	79	8	87	74	31	39	72	29
Health center/Polyclinic	66	57	4	389	31	29	71	51	29	220	7	14
Dispensary/Clinic/ Health post	18	17	2	107	33	6	50	33	6	18	0	2
Managing authority												
Government	62	54	6	309	37	25	70	51	27	166	65	20
Government-assisted	80	73	16	133	40	27	76	60	32	97	38	21
Private/NGO/Community	16	15	4	96	43	7	64	43	0	14	25	4
Province												
North	49	39	7	90	37	14	77	43	37	35	50	6
South	76	68	10	117	33	25	66	49	24	80	42	12
East	61	50	7	113	28	37	75	56	39	57	63	8
West	61	58	8	132	47	26	74	62	25	76	50	10
Kigali City	37	34	10	86	52	7	69	52	10	29	44	9
Total	58	51	8	538	38	25	72	53	27	277	49	45

[1] Includes sputum, X-ray, or clinical symptoms
[2] Units within a facility may use different diagnostic methods so the percentages may add up to more than 100 percent.
[3] Includes sputum microscopy, culture, or rapid test
[4] AFB or Ziehl-Neesen test, with hot stain (methyl blue, sulphuric acid, and carbol-fushin present) or cold stain (Kinyoun stain), and a functioning microscope and glass slides with covers **OR** agar plates for culture and a functioning incubator **OR** any rapid TB diagnostic test kit
[5] All items for conducting test or documented system for sending sputum elsewhere, and record of test results
[6] Functioning X-ray machine with films

Table A-7.21 Tuberculosis and HIV services

Among facilities offering any tuberculosis (TB) services, percentage that refer TB clients for HIV testing, percentage with records of HIV status and testing of TB clients, percentage with service providers trained on TB, and mean number of sites per facility that offer TB services, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities where newly diagnosed TB clients are referred for HIV testing		Percentage of facilities with observed records or register of:		Percentage of facilities in which at least one TB service provider received TB-related training in the:		Number of facilities offering any TB services	Mean number of sites per facility offering any TB services
	All cases routinely referred[1]	Only suspect cases referred[2]	Newly diagnosed TB clients referred for HIV testing	Current TB clients who are also HIV positive	Past 12 months	Past 13-36 months		
Type of facility								
Hospital	95	3	90	97	62	21	39	2
Health center/Polyclinic	87	5	75	71	41	17	282	1
Dispensary/Clinic/Health post	50	5	50	41	5	18	22	1
Managing authority								
Government	86	5	75	71	44	18	217	1
Government-assisted	94	4	85	82	41	17	108	1
Private/NGO/Community	28	0	22	17	17	11	18	1
Province								
North	91	4	87	80	53	20	45	1
South	86	8	74	73	34	14	95	1
East	85	4	69	66	42	16	85	1
West	88	1	82	77	45	23	82	1
Kigali City	72	3	64	64	36	11	36	2
Total	85	4	75	72	41	17	343	1

[1] All newly diagnosed TB clients are routinely referred for HIV testing regardless of whether they show any sign of HIV infection.
[2] Only those newly diagnosed TB clients who are suspected to be infected with HIV are referred for HIV testing.

Chapter 8

Table A-8.1 Malaria diagnosis and/or treatment services: Protocols at any site

Percentage of all facilities that offer malaria diagnosis or treatment services and, among those, percentage with capacity to support malaria services, and mean number of sites per facility offering malaria services, by background characteristics. Rwanda SPA 2007

Background characteristics	Percentage of facilities that: Offer malaria treatment services	Have a lab diagnostic capacity for malaria[1]	Offer malaria diagnosis and/or treatment services	Number of facilities	Among facilities offering malaria diagnosis and/or treatment services, percentage with: Observed malaria treatment protocol in any relevant units	First-line anti-malarial medicines in the facility[2]	No stock-out of first-line antimalarials in 6 months preceding the survey	Lab diagnostic capacity for blood smear	Lab diagnostic capacity for rapid test	Treatment protocol in any relevant unit and medicines in facility	Number of facilities offering malaria diagnosis and/or treatment services	Mean number of sites per facility offering malaria diagnosis and/or treatment services
Type of facility												
Hospital	95	71	98	42	80	100	76	68	7	80	41	4
Health center/Polyclinic	95	35	96	389	67	94	63	35	7	65	374	2
Dispensary/Clinic/ Health post	73	23	78	107	34	46	31	28	5	14	83	1
Managing authority												
Government	94	33	95	309	65	95	64	34	5	64	295	2
Government-assisted	95	43	96	133	75	95	67	41	8	73	128	2
Private/NGO/Community	72	32	78	96	31	35	20	39	11	8	75	2
Province												
North	91	22	91	90	52	88	68	21	7	49	82	2
South	96	37	96	117	69	97	60	37	6	69	112	2
East	94	35	95	113	71	93	61	36	2	69	107	2
West	88	43	91	132	63	93	63	48	6	63	120	2
Kigali City	83	37	90	86	49	47	36	38	13	27	77	2
Total	91	36	93	538	62	86	58	37	6	58	498	2

[1] Functional microscope, slides, and stain are available.
[2] Sulfadoxine-pyrimethamine (Fansidar), and Coartem.

Chapter 9

Table A-9.1 System for HIV testing: Policies and records at any service site

Percentage of facilities reporting an HIV testing system, and among these, percentage conducting HIV test in facility or at external site, percentage with policies and records in any relevant service site, and mean number of service sites with a HIV testing system per facility, by background characteristics. Rwanda SPA 2007

			Percentage of facilities with:							
					Items observed in any relevant service site in the facility					
Background characteristics	Percentage of facilities reporting an HIV testing system[1,2]	Number of facilities	HIV test available in facility or affiliated lab[3]	HIV test available only at external site[4]	Informed consent policy for HIV testing[5]	Register with HIV test results	Record for clients receiving HIV test results[6]	All items for indicator[7]	Number of facilities reporting an HIV testing system	Mean number of service sites per facility with HIV testing system[8]
Type of facility										
Hospital	95	42	95	0	80	93	85	68	40	2
Health center/Polyclinic	68	389	89	5	82	98	97	76	263	1
Dispensary/Clinic/ Health post	29	107	87	6	39	84	81	35	31	1
Managing authority										
Government	62	309	88	4	80	97	95	72	191	2
Government-assisted	81	133	94	4	84	95	94	79	108	1
Private/NGO/Community	36	96	89	6	43	89	86	40	35	1
Province										
North	50	90	98	0	76	98	98	73	45	2
South	78	117	86	5	79	95	95	69	91	2
East	62	113	84	4	79	97	94	66	70	1
West	57	132	95	5	87	97	96	85	75	1
Kigali City	62	86	91	4	62	92	87	58	53	2
Total	62	538	90	4	78	96	94	71	334	1

[1] Facility refers to any health service facility or other non-home-`based site where services related to HIV/AIDS are offered.
[2] Facility reports conducting the test in the facility or in an affiliated external laboratory or has an agreement with a testing site where the test results are expected to be returned to the facility.
[3] HIV testing is confirmed in the facility or in an affiliated laboratory.
[4] HIV testing is not done in the facility, but there are observed records of testing conducted outside the facility, with test results.
[5] If any of the following guidelines are present, they are considered as having an informed consent policy: national VCT guidelines, national guidelines for the clinical management of HIV and AIDS, national guidelines for prevention of mother-to-child transmission, or guidelines for counselors with emphasis on HIV/AIDS/STDs counseling.
[6] If rapid test is done, a record with client identifier and results is sufficient.
[7] Informed consent policy in all relevant service sites, observed register with HIV test results, observed register for clients receiving HIV test results, and HIV test available or records showing test results are received by facility.
[8] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Table A-9.2.1 Pre- and post-test counseling for HIV: Components in all testing sites

Among facilities that have a system for HIV testing, percentage with program components at all HIV testing sites that support counseling and testing services, and mean number of service sites per facility with HIV testing system, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities where: Observed written policy for routine provision of pre- and post-test counseling for HIV testing[1]	Percentage of facilities where: At least one counselor trained in pre- and post-test counseling and assigned to an HIV testing site	Percentage of facilities where all HIV testing sites have: Observed guidelines for content of pre- and post-test counseling[2]	Observed guidelines or policy on confidentiality for HIV test results	Observed up-to-date record for clients receiving pre- and post-test counseling	Observed system linking test results with pre- and post-test counseling	Visual and auditory privacy possible in counseling areas	Percentage of facilities with all items for counseling[3]	Number of facilities with HIV testing system[4]	Mean number of service sites per facility with HIV testing system[5]
Type of facility										
Hospital	15	93	43	10	8	43	63	0	40	2
Health center/Polyclinic	25	98	72	16	44	86	98	5	263	1
Dispensary/Clinic/ Health post	16	84	23	10	16	71	90	0	31	1
Managing authority										
Government	23	98	66	16	41	81	94	5	191	2
Government-assisted	25	96	73	13	38	79	92	5	108	1
Private/NGO/Community	14	86	23	11	14	71	94	0	35	1
Province										
North	9	100	69	4	38	89	96	0	45	2
South	30	97	63	10	25	76	93	3	91	2
East	9	99	63	9	61	76	93	7	70	1
West	35	97	83	32	39	84	92	4	75	1
Kigali City	25	89	38	15	25	75	92	6	53	2
Total	23	96	64	15	37	79	93	4	334	1

[1] Policy was observed in any relevant service site. Presence of national VCT guidelines, national guidelines for the clinical management of HIV and AIDS, national PMTCT guidelines, or guidelines for counselors in Tanzania with emphasis on HIV/AIDS/STDs counseling was accepted as having a policy.
[2] Pre-test counseling may consist of general education for groups or individual client counseling.
[3] Facility has written policy for HIV counseling, at least one trained counselor assigned to CT, observed guidelines for content of counseling, policy on confidentiality, records of clients receiving counseling, system linking test results with pre- and post-test counseling, and visual and auditory privacy in all counseling areas.
[4] Facility conducts the test, has an affiliated external laboratory, or has an agreement with a testing site to return the test results to the facility.
[5] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Table A-9.2.2 Pre- and post-test counseling for HIV: Components in any testing site

Among facilities with a system for HIV testing, percentage with program components at any HIV testing site that support counseling and testing services, and mean number of service sites per facility with HIV testing system, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities where: Observed written policy for routine provision of pre- and post-test counseling for HIV testing[1]	Percentage of facilities where: At least one counselor trained in pre- and post-test counseling and assigned to an HIV testing site	Percentage of facilities where any HIV testing sites have: Observed guidelines for content of pre- and post-test counseling[2]	Observed guidelines or policy on confidentiality for HIV test results	Observed up-to-date record for clients receiving pre- and post-test counseling	Observed system linking test results with pre- and post-test counseling	Visual and auditory privacy possible in all counseling areas	Percentage of facilities with all items for counseling[3]	Number of facilities with HIV testing system[4]	Mean number of service sites per facility with HIV testing system[5]
Type of facility										
Hospital	15	93	70	18	33	65	75	0	40	2
Health center/Polyclinic	25	98	78	22	53	92	98	10	263	1
Dispensary/Clinic/ Health post	16	84	26	16	23	74	90	3	31	1
Managing authority										
Government	23	98	75	22	51	89	95	7	191	2
Government-assisted	25	96	81	22	48	87	94	10	108	1
Private/NGO/Community	14	86	26	14	26	77	94	3	35	1
Province										
North	9	100	76	7	40	96	96	2	45	2
South	30	97	74	27	38	84	95	12	91	2
East	9	99	70	10	77	91	97	7	70	1
West	35	97	84	32	40	85	92	4	75	1
Kigali City	25	89	51	23	42	83	94	11	53	2
Total	23	96	72	21	48	87	95	8	334	1

[1] Policy was observed in any relevant service site. Presence of national VCT guidelines, national guidelines for the clinical management of HIV and AIDS, national PMTCT guidelines, or guidelines for counselors in Tanzania with emphasis on HIV/AIDS/STDs counseling was accepted as having a policy.
[2] Pre-test counseling may consist of general education for groups or individual client counseling.
[3] Facility has written policy for HIV counseling, at least one trained counselor assigned to CT, observed guidelines for content of counseling, policy on confidentiality, records of clients receiving counseling, system linking test results with pre- and post-test counseling, and visual and auditory privacy in all counseling areas.
[4] Facility conducts the test, has an affiliated external laboratory, or has an agreement with a testing site to return the test results to the facility.
[5] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Table A-9.3 Tuberculosis treatment at HIV service sites

Percentage of facilities offering care and support services (CSS) for HIV/AIDS clients that offer any tuberculosis (TB) treatment services, and among these, percentage following different treatment strategies, percentage with program components that support TB treatment, and mean number of service sites per facility offering CSS and TB treatment, by background characteristics. Rwanda SPA 2007

Background characteristics	Among facilities offering CSS, percentage that offer any TB treatment services	Number of facilities offering CSS for HIV/AIDS clients	Among facilities offering CSS for HIV/AIDS clients and TB treatment services, percentage that:[1]			Among facilities offering CSS for HIV/AIDS clients and TB treatment services, percentage with:							Number of facilities offering CSS for HIV/AIDS clients and any TB treatment services	Mean number of CSS sites offering any TB treatment services[7] per facility
						Observed client register at:		Observed TB treatment protocol at:			All items for TB treatment[6] at:			
			Follow DOTS strategy[2]	Offer follow-up treat-ment[3] only	Use other treatment strategies[4]	All service sites	Any service site	All service sites	Any service site	All first-line TB medicines available[5]	All service sites	Any site		
Type of facility														
Hospital	87	39	76	15	35	91	91	76	97	97	71	91	34	2
Health center/Polyclinic	68	234	86	10	16	83	83	79	82	89	63	66	159	1
Dispensary/Clinic/ Health post	9	23	0	0	100	50	50	50	100	50	0	50	2	2
Managing authority														
Government	69	167	85	15	20	84	84	72	80	91	59	67	116	1
Government-assisted	74	103	83	5	20	86	86	87	91	91	72	76	76	1
Private/NGO/Community	12	26	33	0	67	33	33	100	100	33	33	33	3	1
Province														
North	55	42	91	9	9	83	83	87	87	91	65	65	23	1
South	82	79	80	12	23	78	78	69	77	83	51	58	65	1
East	76	63	85	13	19	83	83	75	81	96	67	73	48	1
West	57	68	82	8	21	97	97	100	100	92	92	92	39	1
Kigali City	45	44	85	10	30	80	80	60	85	90	40	65	20	3
Total	66	296	84	11	21	84	84	78	85	90	64	70	195	1

[1] More than one treatment strategy may apply if facility offers TB services at multiple sites.
[2] Either direct-observe 2 months with 4 months follow-up, direct-observe 6 months, or direct-observe 8 months.
[3] Site provides follow-up for TB clients after intensive treatment offered elsewhere.
[4] Either no directly observed treatment, or clients are treated while inpatients but discharged to other unit or facility for follow-up.
[5] Any combination of isoniazid (INH), rifampicin, ethambutol, and pyrazinamide. If medicines provided are pre-packaged for individual DOTS clients, medicines had to be available for all DOTS clients.
[6] Observed client register for DOTS, observed TB treatment protocols, and all first-line TB medicines available in facility.
[7] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Table A-9.4 Resources and supplies for diagnosing tuberculosis at HIV service sites

Percentage of facilities offering care and support services (CSS) for HIV/AIDS clients that use specific tuberculosis (TB) diagnostic methods, and among those using sputum or X-rays, percentage with capacity for diagnostic activities, by background characteristics. Rwanda SPA 2007

Background characteristics	Percentage of facilities offering CSS for HIV/AIDS clients that diagnose TB with:				Number of facilities offering CSS for HIV/AIDS clients	Among CSS facilities using sputum test to diagnose TB[2], percentage with:				Number of facilities offering CSS for HIV/AIDS clients and diagnosing TB using sputum test	Among CSS facilities using X-rays to diagnose TB, percentage with X-ray capacity[4]	Number of facilities offering CSS for HIV/AIDS clients and diagnosing TB using X-rays
	Any diagnostic method[1]	Sputum[2]	X-rays	Clinical symptoms		All items for conducting sputum test for TB	Documented system for sending sputum elsewhere for TB diagnosis	Observed record of sputum test results	All items for sputum test[3]			
Type of facility												
Hospital	87	87	67	0	39	74	12	91	76	34	73	26
Health center/Polyclinic	65	58	3	0	234	36	22	70	50	135	13	8
Dispensary/Clinic/ Health post	30	30	0	0	23	43	0	57	29	7	-	0
Managing authority												
Government	65	59	9	1	167	45	18	73	53	99	80	15
Government-assisted	73	66	17	0	103	41	24	76	59	68	41	17
Private/NGO/Community	38	35	8	0	26	44	0	67	33	9	50	2
Province												
North	55	52	12	0	42	45	9	68	41	22	60	5
South	80	71	14	0	79	39	20	68	54	56	45	11
East	67	57	13	2	63	33	36	78	58	36	63	8
West	62	60	4	0	68	49	17	78	56	41	100	3
Kigali City	55	48	16	0	44	62	5	81	57	21	57	7
Total	66	59	11	0	296	44	19	74	54	176	59	34

[1] Unit diagnoses TB either onsite or through referral.
[2] Includes sputum microscopy, culture, or rapid test.
[3] All items for conducting test or documented system for sending sputum elsewhere, plus record of test results.
[4] Functioning X-ray machine with films.

Table A-9.5 Malaria treatment at HIV service sites

Percentage of facilities offering care and support services (CSS) for HIV/AIDS clients that also offer malaria treatment and diagnosis, and among facilities offering CSS for HIV/AIDS clients and malaria treatment, percentage with program components supporting malaria treatment services at all or any service sites, and mean number of CSS service sites per facility offering malaria treatment, by background characteristics. Rwanda SPA 2007

Background characteristics	Among facilities offering CSS, percentage with:		Number of facilities offering CSS for HIV/AIDS clients	Percentage of facilities offering CSS and malaria treatment services with:					Number of facilities offering CSS for HIV/AIDS clients and malaria treatment services	Mean number of sites per facility offering CSS for HIV/AIDS clients and malaria treatment services[2]
				Observed malaria treatment protocol in		First-line anti-malarial medicines in facility[1]	First-line medicines and treatment protocol in			
	Malaria treatment services	Laboratory diagnostic capacity for malaria		All relevant sites	Any relevant sites		All relevant sites	Any relevant sites		
Type of facility										
Hospital	97	74	39	50	89	100	50	89	38	3
Health center/Polyclinic	98	45	234	61	72	94	59	70	229	2
Dispensary/Clinic/Health post	70	35	23	31	44	31	6	13	16	2
Managing authority										
Government	98	47	167	61	75	96	60	73	163	2
Government-assisted	99	52	103	58	76	96	57	75	102	2
Private/ NGO/ community	69	38	26	28	39	22	6	6	18	2
Province										
North	100	40	42	57	67	88	52	62	42	2
South	95	44	79	51	75	97	51	75	75	2
East	95	49	63	67	78	98	65	77	60	2
West	97	60	68	70	76	95	70	76	66	1
Kigali City	91	41	44	38	65	65	28	48	40	3
Total	96	48	296	58	73	91	55	70	283	2

[1] Sulphadoxine-pyrimethamine (Fansidar), amodiaquine, and Coartem
[2] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Table A-9.6 Diagnosis and treatment of sexually transmitted infections at HIV service sites

Percentage of facilities offering care and support services (CSS) for HIV/AIDS clients that treat sexually transmitted infections (STIs), and among them, percentage with program components to support STI services (including treatment protocol at any service site), and mean number of CSS service sites offering STI treatment, by background characteristics. Rwanda SPA 2007

Background characteristics	Among facilities offering CSS, percentage that offer STI treatment services	Number of facilities offering CSS for HIV/AIDS clients	Percentage of facilities offering CSS for HIV/AIDS clients and STI treatment services with:				Number of facilities offering CSS for HIV/AIDS clients and STI treatment services	Mean number of sites per facility offering CSS for HIV/AIDS clients and STI treatment services[3]
			Observed STI treatment protocol in any relevant service site	Medications for treating major STIs in facility[1]	Condoms in any service area or pharmacy	All items for STI services[2]		
Type of facility								
Hospital	90	39	26	97	80	20	35	1
Health center/Polyclinic	98	234	37	83	84	26	229	1
Dispensary/Clinic/Health post	70	23	13	38	75	6	16	1
Managing authority								
Government	95	167	36	87	92	30	159	1
Government-assisted	98	103	35	86	69	18	101	1
Private/ NGO/ community	77	26	20	25	80	5	20	2
Province								
North	95	42	18	85	88	18	40	1
South	95	79	45	81	76	28	75	1
East	95	63	47	87	83	32	60	1
West	97	68	23	91	89	18	66	0
Kigali City	89	44	31	59	79	21	39	2
Total	95	296	34	82	83	24	280	1

[1] At least one medicine for treating syphilis, (doxycycline, erythromycin, penicillin, or tetracycline), gonorrhea (ceftriaxone, ciprofloxacin, or norfloxacin), chlamydia (amoxicillin, doxycycline, erythromycin, norfloxacin, or tetracycline), and trichomoniasis (metronidazole, tinidazole, or miconazole vaginal suppository).
[2] Observed treatment protocols in all relevant units, STI medicines available, and condoms in any service area or pharmacy.
[3] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Table A-9.7 Supportive management practices for providers who treat HIV/AIDS-related infections

Among facilities offering any care or support services (CSS) for HIV/AIDS, percentage with training, supervision, and protocols that support treatment of HIV/AIDS-related infections, including protocols at all or any relevant service sites, by background characteristics. Rwanda SPA 2007

Background characteristics	Percentage of facilities offering CSS for HIV/AIDS clients	Number of facilities	Percentage of facilities with: Training for providers of TB, malaria, or STI services[1]	Supervision for providers of TB, malaria, or STI services[2]	All items for TB, malaria, and STI services, including protocols[3] at: All relevant service site[3]	Any relevant service site[3]	Number of facilities offering CSS for HIV/AIDS clients
Type of facility							
Hospital	93	42	85	92	5	15	39
Health center/Polyclinic	60	389	84	97	9	12	234
Dispensary/Clinic/Health post	21	107	70	61	0	0	23
Managing authority							
Government	54	309	83	96	8	14	167
Government-assisted	77	133	87	98	8	10	103
Private/NGO/Community	27	96	69	62	0	0	26
Province							
North	47	90	79	100	7	10	42
South	68	117	80	94	4	11	79
East	56	113	89	98	14	17	63
West	52	132	85	97	9	9	68
Kigali City	51	86	82	77	2	9	44
Total	55	538	83	94	7	11	296

[1] At least half of the interviewed providers of TB, malaria, or STI services reported receiving pre- or in-service training related to one of these topics during the 3 years preceding the survey.
[2] At least half of the interviewed providers of TB, malaria, or STI services reported receiving personal supervision at least once during the 3 months preceding the survey.
[3] All records and medicines, protocols at all or any relevant service sites in the facility, and trained and supervised staff for offering tuberculosis, malaria, and STI services.

Table A-9.8 Isoniazid for preventing tuberculosis in HIV/AIDS clients

Among facilities offering care and support services (CSS) for HIV/AIDS clients, percentage that offer isoniazid preventive treatment (INHPT) for tuberculosis (TB) to HIV/AIDS clients, and among these, percentage with program components supporting preventive treatment for TB (including treatment protocol at all or any service sites), and mean number of CSS services sites per facility offering isoniazid preventive treatment, by background characteristics. Rwanda SPA 2007

Background characteristics	Percentage of facilities offering INHPT for TB			Number of facilities offering CSS for HIV/AIDS clients	Among facilities ever offering INHPT for TB, percentage with:				Number of facilities offering CSS for HIV/AIDS clients and reporting they ever offer INHPT for TB	Mean number of service sites per facility that report they ever offer INHPT for TB[4]
					Observed protocol for INHPT for TB in					
	Offers routinely[1]	Offers selectively[2]	Routinely refers clients elsewhere[3]		All relevant service sites	Any relevant service sites	INH available	At least one provider of INHPT trained in past 3 years		
Type of facility										
Hospital	49	31	13	39	6	26	81	45	31	2
Health center/Polyclinic	25	34	7	234	11	17	49	33	138	1
Dispensary/Clinic/Health post	9	0	22	23	0	0	50	50	2	1
Managing authority										
Government	32	30	5	167	6	14	49	30	104	2
Government-assisted	24	40	10	103	17	24	65	42	66	1
Private/NGO/Community	0	4	27	26	0	0	0	100	1	1
Province										
North	26	31	10	42	8	8	50	46	24	2
South	28	39	1	79	9	19	60	19	53	1
East	25	21	11	63	10	28	52	45	29	1
West	22	40	7	68	14	19	50	33	42	1
Kigali City	34	18	20	44	4	13	61	52	23	2
Total	27	31	9	296	10	18	55	35	171	1

[1] At least one site in facility routinely offers isoniazid preventive treatment to HIV/AIDS clients.
[2] At least one site in facility selectively offers INHPT to HIV/AIDS clients, and no other site routinely offers it or refers clients for it.
[3] At least one site in facility routinely refers HIV/AIDS clients elsewhere for INHPT, and no other site routinely or selectively offers it.
[4] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Table A-9.9 Cotrimoxazole treatment for preventing pneumonia in HIV/AIDS clients

Percentage of facilities offering care and support services (CSS) for HIV/AIDS clients that offer cotrimoxazole preventive therapy (CPT) for pneumonia to HIV/AIDS clients, and among these, percentage with program components supporting CPT (including a protocol at all or any service sites), and mean numbers of CSS service sites per facility offering CPT, by background characteristics. Rwanda SPA 2007

Background characteristics	Percentage of facilities offering CPT for HIVAIDS clients under the indicated conditions			Number of facilities offering CSS for HIV/AIDS clients	Among facilities ever offering CPT, percentage with:				Number of facilities offering CSS for HIV/AIDS clients and reporting offer CPT	Mean number of CSS service sites that report ever offering CPT[4]
					Observed protocol for CPT in:					
	Offers routinely[1]	Offers selectively[2]	Routinely refers clients elsewhere[3]		All relevant service sites	Any relevant service sites	Cotri-moxazole available	At least one provider of CPT trained in past 3 years		
Type of facility										
Hospital	72	26	3	39	55	89	100	42	38	2
Health center/Polyclinic	48	33	4	234	53	67	94	22	190	2
Dispensary/Clinic/Health post	39	9	22	23	45	55	82	27	11	1
Managing authority										
Government	54	30	2	167	54	69	94	23	140	2
Government-assisted	49	37	6	103	53	74	98	30	88	2
Private/NGO/Community	35	8	23	26	36	45	73	18	11	1
Province										
North	48	31	7	42	58	73	97	27	33	2
South	51	37	1	79	38	57	96	12	69	2
East	54	27	2	63	59	67	96	24	51	2
West	40	38	6	68	75	87	98	32	53	1
Kigali City	64	11	14	44	36	73	82	42	33	2
Total	50	30	5	296	53	70	95	25	239	2

[1] At least one site in facility routinely offers CPT to HIV/AIDS clients.
[2] At least one site in facility selectively offers CPT to HIV/AIDS clients, and no other site routinely offers CPT or refers clients for CPT.
[3] At least one site in facility routinely refers HIV/AIDS clients elsewhere for CPT, and no other site routinely or selectively offers CPT.
[4] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Table A-9.10 Availability of trained providers to support advanced services for HIV/AIDS

Among facilities reporting they offer any care and support services (CSS) for HIV/AIDS clients, percentage with trained and supervised providers to offer each of these services, and mean number of CSS service sites per facility, by background characteristics. Rwanda SPA 2007

Background characteristics	Among facilities offering CSS for HIV/AIDS clients, percentage with at least one trained provider for:[1]						Percentage of facilities offering CSS for HIV/AIDS clients that have:		Number of facilities offering CSS for HIV/AIDS clients	Mean number of sites per facility offering CSS for HIV/AIDS clients[3]
	Psycho-social counseling	Treat-ment of oppor-tunistic infections	Palliative care	Central nervous system and mental disorders	AIDS in children	Nutritional rehabilitation for persons infected with HIV/AIDS	Supervised provider of CSS for PLHA[2]	Trained and supervised staff available for all key services		
Type of facility										
Hospital	92	72	36	23	44	44	85	18	39	3
Health center/Polyclinic	96	39	12	12	23	28	95	5	234	2
Dispensary/Clinic/ Health post	83	39	26	26	30	35	61	17	23	1
Managing authority										
Government	98	43	19	13	22	30	95	8	167	2
Government-assisted	93	48	14	15	34	33	94	6	103	2
Private/NGO/Community	81	27	15	19	19	23	54	12	26	2
Province										
North	98	48	14	12	36	38	98	0	42	2
South	86	34	6	5	13	13	91	4	79	2
East	97	48	17	10	22	35	95	6	63	2
West	100	41	15	18	26	31	94	9	68	1
Kigali City	95	52	39	34	45	48	73	23	44	2
Total	95	43	17	14	26	30	91	8	296	2

[1] At least one provider of indicated HIV/AIDS service trained in past 3 years on a topic related to the indicated service
[2] At least half of interviewed providers of care and support services for people living with HIV/AIDS (PLHA) reported receiving personal supervision during the 3 months preceding the survey.
[3] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Table A-9.11 Protocols and guidelines to support advanced services for HIV/AIDS

Among facilities reporting they offer clinical care and support services (CSS) for HIV/AIDS clients, percentage with protocols or guidelines for specific services in all or any clinical CSS service sites, and mean number of clinical CSS service sites per facility, by background characteristics. Rwanda SPA 2007

	Among facilities offering clinical CSS for HIV/AIDS clients, percentage with observed guidelines and protocols for:											
	Opportunistic infections in		Symptomatic/ palliative care in		Care of children living with HIV/AIDS in		Care of adults living with HIV/AIDS in		Confidentiality guideline in		Number of facilities offering clinical CSS for HIV/AIDS clients	Mean number of sites per facility offering clinical CSS for HIV/AIDS clients[1]
Background characteristics	All clinical CSS sites	Any clinical CSS sites	All clinical CSS sites	Any clinical CSS sites	All clinical CSS sites	Any clinical CSS sites	All clinical CSS sites	Any clinical CSS sites	All clinical CSS sites	Any clinical CSS sites		
Type of facility												
Hospital	51	95	51	92	51	92	41	87	51	97	39	3
Health center/Polyclinic	52	65	49	62	50	63	48	59	80	89	206	2
Dispensary/Clinic/Health post	31	46	23	38	23	38	23	38	77	85	13	1
Managing authority												
Government	53	67	51	65	51	65	47	60	80	91	150	2
Government-assisted	52	74	48	70	49	72	46	70	69	89	93	2
Private/NGO/Community	27	47	20	33	20	33	20	33	67	80	15	1
Province												
North	53	70	50	68	50	68	50	68	83	90	40	2
South	37	59	33	54	33	54	30	53	76	93	70	2
East	51	65	49	60	49	62	42	55	75	87	55	2
West	74	79	71	78	72	79	69	76	84	93	58	1
Kigali City	40	74	37	71	37	71	37	63	51	83	35	2
Total	51	69	48	65	48	66	45	62	75	90	258	2

[1] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Table A-9.12 Availability of advanced care and support services for HIV/AIDS

Among facilities that offer care and support services (CSS) for HIV/AIDS clients, percentage that report offering palliative care, antiretroviral therapy (ART), inpatient care, post-exposure prophylaxis (PEP), and all advanced CSS services, by background characteristics, Rwanda SPA 2007

Background characteristics	Palliative care					ART	Inpatient care	Post-exposure prophylaxis	All advanced CSS[2]	Number of facilities offering CSS
	Treatment for cryptococcal infections	Treatment for Kaposi's sarcoma	Symptomatic or pain relief	Nutritional rehabilitation	Any psycho-social support services[1]					
Type of facility										
Hospital	74	54	79	74	90	100	79	100	33	39
Health center/Polyclinic	9	10	51	61	90	50	22	43	1	234
Dispensary/Clinic/ Health post	17	13	30	35	83	26	9	13	0	23
Managing authority										
Government	19	15	52	65	90	55	26	50	7	167
Government-assisted	17	17	64	63	91	64	36	56	5	103
Private/NGO/Community	19	19	19	23	81	19	19	8	0	26
Province										
North	7	12	71	76	100	57	14	57	2	42
South	14	13	48	59	82	42	44	39	6	79
East	14	14	54	70	92	59	30	46	8	63
West	26	21	53	51	90	59	15	51	3	68
Kigali City	30	20	45	48	89	66	34	55	7	44
Total	18	16	53	60	90	55	29	48	5	296

[1] Facility may offer the service or provider can name a specific referral site for the service.
[2] All palliative care, ART, inpatient care, and PEP.

Table A-9.13 Availability of medicines for advanced care of people living with HIV/AIDS

Among facilities offering clinical care and support services (CSS) for HIV/AIDS clients, percentage with medicines to manage opportunistic infections and provide palliative care for the advanced care of people living with HIV/AIDS, by background characteristics, Rwanda SPA 2007

Background characteristics	Percentage of facilities offering systemic IV treatment for fungal infections	Percentage of facilities with at least two medicines for treating each of the specified							Percentage of facilities with fortified protein supplement	Number of facilities offering clinical CSS for HIV/AIDS clients
		Crypto-coccus infection[1]	Bacterial respiratory infection[2]	Other bacterial infections[3]	Parasites[4]	Herpes ophthalmic infection[5]	AIDS dementia complex[6]	Pain[7]		
Type of facility										
Hospital	90	46	100	100	100	54	100	100	82	39
Health center/Polyclinic	16	3	86	97	92	16	74	79	52	206
Dispensary/Clinic/ Health post	31	0	54	62	54	15	23	62	46	13
Managing authority										
Government	27	11	89	97	95	22	78	78	58	150
Government-assisted	28	10	90	97	95	23	81	87	57	93
Private/NGO/Community	33	0	33	67	40	13	13	73	40	15
Province										
North	13	8	90	93	90	23	60	80	85	40
South	20	7	74	96	94	9	79	67	37	70
East	20	13	93	98	95	33	82	85	64	55
West	40	7	97	97	95	22	83	86	50	58
Kigali City	54	17	80	91	77	29	63	94	63	35
Total	28	10	86	95	91	22	75	81	57	258

[1] Amphotericin B, fluconazole, Itraconazole, and ketoconazole
[2] Ceftriaxone, ciprofloxacine, gentamicin, cotrimoxazole, and dapsone
[3] Tetracycline, nalidixic acid, cotrimoxazole, erythromycin, penicillin, doxycycline, clindamycin, norfloxacin, cloxacillin oral, cloxacillin inj., augmentin, amoxicillin oral, amoxicillin inj., ampicillin inj., ampicillin inj., chloramphenicol oral, chloramphenicol inj., clarithromycin oral, kanamycin inj., metronidazole i.v., spectinomycin inj., nitrofurantoin, cefalexin, cefotaxime and sulfadiazine.
[4] Metronidazole, tinidazole, nalidixic acid, and cotrimoxazole
[5] One of: Acyclovir opthalmic or acyclovir oral
[6] Cotrimoxazole, phenobarbital, Fansidar, and dexamethasone
[7] One from each group: Group 1 (diazepam, dapsone, indomethacin, prednisolone); Group 2 (oral codeine, diclofenac inj., dipyrone inj., morphine oral)

Table A-9.14 Laboratory testing capacity for monitoring HIV/AIDS clients

Among facilities offering clinical care and support services (CSS) for HIV/AIDS clients, percentage with laboratory capacity to conduct various tests or a system for receiving results when test is conducted outside the facility, by background characteristics. Rwanda SPA 2007

Background characteristics	Among facilities offering clinical CSS for HIV/AIDS clients, percentage with laboratory capacity[1] to conduct the following tests or a documented system for sending blood and receiving results for the test:											Number of facilities offering clinical CSS for HIV/AIDS clients
	Kit for spinal tap	Culture media and incubator	Hemo-globin or hemato-crit	White cell count	Platelet count	BUN and serum creatinine	Liver function test	Serum glucose	Indian ink test	Gram stain	ELISA[2] for HIV	
Type of facility												
Hospital	92	31	79	59	59	79	79	90	36	79	46	39
Health center/Polyclinic	48	3	38	19	19	28	27	32	3	36	31	206
Dispensary/Clinic/Health post	85	0	31	23	23	38	38	38	0	46	23	13
Managing authority												
Government	58	7	41	25	25	33	33	37	7	40	32	150
Government-assisted	49	9	47	23	23	37	35	43	10	46	33	93
Private/NGO/Community	80	0	53	47	47	60	60	67	7	60	40	15
Province												
North	55	3	35	15	15	43	43	45	3	33	63	40
South	37	4	29	17	17	29	27	36	6	33	17	70
East	56	9	53	25	25	29	29	40	7	36	18	55
West	64	9	50	26	26	34	34	34	9	53	31	58
Kigali City	83	14	63	51	51	57	57	60	20	71	57	35
Total	56	7	44	25	25	36	36	41	8	43	33	258

[1] Laboratory has all equipment and reagents needed to conduct the test.
[2] Enzyme-linked immunosorbent assay

Table A-9.15 Services and supporting infrastructure for inpatient care for people living with HIV/AIDS

Percentage of facilities offering inpatient care and support services (CSS) for HIV/AIDS, and among these, percentage offering specific services, percentage possessing infrastructure to support inpatient services for HIV/AIDS, and mean number of inpatient CSS sites per facility, by background characteristics. Rwanda SPA 2007

			Among facilities offering inpatient CSS services, percentage with specific services offered in facility at any site, either inpatient or outpatient						Among facilities offering inpatient CSS services, percentage with:					
Background characteristics	Percentage of facilities offering inpatient CSS for HIV/AIDS	Number of facilities	HIV testing system	Treat-ment for tubercu-losis, malaria and STIs	Treat-ment for oppor-tunistic infections	Treat-ment for Kaposi's sarcoma	Palliative care	Anti-retroviral therapy (ART)	Regular electric supply[1]	A functioning client latrine for inpatients	Running water in all inpatient client units	All services and infra-structure for inpatient care[2]	Number of facilities offering inpatient CSS for HIV/AIDS	Mean number of inpatient CSS sites per facility for HIV/AIDS[3]
Type of facility														
Hospital	69	42	97	76	86	62	86	100	93	100	72	34	29	3
Health center/Polyclinic	12	389	100	90	88	19	79	63	71	100	44	6	48	2
Dispensary/Clinic/ Health post	2	107	100	50	50	0	50	50	50	100	100	0	2	2
Managing authority														
Government	13	309	98	90	85	37	83	83	83	100	56	17	41	2
Government-assisted	26	133	100	82	88	26	85	74	74	100	50	15	34	2
Private/NGO/Community	4	96	100	25	75	75	25	25	75	100	100	25	4	2
Province														
North	7	90	100	50	67	17	67	100	83	100	83	0	6	2
South	27	117	97	91	94	28	81	59	69	100	31	13	32	2
East	18	113	100	90	80	40	95	85	90	100	65	20	20	2
West	6	132	100	88	88	38	75	100	88	100	75	25	8	2
Kigali City	15	86	100	69	85	46	69	77	77	100	77	23	13	4
Total	15	538	99	84	86	34	81	76	78	100	56	16	79	2

[1] Regular central electricity or a back-up generator with fuel available on the day of survey
[2] Facility offers counseling and testing services, treatment for illnesses relevant to HIV/AIDS (tuberculosis, malaria, and STIs), treatment for opportunistic infections and Kaposi's sarcoma, palliative care, and ART, plus facility has regular electric supply, client latrine, and running water in all inpatient CSS service sites.
[3] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Table A-9.16 Facilities with links to home and community care for HIV/AIDS clients

Among facilities offering care and support services (CSS) for HIV/AIDS clients, percentage with components supporting home and community care (HC), by background characteristics. Rwanda SPA 2007

Background characteristics	HC in facility or through outreach	HC through referral: At least one site in the facility has a written document naming a HC referral site[1]	HC through referral: No written document, but at least one site can name a HC referral site[2]	At least one site has an observed written form for client referral[3]	Facility offers antiretroviral therapy (ART) and has links with community-based health workers for ART services	Observed policy or guidelines for community home-based care for HIV/AIDS clients	At least one trained provider for community home-based care for HIV/AIDS clients	Number of facilities offering CSS for HIV/AIDS clients
Type of facility								
Hospital	69	0	3	56	26	8	38	39
Health center/Polyclinic	71	1	0	68	95	52	18	234
Dispensary/Clinic/Health post	35	0	4	30	43	9	35	23
Managing authority								
Government	71	0	1	66	87	44	21	167
Government-assisted	73	2	1	69	84	50	21	103
Private/NGO/Community	31	0	4	23	35	8	31	26
Province								
North	79	0	0	76	90	52	12	42
South	56	0	1	53	87	43	8	79
East	73	2	0	65	92	37	19	63
West	84	1	0	76	79	60	28	68
Kigali City	50	0	5	48	52	16	52	44
Total	68	1	1	64	82	43	22	296

[1] The facility offers HC through referrals, and at least one service site in the facility has a written document that names a referral site.
[2] The facility offers HC through referrals, but no service site in the facility is able to show a document that names a referral site. However, staff at one or more service sites in the facility are able to verbally name a referral site.
[3] The facility offers HC, either in the facility, through outreach, or through referrals, and at least one site in the facility has an observed referral form for client HC services.

Table A-9.17 Systems and items to support antiretroviral combination therapy services

Among facilities offering antiretroviral therapy (ART), percentage with indicated program components, by background characteristics. Rwanda SPA 2007

Background characteristics	Percentage of facilities offering ART that:							Number of facilities offering ART
	Have observed:			Have trained provider for:[1]				
	Record system for individual appointments for ART clients	Individual records or charts for ART clients	Up-to-date register or client cards that permit calculation of number of current ART clients	ART prescription or clinical services	Counseling on adherence to ART	Nutritional rehabilitation related to HIV/AIDS	Offer routine supervision to providers[2]	
Type of facility								
Hospital	85	92	100	79	77	74	85	39
Health center/Polyclinic	81	95	96	73	74	60	95	113
Dispensary/Clinic/Health post	83	83	83	67	67	67	67	6
Managing authority								
Government	86	93	97	74	76	66	92	90
Government-assisted	78	95	97	76	75	62	92	63
Private/NGO/Community	80	80	80	60	60	60	60	5
Province								
North	96	100	100	79	79	58	96	24
South	88	100	100	63	66	44	88	32
East	72	86	89	75	81	72	94	36
West	73	95	97	73	65	68	92	37
Kigali City	90	90	97	86	86	76	86	29
Total	82	94	96	75	75	64	91	158

[1] At least one interviewed provider of indicated service reports receiving related pre- or in-service training in the 12 months preceding the survey.
[2] At least half of interviewed providers of ART, adherence counseling, or nutritional rehabilitation for ART clients report receiving personal supervision in the 3 months preceding the survey.

Table A-9.18 Systems and items to support antiretroviral combination therapy services

Among facilities offering antiretroviral (ARV) therapy (ART), percentage with specific ART program components, by background characteristics, Rwanda SPA 2007

	ART medicines					ARV storage					
Background characteristics	Adult first-line ART regimen available	Pediatric first-line ART regimen available	Stock cards available for first-line ARVs	No stock-outs for any normally stocked first-line ARV during past 6 months	Up-to-date pharmacy stock cards for ARVs	Stored separately	Locked/ limited access	Separate from other medicines and locked/ limited access	Lab capacity for monitoring ART[1]	ART monitoring tests conducted outside, observed record for results	Number of facilities prescribing ART
Type of facility											
Hospital	92	72	92	18	54	33	36	33	67	13	39
Health center/Polyclinic	81	44	80	33	43	41	42	41	34	31	113
Dispensary/Clinic/Health post	50	33	100	67	50	50	50	50	33	17	6
Managing authority											
Government	81	44	80	26	48	34	34	34	44	19	90
Government-assisted	87	62	87	37	44	44	48	44	37	37	63
Private/NGO/Community	40	20	100	40	40	60	60	60	60	20	5
Province											
North	96	71	92	33	46	42	42	42	42	38	24
South	88	56	81	38	38	47	50	47	28	31	32
East	83	50	92	22	56	42	44	42	39	11	36
West	73	41	78	35	49	32	32	32	49	30	37
Kigali City	76	41	76	24	41	34	34	34	52	24	29
Total	82	51	84	30	46	39	41	39	42	26	158

[1] Lab can either conduct CD4, viral load, or total lymphocyte count (TLC), or has a system for sending blood outside for testing and receiving results.

Table A-9.19 Protocols and guidelines for antiretroviral therapy services

Percentage of all facilities offering antiretroviral therapy (ART), and among these, percentage with guidelines and protocols in all or any ART sites, and mean number of ART sites per facility, by background characteristics. Rwanda SPA 2007

			Guidelines and protocols observed for:													
											ART treatment					
			Opportunistic infections		Symptomatic palliative care		Care of children living with HIV/AIDS		Care of adults living with HIV/AIDS		National guidelines for the clinical management of HIV/AIDS		Other ART treatment guidelines			
Background characteristics	Percentage of facilities prescribing ART	Number of facilities	All ART sites	Any ART sites	All ART sites	Any ART sites	All ART sites	Any ART sites	All ART sites	Any ART sites	All ART sites	Any ART sites	All ART sites	Any ART sites	Number of facilities prescribing ART	Mean number of sites prescribing ART services
Type of facility																
Hospital	93	42	72	95	0	8	46	62	59	87	41	59	3	5	39	2
Health center/Polyclinic	29	389	72	78	4	4	37	42	71	77	56	58	11	12	113	1
Dispensary/Clinic/Health post	6	107	50	50	0	17	33	33	33	33	33	33	0	0	6	2
Managing authority																
Government	29	309	71	79	2	6	38	44	67	76	52	57	7	8	90	1
Government-assisted	47	133	73	86	5	6	43	51	70	84	52	62	11	13	63	1
Private/NGO/Community	5	96	40	60	0	0	20	40	20	40	20	20	0	0	5	2
Province																
North	27	90	83	83	4	4	33	33	83	83	54	54	21	21	24	1
South	27	117	59	78	6	9	28	34	53	78	28	38	6	13	32	1
East	32	113	67	75	0	3	39	47	58	69	50	58	6	6	36	1
West	28	132	86	92	3	5	62	68	84	89	73	78	8	8	37	1
Kigali City	34	86	59	76	3	7	28	45	55	69	48	55	3	3	29	2
Total	29	538	71	81	3	6	39	47	66	78	51	58	8	9	158	1

Table A-9.20 Availability of service records for PMTCT+ services,

Percentage of facilities offering services for prevention of mother-to-child transmission of HIV and antiretroviral treatment (ART) for HIV-positive women and their family (PMTCT+), and among those, percentage with up-to-date documentation and mean number of PMTCT+ sites per facility, by background characteristics. Rwanda SPA 2007

Background characteristics	Percentage of facilities offering PMTCT+ services	Total number of facilities	Percentage of facilities with: Observed record of HIV+ pregnant women who receive therapeutic ARV	Percentage of facilities with: PMTCT women and family referred outside PMTCT unit for ART, and no further follow-up by PMTCT clinic/unit	Number of facilities offering PMTCT+ services	Mean number of sites per facility offering PMTCT+ services
Type of facility						
Hospital	57	42	46	29	24	1
Health center/Polyclinic	28	389	76	4	109	1
Dispensary/Clinic/Health post	2	107	0	0	2	1
Managing authority						
Government	23	309	69	10	72	1
Government-assisted	46	133	70	7	61	1
Private/NGO/Community	2	96	50	0	2	1
Province						
North	23	90	90	0	21	1
South	22	117	62	15	26	1
East	27	113	67	17	30	1
West	27	132	69	6	35	1
Kigali City	27	86	65	0	23	1
Total	25	538	70	8	135	1

Table A-9.21 Facilities with recordkeeping systems for monitoring HIV/AIDS care and support

Among facilities offering HIV testing, antiretroviral therapy (ART), and care and support services (CSS) for HIV/AIDS clients, percentage with up-to-date client records, and percentage submitting reports on services offered, by background characteristics. Rwanda SPA 2007

	Among facilities reporting an HIV testing system, percentage:			Among facilities with HIV testing, percentage offering ART:			Among facilities with HIV testing, percentage offering CSS:			Among facilities offering testing, ART, and CSS for HIV/AIDS clients, percentage:	
Background characteristics	With records of clients receiving pre- and post-test counseling and receiving test results	Submitting any reports for HIV testing services	Number of facilities offering counseling and testing	With records of number of clients on ART	That submit any reports on ART services	Number of facilities prescribing ART	With records documenting clients treated for HIV/AIDS-related illnesses	Submitting any reports for HIV/AIDS-related illnesses treated	Number of facilities offering CSS for HIV/AIDS clients	With records for HIV/AIDS services offered and routinely submitting reports on these services	Number of facilities offering HIV testing, ART, and CSS for HIV/AIDS clients
Type of facility											
Hospital	30	53	40	100	100	39	46	87	39	8	38
Health center/Polyclinic	84	94	263	96	98	113	35	49	234	40	112
Dispensary/Clinic/ Health post	65	58	31	83	83	6	17	22	23	17	6
Managing authority											
Government	77	88	191	97	99	90	35	53	167	33	88
Government-assisted	76	87	108	98	98	63	38	57	103	32	63
Private/ NGO/ community	66	63	35	80	80	5	23	19	26	0	5
Province											
North	84	91	45	100	96	24	36	52	42	42	24
South	74	87	91	100	100	32	35	57	79	39	31
East	73	93	70	92	94	36	25	49	63	25	36
West	83	83	75	97	100	37	35	49	68	30	37
Kigali City	66	72	53	97	100	29	45	50	44	25	28
Total	76	85	334	97	98	158	35	52	296	31	156

Chapter 1

Table B-1.1 Distribution of facilities by type of facility, managing authority, and province

Percent distribution of facilities and number of facilities by type of facility and managing authority, Rwanda SPA 2007

Background characteristics	Percent distribution of facilities	Number of facilities
Type of facility		
Referral hospital	1	4
District hospital	7	38
Health center	71	382
Dispensary	11	60
Health post	4	22
Polyclinic (private)	1	7
Clinic (private)	5	25
Managing authority		
Government public	55	297
Government non-public	2	12
Government-assisted	25	133
Private	13	72
NGO/Community	4	24
Total	100	538

Table B-1.3 Distribution of interviewed providers

Percent distribution of interviewed providers and number of interviewed providers, by type of facility and managing authority, Rwanda SPA 2007

Background characteristics	Percent distribution of interviewed providers	Number of interviewed providers
Type of facility		
Referral hospital	1	24
District hospital	11	206
Health center	78	1,513
Dispensary	5	94
Health post	2	39
Polyclinic (private)	1	14
Clinic (private)	2	45
Managing authority		
Government public	61	1,177
Government non-public	2	43
Government-assisted	29	555
Private	6	113
NGO/Community	2	47
Total	100	1,935

[1] Physicians include all physician generalists and physician specialists.
[2] Other clinical/technical staff include radiologist, anesthetist, dentist, and physiotherapist. nutritionist, social worker, hygiene & sanitation, and any other client service providers.

Table B-1.4a Distribution of observed consultations

Percent distribution of observed consultations and number of observed consultations for curative care for sick children, family planning, antenatal care, sexually transmitted infections and injections, by type of facility, Rwanda SPA 2007

Type of facility	Percent distribution of observed consultations	Number of observed consultations
OUTPATIENT CARE FOR SICK CHILDREN		
Referral hospital	1	15
District hospital	5	88
Health center	87	1,523
Dispensary	3	48
Health post	2	34
Polyclinic (private)	1	23
Clinic (private)	1	25
		15
Total	100	1,756
FAMILY PLANNING		
Referral hospital	0	0
District hospital	2	15
Health center	94	645
Dispensary	2	15
Health post	0	3
Polyclinic (private)	0	3
Clinic (private)	1	6
Total	100	687
ANTENATAL CARE		
Referral hospital	1	6
District hospital	1	9
Health center	96	704
Dispensary	2	12
Health post	1	5
Polyclinic (private)	0	1
Clinic (private)	1	6
Total	100	737
SEXUALLY TRANSMITTED INFECTIONS		
Referral hospital	1	1
District hospital	8	9
Health center	84	89
Dispensary	2	2
Health post	2	2
Polyclinic (private)	3	3
Clinic (private)	1	1
Total	100	106
INJECTIONS		
Referral hospital	1	11
District hospital	9	114
Health center	83	1076
Dispensary	4	48
Health post	2	22
Polyclinic (private)	1	12
Clinic (private)	1	14
Total	100	1,297

Table B-1.4b Distribution of observed consultations

Percent distribution of observed consultations and number of observed consultations for curative care for sick children, family planning, antenatal care, sexually transmitted infections and injections, by managing authority, Rwanda SPA 2007

Managing authority	Percent distribution of observed consultations	Number of observed consultations
OUTPATIENT CARE FOR SICK CHILDREN		
Government public	63	1,105
Government non-public	1	26
Government-assisted	30	532
Private	4	77
NGO/Community	1	16
Total	100	1,756
FAMILY PLANNING		
Government public	80	549
Government non-public	1	7
Government-assisted	16	112
Private	2	12
NGO/Community	1	7
Total	100	687
ANTENATAL CARE		
Government public	70	516
Government non-public	1	5
Government-assisted	28	208
Private	1	7
NGO/Community	0	1
Total	100	737
SEXUALLY TRANSMITTED INFECTIONS		
Government public	66	70
Government non-public	2	2
Government-assisted	25	27
Private	1	1
NGO/Community	6	6
Total	100	106
INJECTIONS		
Government public	64	832
Government non-public	1	17
Government-assisted	29	375
Private	4	56
NGO/Community	1	17
Total	100	1,297

Chapter 3

Table B-3.1.1 Availability of basic services and qualified staff to meet client needs

Percentage of facilities that provide the indicated package of services, at the indicated frequencies, with the indicated qualification of staff, by type of facility and managing authority, Rwanda SPA 2007

Background characteristics	Percentage of facilities with: All basic services[1]	All basic services provided at minimum frequencies[2]	All basic services at minimum frequencies plus facility-based 24-hour delivery services	All basic services at minimum frequencies, plus facility-based 24-hour delivery services, and at least one qualified curative care provider[3]	Number of facilities
Type of facility					
Referral hospital	0	0	0	0	4
District hospital	5	3	3	3	38
Health center	62	49	43	43	382
Dispensary	0	0	0	0	60
Health post	5	5	5	5	22
Polyclinic (private)	0	0	0	0	7
Clinic (private)	0	0	0	0	25
Managing authority					
Government public	59	46	43	42	297
Government non-public	25	17	17	17	12
Government-assisted	45	38	29	29	133
Private	0	0	0	0	72
NGO/Community	0	0	0	0	24
Total	44	35	31	31	538

[1] The basic services include: outpatient services for sick children and for adult sexually transmitted infections, temporary methods of family planning, antenatal care, immunization, and child growth monitoring.
[2] The services and defined minimum frequencies are: curative care for children offered at least five days per week, STI services at least one day per week, and preventive or elective services (any temporary methods of family planning, antenatal care, immunization, and growth monitoring) at least one day per week.
[3] Qualified staff (providers of curative care) includes physician specialist, physician generalist, medical officers, nurses, midwives, auxiliaries, anesthetist, and dentist that prescribe the treatment.

Table B-3.2 Service and facility infrastructure to support quality 24-hour emergency services

Percentage of facilities with the indicated infrastructure items, by type of facility and managing authority, Rwanda SPA 2007

Background characteristics	Percentage of facilities with: All client comfort amenities[1]	Regular water supply[2]	Regular electricity or generator[3]	All basic client amenities, regular electric and water supply	Number of facilities
Type of facility					
Referral hospital	75	25	100	25	4
District hospital	50	39	95	24	38
Health center	58	27	58	8	382
Dispensary	48	50	77	25	60
Health post	50	18	9	9	22
Polyclinic (private)	43	71	100	43	7
Clinic (private)	52	88	96	44	25
Managing authority					
Government public	56	28	53	9	297
Government non-public	50	75	83	33	12
Government-assisted	59	26	77	8	133
Private	49	63	85	32	72
NGO/Community	58	38	46	29	24
Total	56	33	63	13	538

[1] Functioning client latrine, waiting area protected from sun and rain, and basic level of cleanliness
[2] Year-round water supplied in facility by tap or available within 500 meters of facility
[3] Electricity routinely available during service hours or a backup generator with fuel

Table B-3.3 Service and facility infrastructure to support quality 24-hour emergency services

Percentage of facilities with basic components to support 24-hour emergency services and basic components to support 24-hour emergency services plus regular water and electricity, by type of facility and managing authority, Rwanda SPA 2007

Background characteristics	Percentage of all facilities with: Basic components to support 24-hour emergency services[1]	Percentage of all facilities with: Basic components to support 24-hour emergency services plus regular water and electricity[2]	Number of facilities	Percentage of Hospitals, health center and polyclinics facilities with: Basic components to support 24-hour emergency services[1]	Percentage of Hospitals, health center and polyclinics facilities with: Basic components to support 24-hour emergency services plus regular water and electricity[2]	Number of facilities
Type of facility						
Referral hospital	75	25	4	75	25	4
District hospital	53	26	38	53	26	38
Health center	30	7	382	30	7	382
Dispensary	17	10	60	n/a	n/a	n/a
Health post	14	0	22	n/a	n/a	n/a
Polyclinic (private)	100	71	7	100	71	22
Clinic (private)	28	20	25	n/a	n/a	n/a
Managing authority						
Government public	30	9	297	31	9	286
Government non-public	17	17	12	50	50	4
Government-assisted	37	7	133	36	7	132
Private	32	22	72	100	71	7
NGO/Community	13	4	24	50	50	2
Total	31	10	538	34	10	431

[1] At least two qualified staff assigned to facility, duty staff onsite or on call 24 hours a day, overnight beds, client latrine, access to 24-hour emergency communication, and onsite water source.
[2] At least two qualified staff assigned to facility, duty staff onsite or on call 24 hours a day, overnight beds, client latrine, access to 24-hour emergency communication, and regular water and electricity.

Table B-3.4 Management, quality assurance, and referral systems

Percentage of facilities with documentation of the indicated management system element, by type of facility and managing authority, Rwanda SPA 2007

Background characteristics	Percentage of facilities with: Management committee meetings at least every 6 months and observed documentation of a recent meeting	Facility reports QA activities documentation observed	Number of facilities
Type of facility			
Referral hospital	75	25	4
District hospital	84	74	38
Health center	79	37	382
Dispensary	25	8	60
Health post	23	5	22
Polyclinic (private)	43	0	7
Clinic (private)	12	4	25
Managing authority			
Government public	77	37	297
Government non-public	25	0	12
Government-assisted	80	46	133
Private	19	6	72
NGO/Community	33	8	24
Total	67	33	538

Table B-3.5 Supportive management practices at the facility level

Percentage of facilities that had an external supervisory visit during the past 6 months, percentage where at least half of the interviewed health service providers received the indicated management support, by type of facility and managing authority, Rwanda SPA 2007

Background characteristics	Percentage of facilities with external supervisory visit during the past 6 months	Number of facilities	Percentage of facilities where staff report receiving: Pre- or in-service training[1]	Personal supervision[2]	Training and personal supervision	Percentage of facilities with supportive management practices[3]	Number of facilities with at least 1 eligible health service provider[4]
Type of facility							
Referral hospital	50	4	100	33	33	0	3
District hospital	92	38	97	100	97	92	37
Health center	99	382	95	98	93	93	382
Dispensary	53	60	66	61	44	34	59
Health post	77	22	86	81	67	62	21
Polyclinic (private)	29	7	71	86	57	0	7
Clinic (private)	32	25	56	52	32	16	25
Managing authority							
Government public	97	297	96	97	93	91	294
Government non-public	92	12	67	100	67	58	12
Government-assisted	98	133	92	99	91	91	132
Private	36	72	60	53	35	18	72
NGO/Community	83	24	92	83	75	67	24
Total	88	538	89	91	83	80	534

[1] A facility has routine staff training if at least half of interviewed providers reported they had received pre- or in-service training during the 12 months preceding the survey. This refers to structured in-service sessions and does not include individual instruction received during routine supervision.
[2] A facility has routine staff supervision if at least half of interviewed providers reported they had been personally supervised at least once during the 6 months preceding the survey.
[3] Facility had external supervision and where staff received routine pre-service/in-service training and supervision.
[4] Interviewed providers who did not personally provide one of the services assessed by the SPA (i.e., administrators who might have been interviewed) are excluded.

Table B-3.6 Management practices supporting community feedback and access to facility

Percentage of facilities that have routine community participation in management meetings, percentage having a system of acquiring client opinion and feedback, and percentage with either mechanism for obtaining community input by type of facility and managing authority, Rwanda SPA 2007

Background characteristics	Percentage of facilities: Where community participation in some management meetings is routine	Where client opinion is elicited and a system for review implemented[1]	That have any mechanism for obtaining community input for services[2]	Number of facilities
Type of facility				
Referral hospital	0	50	50	4
District hospital	55	55	76	38
Health center	94	31	94	382
Dispensary	15	10	20	60
Health post	82	0	82	22
Polyclinic (private)	0	14	14	7
Clinic (private)	4	4	8	25
Managing authority				
Government public	90	30	92	297
Government non-public	33	0	33	12
Government-assisted	88	38	92	133
Private	4	4	8	72
NGO/Community	71	17	79	24
Total	76	28	79	538

[1] Some mechanism for eliciting client opinion is reported, and there is documentation indicating that client opinions are reviewed.
[2] Either community representation at management meetings or a system for eliciting client opinion is in place.

Table B-3.7 Funding mechanism utilized in the facilities

Percentage of facilities with routine user fees for curative care and with any external source of reimbursement for clients, by type of facility and managing authority, Rwanda SPA 2007

Background characteristics	Percentage of facilities with any routine user fee for adult curative care	Percentage of facilities with any external source of reimbursement for clients	Number of facilities	Percentage of facilities that post all/ some fees	Number of facilities having any user fees
Type of facility					
Referral hospital	100	100	4	25	4
District hospital	97	97	38	46	37
Health center	98	87	382	61	376
Dispensary	75	13	60	33	45
Health post	91	68	22	35	20
Polyclinic (private)	100	29	7	14	7
Clinic (private)	88	44	25	23	22
Managing authority					
Government public	98	86	297	59	292
Government non-public	17	42	12	50	2
Government-assisted	99	90	133	57	132
Private	94	19	72	24	68
NGO/Community	71	67	24	59	17
Total	95	75	538	54	511

Table B-3.8 Facility systems for maintenance and repair of equipment and infrastructure

Percentage of facilities that have a preventive maintenance program for major equipment, percentage that have a system for repairing or replacing small equipment, and percentage that have a system for maintenance and repair of the building or infrastructure, by type of facility and managing authority, Rwanda SPA 2007

Background characteristics	Percentage of facilities with preventive maintenance program for major equipment[1]	Number of facilities with major equipment[2]	Percentage of facilities with: System for repair or replacement of small equipment[3]	Percentage of facilities with: System for maintenance and repair of building or infrastructure	Number of facilities
Type of facility					
Referral hospital	100	4	100	75	4
District hospital	95	37	97	87	38
Health center	55	161	98	46	382
Dispensary	68	31	97	47	60
Health post	100	2	91	18	22
Polyclinic (private)	71	7	100	71	7
Clinic (private)	88	25	96	76	25
Managing authority					
Government public	60	118	98	46	297
Government non-public	71	7	100	50	12
Government-assisted	65	81	100	54	133
Private	77	53	96	58	72
NGO/Community	88	8	92	42	24
Total	66	267	98	49	538

[1] Equipment such as a generator or sterilizer
[2] Denominator includes only facilities with functioning generator or electric autoclave or sterilizer, or X-ray, or facilities where C-sections are performed
[3] Equipment such a stethoscope or a sphygmomanometer

Table B-3.9 Storage conditions and stock monitoring systems for vaccines

Among facilities that routinely store vaccines, percentage with adequate storage temperature and stock monitoring systems in place, by type of facility and managing authority, Rwanda SPA 2007

Background characteristics	Percentage of facilities with adequate system for monitoring: Storage temperature[1]	Percentage of facilities with adequate system for monitoring: Stock of vaccines[2]	Number of facilities with stored vaccines observed
Type of facility			
Referral hospital	0	0	2
District hospital	80	60	5
Health center	61	31	355
Dispensary	75	38	8
Health post	0	100	1
Polyclinic (private)	67	33	3
Clinic (private)	50	50	2
Managing authority			
Government public	60	27	252
Government non-public	100	67	3
Government-assisted	63	39	107
Private	73	45	11
NGO/Community	33	33	3
Total	61	31	376

[1] Functioning thermometer in refrigerator, up-to-date temperature chart, and refrigerator temperature between 0 and 8° C at time of survey.
[2] No expired items are present, items are stored by expiration date, and an up-to-date inventory is available.

Table B-3.10 Storage conditions and stock monitoring systems for contraceptives and medicines

Among facilities storing contraceptives, medicines, and ARVs, percentage in which good storage conditions were observed and stock monitoring systems were in place, by type of facility and managing authority, Rwanda SPA 2007

	Contraceptives			Medicines			ARVs		
Background characteristics	Percentage with good storage conditions[1]	Percentage with adequate stock monitoring system[2]	Number of facilities with stored contraceptive methods observed	Percentage with good storage conditions[1]	Percentage with adequate stock monitoring system[2]	Number of facilities with stored medicines observed	Percentage with good storage conditions[1]	Percentage with adequate stock monitoring system[2]	Number of facilities with stored ARVs observed
Type of facility									
Referral hospital	0	0	2	25	25	4	0	67	3
District hospital	47	27	15	34	42	38	40	47	30
Health center	15	32	309	17	35	368	32	46	112
Dispensary	9	27	22	17	6	36	0	33	3
Health post	11	22	9	6	22	18	-	-	0
Polyclinic (private)	25	25	4	0	50	6	-	-	0
Clinic (private)	40	40	5	0	9	11	33	67	3
Managing authority									
Government public	15	32	259	18	35	287	31	47	85
Government non-public	0	25	4	33	25	12	0	100	2
Government-assisted	22	33	69	21	36	127	37	43	60
Private	11	22	27	8	11	36	33	67	3
NGO/Community	29	29	7	0	21	19	0	0	1
Total	16	31	366	18	33	481	32	46	151

[1] Items are stored in a dry location, off the ground, and protected from water, sun, pets, and rodents.
[2] No expired items are present; items are stored by expiration date, and up-to-date inventory in available.

Table B-3.11.1 Capacity for processing equipment: All methods

Percentage of facilities with specific elements to support quality sterilization/high-level disinfecting (HLD) of equipment, by type of facility and managing authority, Rwanda SPA 2007

Background characteristics	Percentage of facilities with: Processing equipment	Processing equipment and knowledge of process time[1]	Processing equipment, knowledge of process time, and automatic timer[2]	Written guidelines or protocols	Number of facilities
Type of facility					
Referral hospital	100	100	25	25	4
District hospital	97	84	63	26	38
Health center	84	62	18	5	382
Dispensary	83	58	25	2	60
Health post	41	36	0	5	22
Polyclinic (private)	86	57	29	0	7
Clinic (private)	76	52	40	0	25
Managing authority					
Government public	82	63	18	7	297
Government non-public	92	83	50	0	12
Government-assisted	86	63	27	8	133
Private	86	60	31	1	72
NGO/Community	50	38	17	4	24
Total	83	62	22	6	538

[1] Processing area has functioning equipment and power source for methods used, and staff reports the correct processing time (or the equipment automatically sets the time) and processing temperature (if applicable) for at least one method. For dry heat sterilization, items must be processed at 160˚ to 169˚C for at least 120 minutes or at 170˚C or higher for at least 60 minutes. For autoclaves, wrapped items must be processed at least 30 minutes and unwrapped items at least 20 minutes. For boiling or steaming, items must be processed at least 20 minutes. For chemical disinfection, items must be processed with chlorine base or glutaraldehyde solution and soaked for at least 20 minutes.

[2] Refers to passive timer that can be set to indicate when a set time has passed. This may be part of the sterilization or HLD equipment.

Table B-3.11.2 Capacity for processing of equipment: Autoclave

Percentage of facilities that have functioning equipment (equipment and power source, if required), knowledge of minimum processing time and temperature, and an automatic timing device for at least one sterilization or high-level disinfection process; percentage with an automatic timing device; percentage with time-steam-temperature-sensitive (TST) tape; and percentage with written guidelines or protocols for processing equipment, by type of facility and managing authority, Rwanda SPA 2007

	Percentage of facilities with:					
Background characteristics	Processing equipment	Processing equipment and knowledge of process time[1]	Processing equipment, knowledge of process time, and automatic timer[2]	TST tape	Written guidelines or protocols	Number of facilities
Type of facility						
Referral hospital	100	100	25	75	25	4
District hospital	82	71	50	53	24	38
Health center	26	20	9	9	2	382
Dispensary	25	18	10	10	0	60
Health post	0	0	0	0	0	22
Polyclinic (private)	29	29	14	29	0	7
Clinic (private)	28	28	24	16	0	25
Managing authority						
Government public	29	22	9	12	3	297
Government non-public	50	42	25	17	0	12
Government-assisted	35	28	17	15	5	133
Private	24	21	14	14	0	72
NGO/Community	21	17	17	17	4	24
Total	30	23	12	13	3	538

[1] Processing area has functioning autoclave and power source, and reports the correct processing time for autoclave (process wrapped items at least 30 minutes, unwrapped items at least 20 minutes).
[2] Refers to passive timer that can be set to indicate when a set time has passed. This may be a part of the sterilization equipment.

Table B-3.11.3 Capacity for processing of equipment: Dry heat sterilization

Percentage of facilities that have functioning equipment (equipment and power source, if required), knowledge of minimum processing time and temperature, and an automatic timing device for at least one sterilization or high-level disinfection process; percentage with an automatic timing device; percentage with time-steam-temperature-sensitive (TST) tape; and percentage with written guidelines or protocols for processing equipment, by type of facility and managing authority, Rwanda SPA 2007

	Percentage of facilities with:					
Background characteristics	Processing equipment	Processing equipment and knowledge of process time[1]	Processing equipment, knowledge of process time, and automatic timer[2]	TST tape	Written guidelines or protocols	Number of facilities
Type of facility						
Referral hospital	50	25	0	25	25	4
District hospital	71	42	32	42	18	38
Health center	22	7	5	11	2	382
Dispensary	32	17	8	15	2	60
Health post	5	0	0	5	0	22
Polyclinic (private)	86	57	29	29	0	7
Clinic (private)	72	24	20	28	0	25
Managing authority						
Government public	20	6	5	11	3	297
Government non-public	17	8	8	17	0	12
Government-assisted	41	17	11	18	5	133
Private	56	26	17	24	1	72
NGO/Community	13	0	0	8	0	24
Total	29	12	8	14	3	538

[1] Processing area has functioning equipment and power source for dry heat sterilization and reports the correct processing time (or the equipment automatically sets the time) and processing temperature. Processing conditions for dry heat sterilization are: temperature of 160˚ to 169˚C and processed for at least 120 minutes, or temperatures of at least 170˚C and processed for at least 60 minutes.

[2] Refers to passive timer that can be set to indicate when a set time has passed. This may be a part of the sterilization equipment.

Table B-3.11.4 Capacity for processing of equipment: Boil/steam

Percentage of facilities that have functioning equipment (equipment and power source, if required), knowledge of minimum processing time and temperature, and an automatic timing device for at least one sterilization or high-level disinfection process; percentage with an automatic timing device; percentage with time-steam-temperature-sensitive (TST) tape; and percentage with written guidelines or protocols for processing equipment, by type of facility and managing authority, Rwanda SPA 2007

	Percentage of facilities with:					
Background characteristics	Processing equipment	Processing equipment and knowledge of process time[1]	Processing equipment, knowledge of process time, and automatic timer[2]	TST tape	Written guidelines or protocols	Number of facilities
Type of facility						
Referral hospital	0	0	0	0	0	4
District hospital	16	8	8	16	5	38
Health center	47	38	6	6	2	382
Dispensary	37	28	7	8	2	60
Health post	36	36	0	0	0	22
Polyclinic (private)	14	0	0	14	0	7
Clinic (private)	8	8	4	4	0	25
Managing authority						
Government public	46	39	7	5	2	297
Government non-public	42	33	17	17	0	12
Government-assisted	38	28	5	8	3	133
Private	29	21	4	10	1	72
NGO/Community	21	21	0	0	0	24
Total	41	33	6	7	2	538

[1] Processing area has functioning equipment and power source for boiling or steaming and reports the correct processing time (or the equipment automatically sets the time) and temperature for this method. Processing conditions for boiling and steaming are: process at least 20 minutes.
[2] Refers to passive timer that can be set to indicate when a set time has passed. This may be a part of the sterilization or HLD equipment.

Table B-3.11.5 Capacity for processing of equipment: Chemical

Percentage of facilities that have functioning equipment (equipment and power source, if required), knowledge of minimum processing time and temperature, and an automatic timing device for at least one sterilization or high-level disinfection process; percentage with an automatic timing device; percentage with time-steam-temperature-sensitive (TST) tape; and percentage with written guidelines or protocols for processing equipment, by type of facility and managing authority, Rwanda SPA 2007

	Percentage of facilities with			
Background characteristics	Processing equipment	Processing equipment and knowledge of process time	Processing equipment, knowledge of process time, and automatic timer	Number of facilities
Type of facility				
Referral hospital	25	25	25	4
District hospital	11	11	5	38
Health center	3	3	0	382
Dispensary	2	2	0	60
Health post	0	0	0	22
Polyclinic (private)	14	14	14	7
Clinic (private)	8	8	4	25
Managing authority				
Government public	4	4	1	0
Government non-public	0	0	0	0
Government-assisted	5	5	1	2
Private	3	3	3	3
NGO/Community	8	8	0	0
Total	4	4	2	538

[1] Processing area has functioning equipment and chemicals, and staff reports the correct processing time (or the equipment automatically sets the time). Processing conditions for HLD are: chemical disinfection with chlorine base or glutaraldehyde solution and soaked for at least 20 minutes.
[2] Refers to passive timer that can be set to indicate when a set time has passed. This may be a part of the HLD equipment.

Table B-3.12 Infection control and hazardous waste control

Percentage of facilities that store sterile/HLD items under adequate conditions, that have all items for infection control in service delivery areas, with an adequate disposal system for hazardous waste, and with infection control guidelines, by type of facility and managing authority, Rwanda SPA 2007

Background characteristics	Percentage with all items for infection control in all assessed service delivery areas[1]	Percentage with adequate waste disposal system for infectious waste[2]	Percentage with adequate waste disposal system for sharps waste[3]	Percentage with guidelines for disinfection and sterilization in any service area	Number of facilities
Type of facility					
Referral hospital	0	100	100	50	4
District hospital	8	95	100	32	38
Health center	1	90	93	9	382
Dispensary	5	83	85	3	60
Health post	0	55	73	5	22
Polyclinic (private)	29	86	86	14	7
Clinic (private)	32	84	92	4	25
Managing authority					
Government public	1	90	95	9	297
Government non-public	0	75	83	0	12
Government-assisted	2	91	92	14	133
Private	18	85	86	6	72
NGO/Community	0	58	71	4	24
Total	3	88	92	10	538

[1] Soap, running water, sharps box, disinfectant and latex gloves in all assessed service areas. Note: disinfectant and latex gloves not assessed in immunization area, and latex gloves not assessed in sick child service area.
[2] Infectious waste is collected and disposed of by external party or incinerated or burned and removed offsite, and there is no unprotected infectious waste observed in any service site or waste disposal area on day of survey.
[3] Sharps waste is collected and disposed of by external party, or incinerated, or burned and removed offsite, and there is no unprotected sharps waste observed in any service site or waste disposal area on day of survey.

Chapter 4

Table B-4.1 Availability of child health services

Percentage of facilities offering specific child health services at the facility, by type of facility and managing authority, Rwanda SPA 2007

Background characteristics	Percentage of facilities that provide: Curative outpatient care for sick children	Growth monitoring	Childhood immunization	All basic child health services	Number of facilities
Type of facility					
Referral hospital	75	0	50	0	4
District hospital	92	18	8	5	38
Health center	99	74	97	72	382
Dispensary	73	5	18	3	60
Health post	91	23	64	23	22
Polyclinic (private)	100	0	71	0	7
Clinic (private)	80	0	4	0	25
Managing authority					
Government public	98	65	87	63	297
Government non-public	75	25	33	25	12
Government-assisted	98	71	84	68	133
Private	86	4	22	3	72
NGO/Community	67	17	58	17	24
Total	95	55	75	53	538

Table B-4.2 Health system components required for childhood immunization services

Percentage of facilities offering child immunization services at the facility that have all equipment, items for preventing infection, records indicating good administrative practices, and all basic child vaccines, by type of facility and managing authority, Rwanda SPA 2007

Background characteristics	Percentage of facilities offering child immunization with: All equipment[1]	All items for infection control[2]	Administrative components[3]	All equipment, items for infection control, and administrative components	Number of facilities offering child immunization services[4]	Percentage of facilities offering child immunization services and storing vaccine with: All basic child vaccines[5]	All components for providing quality child immunization services (including vaccines) present	Number of facilities offering child immunization services and storing vaccines
Type of facility								
Referral hospital	100	100	0	0	2	100	0	2
District hospital	100	100	67	67	3	100	67	3
Health center	70	27	80	22	369	94	22	353
Dispensary	64	73	55	55	11	86	43	7
Health post	57	43	36	14	14	100	0	1
Polyclinic (private)	80	100	80	80	5	100	67	3
Clinic (private)	100	100	100	100	1	100	100	1
Managing authority								
Government public	74	27	80	22	259	94	21	246
Government non-public	50	75	75	50	4	75	25	4
Government-assisted	62	29	78	22	112	94	23	107
Private	69	81	63	63	16	91	55	11
NGO/Community	64	36	43	14	14	100	0	2
Total	70	31	77	23	405	94	23	370

[1] Blank immunization cards, syringes and needles, and cold box with ice packs (or facility reports purchasing ice).
[2] Soap, running water, and sharps container.
[3] Tally sheet or register where vaccines provided are recorded, and documentation of either Pentavalent dropout rate or measles coverage.
[4] Includes all facilities offering immunizations at the facility and some facilities offering immunizations through village outreach activities.
[5] BCG, Pentavalent, polio, and measles vaccines.

Table B-4.3 Medicines and supplies to support quality care for sick children

Percentage of facilities that have all essential medicines to support quality care for sick children, by type of facility and managing authority, Rwanda SPA 2007

Background characteristics	Percentage of facilities with: First-line[1] medicines	All pre-referral medicines[2]	All other medicines[3]	Number of facilities offering sick child services
Type of facility				
Referral hospital	100	67	0	3
District hospital	100	69	34	35
Health center	91	35	32	380
Dispensary	34	9	5	44
Health post	80	5	5	20
Polyclinic (private)	43	71	0	7
Clinic (private)	25	15	0	20
Managing authority				
Government public	90	36	27	292
Government non-public	100	56	11	9
Government-assisted	92	39	42	130
Private	24	16	2	62
NGO/Community	88	6	0	16
Total	82	34	27	509

[1] ORS, at least one antimalarial, and at least one oral antibiotic (amoxicillin, cotrimoxazole, or chloramphenicol).
[2] At least one first-line injectable antibiotic (ampicillin or penicillin), at least one second-line injectable antibiotic (ceftriaxone or gentamicin or injectable chloramphenicol), and intravenous solution (normal saline, Ringer's lactate, or dextrose and saline 0.9%) with perfusion set.
[3] Aspirin, vitamin A, iron tablets, mebendazole, and an antibiotic eye ointment.

Table B-4.4 Management practices supportive of quality child health services

Percentage of facilities with the indicated records, percentage with user fees for consultation services for sick children, and percentage where interviewed providers of child health services received the indicated supportive management practice, by type of facility and managing authority, Rwanda SPA 2007

Background characteristics	Facilities with curative outpatient care for sick children: Percentage with up-to-date patient register[1]	Percentage with user fees for sick child services	Number of facilities offering SC services	Percentage where staff report receiving routine: Training related to child health[2]	Personal supervision[3]	Number of facilities with interviewed child health service providers[4]
Type of facility						
Referral hospital	67	100	3	67	67	3
District hospital	80	97	35	27	85	33
Health center	82	98	380	17	97	380
Dispensary	75	84	44	5	51	43
Health post	85	95	20	47	79	19
Polyclinic (private)	100	100	7	29	71	7
Clinic (private)	85	90	20	33	44	18
Managing authority						
Government public	83	99	292	19	96	290
Government non-public	89	22	9	44	78	9
Government-assisted	78	98	130	16	96	129
Private	79	97	62	12	49	59
NGO/Community	81	81	16	56	81	16
Total	81	97	509	19	89	503

[1] Register has entry within past seven days that indicates child's age and diagnosis or symptom.
[2] A facility has routine staff training if at least half of interviewed providers reported they had received pre- or in-service training related to their work during the 12 months preceding the survey. This refers to structured training sessions and does not include individual instructions received during routine supervision.
[3] A facility has routine staff supervision if at least half of interviewed providers reported they had been personally supervised at least once during the 6 months preceding the survey.
[4] Includes only providers of child health services in facilities offering child health services.

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

Percent of observations where visual aids were used when providing health education to the caretaker of observed sick children, percentage of observations where 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 managing authority, Rwanda SPA 2007

Background characteristics	Percentage of observations where visual aids were used for health education	Use of individual health card		Number of observed sick children
		Percentage of observations where provider referred to card during consultation	Percentage of observations where provider wrote on card after consultation	
Type of facility				
Referral hospital	27	100	93	15
District hospital	4	91	99	81
Health center	7	89	98	1,523
Dispensary	5	85	98	41
Health post	0	100	97	34
Polyclinic (private)	4	96	96	23
Clinic (private)	8	100	100	24
Managing authority				
Government public	6	90	98	1,100
Government non-public	22	91	100	23
Government-assisted	8	88	99	530
Private	7	93	97	72
NGO/Community	0	100	100	16
Total	7	89	98	1,741

Chapter 5

Table B-5.1 Availability of family planning services

Percentage of all eligible facilities offering the indicated methods of family planning, by type of facility and managing authority, Rwanda SPA 2007

Background characteristics	Temporary FP methods: Percentage offering any modern method of FP[1]	Temporary FP methods: Percentage offering counseling on SDM method[2]	Temporary FP methods: Percentage offering any temporary method	Percentage offering male or female sterilization	Number of facilities
Type of facility					
Referral hospital	50	25	50	50	4
District hospital	53	26	53	47	38
Health center	83	70	86	1	382
Dispensary	38	13	38	0	60
Health post	50	32	50	0	22
Polyclinic (private)	57	29	57	14	7
Clinic (private)	24	8	24	4	25
Managing authority					
Government public	91	74	91	4	297
Government non-public	33	25	33	0	12
Government-assisted	54	46	62	8	133
Private	40	13	40	3	72
NGO/Community	29	13	29	0	24
Total	71	55	73	5	538

[1] Any of the following: contraceptive pills (combined or progestin-only), injections (combined or progestin-only), implants, intrauterine devices (IUDs), male or female condoms, spermicides or diaphragm.
[2] Standard Days Methods using Cycle Beads

Table B-5.2 Frequency of availability of temporary family planning services

Percentage of facilities where any temporary methods of family planning (FP) are offered the indicated number of days per week, by type of facility and managing authority, Rwanda SPA 2007

Background characteristics	Percentage of facilities where TFP[1] services are offered: 1-2 days per week	3-4 days per week	5 or more days per week	Number of facilities offering TFP services
Type of facility				
Referral hospital	0	0	100	2
District hospital	43	5	52	20
Health center	28	2	65	328
Dispensary	30	0	70	23
Health post	36	0	55	11
Polyclinic (private)	25	0	75	4
Clinic (private)	0	0	100	6
Managing authority				
Government public	26	2	69	271
Government non-public	25	0	50	4
Government-assisted	39	1	49	83
Private	24	0	76	29
NGO/Community	29	0	71	7
Total	29	2	65	394

[1] Includes contraceptive pills (combined or progestin-only), injectables (combined or progestin-only), implants, intrauterine devices (IUDs), male condoms, spermicides, diaphragm, or SDM.

Table B-5.3 Availability of infrastructure and resources to support quality services for temporary methods of family planning

Percentage of facilities with the indicated elements to support quality counseling, examination, and treatment of female FP clients by type of facility and managing authority, Rwanda SPA 2007

Background characteristics	Percentage of facilities with:					Number of facilities offering TFP services
	All items to support quality counseling[1]	All items for infection control[2]	Capacity for sterilization/HLD processing[3]	Conditions for quality pelvic examination[4]	STI treatment provided by FP providers	
Type of facility						
Referral hospital	32	73	68	41	27	22
District hospital	42	27	10	3	52	332
Health center	30	38	13	8	75	40
Dispensary						
Health post						
Polyclinic (private)	44	26	12	5	52	275
Clinic (private)	33	36	17	4	46	83
Managing authority	25	47	22	11	72	36
Government public						
Government non-public	56	27	17	1	49	70
Government-assisted	41	23	12	7	57	81
Private	32	22	7	6	59	90
NGO/Community	40	35	15	5	44	107
Total	40	30	14	5	53	394

[1] Visual privacy, individual client cards, written guidelines related to family planning, and visual aids related to family planning.
[2] Soap, running water, clean latex gloves, disinfecting solution, and sharps box.
[3] Equipment for sterilizing or HLD processing, knowledge of minimum processing time and an automatic timing device are available where family planning equipment is processed.
[4] Private room offering visual and auditory privacy, examination bed, examination light, and vaginal speculum.

Table B-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 there are some user fees for family planning services, percentage with the indicated supportive management practices, by type of facility and managing authority, Rwanda SPA 2007

Background characteristics	Percentage of facilities that offer family planning services with:		Number of facilities offering TFP services	Percentage of facilities where staff report receiving routine:		Number of facilities with interviewed FP service providers[4]
	Observed up-to-date patient register[1]	User fees for FP services		Training[2]	Personal supervision[3]	
Type of facility						
Referral hospital	100	100	2	0	0	2
District hospital	75	30	20	44	72	18
Health center	92	8	328	22	98	319
Dispensary	70	61	23	60	75	20
Health post	100	18	11	50	90	10
Polyclinic (private)	25	75	4	0	0	1
Clinic (private)	33	83	6	60	40	5
Managing authority						
Government public	93	11	271	24	96	267
Government non-public	100	0	4	25	100	4
Government-assisted	87	5	83	24	97	75
Private	55	69	29	59	64	22
NGO/Community	86	57	7	43	100	7
Total	89	14	394	26	94	375

[1] Register has entry within past seven days and indicates visit status (first or follow-up) and service provided.
[2] A facility has routine staff training if at least half of interviewed providers reported they had received pre- or in-service training related to their work during the 12 months preceding the survey. This refers to structured in-service sessions and does not include individual instruction received during routine supervision.
[3] A facility has routine staff supervision if at least half of interviewed providers reported they had been personally supervised at least once during the 6 months preceding the survey.
[4] Includes only providers of family planning services in facilities offering family planning services.

Chapter 6

Table B-6.1 Availability of antenatal and post-partum care and tetanus toxoid vaccine

Percentage of facilities offering antenatal care (ANC), post-partum care (PPC), tetanus toxoid vaccine (TT), and percentage offering all three services, by type of facility and managing authority, Rwanda SPA 2007

Background characteristics	Percentage of facilities offering the indicated services				Number of facilities
	ANC	PPC	TT vaccine	ANC, PPC and TT	
Type of facility					
Referral hospital	50	25	50	25	4
District hospital	32	8	11	0	38
Health center	99	19	98	19	382
Dispensary	28	3	18	2	60
Health post	68	9	68	9	22
Polyclinic (private)	71	29	71	29	7
Clinic (private)	16	4	12	4	25
Managing authority					
Government public	91	17	89	17	297
Government non-public	33	0	33	0	12
Government-assisted	90	20	86	18	133
Private	31	6	21	4	72
NGO/Community	67	13	67	13	24
Total	80	16	77	15	538

Table B-6.2 Availability of antenatal care and resources to support quality counseling and examinations for ANC/PPC

Among facilities offering ANC, percentage with all elements to support quality ANC/PPC counseling, examinations and interventions for basic ANC/PPC, by type of facility and managing authority, Rwanda SPA 2007

Background characteristics	Percentage of facilities offering ANC services with				Number of facilities offering ANC
	All items to support quality counseling[1]	All items for infection control[2]	All items for physical examination[3]	All essential supplies for basic ANC[4]	
Type of facility					
Referral hospital	0	50	50	0	2
District hospital	0	58	50	0	12
Health center	27	30	14	31	377
Dispensary	0	29	18	12	17
Health post	0	27	0	7	15
Polyclinic (private)	0	80	40	0	5
Clinic (private)	25	75	0	0	4
Managing authority					
Government public	27	26	14	25	270
Government non-public	25	50	75	0	4
Government-assisted	24	41	18	41	120
Private	0	55	18	5	22
NGO/Community	13	19	6	6	16
Total	24	31	15	28	432

[1] Visual aids for health education, guidelines for ANC, and individual client card or record.
[2] Soap, running water, clean latex gloves, disinfecting solution, and sharps box.
[3] Private room offering visual and auditory privacy, examination table, and examination light.
[4] Iron and folic acid tablets, tetanus toxoid vaccine, blood pressure apparatus, and fetoscope (Pinard).

Table B-6.3 Facility practices and resources for diagnosis and management of common problems and complications of pregnancy

Percentage of facilities where ANC/PPC service providers can diagnose and treat STIs for ANC/PPC clients, percentage with all medicines to manage common complications of pregnancy, percentage with the indicated diagnostic testing capacity, by type of facility and managing authority, Rwanda SPA 2007

Background characteristics	Percentage where STI treatment is provided by ANC providers	Percentage with all medicines for treating pregnancy complications[1]	Percentage with capacity for conducting the indicated diagnostic test				Number of facilities offering ANC
			Anemia[2]	Urine protein[3]	Urine glucose[4]	Syphilis[6]	
Type of facility							
Referral hospital	100	100	100	100	100	100	2
District hospital	17	83	42	83	75	92	12
Health center	42	9	26	60	54	48	377
Dispensary	71	0	24	41	35	12	17
Health post	40	0	0	0	0	0	15
Polyclinic (private)	80	0	100	80	80	60	5
Clinic (private)	100	0	50	75	75	50	4
Managing authority							
Government public	41	8	24	57	54	44	270
Government non-public	50	25	75	75	75	50	4
Government-assisted	42	21	32	68	56	59	120
Private	77	0	50	50	45	18	22
NGO/Community	38	0	0	13	13	19	16
Total	43	11	27	58	53	46	432

[1] At least one broad-spectrum antibiotic (amoxicillin or cotrimoxazole); either albendazole or mebendazole; methyldopa (Aldomet); a first-line antimalarial; and at least one medicine for treating each of the following STIs: trichomoniasis, gonorrhea, chlamydia, syphilis, and candidiasis.
[2] Includes any test (hemoglobinometer, calorimeter, centrifuge with capillary tubes, or filter paper methods).
[3] Any dip stick for urine protein or flame, acetic acid, and test tube for testing urine albumin.
[4] Any dip stick for urine glucose or Benedict's solution and stove for boiling Benedict's solution
[5] Anti-A, Anti-B, Anti AB, Anti-D, and glass slides with cover.
[6] VDRL test with functioning rotary shaker or RPR.

Table B- 6.4 Management practices supportive of quality maternal health services

Percentage of facilities with the indicated records, percentage that have any user fees for ANC, and percentage with the indicated management practices, by type of facility and managing authority, Rwanda SPA 2007

Background characteristics	Observed up-to-date patient register[1]		Documentation of monitoring ANC coverage	User fees for ANC	Number of facilities offering ANC	Percentage of facilities where staff report receiving routine:		Number of facilities with interviewed ANC providers[4]
	ANC	PPC				Training[2]	Personal supervision[3]	
Type of facility								
Referral hospital	100	0	0	100	2	100	0	2
District hospital	33	17	17	17	12	92	100	12
Health center	90	6	61	15	377	86	97	375
Dispensary	59	0	6	65	17	100	92	12
Health post	80	0	13	53	15	33	73	15
Polyclinic (private)	40	0	0	100	5	75	75	4
Clinic (private)	25	0	25	100	4	100	75	4
Managing authority								
Government public	88	7	58	12	270	88	96	268
Government non-public	100	0	50	25	4	100	100	4
Government-assisted	88	5	62	22	120	79	98	120
Private	41	0	9	82	22	94	81	16
NGO/Community	88	0	13	63	16	50	75	16
Total	86	6	55	20	432	84	96	424

[1] Register has entry within past seven days and indicates, at minimum, whether this was the first or a follow-up visit for ANC and number of days postpartum for PPC register.
[2] A facility has routine staff training if at least half of interviewed providers reported they had received pre- or in-service training related to their work during the 12 months preceding the survey. This refers to structured training sessions and does not include individual instruction received during routine supervision.
[3] A facility has routine staff supervision if at least half of interviewed providers reported they had been personally supervised at least once during the 6 months preceding the survey.
[4] Includes only providers of ANC in facilities offering ANC services.

Table B- 6.5 Availability of maternal health services

Percentage of facilities that offer the indicated services and percentage with documentation of activities with traditional birth attendants (TBAs), by type of facility and managing authority, Rwanda SPA 2007

Background characteristics	Facility-based maternity services					Emergency transportation support for maternity emergencies[1]	Services supporting safe home delivery		Number of facilities
	Antenatal care	Normal delivery services	Caesarean section	ANC and normal delivery services	ANC, normal delivery, and caesarean section		Any home delivery services[2]	Documented official program supportive of TBAs[3]	
Type of facility									
Referral hospital	50	50	50	50	50	100	50	0	4
District hospital	32	97	97	32	32	97	97	8	38
Health center	99	89	0	89	0	95	89	47	382
Dispensary	28	10	0	10	0	32	10	2	60
Health post	68	55	0	45	0	45	55	27	22
Polyclinic (private)	71	71	29	71	29	71	71	0	7
Clinic (private)	16	8	4	8	4	16	8	0	25
Managing authority									
Government public	91	89	7	83	2	94	89	41	297
Government non-public	33	25	8	25	8	75	25	0	12
Government-assisted	90	85	13	77	5	92	85	44	133
Private	31	18	4	18	4	31	18	1	72
NGO/Community	67	50	0	46	0	42	50	29	24
Total	80	75	8	70	3	82	75	35	538

[1] Any system where the facility provides some support for emergency transportation to referral site, or the facility is the referral site.
[2] This may be either a routine service or service only for emergency cases.
[3] Any official activity with TBAs for which the facility has any documentation.

Table B- 6.6 Availability of items for quality delivery services

Percentage of facilities that have all indicated items to support quality delivery services, by type of facility and managing authority, Rwanda SPA 2007

Background characteristics	Percentage of facilities offering delivery services with: All items for infection control[1]	Capacity for sterilization/ HLD processing[2]	All delivery room infrastructure and furnishings[3]	All other elements to support quality[4]	Number of facilities offering delivery services
Type of facility					
Referral hospital	100	50	100	0	2
District hospital	84	68	73	32	37
Health center	58	16	33	10	340
Dispensary	17	33	17	0	6
Health post	42	0	8	0	12
Polyclinic (private)	100	40	80	0	5
Clinic (private)	100	0	50	0	2
Managing authority					
Government public	56	18	32	10	263
Government non-public	100	33	67	33	3
Government-assisted	70	28	49	16	113
Private	62	31	46	0	13
NGO/Community	42	8	0	0	12
Total	60	21	36	11	404

[1] Soap, running water, sharps box, disinfecting solution, and clean latex gloves.
[2] In location where delivery service equipment is processed, equipment, knowledge of minimum processing time for sterilizing or HLD processing, and an automatic timing device.
[3] Bed, examination light, and visual and auditory privacy.
[4] Guidelines, partographs, and 24-hour delivery provider onsite or on call, with duty schedule observed.

Table B- 6.7 Availability of medicines and supplies for normal and complicated delivery services

Percentage of facilities that have all indicated supplies, by type of facility and managing authority, Rwanda SPA 2007

Background characteristics	All essential supplies for delivery[1]	Among facilities offering delivery services, percentage with additional medicines and supplies for: Common complications[2]	Serious complications[3]	Number of facilities offering delivery services
Type of facility				
Referral hospital	100	50	100	2
District hospital	89	59	73	37
Health center	65	7	24	340
Dispensary	33	0	17	6
Health post	58	0	25	12
Polyclinic (private)	60	20	60	5
Clinic (private)	50	0	100	2
Managing authority				
Government public	63	10	25	263
Government non-public	100	33	67	3
Government-assisted	77	16	38	113
Private	46	8	46	13
NGO/Community	58	0	25	12
Total	67	12	30	404

[1] Scissors or blade, cord clamp, suction apparatus, antibiotic eye ointment for newborn, skin disinfectant.
[2] Needle and syringes, intravenous solution with infusion set, injectable oxytocic, and suture material and needle holder located in delivery room area; plus oral antibiotic (cotrimoxazole or amoxicillin) located in pharmacy or delivery room area.
[3] Injectable anticonvulsant (Valium or magnesium sulfate) in delivery room area and injectable antibiotic (penicillin or ampicillin) or gentamicin in delivery room area or pharmacy.

Table B- 6.8 Facility-based supportive management practices

Percentage of facilities with the indicated documentation, percentage with user fees, and percentage that provide the indicated supportive management, by type of facility and managing authority, Rwanda SPA 2007

Background characteristics	Percentage of facilities offering delivery services with: Observed up-to-date patient register[1]	Documentation of monitoring delivery coverage	Facility reviews maternal/newborn deaths or near misses	User fees for delivery	Number of facilities offering delivery services	Percentage of facilities where providers report receiving: Training related to delivery services[2]	Personal supervision[3]	Number of facilities with interviewed providers of delivery services[4]
Type of facility								
Referral hospital	100	0	100	100	2	100	0	2
District hospital	100	16	97	95	37	73	86	37
Health center	99	66	72	84	340	39	98	340
Dispensary	50	17	33	100	6	17	100	6
Health post	92	33	92	100	12	17	75	12
Polyclinic (private)	80	20	60	100	5	0	80	5
Clinic (private)	100	50	50	100	2	50	100	2
Managing authority								
Government public	98	60	73	85	263	45	96	263
Government non-public	100	67	67	33	3	67	67	3
Government-assisted	99	62	78	89	113	35	97	113
Private	69	23	46	100	13	15	92	13
NGO/Community	92	42	92	92	12	33	75	12
Total	91	59	74	86	404	41	96	404

[1] Register has an entry in the past 30 days that, at a minimum, indicates delivery outcome.
[2] A facility has routine staff training if at least half of interviewed providers reported they had received pre- or in-service training related to their work during the 12 months preceding the survey. This refers to structured training sessions and does not include individual instruction received during routine supervision.
[3] A facility has routine staff supervision if at least half of interviewed providers reported they had been personally supervised at least once during the 6 months preceding the survey.
[4] Includes only providers of delivery services in facilities offering delivery services.

Table B- 6.9 Signal functions for emergency obstetric care in hospitals, health centers, and polyclinics

Among hospitals and health centers offering delivery services, percentage that report performing the signal functions for emergency obstetric care (EmOC) at least once during the past 3 months, by type of facility and managing authority, Rwanda SPA 2007

Background characteristics	Percentage of hospitals and health centers that applied or carried out: Parenteral antibiotics[1]	Parenteral oxytocics	Parenteral anti-convulsants or sedatives	Manual removal of placenta	Removal of retained products	Assisted vaginal delivery	Blood trans-fusion	Caesarean section	Basic EmOC[2]	Compre-hensive EmOC[3]	Number of facilities offering delivery services
Type of facility											
Referral hospital	100	100	100	50	50	100	100	100	0	0	2
District hospital	97	100	57	86	73	76	97	81	38	30	37
Health center	46	20	16	52	15	3	1	0	0	0	340
Polyclinic (private)	100	40	60	80	40	20	20	40	20	20	5
Managing authority											
Government public	50	23	21	54	16	8	8	7	3	2	261
Government non-public	100	33	33	67	67	33	33	33	33	33	3
Government-assisted	52	42	19	58	32	16	15	12	4	4	113
Private	100	40	60	80	40	20	20	40	20	20	5
NGO/Community	50	0	0	0	0	0	0	0	0	0	2
Total	52	29	21	55	21	11	11	9	4	3	384

[1] Information was not collected specifically on the use of parenteral antibiotics during past 3 months, but facility had at least one unexpired injectable antibiotic (ampicillin, amoxicillin, gentamicin, or procaine penicillin) available in the delivery area.
[2] Facility applied the first six procedures (left to right) in the 3 months preceding the survey.
[3] Facility applied all eight procedures in the 3 months preceding the survey.

Chapter 7

Table B-7.1 Availability of services for sexually transmitted infections

Percentage of facilities offering services for sexually transmitted infections (STIs) as a primary service, among facilities offering services for STIs percentage where STI services are provided in the indicated service area, and percentage where STI services are offered five or more days per week, by type of facility and managing authority, Rwanda SPA 2007

Background characteristics	Percentage of facilities offering STI services as a primary service	Number of facilities	Percentage of facilities offering STI services in:[1] Primary service location: General outpatient department (OPD)	Special clinic[2]	Family planning (FP) service area	Antenatal care (ANC) service area	OPD, FP, and ANC service areas	Percentage of facilities where services for STIs are available at least 5 days per week	Number of facilities offering STI services
Type of facility									
Referral hospital	50	4	50	50	100	100	50	100	2
District hospital	95	38	97	3	14	6	0	72	36
Health center	99	382	95	4	45	41	21	83	379
Dispensary	87	60	96	2	31	23	17	79	52
Health post	91	22	95	0	45	30	10	100	20
Polyclinic (private)	100	7	100	0	43	57	29	71	7
Clinic (private)	68	25	100	0	29	24	24	94	17
Managing authority									
Government public	98	297	95	4	49	38	22	81	292
Government non-public	100	12	92	8	8	17	0	75	12
Government-assisted	97	133	95	4	29	39	13	86	129
Private	83	72	98	0	37	28	22	83	60
NGO/Community	83	24	95	5	20	30	15	95	20
Total	95	538	95	4	41	36	19	83	513

[1] Service 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.
[2] STI services at the types of facilities surveyed are utilized primarily by females, so in almost all cases the special clinic is the gynecologic clinic. Males might receive STI services in an urology clinic.

Table B-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 components to support good quality counseling, physical examinations, diagnosis, and treatment for STIs, by type of facility and managing authority, Rwanda SPA 2007

Background characteristics	All items to support quality counseling[1]	All conditions to provide quality physical examination[2]	Method for diagnosing STIs			Testing capacity for[4]:					Medicines to treat four major STIs[10]	Number of facilities offering STI services
			Etiologic	Syndromic[3]	Clinical	Syphilis[5]	Gonorrhea[6]	Wet mount[7]	Chlamydia[8]	HIV/AIDS[9]		
Type of facility												
Referral hospital	0	0	100	100	50	100	100	50	0	100	100	2
District hospital	22	19	100	92	58	69	61	81	3	81	97	36
Health center	21	1	66	97	58	47	15	39	2	53	82	379
Dispensary	8	4	60	85	40	8	8	27	2	15	37	52
Health post	20	0	10	100	80	0	0	10	0	0	60	20
Polyclinic (private)	0	14	71	100	14	43	57	86	29	71	0	7
Clinic (private)	12	12	82	76	29	47	41	53	6	53	12	17
Managing authority												
Government public	24	2	65	98	57	44	14	38	2	49	82	292
Government non-public	8	0	33	92	42	17	17	42	8	33	100	12
Government-assisted	14	5	77	97	60	59	26	47	1	67	85	129
Private	3	8	72	80	38	18	22	43	7	28	17	60
NGO/Community	20	0	25	95	70	20	15	25	0	20	50	20
Total	19	3	66	95	55	43	18	40	2	49	74	513

[1] Visual and auditory privacy, any guidelines, any visual aids or educational materials, individual client charts, and condoms in STI service delivery site.
[2] All infection control items (soap, water, latex gloves, disinfecting solution, and sharps box), visual privacy, examination bed, and examination light.
[3] This refers specifically to the WHO syndromic approach algorithms.
[4] Capacity to conduct a test does not mean the facility routinely utilizes the test.
[5] Either venereal disease research laboratory (VDRL) test and functioning microscope, or reactive protein reagent (RPR) test kit.
[6] Gram-stain reagents and functioning microscope or culture capacity.
[7] Functioning microscope and slides.
[8] Giemsa stain for chlamydia.
[9] Enzyme-linked immunosorbent assay (ELISA), Western Blot, rapid test, or polymerase chain reaction (PCR).
[10] At least one medicine to treat syphilis, gonorrhea, trichomoniasis, and chlamydia.

Table B-7.3 Management practices supportive of quality services for sexually transmitted infections

Percentage of facilities offering services for sexually transmitted infections (STIs) with client register and percentage where interviewed STI providers report receiving routine training on STIs and personal supervision, by type of facility and managing authority, Rwanda SPA 2007

Background characteristics	Observed client register with probable STI client recorded		Number of facilities offering STI services	Percentage of facilities where interviewed STI service providers report receiving routine:		Number of facilities with interviewed providers of STI services[3]
	Entry within past 7 days	Most recent entry >7 days ago		Training related to STIs[1]	Personal supervision[2]	
Type of facility						
Referral hospital	50	50	2	100	50	2
District hospital	36	39	36	97	88	34
Health center	39	37	379	77	98	375
Dispensary	23	37	52	51	64	45
Health post	50	30	20	21	74	19
Polyclinic (private)	0	43	7	40	80	5
Clinic (private)	29	41	17	53	24	17
Managing authority						
Government public	37	37	292	77	95	284
Government non-public	17	42	12	50	83	12
Government-assisted	45	35	129	80	98	128
Private	23	38	60	47	51	53
NGO/Community	30	45	20	45	80	20
Total	37	37	513	73	90	497

[1] A facility has routine staff training if at least half of interviewed providers reported they had received pre- or in-service training related to their work during the 12 months preceding the survey. This refers to structured training sessions and does not include individual instruction received during routine supervision.
[2] A facility has routine staff supervision if at least half of interviewed providers reported they had been personally supervised at least once during the 6 months preceding the survey.
[3] Includes providers offering STI services in facilities that offer STI services in any service area assessed in the survey (e.g., outpatient, ANC, or FP service areas).

Table B-7.4 Availability of services for TB

Among all facilities, percentage providing any TB diagnostic services and any TB treatment and/or follow-up services, and among those providing any treatment and/or follow-up services, percentage following DOTS or other strategies, by type of facility and managing authority, Rwanda SPA 2007

Background characteristics	Percentage of facilities offering: Any TB diagnostic services	Any TB treatment or follow-up services	Any TB diagnostic, treatment, follow-up services	Number of facilities	Among facilities providing any TB treatment and or follow-up services, percentage following[1]: Treatment through DOTS	Treatment other than DOTS	Number of facilities offering any TB treatment or follow-up services	Average number of sites offering any TB treatment or follow-up services[2]
Type of facility								
Referral hospital	50	50	2	100	50	2	50	50
District hospital	36	39	36	97	88	34	36	39
Health center	39	37	379	77	98	375	39	37
Dispensary	23	37	52	51	64	45	23	37
Health post	50	30	20	21	74	19	50	30
Polyclinic (private)	0	43	7	40	80	5	0	43
Clinic (private)	29	41	17	53	24	17	29	41
Managing authority								
Government public	61	68	69	297	85	18	201	1
Government non-public	100	100	100	12	75	33	12	2
Government-assisted	80	81	81	133	88	14	108	1
Private	17	3	19	72	0	100	2	1
NGO/Community	13	17	17	24	100	0	4	1
Total	58	61	64	538	85	18	327	1

[1] Some facilities used both DOTS and other treatments, so columns may add up to more than 100 percent.
[2] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Chapter 8

Table B-8.1 Malaria diagnosis and/or treatment services: Protocols at ALL sites

Percentage of facilities offering malaria treatment services, percentage that have malaria laboratory diagnostic capacity, percentage offering malaria diagnosis and/or treatment services, and among facilities offering malaria diagnosis and/or treatment services, percentage having the indicated components for supporting services for malaria, by type of facility and managing authority. Rwanda SPA 2007

Background characteristics	Percentage of facilities that:			Number of facilities	Among facilities offering malaria diagnosis and/or treatment services, percentage with						Number of facilities offering malaria diagnosis and/or treatment services	Mean number of sites offering malaria diagnosis and/or treatment services
	Offer malaria treatment services	Have a lab diagnostic capacity for malaria[1]	Offer malaria diagnosis and/or treatment services		Observed malaria treatment protocol in all relevant units	First-line anti-malaria medicines in the facility[2]	No stock-out of first-line anti-malarials in 6 months preceding the survey	Lab diagnostic capacity for malaria (blood smear)	Other lab diagnostic capacity for malaria (rapid test)	Treatment protocol in all relevant units and medicines in facility		
Type of facility												
Referral hospital	75	75	100	4	0	100	100	50	25	0	4	6
District hospital	97	71	97	38	41	100	73	70	5	41	37	3
Health center	95	34	96	382	55	95	64	35	6	54	367	2
Dispensary	72	23	75	60	33	40	31	27	4	11	45	1
Health post	82	9	86	22	16	79	37	11	0	16	19	1
Polyclinic (private)	86	71	100	7	0	0	0	71	43	0	7	3
Clinic (private)	68	36	76	25	37	26	26	47	11	16	19	2
Managing authority												
Government public	94	34	95	297	53	96	64	35	5	52	283	2
Government non-public	100	25	100	12	25	83	67	25	8	25	12	3
Government-assisted	95	43	96	133	55	95	67	41	8	53	128	2
Private	72	35	79	72	33	23	19	40	12	9	57	2
NGO/Community	71	25	75	24	6	72	22	33	6	6	18	1
Total	91	36	93	538	49	86	58	37	6	45	498	2

[1] Functional microscope, slides, and stain are available.
[2] Sulfadoxine-pyrimethamine (Fansidar) and Coartem.

Table B-8.2 Malaria: provision of bed nets and training

Among facilities offering malaria treatment services, percentage that facilitate ANC clients obtain insecticide treated nets (ITN), have ITNs in the facility, and percentage where providers have received malaria-related pre- or in-service training, by type of facility and managing authority, Rwanda SPA 2007

Background characteristics	Percentage of facilities offering malaria treatment services and:		Among facilities offering malaria treatment services, percentage in which malaria-related pre- or in-service training was received by at least one				Number of facilities offering malaria treatment services
			Physician provider of malaria services in the:		Other clinical provider of malaria services in the:		
	Facilitate ANC clients obtain ITNs[1]	Have ITNs in facility[2]	Past 12 months	Past 13-35 months	Past 12 months	Past 13-35 months	
Type of facility							
Referral hospital	0	0	75	25	25	0	4
District hospital	3	38	65	5	68	30	37
Health center	94	77	1	0	78	25	367
Dispensary	11	9	0	4	53	16	45
Health post	68	53	0	0	42	37	19
Polyclinic (private)	29	14	29	14	29	0	7
Clinic (private)	0	0	21	5	11	11	19
Managing authority							
Government public	84	73	6	1	78	22	283
Government non-public	25	17	8	0	58	17	12
Government-assisted	84	70	9	1	73	30	128
Private	9	5	11	5	39	14	57
NGO/Community	67	61	0	6	39	33	18
Total	74	63	7	1	70	24	498

[1] Facilitate all or selected ANC clients obtain ITNs
[2] The facility where either retreated ITN or long-lasting ITN were observed on the day of survey

Table B-8.3 Observed content of ITN-related health education for first visit and follow-up clients

Percentage of first and follow-up visit ANC clients who were counseled on ITN and received or purchased ITN, by type of facility, Rwanda SPA 2007

Counseling topic	Referral hospital	District hospital	Health center	Dispensary	Health post	Polyclinic (private)	Clinic (private)	Total percentage
First-visit ANC client								
Importance of using ITN explained	0	83	64	40	0	-	0	64
Giving ITN to client free of charge	0	0	28	20	0	-	0	27
Client purchases ITN from provider	0	0	31	0	0	-	0	30
Explanation about using ITN	0	83	53	0	0	-	0	52
Number of first-visit ANC clients	2	6	344	5	2	0	2	359
Follow-up visit ANC client								
Importance of using ITN explained	0	0	58	86	0	0	0	57
Giving ITN to client free of charge	0	0	19	14	0	0	0	18
Client purchases ITN from provider	0	0	23	14	0	0	0	22
Explanation about using ITN	0	0	49	71	0	0	0	48
Number of follow-up visit ANC clients	4	3	360	7	3	1	4	378

Table B-8.4 Observed content of malaria-related health education for first visit and follow-up clients

Percentage of first and follow-up visit ANC clients who were observed receiving instruction on IPT and received the first dose of IPT in facility, by type of facility, Rwanda SPA 2007

Counseling topic	Referral hospital	District hospital	Health center	Dispensary	Health post	Polyclinic (private)	Clinic (private)	Total percentage
First-visit ANC client								
Provider gave or prescribed IPT	50	0	68	40	0	-	0	66
Provider explained purpose of IPT	50	0	56	40	0	-	0	55
Provider explained how to take IPT	50	0	56	40	0	-	0	54
Provider explained possible side effects of IPT	50	0	37	40	0	-	0	36
First dose of IPT observed being given facility	0	0	61	40	0	-	0	59
Importance of 2nd dose of IPT explained	0	0	42	0	0	-	0	41
Number of first-visit ANC clients	2	6	344	5	2	0	2	359
Follow-up visit ANC client								
Provider gave or prescribed IPT	0	0	64	86	0	0	0	63
Provider explained purpose of IPT	0	0	47	86	0	0	0	46
Provider explained how to take IPT	0	0	50	86	0	0	0	49
Provider explained possible side effects of IPT	0	0	37	14	0	0	0	35
1st dose of IPT observed being given facility	0	0	52	71	0	0	0	51
Importance of 2nd dose of IPT explained	0	0	41	57	0	0	0	40
Number of follow-up visit ANC clients	4	3	360	7	3	1	4	378

Chapter 9

Table B-9.1 Availability of services for HIV/AIDS

Percentage of all facilities that offer indicated HIV/AIDS services, by type of facility and managing authority. Rwanda SPA 2007

Background characteristics	HIV testing system[1]	CSS for HIV/AIDS clients[2]	PMTCT services[3]	Prescribing ART[4]	Staff have access to PEP[5]	Number of facilities
Type of facility						
Referral hospital	100	75	50	75	75	4
District hospital	95	95	66	95	97	38
Health center	67	60	64	29	27	382
Dispensary	22	17	3	5	5	60
Health post	9	9	0	0	0	22
Polyclinic (private)	100	71	29	14	14	7
Clinic (private)	64	44	8	12	8	25
Managing authority						
Government public	62	55	57	29	28	297
Government non-public	50	42	33	0	25	12
Government-assisted	81	77	74	47	44	133
Private	35	22	6	0	3	72
NGO/Community	42	42	4	0	4	24
Total	62	55	51	29	28	538

[1] Voluntary counseling and testing system for HIV/AIDS: facility conducts the test, has an affiliated laboratory, or has an agreement with a testing site where the test results are expected to be returned to the facility.
[2] Clinical care and support services for HIV/AIDS patients and people living with HIV/AIDS
[3] Prevention of mother-to-child transmission of HIV
[4] Antiretroviral therapy (that not include the follow-up services)
[5] Post-exposure prophylaxis for health care workers and other high-risk persons

Table B-9.2 System for HIV testing

Percentage of facilities reporting an HIV testing system, and among these; percentage conducting HIV tests in facility or at external site, percentage with policies and records in all relevant service sites, and mean number of service sites with a HIV testing system per facility, by type of facility and managing authority. Rwanda SPA 2007

			Percentage of facilities with:							
					Items observed in all relevant service sites in the facility					
Background characteristics	Percentage of facilities reporting an HIV testing system[1]	Number of facilities	HIV test available in facility or affiliated lab[2]	HIV test available only at external site[3]	Informed consent policy for HIV testing[4]	Register with HIV test results	Record for clients receiving HIV test results[5]	All items for indicator[6]	Number of facilities reporting an HIV testing system	Mean number of service sites[6] with HIV testing system[7]
Type of facility										
Referral hospital	100	4	100	0	0	75	25	0	4	5
District hospital	95	38	94	0	56	83	78	44	36	2
Health center	67	382	89	5	78	96	96	71	256	1
Dispensary	22	60	85	8	38	69	69	31	13	1
Health post	9	22	100	0	100	100	100	100	2	1
Polyclinic (private)	100	7	100	0	14	100	100	14	7	3
Clinic (private)	64	25	88	6	25	94	88	25	16	1
Managing authority										
Government public	62	297	88	4	72	95	92	63	185	1
Government non-public	50	12	83	17	33	67	67	33	6	4
Government-assisted	81	133	94	4	77	94	94	72	108	1
Private	35	72	92	0	20	84	84	16	25	2
NGO/Community	42	24	80	20	70	100	90	70	10	1
Total	62	538	90	4	69	93	92	62	334	1

[1] Facility reports conducting the test in the facility or in an affiliated external laboratory or has an agreement with a testing site where the test results are expected to be returned to the facility.
[2] HIV testing is confirmed in the facility or in an affiliated laboratory.
[3] HIV testing is not done in the facility, but there are observed records of testing conducted outside the facility, with test results.
[4] If any of the following guidelines are present, they are considered as having an informed consent policy: national VCT guidelines, national guidelines for the clinical management of HIV and AIDS, national guidelines for prevention of mother-to-child transmission, or guidelines for counselors in Tanzania with emphasis on HIV/AIDS/STDs counseling.
[5] If rapid test is done, a record with client identifier and results is sufficient.
[6] Informed consent policy in all relevant service sites, observed register with HIV test results, observed register for clients receiving HIV test results, and HIV test available or records showing test results are received by facility.
[7] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Table B-9.3 Availability and documentation of care and support services for HIV/AIDS clients

Percentage of facilities offering care and support services (CSS) for HIV/AIDS clients; percentage of facilities offering clinical CSS; and among these, percentage with the indicated recordkeeping systems, and mean number of clinical CSS service sites per facility, by type of facility and managing authority. Rwanda SPA 2007

Background characteristics	Percentage of facilities offering CSS for HIV/AIDS clients[1]	Percentage of facilities offering any clinical CSS for HIV/AIDS clients[2]	Number of facilities	Individual record/chart observed in all relevant service sites	Register with HIV/AIDS related client diagnosis observed in any relevant service sites	Observed record system for individual client appointments in all relevant outpatient program sites	Number of facilities offering any clinical CSS for HIV/AIDS clients	Mean number of clinical CSS service sites[3]
Type of facility								
Referral hospital	75	75	4	67	100	100	3	7
District hospital	95	95	38	94	50	81	36	2
Health center	60	53	382	93	46	72	202	2
Dispensary	17	10	60	100	50	67	6	2
Health post	9	5	22	100	0	0	1	1
Polyclinic (private)	71	57	7	100	75	25	4	3
Clinic (private)	44	24	25	100	50	17	6	2
Managing authority								
Government public	55	49	297	90	46	74	145	2
Government non-public	42	42	12	100	60	40	5	4
Government-assisted	77	70	133	96	49	73	93	2
Private	22	14	72	100	60	30	10	2
NGO/Community	42	21	24	100	0	80	5	1
Total	55	48	538	93	47	71	258	2

[1] Providers report providing any curative care for illnesses that may be related to HIV/AIDS, such as the diagnosis and treatment of opportunistic infections and they report providing or referring clients for counseling and/or social support services for help in living with HIV/AIDS.

[2] In addition to CSS, providers report providing or prescribing any of the following: treatment for opportunistic infections; systemic intravenous treatment of specific fungal infections, such as cryptococcal meningitis; treatment for Kaposi's sarcoma; palliative care for patients, such as symptom management, pain management, or nursing care; nutritional rehabilitation services; fortified protein supplements; antiretroviral therapy (ART); and follow-up services for persons receiving ART.

[3] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Table B-9.4 Availability of HIV testing system and basic clinical care and support services for HIV/AIDS

Percentage of facilities that report an HIV testing system and offer treatment for various illnesses, by type of facility and managing authority. Rwanda SPA 2007

Background characteristics	Percentage of facilities[1] reporting:								Number of facilities
	HIV testing system[2]	Treatment of TB	Treatment of STIs	Treatment of malaria	Preventive treatment for TB[3]	Preventive treatment for pneumonia	Any treatment of opportunistic infections[4]	All services	
Type of facility									
Referral hospital	100	75	75	75	25	50	75	25	4
District hospital	95	95	97	97	47	68	84	18	38
Health center	67	72	98	95	15	29	33	7	382
Dispensary	22	15	88	72	2	8	8	2	60
Health post	9	14	91	82	0	0	0	0	22
Polyclinic (private)	100	14	100	86	0	29	43	0	7
Clinic (private)	64	4	76	68	4	16	20	0	25
Managing authority									
Government public	62	68	98	94	17	29	31	7	297
Government non-public	50	100	100	100	25	25	33	17	12
Government-assisted	81	81	97	95	19	38	51	11	133
Private	35	3	86	72	0	8	11	0	72
NGO/Community	42	17	83	71	0	13	8	0	24
Total	62	61	96	91	15	28	33	7	538

[1] Facility refers to any health service facility or other non-home based site where services related to HIV/AIDS are offered.
[2] Facility reports conducting the test, has an affiliated external laboratory, or has an agreement with a testing site to return the test results to the facility.
[3] Using isoniazid.
[4] Must treat opportunistic infections other than TB.

Table B-9.5 Tuberculosis treatment at HIV service sites using Direct Observed Treatment Short-course (DOTS)

Among facilities offering care and support services (CSS) for HIV/AIDS clients, percentage with different tuberculosis (TB) activities; and among facilities offering CSS and following the direct observation and treatment, short course (DOTS) strategy for TB treatment, percentage with program components that support TB treatment, and mean number of service sites per facility that offer CSS and TB services using the DOTS approach, by type of facility and managing authority. Rwanda SPA 2007

Background characteristics	Percentage of facilities offering CSS for HIV/AIDS Clients	Number of facilities	Among facilities offering CSS for HIV/AIDS clients, percentage with specific TB activities			Number of facilities offering CSS for HIV/AIDS clients	Among facilities offering CSS for HIV/AIDS clients and following DOTS strategy, percentage with:				Number of facilities offering CSS for HIV/AIDS clients and following DOTS	Mean number of sites offering TB services using DOTS[5]
			Any TB diagnostic or treatment services[1]	Report they are part of national DOTS program	Follow DOTS[2]		Observed client register at any DOTS site	Observed TB treatment protocol in all sites	All first-line medicines available[3]	All items for TB indicator[4]		
Type of facility												
Referral hospital	75	4	100	67	100	3	100	33	100	33	3	4
District hospital	95	38	86	83	64	36	78	83	96	65	23	2
Health center	60	382	70	61	60	229	81	78	90	63	137	1
Dispensary	17	60	20	20	0	10	-	-	-	-	0	-
Health post	9	22	0	0	0	2	-	-	-	-	0	-
Polyclinic (private)	71	7	60	0	0	5	-	-	-	-	0	-
Clinic (private)	44	25	45	9	0	11	-	-	-	-	0	-
Managing authority												
Government public	55	297	71	62	60	162	81	72	90	58	97	1
Government non-public	42	12	60	60	40	5	50	50	100	0	2	5
Government-assisted	77	133	74	66	61	103	81	87	92	71	63	1
Private	22	72	56	13	0	16	-	-	-	-	0	-
NGO/Community	42	24	10	10	10	10	100	100	100	100	1	1
Total	55	538	69	59	55	296	81	78	91	63	163	1

[1] Unit conducts TB test or prescribes initial therapy or follows up TB patients.
[2] Treatment strategy followed is either direct-observe 2 months with 4 months follow-up, or direct-observe 6 months, or direct-observe 8 months.
[3] Any combination of isoniazid (INH), rifampicin, ethambutol, and pyrazinamide. If medicines provided are pre-packaged for individual DOTS clients, medicines had to be available for all DOTS clients.
[4] Observed client register for DOTS and observed TB treatment protocols and all first-line TB medicines available in facility.
[5] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Table B-9.6 Diagnosis and treatment of sexually transmitted infections at HIV service sites

Percentage of facilities offering care and support services (CSS) for HIV/AIDS clients that treat sexually transmitted infections (STIs), and among them, percentage with program components to support STI services (including treatment protocol at all sites), and mean number of CSS service sites offering STI treatment, by type of facility and managing authority. Rwanda SPA 2007

Background characteristics	Among facilities offering CSS, percentage that offer STI treatment services	Number of facilities offering CSS for HIV/AIDS clients	Percentage of facilities offering CSS for HIV/AIDS clients and STI treatment services, with: Observed STI treatment protocol in all relevant service sites	Medications for treating major STIs in facility[1]	Condoms in any service area or pharmacy	All items for STI services[2]	Number of facilities offering CSS for HIV/AIDS clients and STI treatment services	Mean number of sites offering CSS for HIV/AIDS clients and STI treatment services[3]
Type of facility								
Referral hospital	67	3	0	100	100	0	2	1
District hospital	92	36	15	97	79	9	33	1
Health center	98	229	26	85	84	20	224	1
Dispensary	70	10	14	57	86	14	7	1
Health post	0	2	-	-	-	-	0	-
Polyclinic (private)	100	5	0	0	80	0	5	3
Clinic (private)	82	11	0	22	67	0	9	1
Managing authority								
Government public	96	162	25	86	92	22	155	1
Government non-public	80	5	25	100	75	25	4	4
Government-assisted	98	103	23	86	69	13	101	1
Private	88	16	0	14	71	0	14	2
NGO/Community	60	10	17	50	100	17	6	1
Total	95	296	23	82	83	18	280	1

[1] At least one medicine for treating syphilis, (doxycycline, erythromycin, penicillin, or tetracycline), gonorrhea (ceftriaxone, ciprofloxacin, or norfloxacin), chlamydia (amoxicillin, doxycycline, erythromycin, norfloxacin, or tetracycline), and trichomoniasis (metronidazole, tinidazole, or miconazole vaginal suppository).
[2] Observed treatment protocols in all relevant units, STI medicines available, and condoms in any service area or pharmacy.
[3] Within one facility there may be several locations where the same service is offered. Each of these locations is defined as a service site.

Table B-9.7 Availability of treatments for opportunistic infections and conditions

Among facilities offering clinical care and support services (CSS) for HIV/AIDS clients, percentage with medicines to treat or manage opportunistic infections and other conditions, by type of facility and managing authority. Rwanda SPA 2007

Background characteristics	Among facilities offering clinical CSS for HIV/AIDS clients, percentage with at least one medicine to manage or treat the following conditions or with the indicated item									Number of facilities offering clinical CSS for HIV/AIDS clients
	Topical fungal infection[1]	Bacterial pneumonia[2]	Other bacterial infections[3]	Vitamin supple-mentation[4]	Manage-ment of chronic diarrhea[5]	Basic manage-ment of pain[6]	Deworming[7]	Intravenous fluid with infusion set for rehydration[8]	Oral rehydration salts	
Type of facility										
Referral hospital	100	100	100	67	67	100	100	33	100	3
District hospital	94	100	100	83	53	100	97	69	100	36
Health center	78	96	97	67	20	96	95	35	90	202
Dispensary	50	67	83	33	17	67	67	33	50	6
Health post	0	0	0	0	0	0	0	0	0	1
Polyclinic (private)	0	100	25	0	0	25	0	100	50	4
Clinic (private)	50	67	50	17	33	50	50	33	33	6
Managing authority										
Government public	78	97	97	59	23	96	94	35	88	145
Government non-public	80	100	100	80	60	100	80	60	100	5
Government-assisted	84	96	97	83	28	97	97	46	95	93
Private	30	80	40	10	20	50	30	70	40	10
NGO/Community	40	40	60	40	0	40	40	0	40	5
Total	78	95	94	66	25	93	91	40	88	258

[1] Fluconazole, clotrimazole, ketoconazole, or nystatin,
[2] Amoxicillin, ampicillin, or chloramphenicol.
[3] Tetracycline, nalidixic acid, cotrimoxazole, erythromycin, or penicillin.
[4] Iron or iron with folate, any multivitamin, and B6 or other B vitamin.
[5] Loperamide, diphenoxylate, or oral codeine.
[6] Paracetamol, aspirin, or ibuprofen.
[7] Albendazole or mebendazole.
[8] Normal saline, D5NS, Ringer's lactate, or plasma expanders, plus an infusion set

Table B-9.8 System and items to support antiretroviral combination therapy services

Among facilities offering antiretroviral therapy (ART), percentage with indicated program components, by type of facility and managing authority. Rwanda SPA 2007

Background characteristics	Percentage of facilities prescribing ART	Number of facilities	Percentage of facilities prescribing ART and having: National guidelines for the clinical management of HIV/AIDS	Laboratory capacity for monitoring ART[1]	Number of facilities prescribing ART
Type of facility					
Referral hospital	75	4	33	100	3
District hospital	95	38	61	78	36
Health center	29	382	59	64	112
Dispensary	5	60	33	67	3
Health post	0	22	-	100	1
Polyclinic (private)	14	7	0	33	3
Clinic (private)	12	25	33	100	3
Managing authority					
Government public	29	297	57	64	87
Government non-public	25	12	33	67	3
Government-assisted	47	133	62	74	63
Private	6	72	25	75	4
NGO/Community	4	24	0	100	1
Total	29	538	58	68	158

[1] Either laboratory conducts CD4, viral load, or total lymphocyte count (TLC) tests, or there is a system for sending blood samples for outside testing and receiving results.

Table B-9.9 Availability of services for prevention of mother-to-child transmission of HIV/AIDS

Percentage of facilities offering any services for prevention of mother-to-child transmission (PMTCT) of HIV/AIDS, and among these, percentage with specific PMTCT program components, and the mean number of PMTCT service sites per facility, by type of facility and managing authority. Rwanda SPA 2007

Background characteristics	Percentage of facilities offering any PMTCT services	Number of facilities	Percentage of facilities reporting they offer specific PMTCT services							Percent of facilities with a PMTCT provider trained in past 3 years	Number of facilities offering PMTCT services	Mean number of sites offering PMTCT services[3]
			Pre- and post-test counseling and HIV testing services	ARV prophy-laxis to prevent MTCT	Infant feeding counseling	Family planning counseling or referral	All four items for minimum PMTCT package[1]	ARV thera-peutic treatment for HIV+ women and their family	All items for PMTCT plus[2]			
Type of facility												
Referral hospital	50	4	100	100	100	100	100	100	100	100	2	1
District hospital	66	38	96	88	96	88	72	88	68	84	25	1
Health center	64	382	98	72	98	96	67	44	40	84	244	1
Dispensary	3	60	100	50	100	100	50	50	50	50	2	1
Health post	0	22	-	-	-	-	-	-	-	-	0	-
Polyclinic (private)	29	7	100	50	100	100	50	50	50	50	2	1
Clinic (private)	8	25	100	50	50	100	50	50	50	100	2	1
Managing authority												
Government public	57	297	99	69	99	99	67	41	38	85	170	1
Government non-public	33	12	100	75	100	100	75	75	75	100	4	1
Government-assisted	74	133	96	82	96	89	69	62	51	81	98	1
Private	6	72	100	50	75	100	50	50	50	50	4	1
NGO/Community	4	24	100	0	100	100	0	0	0	100	1	1
Total	51	538	98	73	98	95	68	49	43	83	277	1

[1] HIV testing with pre- and post-test counseling, ARV prophylaxis for the mother and newborn, counseling on infant feeding, and family planning counseling or referral.
[2] All components for the minimum package PMTCT services are available, and the facility offers ARV therapy for HIV infected women and their families.
[3] There may be several locations within one facility where the same service is offered. Each of these locations is defined as a service site.

Table B-9.10 Availability of service records for PMTCT services

Among facilities offering services for prevention of mother-to-child transmission of HIV (PMTCT), percentage with specific documentation observed and up-to-date, by type of facility and managing authority. Rwanda SPA 2007

Background characteristics	Percentage of facilities offering any PMTCT services	Number of facilities	Percentage of facilities offering PMTCT services and having specific documentation observed: Record of women attending ANC and who accepted HIV testing	Record of women who received HIV test results	Record of women who received post-test counseling (by serostatus)	Record of HIV+ pregnant women who received complete ARV course for PMTCT	All PMTCT sites have PMTCT guidelines	Number of facilities offering PMTCT services	Mean number of sites offering PMTCT services
Type of facility									
Referral hospital	50	4	50	50	0	100	100	2	1
District hospital	66	38	28	28	12	16	84	25	1
Health center	64	382	91	91	48	44	76	244	1
Dispensary	3	60	50	50	0	50	50	2	1
Health post	0	22	-	-	-	-	-	0	-
Polyclinic (private)	29	7	50	50	50	50	100	2	1
Clinic (private)	8	25	0	0	0	0	50	2	1
Managing authority									
Government public	57	297	85	84	45	41	74	170	1
Government non-public	33	12	100	100	25	75	50	4	1
Government-assisted	74	133	85	85	42	43	83	98	1
Private	6	72	25	25	25	25	75	4	1
NGO/Community	4	24	100	100	100	0	0	1	1
Total	51	538	84	84	43	42	77	277	1

Table B-9.11 Post-exposure prophylaxis (PEP)

Percentage of facilities offering post-exposure prophylaxis (PEP) or having a system to refer staff for PEP. Among these facilities, percentage where specific elements are present, by type of facility and managing authority. Rwanda SPA 2007

Background characteristics	Percentage of facilities where staff have access to PEP[1]	Number of facilities	Percentage of facilities offering PEP that have: Observed PEP guidelines present in any PEP service sites	Any record/ register of staff receiving PEP services	Any observed record for monitoring full compliance for PEP regime	Observed antiretroviral (ARV) for PEP	Percentage of facilities offering PEP that store ARVs for PEP: Separate from other medications	Locked/ limited access	Separate and locked	Number of facilities where staff have access to PEP	Mean number of service sites where PEP is prescribed
Type of facility											
Referral hospital	75	4	67	100	0	100	0	33	0	3	8
District hospital	97	38	62	78	3	81	3	5	3	37	4
Health center	27	382	53	49	5	67	2	2	2	103	2
Dispensary	5	60	33	33	0	33	0	0	0	3	1
Health post	0	22	-	-	-	-	-	-	-	0	-
Polyclinic (private)	14	7	0	100	0	100	0	0	0	1	6
Clinic (private)	8	25	50	100	50	50	0	0	0	2	3
Managing authority											
Government public	28	297	58	58	6	74	2	5	2	84	3
Government non-public	25	12	33	67	33	67	0	0	0	3	6
Government-assisted	44	133	53	54	2	66	2	2	2	59	3
Private	3	72	50	100	0	100	0	0	0	2	4
NGO/Community	4	24	0	100	0	0	0	0	0	1	1
Total	28	538	55	58	5	70	2	3	2	149	3

[1] Facility offers PEP or has a system to refer staff for PEP.

Table B-9.12 Youth-friendly services for HIV/AIDS

Number of facilities with an HIV-testing system that offer youth-friendly services (YFS) for counseling and testing for HIV/AIDS, and among these, number with components supporting YFS, by type of facility and managing authority. Rwanda SPA 2007

Background characteristics	Number of facilities offering youth friendly HIV testing services	Number of facilities with an HIV testing system	Number of facilities with:			Number of facilities offering youth friendly HIV testing services
			Observed policy/ guidelines for YFS	At least one trained provider for YFS[1]	All items for indicator[2]	
Type of facility						
Referral hospital	0	4	-	-	-	0
District hospital	0	36	-	-	-	0
Health center	5	256	1	2	1	5
Dispensary	1	13	1	1	1	1
Health post	1	2	0	1	0	1
Polyclinic (private)	0	7	-	-	-	0
Clinic (private)	0	16	-	-	-	0
Managing authority						
Government public	0	185	-	-	-	0
Government non-public	0	6	-	-	-	0
Government-assisted	4	108	0	1	0	4
Private	0	25	-	-	-	0
NGO/Community	3	10	2	3	2	3
Total	7	334	2	4	2	7

[1] Provider reports having received training related to youth-specific services within the 3 years preceding the survey, or facility in-charge reports there is such a trained provider, but the provider was not present on the day of the survey.
[2] Facility offers youth-friendly HIV testing services, has observed policy and guidelines for YFS, and has at least one provider trained in YFS.

Appendix C Survey Personnel

Project Coordinators

Dr. Louis MUNYALAZI
Mr. Baudouin Abdon RUTERANA
Mr. Jean Philippe GATARAYIHA
Dr. Claude SEKABARAGA

Trainers

Dr. Vianney NIZEYIMANA
Dr. Bonaventure NZEYIMANA
Dr. Robert BANAMWANA
Dr. Aline UWIMANA
Dr. Camille MUNYANGABE
Mr. Baudouin Abdon RUTERANA
Mr. Jean Philippe GATARAYIHA
Mr. Apollinaire MUNYALIBANJE
Ms. Apolline MUKANYONGA

Technical Committee

Sheryl MARTIN, USAID
Mr. Justus KAMWESIGYE, USAID
Dr. Joseph FOUMBI, UNICEF
Ms. Pacifique N. RUTY, UNICEF
Dr. Alphonse MUNYAKAZI, FNUAP
Mr. John BOSCO RUZIBUKA, FNUAP
Dr. Emilien NKUSI, MINISATÉ
Dr. Robert BANAMWANA, MINISATÉ
Dr. Aline UWIMANA, MINISATÉ
Dr. Camille MUNYANGABE, MINISATÉ
Dr. Emilien NKUSI, MINISATÉ
Dr. Vianney NIZEYIMANA, MINISATÉ
Mr. Baudouin Abdon RUTERANA, NISR
Mr. Jean Philippe GATARAYIHA, NISR

Authors and Analysts

Mr. Baudouin Abdon RUTERANA
Mr. Jean Philippe GATARAYIHA
Dr. Emilien NKUSI
Dr. Bonaventure NZEYIMANA
Dr Fidele NGABO
Dr. Denise ILIBAGIZA
Dr. Michel GASANA
Dr. Ferdinand BIKOLIMANA
Dr. Camille MUNYANGABE
Dr. Solange HAKIBA
Dr. Vianney NIZEYIMANA
Dr. Corine KAREMA
Dr. Rathavuth HONG

Data Processing Personnel

Supervisors
Mr. Augustin TWAGIRUMUKIZA
Mr. Pascal SEMUCYO NTAGOMWA

Editors
Dr Emilien NKUSI
Dr Vianney NIZEYIMANA
Ms. Apolline MUKANYONGA
Mr. Appolinaire MUNYALIBANJE
Ms. Illuminée MUKAMWIZA
Mr. Jean Paul RUSHAKU
Ms. Olive NYIRABAGOYI
Mr. Janvier MUKAMA

Questionnaire Administrator
Ms. Angélique KANEZA UWIMANA

Secondary Editor
Mr. Pascal SEMUCYO NTAGOMWA

Data Entry Operators
Ms. Antoinette BAZIZERIMANA
Ms. Béate BENIMANA
Ms. Vestine KWERERE
Ms. Constance MUYOMBANO
Ms. Sylvie NIYONGERE
Ms. Jeanne UWIMANA

Data Collection Teams

Team 1
Ms. Nathalie UWAMALIYA (Team leader)
Ms. Angélique KABERA
Ms. Josephine NYAMBIBI
Mr. Déo Maxim NDAMUKUNDA
Ms. Liberathe UWAMALIYA

Team 2
Ms. Albertine NIAMEY (Team leader)
Ms. Mathilde MUKAMANA
Ms. Chantal MUKANYILIGIRA
Ms. Grâce-Faith NYIRAMUTAGOMA
Ms. Jeanne D'Arc UWIMANA
Ms. Jeanne Claudine UWERA

Team 3
Mr. Jean Chrysostome KAMANUTSI (Team leader)
Ms. Colette BUCYANAYANDI
Ms. Jeanne d'Arc MUKAGATERA
Ms. Immaculée NGIRUWONSANGA
Ms. Annick UWINEZA

Team 4
Ms. Stella UMUGWANEZA (Team leader)
Mr. Etienne KWIZERA
Ms. Sylvie ISIMBI
Ms. Auréa IRANKUNDA
Ms. Christine MUTAMULIZA
Ms. Triphine RUCEKE

Team 5
Ms. Christine MUKAKARANGWA (Team leader)
Ms. Josée MUKAGATERA
Mr. Jean Marie Vianney NDENGEJEHO
Ms. Pélagie NIWEMFURA
Ms. Christine RUGAMBAGE
Ms. Vestine UMWALI

Team 6
Mr. Edouard HAVUGIMANA (Team leader)
Mr. Evariste HABIYAREMYE
Ms. Donata IYATOBOYISARO
Mr. Janvier MUKAMA
Ms. Médiatrice UWINGENEYE

Team 7
Ms. Jacqueline NIBAMUREKE (Team leader)
Ms. Dorothée MUKANDEKEZI
Ms. Béata MUKANYANA
Mr. Michel MUTANGUHA
Mr. Théoneste NKURUNZIZA

Team 8
Ms. Francoise MUKASEKURU (Team leader)
Ms. Sabine HUNGURIMANA
Mr. Dominique MICOMYIZA
Ms. Clotilde MUHIMPUNDU
Ms. Vestine UWAMAHORO

Team 9
Mr. Jean Aimé MUGWANEZA (Team leader)
Ms. Béata AKAYEZU
Ms. Claudine MUKANDOLI
Ms. Josephine MUKASHYAKA
Ms. Yvette NSABIMANA

Team 10
Ms. Olive NYIRABAGOYI (Team leader)
Ms. Marie Josée BANANEZA
Ms. Yvette NDENGEYINGOMA
Ms. Justine NYIRAGAKURANO
Ms. Thérèse UWANYIRIGIRA

Team 11
Ms. Hassina UMUTESI (Team leader)
Ms. Espérance MUKAKIGERI
Mr. Jean de Dieu MUVUNYI
Ms. UWAMAHORO Germaine
Ms. Rachel UWIMANA

Team 12
Ms. Rédempta UMUTANGUHA (Team leader)
Mr. Jean BIZIMANA
Ms. Alodie BYUKUSENGE
Ms. Frida MBABAZI NTWAZA
Ms. Gaudence MUJAWIMANA

Quality Contro Supervisors

Dr. Bonaventure NZEYIMANA
Dr. Vianney NIZEYIMANA
Dr. Emilien NKUSI
Dr. Aline UWIMANA
Dr. Camille MUNYANGABE
Mr. Appolinaire MUNYALIBANJE
Ms. Apolline MUKANYONGA

Drivers

Mr. Augustin MUHAMA
Mr. Dieudonné NZITUKUZE
Mr. Jean KALISA
Mr. Jean ZIGAMA
Mr. Joseph GAKUBA
Mr. Jean Pierre RUGOMBOKA
Mr. Ramadhan NTARISA
Mr. Roger KAYIBANDA
Mr. Vital RUZIGANA
Ms. Ruth MUKASEKURU

Macro International Inc.

Mohamed AYAD
Rathavuth HONG
Alfredo FORT
Jeanne CUSHING
Ruilin REN
Joy FISHEL
Amadou SOW
Hannah GUEDENET
Sidney MOORE
Kaye MITCHELL
Christopher GRAMER

Appendix D Survey Instruments

COVER PAGE

1. Facility Identification

001 NAME OF FACILITY _____

002 LOCATION OF FACILITY _____

003 PROVINCE ..... [ ]

004 DISTRICT ..... [ ][ ]

006 URBAN/RURAL ..... → URBAN 1
RURAL 2

007 FACILITY NUMBER ..... [ ][ ][ ]

008 **TYPE OF FACILITY**

REFERAL HOSPITAL 1
DISTRICT HOSPITAL 2
HEALTH CENTER 3
DISPENSARY 4
HEALTH POST 5
POLICLINIC (PRIVATE) 6
CLINIC (PRIVATE) 7

009 ADJACENT TO FACILITY ..... → YES 1
NO 2

010 **MANAGING AUTHORITY**

GOVERNMENT PUBLIC 1
GOVERNMENT NON-PUBLIC (POLICE/MILITARY/PRIS 2
AGREES 3
PRIVATE 4
NGO/COMMUNIT 5

2. Information about Interview

011 Date: _____

DAY ..... [ ][ ]

MONTH ..... [ ][ ]

YEAR ..... [ ][ ][ ][ ]

012 Name of the interviewer: _____

INTERVIEWER CODE ..... [ ][ ]

013 INTERVIEWER VISITS:

	Visit 1	Visit 2	Visit 3
DATE	_____	_____	_____
TEAM LEADER	_____	_____	_____

014 RESULT CODES:
1 COMPLETED
2 RESPONDENT NOT AVAILABLE
3 REFUSED
4 PARTIALLY COMPLETED
6 OTHER

RESULT CODE ..... [ ]

3. GPS READING

015 WAYPOINT NAME (FACILITY NUMBER) . . . . . .

016 PROVINCE . . . . . .

017 LONGITUDE . . . . . S . .

018 LATITUDE . . . . . E . .

4. NUMBER OF OBSERVATION/EXIT & PROVIDER QUESTIONNAIRES COMPLETED AT FACILITY:

1 PROVIDER INTERVIEWS . . . . . .

2 CHILD OBSERVATION . . . . . .

3 FP OBSERVATION . . . . . .

4 ANC OBSERVATION . . . . . .

5 STI OBSERVATION . . . . . .

019 CHECKED BY MONITOR/SUPERVISOR:

SIGNATURE _____ DATE _____

FACILITY CHECKLIST FOR HIV/AIDS QUESTIONNAIRES:
OUTPATIENT & INPATIENT SERVICES

FACILITY NUMBER: [ ][ ][ ]

I would like to start by asking about the overall facility organization and availability of services.
For each of the clinics/units/departments that I mention, please indicate if it exists as a separate/distinct entity in the facility and not a component of another clinic/unit/department.
IF A DISTINCT CLINIC/UNIT/DEPARTMENT EXISTS, ASK: Are services offered from this particular clinic offered only by providers from this clinic/unit/department, or are they offered by providers from the OPD, IPD or other clinic/unit/department.

IF THE CLINIC/UNIT/DEPARTMENT EXISTS AS A DISTINCT ENTITY, LIST IT AND DETERMINE WHAT APPLICABLE SPECIALTY QUESTIONNAIRES NEED TO BE COMPLETED FOR THAT CLINIC/UNIT/DEPARTMENT, MARKING THE SERVICE BOX ON THE SAME LINE AS THAT CLINIC/UNIT/DEPARTMENT. COMPLETE AN OPD/IPD QRE FOR ALL LISTED UNITS, AS WELL AS THE INDICATED SPECIALTY QRE FOR SERVICES PROVIDED FROM THAT MAIN CLINIC/UNIT. IN THE "ELIGIBLE QUESTIONNAIRE" COLUMN, INDICATE WITH AN " / " IF A PARTICULAR QUESTIONNAIRE IS REQUIRED, AND AS SOON AS THAT SECTION IS DONE, MAKE A COMPLETE "X" IN THE BOX TO INDICATE THAT THIS SECTION WAS REQUIRED AND IT IS DONE

LINE #	CLINIC/UNIT	DESCRIPTION OF CLINIC/UNIT	ELIGIBLE QUESTIONNAIRES (QRE) SERVICE PROVIDED							
			Mod B or C OPD or IPD	Mod D HMIS	Mod E LAB	Mod F PHARM	Mod G TB	Mod H VCT	Mod I ART	Mod J PMTCT
01	1 8	Service statistics (HMIS/med records)		/						
02	1 9	Laboratory			/					
03	2 0	Pharmacy/Medical supplies				/				
04		Outpatient (OPD) or Inpatient (IPD)	/							
05										
06										
07										
08										
09										
10										
11										
12										
13										
14										
15										

OUTPATIENT (OPD) CLINIC/UNITS

01= General Outpatient
02= Pediatric Outpatient
03= Antenatal Care
04= Family Planning
05= Delivery (Outpatient)
06= Tuberculosis (TB)
07= VCT or CT (may be stand alone)
08= PMTCT
09= Specific HIV/AIDS Only (may be ART unit)
10= Specific Diagnoses (Including HIV/AIDS)
11= STI
12= Gynecology
13= Urology
15= Emergency/Casualty
16= Social Services Department/ home-based care/community services (not HIV/AIDS specific)
17= Social Services Department/home based care/ community services (HIV/AIDS specific)
18= Service statistics/medical records/HMIS
19= Laboratory (OPD &/or IPD)
20= Pharmacy
96= Other OPD _____ (SPECIFY)

INPATIENT (IPD) UNITS

22=Inpatient medical (adult or adult and pediatric)
23= Inpatient medical/surgical (adult or adult and pediatric)
24=Inpatient surgical (adult or adult and pediatric)
25=Inpatient pediatric
26= HIV/AIDS Only Inpatient
27= Specific Diagnoses (Including HIV/AIDS)
28= Tuberculosis (TB)
29= Delivery (Inpatient)
30= Hospice
97= Other IPD

LINE #	CLINIC/UNIT	DESCRIPTION OF CLINIC/UNIT	ELIGIBLE QUESTIONNAIRES (QRE) SERVICE PROVIDED							
			Mod B or C OPD or IPD	Mod D HMIS	Mod E LAB	Mod F PHARM	Mod G TB	Mod H VCT	Mod I ART	Mod J PMTCT
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
32										
33										
34										
			OPD or IPD	HMIS	LAB	PHARM	TB	VCT	ART	PMTCT
TOTAL QRES COMPLETED										

OUTPATIENT (OPD) CLINIC/UNITS

01= General Outpatient
02= Pediatric Outpatient
03= Antenatal Care
04= Family Planning
05= Delivery (Outpatient)
06= Tuberculosis (TB)
07= VCT or CT (may be stand alone)
08= PMTCT
09= Specific HIV/AIDS Only (may be ART unit)
10= Specific Diagnoses (Including HIV/AIDS)
11= STI
12= Gynecology
13= Urology
15= Emergency/Casualty
16= Social Services Department/ home-based care/community services (not HIV/AIDS specific)
17= Social Services Department/home based care/ community services (HIV/AIDS specific)
18= Service statistics/medical records/HMIS
19= Laboratory (OPD &/or IPD)
20= Pharmacy
96= Other OPD _____ (SPECIFY)

INPATIENT (IPD) UNITS

22=Inpatient medical (adult or adult and ped
23= Inpatient medical/surgical (adult or adult and pediatric)
24=Inpatient surgical (adult or adult and pediatric)
25=Inpatient pediatric
26= HIV/AIDS Only Inpatient
27= Specific Diagnoses (Including HIV/AIDS)
28= Tuberculosis (TB)
29= Delivery (Inpatient)
30= Hospice
97= Other IPD

FACILITY NUMBER: ☐☐☐ **INTERVIEWER CODE:** ☐☐

LIST ALL PROVIDERS WHO ARE PRESENT TODAY IN THIS UNIT.
WRITE THE NUMBER THAT CORRESPONDS TO THE PROVIDER QUALIFICATION, AND CHECK THE SERVICES THE PROVIDER OFFERS.
CHECK IF PROVIDER INTERVIEWED FOR INDIVIDUAL HEALTH WORKER INTERVIEW

							SERVICE PROVIDED							INTERVIEWED
					Qual-ification Code		ART	Any HIV counseling testing, PMTCT, VCT	Treatment		ANC FP Delivery	Other client services	Conduct lab tests	Check if staff interview conducted
PROV. SL NUM	CLIN/UNIT NUMBER line		unit	Provider first name or initials					HIV/AIDS related illnesses	Malaria STI TB				Yes individual
01														
02														
03														
04														
05														
06														
07														
08														
09														
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19														
20														
21														
22														
23														

01	GYNECO-OBSTETRICIAN	**11**	AUXILLIERE SANTE	**21**	PHARMACIST A1
02	PEDIATRICIAN	**12**	LAB TECHNICIAN A1	**22**	RADIOLOGIST
03	SURGEON	**13**	LAB TECHNICIAN A2	**23**	ANESTHETIST A1
04	OTHER MEDECIN SPECIALIST	**14**	LAB TECHNICIAN A3	**24**	DENTIST A1
05	MEDECIN GENERALIST	**15**	NUTRITIONIST A1	**25**	HYGIENE & ASSAINISSEMENT A1
06	MEDICAL OFFICER	**16**	NUTRITIONIST A2	**26**	PHYSIOTHERAPIST
07	MIDWIFE A1	**17**	ASSISTANT SOCIAL A0	**27**	MANAGEMENT PERSONNEL
08	INFERMIER A1	**18**	ASSISTANT SOCIAL A1	**28**	TECH. SUPPORTING STAFF
09	INFERMIER A2	**19**	ASSISTANT SOCIAL A2	**29**	MANAG. SUPPORTING STAFF
10	INFERMIER A3	**20**	PHARMACIST A0	**30**	OTHER _____

FACILITY NUMBER: ☐☐☐ - ☐ **INTERVIEWER CODE:** ☐☐

LIST ALL PROVIDERS WHO ARE PRESENT TODAY IN THIS UNIT.
WRITE THE NUMBER THAT CORRESPONDS TO THE PROVIDER QUALIFICATION, AND CHECK THE SERVICES THE PROVIDER OFFERS.
CHECK IF PROVIDER INTERVIEWED FOR INDIVIDUAL HEALTH WORKER INTERVIEW

							SERVICE PROVIDED							INTERVIEWED
					Qual-ification Code		ART	Any HIV counseling testing, PMTCT, VCT	Treatment		ANC FP Delivery	Other client services	Conduct lab tests	Check if staff interview conducted
PROV SL NUM.	CLIN/UNIT NUMBER line	unit		Provider first name or initials					HIV/AIDS related illnesses	Malaria STI TB				Yes individual
24														
25														
26														
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45														
46														

01	GYNECO-OBSTETRICIAN	**11**	AUXILLIERE SANTE	**21**	PHARMACIST A1
02	PEDIATRICIAN	**12**	LAB TECHNICIAN A1	**22**	RADIOLOGIST
03	SURGEON	**13**	LAB TECHNICIAN A2	**23**	ANESTHETIST A1
04	OTHER MEDECIN SPECIALIST	**14**	LAB TECHNICIAN A3	**24**	DENTIST A1
05	MEDECIN GENERALIST	**15**	NUTRITIONIST A1	**25**	HYGIENE & ASSAINISSEMENT A1
06	MEDICAL OFFICER	**16**	NUTRITIONIST A2	**26**	PHYSIOTHERAPIST
07	MIDWIFE A1	**17**	ASSISTANT SOCIAL A0	**27**	MANAGEMENT PERSONNEL
08	INFERMIER A1	**18**	ASSISTANT SOCIAL A1	**28**	TECH. SUPPORTING STAFF
09	INFERMIER A2	**19**	ASSISTANT SOCIAL A2	**29**	MANAG. SUPPORTING STAFF
10	INFERMIER A3	**20**	PHARMACIST A0	**30**	OTHER _____

FACILITY NUMBER: ☐☐☐ - - **INTERVIEWER CODE:** ☐☐

LIST ALL PROVIDERS WHO ARE PRESENT TODAY IN THIS UNIT.
WRITE THE NUMBER THAT CORRESPONDS TO THE PROVIDER QUALIFICATION, AND CHECK THE SERVICES THE PROVIDER OFFERS.
CHECK IF PROVIDER INTERVIEWED FOR INDIVIDUAL HEALTH WORKER INTERVIEW

					SERVICE PROVIDED							INTERVIEWED
PROV. SL. NUM	CLIN/UNIT NUMBER line	unit	Provider first name or initials	Qual-ification Code	ART	Any HIV counseling testing, PMTCT, VCT	Treatment HIV/AIDS related illnesses	Malaria STI TB	ANC FP Delivery	Other client services	Conduct lab tests	Check if staff interview conducted Yes individual
47												
48												
49												
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68												
69												

01	GYNECO-OBSTETRICIAN	**11**	AUXILLIERE SANTE	**21**	PHARMACIST A1
02	PEDIATRICIAN	**12**	LAB TECHNICIAN A1	**22**	RADIOLOGIST
03	SURGEON	**13**	LAB TECHNICIAN A2	**23**	ANESTHETIST A1
04	OTHER MEDECIN SPECIALIST	**14**	LAB TECHNICIAN A3	**24**	DENTIST A1
05	MEDECIN GENERALIST	**15**	NUTRITIONIST A1	**25**	HYGIENE & ASSAINISSEMENT A1
06	MEDICAL OFFICER	**16**	NUTRITIONIST A2	**26**	PHYSIOTHERAPIST
07	MIDWIFE A1	**17**	ASSISTANT SOCIAL A0	**27**	MANAGEMENT PERSONNEL
08	INFERMIER A1	**18**	ASSISTANT SOCIAL A1	**28**	TECH. SUPPORTING STAFF
09	INFERMIER A2	**19**	ASSISTANT SOCIAL A2	**29**	MANAG. SUPPORTING STAFF
10	INFERMIER A3	**20**	PHARMACIST A0	**30**	OTHER _____

1. General Information/Overview

Facility Number: [ ][ ][ ] **Interviewer Code:** [ ][ ]

FIND THE MANAGER OR MOST SENIOR HEALTH WORKER RESPONSIBLE FOR PATIENT SERVICES WHO IS PRESENT AT THE FACILITY. READ THE FOLLOWING GREETING:

Hello. My name is . We are here on behalf of the **National Institute of Statistics, Republic of Rwanda** to assist the government in knowing more about health services.
Now I will read a statement explaining the survey.

Your facility was randomly selected to participate in this study. We will be asking you questions about various health services and will ask to see patient registers. No patient names from the registers will be reviewed, recorded, or shared. The information about your facility may be used by the MOH and organizations supporting services in your facility, for planning service improvement or further studies of health services. The data collected from your facility may also be provided to researchers for analyses, however, the name of your facility will not be provided, and any reports by these researchers, that use your facility data will only present information in aggregate form so that your facility can not be identified.

We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person.

You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed?

Interviewer's signature Date
(Indicates respondent's willingness to participate)

100	May I begin the interview?	YES . . . . . 1 NO 2	→STOP

First I would like to ask you some general questions about how this facility is organized, and what infrastructure and resources are available. Then I will have some specific questions about HIV/AIDS services that may be provided from this facility.

101	In addition to regular healthcare services, does the facility ever provide services for clients who are known or suspected to be HIV/AIDS infected or to have HIV/AIDS related illnesses?	YES . . . . . 1 NO 2	

2. Information About Services

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
102	How many days each week is the facility routinely open for outpatient curative services?	NUMBER OF DAYS . . . . . [ ] DON'T KNOW 8	
103	Does a trained health provider live on the facility premises?	YES . . . . . 1 NO 2	
104	Is there a trained health provider assigned to and present at the facility at all times (24 hours a day) for emergencies? IF YES, ASK: Is there a duty schedule for 24-hour staff coverage? IF YES, ASK TO SEE THIS.	YES, DUTY SCHEDULE OBSERVED . . . . . 1 YES, 24-HR ONSITE STAFF NO DUTY SCHEDULE SEEN . . . 2 NO 24-HOUR ONSITE STAFF . . 3	→107
105	Is there a trained health provider available away from the facility but officially on call, at all times, (24 hours a day) for emergencies? IF YES, ASK: Is there a duty schedule for 24-hour staff coverage? IF YES, ASK TO SEE THIS.	YES, DUTY SCHEDULE OBSERVED . . . . . 1 YES, 24-HR ON CALL STAFF NO DUTY SCHEDULE SEEN . . . 2 NO 24-HOUR ON CALL STAFF . . 3	→107
106	Is this facility part of a network, where one of the network facilities always offers 24-hour emergency service? IF YES, ASK TO SEE SOME SCHEDULE OR NOTICE TO INFORM CLIENTS	YES, SCHEDULE/NOTICE OBSERVE 1 YES, SCHEDULE/NOTICE NOT SEEN . . . . . 2 NO 3	

107 Now I have some questions about staffing for this facility. Please tell me how many staff with this qualification are currently assigned to this facility and whether they are male or female staff. Then please tell me how many of these staff are part-time, both male and female. Finally, tell me the number present today, both part-time and full-time. We want to know the highest technical qualification that any staff may hold (such as a nurse or doctor) regardless of the person's actual assignment or specialist studies. IF THE SEX OF THE STAFF IS NOT KNOWN, WRITE THE TOTAL NUMBER IN COL. (a).

	QUALIFICATION	(a) ACTUAL # MALE FULL/PART TIME	(b) ACTUAL # FEMALE FULL/PART TIME	(c) ACTUAL # MALE & FEMALE PART-TIME	(d) PRESENT TODAY (MALE & FEMALE)
01	GYNECO-OBSTETRICIAN				
02	PEDIATRICIAN				
03	SURGEON				
04	OTHER MEDECIN SPECIALIST				
05	MEDECIN GENERALIST				
06	MEDICAL OFFICER				
07	MIDWIFE A1				
08	INFERMIER A1				
09	INFERMIER A2				
10	INFERMIER A3				
11	AUXILLIERE SANTE				

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
	QUALIFICATION	(a) ACTUAL # MALE	(b) ACTUAL # FEMALE	(c) ACTUAL # PART-TIME	(d) PRESENT TODAY (MALE/ FEMALE/PART-TIME)	
12	LAB TECHNICIAN A1					
13	LAB TECHNICIAN A2					
14	LAB TECHNICIAN A3					
15	NUTRITIONIST A1					
16	NUTRITIONIST A2					
17	ASSISTANT SOCIAL A0					
18	ASSISTANT SOCIAL A1					
19	ASSISTANT SOCIAL A2					
20	PHARMACIST A0					
21	PHARMACIST A1					
22	RADIOLOGIST					
23	ANESTHETIST A1					
24	DENTIST A1					
25	HYGIENE & ASSAINISSEMENT A1					
26	PHYSIOTHERAPIST					
27	MANAGEMENT PERSONNEL					
28	TECH. SUPPORTING STAFF					
29	MANAG. SUPPORTING STAFF					
30	All other staff with clinical training or providing client services					
31	All other support staff (non-clinical manager, medical records, cleaners, etc)					
32	SUM THE NUMBER OF STAFF REPORTED IN EACH COLUMN					

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	You have told me that there are (TOTAL STAFF) who are employed by this facility. Is this correct? IF NOT CORRECT, PROBE AND CHANGE ITEM 107 (01-33) AS NECESSARY.		
108	INDICATE IF THE STAFF INFORMATION WAS PROVIDED BY SEX FOR ALL CATEGORIES	YES, ALL . . . . . 1 SOME, NOT ALL . . . . . 2 NO 3	
109	In addition to the previously mentioned staff, who are employed by the facility, does this facility have any people who are not officially employed but who work routinely (either ful or part time part time) and who provide client services? This might include seconded staff from other organizations or volunteers.	YES . . . . . 1 NO 2	→ 112
110	Please tell me the qualification of the people who are **seconded** to the facility and indicate if they work specifically with HIV/AIDS related services or with other services.	SERVICES (a) HIV/AIDS ONLY (b) OTHER	
01	Medicin specialist	MEDECIN SPECIALIST . . . [ ][ ] [ ][ ]	
02	Medicin	MEDICIN . . . [ ][ ] [ ][ ]	
03	Infermier/sage-femme	INFERMIER MIDWIFE . . . [ ][ ] [ ][ ]	
04	Technicien laboratoire/assistant	LAB TECH/ ASSISTANT . . [ ][ ] [ ][ ]	
05	Assistant social	ASSISTANT SOCIAL . . . [ ][ ] [ ][ ]	
06	Nutritionist	NUTRITIONIST [ ][ ] [ ][ ]	
07	Autre	OTHER [ ][ ] [ ][ ] (SPECIFY)	
111	SUM THE NUMBER OF SECONDED STAFF IN Q110 WHO WORK WITH THE FACILITY.	TOTALS [ ][ ][ ] [ ][ ][ ]	
112	How many staff (either regular or seconded) work here who are foreign? PROBE, IF NECESSARY *DEFINITION FOR FOREIGN MAY BE COUNTRY SPECIFIC	NUMBER OF FOREIGN STAFF . . [ ][ ] DON'T KNOW . . 98	
113	Do you have an estimate of the size of the catchment population that this facility serves that is, the target, or total population living in the area served by this facility? IF YES: How many people is that?	CATCHMENT POPULATION [ ][ ][ ][ ][ ][ ][ ] NO CATCHMENT AREA . . . . . 9999995 DON'T KNOW SIZE OF CATCHMENT POPULATION 9999998	
114	Does this facility routinely provide inpatient care?	YES . . . . . 1 NO 2	→ 116
115	Does this facility have beds for overnight observation?	YES . . . . . 1 NO 2	→ 117
116	INDICATE HOW MANY BEDS OF EACH TYPE THE FACILITY HAS	NUMBER OF BEDS 1) OVERNIGHT [ ][ ][ ][ ] 2) ROUTINE INPATIENT [ ][ ][ ][ ]	
117	Does this facility have routine meetings for reviewing managerial or administrative matters?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 121 → 121

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
118	How often do meetings to discuss the facility managerial and administrative matters take place?	MONTHLY OR MORE OFTEN . . 1 EVERY 2-3 MONTHS . . . . . 2 EVERY 4-6 MONTHS . . . . . 3 LESS THAN EVERY 6 MONTHS OR IRREGULARLY 4	→ 121
119	Is an official record of management meetings maintained? IF YES, ASK TO SEE SOME RECORD (MINUTES OR NOTES) FROM THE MOST RECENT MEETING.	YES, RECORD OBSERVED . . 1 YES, REPORTED, NOT SEEN 2 NO RECORD MAINTAINED 3	→ 121 → 121
120	SCAN THE RECORD OR MINUTES AND CIRCLE THE LETTER FOR ANY OF THE LISTED TOPICS THAT ARE MENTIONED IN THE SCANNED RECORDS/MINUTES.	**ISSUES RELATED TO:** ROUTINE SERVICE PROVISIO . . A QUALITY OF SERVICES . . . . B ROUTINE HEALTH INFORMATION . C STAFFING NUMBERS . . . . . D EMPLOYMENT CONDITIONS (E.G., SALARY, DUTY SCHEDULE, BENEFITS) . . . . . E EQUIPMENT AND SUPPLIES . . F FINANCES OR BUDGET . . . . G NONE OF THE ABOVE Y	
121	Are there any ***routine*** meetings about facility activities or management issues that include both facility staff and community members?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 124 → 124
122	How often are ***routine*** meetings held with both facility staff and community members?	MONTHLY OR MORE OFTEN . . 1 EVERY 2-3 MONTHS . . . . . 2 EVERY 4-6 MONTHS . . . . . 3 LESS THAN EVERY 6 MONTHS OR IRREGULARLY 4	→ 124
123	Is an official record of the meetings with both facility staff and community members maintained? IF YES, ASK TO SEE SOME RECORD (MINUTES OR NOTES) FROM THE MOST RECENT MEETING.	YES, RECORD OBSERVED . . 1 YES, REPORTED, NOT SEEN . . 2 NO RECORD MAINTAINED 3	
124	Does this facility have any system for determining clients' opinions about the health facility or its services? IF YES, CIRCLE ALL METHODS THAT ARE USED FOR ELICITING CLIENTS' OPINIONS. PROBE FOR ALL METHODS USED.	SUGGESTION BOX . . . . . A CLIENT SURVEY FORM . . . . . B CLIENT INTERVIEW FORM . . . . . C OFFICIAL MEETING WITH COMMUNITY LEADERS . . . . . D INFORMAL DISCUSSIONS WITH CLIENT OR COMMUNITY . . E OTHER _____ . . X (SPECIFY) NO CLIENT FEEDBACK . . . . . Y DON'T KNOW . . . . . Z	→ 127 → 127
125	Is there a procedure for reviewing or reporting on clients' opinions? IF YES, ASK TO SEE A REPORT OR FORM ON WHICH DATA ARE COMPILED OR DISCUSSION IS REPORTED.	YES, REPORT SEEN . . . . . 1 YES, REPORT NOT SEEN . . . . . 2 NO 3	
126	In the past 3 months, have any changes been made in the program as a result of client opinion? IF YES, INDICATE IF THE CHANGE(S) ARE RELATED TO ANY OF THE LISTED TOPICS.	YES, CHANGE IN SERVICES OR TIMES OFFERED OR WAY SERVICES ARE PROVIDED . . . . A YES, CHANGE FOR CLIENT COMFORT . . . . . B OTHER _____ . . X (SPECIFY) NO . . . . . Y DON'T KNOW . . . . . Z	
127	Does this facility routinely carry out quality assurance activities? By this I mean some formal review system or comparison of work or systems to a standard?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 131 → 131

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
128	Is this system implemented throughout the facility or only in specific services?	THROUGHOUT FACILITY . . . . . 1 ONLY SPECIFIC SERVICES . . 2	
129	Now I want to ask about common quality assurance activities. For each activity I ask, please tell me if this is used anywhere in the facility. IF YES, ASK: Can I see some document or record that shows this has been carried out during the past year? A REPORT OR MINUTES OF A MEETING WHERE THE QA ACTIVITY IS REFERRED TO ARE ACCEPTABLE.		

	METHOD USED	DOCUMENT OBSERVED	DOCUMENT REPORTED, NOT SEEN	METHOD NOT USED	DON'T KNOW
01	Supervisory checklist of health system components (such as service-specific equipment, medications, and records)	1	2	3	8
02	Supervisory checklist of health service provision (such as an observation checklist)	1	2	3	8
03	Facility-wide review of mortality	1	2	3	8
04	Periodic audit of medical records or service registers	1	2	3	8
05	Quality assurance committee or staff reports	1	2	3	8
06	Other _____ (SPECIFY)	1	2	3	8

130	Please tell me who is responsible for the quality assurance activities, and if they are assigned within the facility (INTERNAL) or outside the facility (EXTERNAL) or both from within and external to the facility.					
	FOR EACH OF THE LISTED OPTIONS, INDICATE WHICH RESPONSE BEST DESCRIBES THE PERSONNEL RESPONSIBLE FOR QUALITY ASSURANCE	INTERNAL TO FACILITY	EXTERNAL TO FACILITY	BOTH INTERNAL AND EXTERNAL	NOT ACTIVE WITH QUALITY ASSUR-ANCE	DK
01	Individual staff members	1	2	3	4	8
02	Individual supervisors	1	2	3	4	8
03	Management committee (MAY BE DISTRICT OR REGIONAL MANAGEMENT TEAM)	1	2	3	4	8
04	Special quality assurance committee or team	1	2	3	4	8
05	Special quality assurance staff	1	2	3	4	8
06	Other _____ (SPECIFY)	1	2	3	4	8

131	Is this facility a part of any accreditation or certification program that is implemented by or from persons outside of the facility? IF YES, SPECIFY THE TYPE OF PROGRAM	YES, (Quality of Care Strategy) . . . . . 1 YES, _____ (OTHER) 2 NO 3	
132	Is there an infection control committee or a person assigned specifically for infection control? IF YES, CLARIFY THE TYPE OF INFECTION CONTROL (IC) COMMITTEE/STAFF	YES, MULTIDEPARTMENTAL COMMITTEE . . . . . 1 YES, STAFF MEMBER ASSIGNED SOLELY FOR IC . . . . . 2 NO SPECIAL IC COMMITTEE OR STAFF 3	→ 136

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
133	Do any of the infection control committee members/person have a qualification (or the equivalent qualification of [READ EACH QUALIFICATION LISTED AS A RESPONSE AND CIRCLE IF THE RESPONSE IS 'YES'.]	MEDICAL OFFICER . . . . . A NURSE/MIDWIFE . . . . . B PHARMACIST . . . . . C LAB. TECHNOLOGIST . . . . . D OTHER HEALTH PROFESSIONAL . . E	
134	Have any members of the infection control committee or the person assigned for infection control, received any specific training related to infection control and activities they are responsible for? IF YES, ASK IF THE TRAINING WAS PROVIDED BY THE FACILITY STAFF OR FROM OUTSIDE.	INFECTION CONTROL TRAINING (FACILITY BASED . . . . . A INFECTION CONTROL TRAINING (EXTERNAL) . . . . . B INJECTION SAFETY TRAINING (FACILITY BASED . . . . . C INJECTION SAFETY TRAINING (EXTERNAL) . . . . . D NO SPECIAL TRAINING . . . . . Y	
135	Is there any documentation of meetings or reports or actions, including required data reporting from units, by the infection control committee or of staff training related to infection control? ASK ABOUT EACH RESPONSE LISTED, IF YES, ASK TO SEE THE DOCUMENTATION AND CIRCLE ALL TYPES THAT WERE OBSERVED	REPORT OF MEETING . . . . . A REPORT TO PERSONS OUTSIDE COMMITTEE . . . . . B DATA REPORTS RELATED TO INFECTION CONTROL ISSUES . . C DOCUMENTS REPORTED, NONE SE D INSERVICE TRAINING TO STAFF AB INFECTION CONTROL ISSUI . . . . . E NO DOCUMENTATION . . . . . Y	
136	When was the last time a supervisor from outside this facility came here to visit?	WITHIN THE PAST 6 MONTHS . . . . . 1 MORE THAN 6 MONTHS AGO . . . . . 2 NEVER SUPERVISED FROM OUTSIDE FACILITY 3	 → 138 → 138
137	The most recent time during the past 6 months that a supervisor from outside the facility visited, did he or she do any of the following:	YES NO DON'T KNOW	
01	Check some registers or books	CHECKED REGISTERS 1 2 8	
02	Discuss problems	DISCUSSED PROBLEMS 1 2 8	
03	Discuss policy or administrative matters	DISCUSSED POLICY 1 2 8	
04	Discuss technical protocols or issues in service delivery practices	DISCUSSED TECH. MATTERS . . 1 2 8	
05	Hold an official staff meeting	STAFF MEETING . . 1 2 8	
06	Observe individual staff providing services	SERVICE OBSERVED 1 2 8	
07	Check equipment/infrastructure/supplies	CHECK SUPPLIES 1 2 8	
08	Check cleanliness of facility	CHECK CLEANLINESS 1 2 8	
09	Bring supplies	BRING SUPPLIES 1 2 8	
138	Does this facility have a program for routine maintenance and repair of **infrastructure?** IF YES, ASK: Is the person responsible for maintenance and repair of infrastructure assigned to the facility, or from outside the facility?	YES, ONSITE STAFF . . . . . 1 YES, OUTSIDE SUPPORT . . . . . 2 YES, BOTH ONSITE AND OUTSIDE STAFF . . . . . 3 NO ROUTINE MAINTENANCE . . 4 DON'T KNOW 8	
139	Does this facility have a program for routine preventive maintenance for major equipment such as a generator, refrigerator, and sterilization equipment? This means the equipment is checked periodically even if there is no problem. IF YES, ASK: Is the person responsible for routine preventive maintenance for major equipment assigned to the facility or from outside the facility?	YES, ONSITE STAFF . . . . . 1 YES, OUTSIDE SUPPORT . . . . . 2 YES, BOTH ONSITE AND OUTSIDE STAFF . . . . . 3 NO ROUTINE MAINTENANCE . . . . . 4 DON'T KNOW 8	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
140	What is the system used for repairing or replacing small equipment (such as blood pressure cuffs or stethoscopes)? PROBE AND CIRCLE ALL THAT APPLY.	ONSITE MAINTENANCE ..... A PETTY CASH FOR PURCHASE REPLACEMENT OR REPAIR ..... B SEND ELSEWHERE FOR REPAIR ..... C REPLACED BY MOH/DONO ..... D OTHER _____ (SPECIFY) X NO SYSTEM ..... Y DON'T KNOW ..... Z	
141	Does this facility have any routine user-fees or charges for any services for sick adults? This includes any fees, including those for registration or for client health records.	YES ..... 1 NO, CLIENTS HAVE NO OUT-OF-POCKET CHARGES OR USER-FEES 2	→ 144
142	Please tell me if any of the following user-fee or charging practices are ever applied by this facility for sick adults:	YES / NO / DON'T KNOW	
01	Is there a fee for the client health card?	CLIENT CARD 1 2 8	
02	Is there a fee for each consultation?	CONSULTATION 1 2 8	
03	Does the user fee vary depending on the diagnosis?	FEE VARIES BY DIAGNOSIS 1 2 8	
04	Are there user fees for medications?	MEDICINE 1 2 8	
05	Are there user fees for laboratory tests?	TESTS 1 2 8	
06	Is there a fee for registration?	REGISTRATION 1 2 8	
07	Are discounts or exemptions from fees allowed for some clients?	DISCOUNT/ EXEMPTIONS 1 2 8	
08	Is there a system for clients to pre-pay for multiple visits for curative care?	PRE-PAY FOR MULTIPLE 1 2 8	
143	Are the official fees posted so that the client can easily see them? IF YES, VERIFY BY ASKING TO SEE WHERE FEES ARE POSTED	YES, ALL FEES POSTED ..... 1 YES, SOME, NOT ALL FEES POSTED ..... 2 NO POSTED FEES 3	
144	Does this facility receive any funding that helps to cover the cost of services provided to clients, other than from the routine running budget or direct client fees? For example, do insurance programs, the government, community programs, or donors ever reimburse the facility for services provided to clients for whom fees were exempted or discounted? IF YES, ASK: Which type of plans are used? PROBE FOR RESPONSE.	EQUITY (CHARITY) FUND FOR POOR ..... A REIMBURSED BY EMPLOYER OF CLIENT ..... B INSURANCE ..... C GOV'T CONTRIBUTION TO POOLING RISK (RAMA, FARG, MMI) D OTHER _____ (SPECIFY) X NO ..... Y DON'T KNOW ..... Z	
144a	What was the total amount reimbursement received from the government for the pooled risk since January 1 this year?	[ ][ ][ ][ ][ ][ ][ ][ ][ ] Frc. NONE ..... 999999999 DON'T KNOW 999999998	 → 144d → 144d
'144b	What was the amount disbursed up today?	[ ][ ][ ][ ][ ][ ][ ][ ][ ] Frc.	
'144c	How many clients' visits was the disbursement for? NUMBER OF CLIENTS' VISITS CAN BE EQUAL OR GREATER THAN NUMBER OF CLIETS	[ ][ ][ ][ ][ ]	
144d	How much did your facility spend in 2006?	[ ][ ][ ][ ][ ][ ][ ][ ][ ] Frc.	
144e	What are the financing source of your facilities (NGO, church, out-of pocket revenue) YES [ ] **NO** OR **DON'T KNOW** [ ]		→ 145

	NAME	A AMAFARANGA (1000 $US)	B Auto/Ambulance (1000 $US)	C Construction (1000 $US)	D Equipemts Med. (1000 $US)	E Medicaments (1000 $US)	F (AUTRE) (1000 $US)
01							
02							
03							
04							

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
145	Please tell me the most common means of transport used by patients who are referred from other facilities to this facility for emergency services.	AMBULANCE . . . . . A PRIVATE CAR/BUS . . . . . B PUBLIC CAR/BUS . . . . . C MOTORCYCLE (PVT OR PUBLIC) D BICYCLE . . . . . E PEOPLE CARRY/PUSH OR PULL PATIENT . . . . . F ANIMALS CARRY/PULL PATIENTS . . . . . G OTHER _____ . . X (SPECIFY) NEVER RECEIVE REFERRALS . . . Y DON'T KNOW . . . . . Z	
146	Does this facility have a ***functional*** ambulance or other vehicle for emergency transportation for clients? ACCEPT REPORTED RESPONSE.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 148 → 148
147	Is fuel available today? ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
148	Please tell me if this facility has any of the following systems to support emergency referrals.	YES NO DON'T KNOW	
01	Are there any funds set aside to help clients with emergency transportation?	PROVIDE FUNDS 1 2 8	
02	Does the facility hire a vehicle locally to provide emergency transportation?	HIRE VEHICLE 1 2 8	
03	Is there a community health insurance scheme that helps to fund emergency referrals?	COMMUNITY SUPPORT 1 2 8	
04	Is fuel set aside for emergency referrals?	FUEL SET ASIDE 1 2 8	
05	Is there a revolving fund system for transportation for emergency referrals? This might include providing a loan or cost-sharing with the patient or family	REVOLVING FUND 1 2 8	
06	Does the facility radio or phone another facility to send transportation for emergency referrals?	PHONE FOR TRANSPORT 1 2 8	
07	Is there any other system? If YES, SPECIFY _____	OTHER 1 2 8	
149	Does this facility have a generator for electricity? This may be a back-up or stand-by generator.	YES, OBSERVED . . . . . 1 YES, REPORTED NOT SEEN . . 2 NO . . . . . 3 DON'T KNOW 8	 → 151 → 151
150	Is the generator functional and is there fuel today? ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.	YES, FUNCTIONAL WITH FUEL . 1 YES, FUNCTIONAL, NO FUEL 2 NOT FUNCTIONAL . . . . . 3 DON'T KNOW 8	
151	Does this facility ever obtain electricity from a source other than a generator?	YES, CENTRAL SUPPLY . . . . . 1 YES, SOLAR OR OTHER SOURCE . . . . . 2 NO 3	 → 155
152	Is the electricity (not including any backup generator) always available during the times when the facility is providing services, or is it sometimes interrupted?	ALWAYS AVAILABLE . . . . . 1 SOMETIMES INTERRUPTED . . 2	→ 154
153	IF SOMETIMES INTERRUPTED, ASK: How many *days* during the past week was the electricity *not available for at least 2 hours* during a time the facility was open for services? THIS INCLUDES EMERGENCY SERVICES.	NUMBER OF DAYS *NOT AVAILABLE* PAST WEEK . . [ ] NEVER INTERRUPTED 2 HOURS OR MORE 0	
154	CHECK TO SEE IF THE ELECTRICITY IS FUNCTIONING NOW.	YES, FUNCTIONING . . . . . 1 NO 2	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
155	What is the ***most commonly used*** source of water for hand washing for the facility *at this time?*	PIPED INTO FACILITY . . . . . 01 PIPED ONTO FACILITY GROUNDS . . 02 PUBLIC TAP/STANDPIPE . . . . . 03 TUBEWELL/BOREHOLE . . . . . 04 PROTECTED DUG WELL . . . 05 UNPROTECTED DUG WELL . . . . . 06 PROTECTED SPRING . . . . . 07 UNPROTECTED SPRING . . . . . 08 RAINWATER . . . . . 09 BOTTLED WATER . . . . . 10 CART W/SMALL TANK/DRUM . . . . . 11 TANKER TRUCK . . . . . 12 SURFACE WATER (RIVER/DAM/LAKE/POND) . . . . . 13 OTHER _____ 96 (SPECIFY) DON'T KNOW . . . . . 98 NO WATER SOURCE 00	→ 159
156	Is water outlet from this source available onsite (that is, within 500m of the facility?) REPORTED RESPONSE IS ACCEPTABLE	YES, ONSITE . . . . . 1 NO 2	
157	Does the availability of water from this source vary by season?	YES . . . . . 1 NO 2	
158	Is there routinely a time of year when the facility has a severe shortage or lack of water?	YES . . . . . 1 NO 2	
159	Does this facility have a working phone or shortwave radio to call outside, that is available at all times client services are offered? CLARIFY THAT IF 24-HOUR EMERGENCY SERVICES ARE OFFERED, THIS REFERS TO 24-HOUR AVAILABILITY.	YES, LANDLINE . . . . . 1 YES, CELL PHONE . . . . . 2 YES, PAY PHONE OR PERSONAL CELL PHONE ONLY . . . . . 3 YES, RADIO . . . . . 4 NO 5	→ 161 → 161 → 161 → 161
160	Is there a phone or shortwave radio within 5 minutes' distance from the facility that staff can use in an emergency? IF YES, ASK: Is that phone or shortwave radio available at all times services are offered?	YES, AVAILABLE ALL TIMES . . 1 YES, NOT AVAILABLE ALL TIMES . . . . . 2 NO, NONE WITHIN 5 MINUTES . . 3	
161	Does the facility have a computer? IF YES, ASK: Is the computer functioning today? (REPORTED RESPONSE IS ACCEPTABLE)	YES, FUNCTIONING . . . . . 1 YES, NOT FUNCTIONING . . . . . 2 NO 3	→ 163
162	Is there ever access to email/internet within the facility? (REPORTED RESPONSE IS ACCEPTABLE)	YES . . . . . 1 NO 2	
163	AT THIS TIME CHECK Q101 TO SEE IF THE FACILITY OFFERS HIV/AIDS RELATED SERVICES.	YES . . . . . 1 NO 2	→ 174a
164	Are new staff who work with HIV/AIDS clients in any capacity, routinely trained or instructed on a policy for confidentiality and disclosure of HIV test results or client status?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
165	Now I want to ask you about post-exposure prophylaxis (PEP) for people who may have been exposed to HIV. Are at-risk clients, for example, rape victims, offered or referred for PEP? IF YES, ASK: Is the PEP provided in this facility, or are clients referred elsewhere for PEP?	YES, PEP IN THIS FACILITY . . 1 YES, REFERRED TO OTHER FACILITY FOR PEP . . . . . 2 NO PEP AVAILABLE . . . . . 3 DON'T KNOW 8	
166	Is PEP available for staff in this facility if they are exposed to HIV? IF YES, ASK: Is the PEP available in this facility or do staff receive PEP from another facility?	YES, THIS FACILITY . . . . . 1 YES, OTHER FACILITY ONLY . . . . . 2 NO PEP AVAILABLE 3	→ 174a

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
167	Is there a central location in the facility where staff receive prescriptions or referrals for PEP?	YES . . . . . 1 NO, PROVIDERS IN VARIOUS SITES PRESCRIBE PEP . . . . . 2 NO PEP DRUGS AND NO SYSTEM FOR REFERRAL 3	→ 174a
168	GO TO MAIN PEP SERVICE SITE. IF NO CENTRAL SERVICE SITE FOR PEP, GO TO MAIN STORAGE SITE FOR PEP MEDICINES. Is there a centrally maintained register or record that shows that a worker has been prescribed PEP or has been referred for PEP? IF YES, ASK: May I see the register/record? GO TO WHERE THE RECORD/REGISTER IS MAINTAINED AND CHECK TO SEE WHICH INFORMATION IS AVAILABLE. CIRCLE THE CORRECT LETTER FOR EACH PIECE OF INFORMATION THAT IS RECORDED.	YES, REFERRED FOR PEP . . . . . A YES, RECEIVED PRE-PEP HIV TEST . . . . . B YES, RECEIVED PEP ARV DRUGS . . . . . C YES, RECEIVED POST-PEP HIV TEST . . . . . D NO RECORDS THIS LOCATION, BUT RECORDS KEPT IN DIFFERENT SERVICE UNITS . . . E NO RECORD, INFORMATION IN INDIVIDUAL HEALTH RECORDS ONLY . . . . . F NO RECORD FOR PEP . . . . . Y	
169	Are there any written protocols/guidelines for post-exposure prophylaxis available in this site? IF YES, ASK TO SEE THE PROTOCOLS/ GUIDELINES.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
170	What is the PEP regimen that is ***most commonly*** prescribed?	**2-Drug Combinations:** ZIDOVUDINE (ZDV) + LAMIVUDINE (3TC) 01 STAVUDINE (d4T) + LAMIVUDINE (3TC) 02 STAVUDINE (d4T) + DINADOSINE (ddI) 03 **3-Drug Combinations** ANY OF 1, 2 or 3 ***plus*** EFAVIRENZ (EFZ) 04 ANY OF 1, 2 or 3 ***plus*** NELFINAVIR (NFV) 05 ANY OF 1, 2 or 3 ***plus*** LOPINAVIR-RITONAVIR (LPV/r) 06 OTHER _____ 96 (SPECIFY)	
171	ASK TO GO TO THE MAIN PLACE IN THE FACILITY WHERE PEP MEDICINES ARE STORED, AND INDICATE IF MEDICINES ARE AVAILABLE	PEP MEDICINES STORED SAME AREA AS ARVs FOR TREATMENT . . . . . 1 YES, PEP MEDS STORED ELSEWHERE . . . . . 2 NO PEP MEDICINES IN FACILITY . 3	→ 174a → 174a
172	RECORD WHICH MEDICINES ARE PRESENT FOR PEP	ZIDOVUDINE (ZDV or AZT) . . . . . A LAMIVUDINE (3TC) . . . . . B STAVUDINE (d4T) . . . . . C DINADOSINE (ddI) . . . . . D EFAVIRENZ (EFZ) . . . . . E NELFINAVIR (NFV) . . . . . F LOPINAVIR-RITONAVIR . . . . . G OTHER ARV _____ H (SPECIFY) OTHER ARV _____ I (SPECIFY) OTHER ARV _____ J (SPECIFY) NOT AVAILABLE TODAY . . . . . Y	→ 174a
173	DESCRIBE THE STORAGE OF THE PEP MEDICINES. ARE THE PEP MEDICINES STORED IN A LOCKED STORAGE UNIT AND SEPARATE FROM OTHER MEDICINES OR SUPPLIES?	STORED ALONE . . . . . 1 STORED WITH OTHER ARVS AND APART FROM OTHER MEDICINES . . . . . 2 STORED WITH NON-ARV MEDS 3 OTHER _____ . . . . . 6 (SPECIFY)	
174	DESCRIBE THE SECURITY FOR THE PEP MEDICINES.	LOCKED, LIMITED ACCESS SITE 1 UNLOCKED OR NO LIMITED ACCESS 2	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
174a	Now I would like to ask you about nutritional services in your facility. Do you have a nutritional service/unit in you facility?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 175 → 175
174b	What are the components of the nutritional service?	NUTRITIONAL SUPPORT . . . . . A EDUCATION FORMATION SUR LA NUTRITION . . . . . B NUTRITION THERAPY FOR CHILDREN MALNOURISHED OR WITH ARV . . C	
	ASK THE RESPONDENT TO TAKE YOU TO THE MAIN AREA WHERE EQUIPMENT IS CLEANED AND STERILIZED OR DISINFECTED AND ASK TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT THE PROCESSES USED.		
175	Are syringes for client injections or drawing blood ever reused? IF YES, PROCEED. IF NO, CIRCLE 'Y' FOR NEVER REUSE SYRINGES What is the ***final method*** most commonly used sterilizing syringes prior to reuse? CIRCLE ALL THAT APPLY.	DRY-HEAT STERILIZATION . . A AUTOCLAVING . . . . . B BOILING . . . . . C STEAM . . . . . D CHEMICAL METHOD . . . . . E OTHER _____ X (SPECIFY) NEVER REUSE SYRINGES . . . . . Y	
176	What procedure is used for ***decontaminating* and *cleaning*** equipment before its final processing for reuse? PROBE, IF NECESSARY, TO DETERMINE CORRECT RESPONSE.	SOAKED IN DISINFECTANT SOLUTION AND THEN BRUSH SCRUBBED WITH SOAP AND WATER . . . . . 01 BRUSH SCRUBBED WITH SOAP AND WATER AND THEN SOAK IN DISINFECTANT . . . . . 02 BRUSH SCRUBBED WITH SOAP AND WATER ONLY . . . . . 03 SOAKED IN DISINFECTANT, NOT BRUSH SCRUBBED . . 04 CLEAN WITH SOAP AND WATER, NOT BRUSH SCRUBBED . . 05 OTHER _____ . . 06 (SPECIFY) NO EQUIPMENT EVER REUSED. . . 07 DON'T DECONTAMINATE 95	 → 183 → 179
177	Are there written guidelines for how to decontaminate equipment? IF YES, ASK: May I see them?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . 2 NO 3	 → 179 → 179
178	SCAN THE GIDELINE AND CIRCLE ALL COMPONENTS THAT ARE MENTIONED OR COMVERED	SOAKING TIME . . . . . A PERCENT OF CHEMICAL USED . . B PROPORTIONS TO MIX . . . . . C BRUSH SCRUB . . . . . D NONE OF THE ABOVE . . . . . Y	
179	What is the ***final method*** most commonly used for disinfecting or sterilizing medical equipment before they are reused? IF DIFFERENT METHODS ARE USED FOR DIFFERENT TYPES OF EQUIPMENT, INDICATE THE METHOD(S) USED FOR METAL EQUIPMENT SUCH AS MINOR SURGICAL EQUIPMENT.	DRY-HEAT STERILIZATION . . A AUTOCLAVING . . . . . B BOILING . . . . . C STEAM . . . . . D CHEMICAL METHOD . . . . . E PROCESS OUTSIDE FACILITY F OTHER _____ X (SPECIFY) NO EQUIPMENT PROCESSED . . . . Y	 →181(6) →181(6)

NO.	QUESTIONS	CODING CLASSIFICATION						GO TO
180	GO TO WHERE EQUIPMENT IS PROCESSED AND ASK IF THE INDICATED ITEMS ARE AVAILABLE IN THE MAIN PROCESSING AREA, AND ASSESS THE FUNCTIONING STATUS AND PROCEDURES FOLLOWED AT THIS SITE.							
	ITEM	**(a) AVAILABILITY**				**(b) FUNCTIONING**		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Electric autoclave (PRESSURE AND WET HEAT)	1→b	2→b	3 02	8 02	1	2	8
02	Non-electric autoclave (PRESSURE/WET H)	1→b	2→b	3 03	8 03	1	2	8
03	Electric dry heat sterilizer	1→b	2→b	3 04	8 04	1	2	8
04	Electric boiler or steamer (no pressure)	1→b	2→b	3 05	8 05	1	2	8
05	Non-electric pot with cover (FOR STEAM/ BOIL)	1	2	3	8			
06	Heat source for non-electric equipment (STOVE OR COOKER)	1→b	2→b	3 07	8 07	1	2	8
07	Automatic timer (MAY BE ON EQUIPMENT)	1→b	2→b	3 08	8 08	1	2	8
08	TST Indicator strips or other item that indicates when sterilization is complete.	1	2	3	8			
09	Written protocols or guidelines for sterilization or disinfection	1	2	3	8			

181	FOR EACH OF THE FOLLOWING METHODS FOR STERILIZATION/ DISINFECTION USED IN THE FACILITY, INDICATE THE PROCESSING DETAILS INCLUDING TIME PROCESSED AFTER THE REQUIRED TEMPERATURE/ PRESSURE/ BOILING IS REACHED						
		(1) Dry heat sterilization	(2) Autoclave (steam with pressure)	(3) Boil	(4) Steam without pressure	(5) Chemical High Level Disinfectant (HLD)	(6) nitial decontamination
A	Method	USED 1 NOT USED 2 → 2	USED 1 NOT USED 2 → 3	USED 1 NOT USED 2 → 4	USED 1 NOT USED 2 → 5	USED 1 NOT USED 2 → 6	USED 1 NOT USEI 2 → 182
B	Temperature (centigrade)	TEMPERATURE AUTOMAT C 666 DON'T KNOW 998	TEMPERATURE AUTOMAT C 666 DON'T KNOW 998				
C	Pressure		PRESS-URE AUTOMAT C 666 → 2E DON'T KNOW 998 → 2E				
D	Units of pressure		UN TS OF PRESSURE KG/SQ CM 1 ATM PRESSURE 2 K LOPASCAL 3 M LL METER HG 4				
E	Minutes-when equipment is not wrapped in cloth	M NUTES AUTOMAT C 666 DON'T KNOW 998	M NUTES AUTOMAT C 666 DON'T KNOW 998	M NUTES DON'T KNOW 998	M NUTES DON'T KNOW 998	M NUTES DON'T KNOW 998	M NUTES DON'T KNOW 998
F	Minutes when equipment is wrapped		M NUTES WRAPPED AUTOMAT C 666 DON'T KNOW 998				
G	Chemical disinfectant used					J K 1 CHLOR NE 2 H2O2 3 POV DONE OD NE 4 ALCOHOL 5 CHLORHEX D NE 6 GLUTARALDEHYDE 7 DON'T KNOW 8	J K 1 CHLOR NE 2 H2O2 3 POV DONE OD NE 4 ALCOHOL 5 CHLORHEX D NE 6 GLUTARALDEHYDI 7 DON'T KNOW 8
H	Percent solution before dilution					PERCENT DON'T KNOW 98	PERCENT DON'T KNOW 98
I	Mixture parts solution and water					M XTURE PARTS a) D S NFECTANT b) WATER DK 000	M XTURE PARTS a) D S NFECTANT b) WATER DK 000

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
182	ASK TO SEE WHERE CENTRAL OR EXTERNALLY PROCESSED ITEMS ARE STORED AND INDICATE FOR EACH OF THE BELOW IF THIS STORAGE PRACTICE WAS OBSERVED OR REPORTED.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW
01	Wrapped in sterile cloth, sealed with tape	1	2	3	8
02	Stored in sterile container with lid that clasps shut	1	2	3	8
03	Stored unwrapped inside an autoclave or dry heat sterilizer	1	2	3	8
04	On tray, covered with cloth or wrapped without sealing tape	1	2	3	8
05	In container with disinfectant or antiseptic	1	2	3	8
06	Other clean	1	2	3	8
07	Other not clean	1	2	3	8
08	Date of sterilization written on packet or container with processed items	1	2	3	8
09	Is storage location dry and clean?	1	2	3	8
183	Now I would like to ask you a few questions about the waste disposal practices for sharp items such as needles or blades. How does this facility ***finally*** dispose of sharp items, or what is the final disposal process for filled sharps boxes?	**BURN IN INCINERATOR:** 2 CHAMBER INDUSTRIAL (800 1000+° 02 1 CHAMBER DRUM/BRIC . . . . . 03 **OPEN BURNING** FLAT GROUND NO PROTECTIOI . . . 04 PIT OR PROTECTED GROUN . . . . . 05 **DUMP WITHOUT BURNING** FLAT GROUND NO PROTECTIOI . . . . 06 COVERED PIT OR PIT LATRINE . . . . 07 OPEN PIT OR PROTECTED GROUND 08 **REMOVE OFFSITE** STORED IN COVERED CONTAIN . . . . 09 STORED IN OTHER PROTECTED ENVIRONMENT . . . . . 10 STORED UNPROTECTED . . . . . 11 **OTHER**_____ 96 (SPECIFY) NEVER HAVE SHARPS WASTE 95			→185 →185 →185 →185
184	Are the burned/dumped sharps routinely buried? IF YES, CHECK TO SEE IF THE WASTE IS COMPLETELY COVERED BY THE BURIAL.	YES, WASTE COMPLETELY COVERED 1 YES, WASTE PARTIALLY COVERE . . . 2 NO BURIAL OF BURNED/DUMPED SHARPS 3			
185	Now I would like to ask you a few questions about the waste disposal practices for infectious waste such as used bandages. How does this facility ***finally*** dispose of infectious wastes such as these?	SAME AS FOR SHARP ITEMS . . . . . 01 **BURN IN INCINERATOR:** 2 CHAMBER INDUSTRIAL (800 1000+° 02 1 CHAMBER DRUM/BRIC . . . . . 03 **OPEN BURNING** FLAT GROUND NO PROTECTIOI . . . . 04 PIT OR PROTECTED GROUN . . . . . 05 **DUMP WITHOUT BURNING** FLAT GROUND NO PROTECTIOI . . . . 06 COVERED PIT OR PIT LATRI . . . . . 07 OPEN PIT OR PROTECTED GROUND 08 **REMOVE OFFSITE** STORED IN COVERED CONTAIN . . . . 09 STORED IN OTHER PROTECTED ENVIRONMENT . . . . . 10 STORED UNPROTECTED . . . . . 11 **OTHER**_____ 96 (SPECIFY) NEVER HAVE INFECTIOUS WASTI 95			→187 →187 →187 →187 →187

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
186	Is the burned/dumped infectious waste routinely buried? IF YES, CHECK TO SEE IF THE WASTE IS COMPLETELY COVERED BY THE BURIAL.	YES, WASTE COMPLETELY COVERED 1 YES, WASTE PARTIALLY COVERED 2 NO BURIAL OF BURNED/DUMPED SHARPS 3	
187	ARE THERE ANY UNPROTECTED SHARPS OR INFECTIOUS WASTE OBSERVED EITHER AT THE FINAL DISPOSAL SITE OR ON THE FACILITY GROUNDS? THIS INCLUDES SYRINGES NEEDLES, AND BANDAGES.	YES 1 NO, OR NOT APPLICABLE 2	
188	CHECK **Q183** AND **Q185;** IS 09 OR 10 OR 11 CIRCLED (ANY WASTE REMOVED OFFSITE FOR DISPOS YES ☐ NO ☐ → 191		
189	How is the waste that is collected and removed offsite finally disposed?	INCINERATED . . . . . 1 **TAKEN TO LOCAL DUMP:** BURNED . . . . . 2 BURNED BUT NOT BURIED . . . . . 3 BURIED UNBURNED . . . . . 4 **OTHER** _____ . . . . 6 (SPECIFY) DON'T KNOW 8	

COMMUNITY BASED SERVICES			
191	Does this facility have links with community based health workers or volunteers?	YES . . . . . 1 NO 2	→ END
192	Does this facility have link with community based health worker or volunteers for the following services?	FAMILY PLANNING . . . . . A MATERNAL HEALTH . . . . . B DELIVERY . . . . . C CHILD HEALTH . . . . . D IMMUNIZATION E STI . . . . . F MALARIA G TUBERCULOSIS . . . . . H PMTCT . . . . . I VCT . . . . . J ART . . . . . K YES, OTHER SERVICES . . . . . X _____ (SPECIFY) YES, OTHER HIV/AIDS SERVICES . . . Y _____ (SPECIFY) NONE OF THE ABOVE . . . . . Z	
193	What types of ART services do the community based workers provide? CIRCLE ALL THAT APPLY	YES, DISTRIBUTE ARVS . . . . . A YES, REFER FOR ART ELIGIBILITY B YES, HOME CARE . . . . . C YES, CLIENT TREATMENT SUPPORT D YES, PRETEST COUNSELING . . . E YES, PREVENTIVE EDUCATION F YES, ADHERENCE COUNSELING . . G YES, EMOTIONAL/SOCIAL SUPPORT H YES, DEFAULTER FOLLOW UP . . I YES, NOT HIV/AIDS RELATED . . . . . J YES, OTHER RELATED . . X _____ (SPECIFY) NONE . . . . . Y	
194	When clients are referred to community based health workers or volunteers, do you have a formal system for making the referral, such as a referral slip or other means? IF YES: ASK: What method do you use?	YES, REFERRAL SLIP OBSERVED . 01 YES, REFERRAL SLIP REPORTED, NOT SEEN . . . . . 02 PATIENT SENT WITH MEDICAL CHART/RECORD/CARD . . . . . 03 WRITE ON PRESCRIPTION FORM/ LETTERHEAD . . . . . 04 PROVIDER GIVES VERBAL REPORT TO SITE (MAY . . . . . ACCOMPANY CLIENT) . . . . . 05 WRITE NOTE/LETTER . . . (UNSTRUCTURED) . . . . . 06 OTHER _____ . . . 07 (SPECIFY) NO METHOD USED 98	
195	When community based health workers refer clients to the facility, is there a formal system for making the referral such as a referral slip or other means? IF YES, What method is used?	YES, REFERRAL SLIP OBSERVED . 01 YES, REFERRAL SLIP REPORTED, NOT SEEN . . . . . 0'2 PATIENT SENT WITH MEDICAL CHART/RECORD/CARD . . . . . 03 WRITE ON PRESCRIPTION FORM/ LETTERHEAD . . . . . 04 PROVIDER GIVES VERBAL REPORT TO SITE (MAY . . . . . ACCOMPANY CLIENT) . . . . . 05 WRITE NOTE/LETTER . . . (UNSTRUCTURED) . . . . . 06 OTHER _____ . . . 07 (SPECIFY) NO METHOD USED 98	

196	Do you have a reporting format that the community health worker completes, or that facility staff complete for the community work? IF YES, ASK TO SEE A COPY OF A RECENT REPORT	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
197	Is there a system for periodic supervision of the community health worker? IF YES, ASK TO SEE EVIDENCE OF A SYSTEM SUCH AS A SUPERVISORY SCHEDULE OR REPORT	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
198	When was the most recent ***training session*** for community health workers who are linked with this facility?	WITHIN PAST 30 DAYS . . . . . 1 WITHIN PAST 2 6 MONTHS . . . . . 2 WITHIN PAST 7 12 MONTHS . . . . . 3 MORE THAN 12 MONTHS AGO . . . . . 4 NO TRAINING . . . . . 5 DON'T KNOW 8	
199	When was the most recent ***meeting*** with community health workers who are linked with this facility?	WITHIN PAST 30 DAYS . . . . . 1 WITHIN PAST 2 6 MONTHS . . . . . 2 WITHIN PAST 7 12 MONTHS . . . . . 3 MORE THAN 12 MONTHS AGO . . . . . 4 NO TRAINING . . . . . 5 DON'T KNOW 8	
	THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE		

2a. Vaccine Logistical System

Facility Number: [ ][ ][ ] **Interviewer Code:** [ ][ ]

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
200	Now I would like to find out about immunization services provided to children or pregnant women either by or at your facility. Are any immunization services provided, either as outreach or at the facility itself? IF YES: ASK: Do you provide immunizations for children only, for pregnant women only, or for both children and pregnant women? CIRCLE RESPONSE.	YES, CHILDREN ONLY . . . . . 1 YES, PREGNANT WOMEN ONLY . . . . . 2 BOTH CH PREGNANT WOMEN . . . . . 3 NO IMMUNIZATION SERVICES EVER PROVIDED 4	→ Section **2b** (Q230)
	FIND THE MANAGER OR MOST SENIOR HEALTH WORKER INVOLVED IN MANAGEMENT OF IMMUNIZATION SERVICES. IF THIS IS A NEW RESPONDENT, OBTAIN INFORMED CONSENT BELOW: IF THE PERSON IS NOT A NEW RESPONDENT, CONTINUE WITH Q201. READ THE FOLLOWING TO NEW RESPONDENTS: Hello. My name is _____. We are here on behalf of the the National Institute of Statistics, Republic of Rwanda Statistics to assist the government in knowing more about health services. Now I will read a statement explaining the survey. Your facility was randomly selected to participate in this study. We will be asking you questions about various health services and will ask to see patient registers. No patient names from the registers will be reviewed, recorded, or shared. The information about your facility may be used by the MOH and organizations supporting services in your facility, for planning service improvement or further studies of health services. The data collected from your facility may also be provided to researchers for analyses, however, the name of your facility will not be provided, and any reports that use your facility data will only present information in aggregate form so that your facility can not be identified. We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person. You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed? _____ _____ Interviewer's signature Date (Indicates respondent's willingness to participate)		
201	May I begin the interview now?	YES . . . . . 1 NO 2	→ **STOP**
202	Does this facility routinely store *any* vaccines, or are all its vaccines either picked up from another facility or delivered when services are being provided? KEEPING VACCINES 1 2 DAYS ONLY FOR IMMEDIATE USE IS NOT CONSIDERED AS STORING VACCINES	YES, STORES VACCINES . . . . . 1 STORES NO VACCINES 2	→ 210
203	ASK TO GO WHERE VACCINES ARE STORED, AND EXPLAIN: I want to find out about your system for keeping vaccines. What type of equipment do you usually use to store your vaccines? CIRCLE ALL THAT APPLY	ELECTRIC REFRIGERATOR . . . . . A KEROSENE REFRIGERATOR . . . . . B GAS REFRIGERATOR . . . . . C SOLAR REFRIGERATOR . . . . . D COLD BOX . . . . . E	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
204	INDICATE THE TEMPERATURE INSIDE THE REFRIGERATOR OR COLD BOX. IF MORE THAN ONE SYSTEM/STORAGE EQUIPMENT IS USED, SELECT THE ONE WHERE DPT HB IS STORED AND CHECK THE TEMPERATURE	TEMPERATURE CENTIGRADE . . . . . [ ][ ] NOT OBSERVED . . . . . 94 THERMOMETER NOT FUNCTIONING . . . . . 95 NO THERMOMETER 96	 → 206 → 206 → 206
205	INDICATE WHETHER TEMPERATURE INSIDE COOLING UNIT IS ABOVE OR BELOW 0 (ZERO) DEGREES CENTIGRADE. FOR 0 DEGREES, CIRCLE 1.	POSITIVE (+) . . . . . 1 NEGATIVE ( ) 2	
206	Do you have a cold chain temperature monitoring chart? IF YES, ASK: May I see it?: IF MORE THAN ONE SYSTEM/STORAGE EQUIPMENT IS USED, SELECT THE ONE WHERE DPT HB IS STORED AND CHECK THE TEMPERATURE CHART	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . 2 NO 3	 → 208 → 208
207	CHECK WHETHER THE TEMPERATURE RECORD WAS COMPLETED TWICE DAILY FOR EACH OF THE PAST 30 DAYS.	YES, COMPLETED . . . . . 1 NO, NOT COMPLETED 2	
208	INDICATE WHETHER THE REFRIGERATOR OR COLD BOX IS PROTECTED FROM DIRECT SUNLIGHT.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
	ASK TO GO TO THE MAIN LOCATION WHERE VACCINES ARE STORED AND COLLECT THE INDICATED INFORMATION		

209		VALIDATION OF COMMODITY											
		A	B	C	D	E	F	G	H	I	J	K	L
	UMUTI	Unit of measure T V P	Product normally carried or stocked at this facility	Valid expiration date on all units present today	tems stored by date of expiration	Stock card Available	NUMBER AVA LABLE MATCHES STOCK RECORD	Variation stock and store	Any Zero balance observed for the past six months	Review information (recorded on stock records only)* for the past 6 months and record: Amount received	Amount disbursed	Balance today	Months of data reviewed 0-6 mo
		P=Pack T=Tabs V=vials	Y=Yes N=No	Y=Yes N=No U=**	Y=Yes N=No	Y=Yes N=No	Y=Yes N=No		Y=Yes N=No				
1	Tetanus toxo d	P T V	O N → E1	O N U	O N	O N '2	O N		O N				
2	BCG and d utant	P T V	O N → E2	O N U	O N	O N '3	O N		O N				
3	Ora po o (OPV)	P T V	O N → E3	O N U	O N	O N '4	O N		O N				
4	Pentava ent (DPT+HepB+ H b)	P T V	O N → E4	O N U	O N	O N '5	O N		O N				
5	Meas es and d utant	P T V	O N → E5	O N U	O N	O N '6	O N		O N				
6	V tam ne A	P T V	O N → E6	O N U	O N	O N '210	O N		O N				

* f information is not recorded on Stock cards/records record 9998 Do not collect information from multiple receipts

**U=Not A Checked, but at east one of the tems random y checked was va d

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
210	When was the last time that you received a routine supply of vaccines, either that you ordered, or that is part of your routine supply system?	WITHIN PRIOR 4 FULL WEEKS . . . . 1 BETWEEN 4-12 WEEKS . . . . . 2 MORE THAN 12 WEEKS AGO . . 3 NO ROUTINE SUPPLY SYSTEM . . . . . 4 DON'T KNOW 8	
211	Does this facility determine the quantity of vaccines required and order that, or is the quantity that you receive determined elsewhere?	DETERMINES OWN NEED AND ORDERS . . . . . 1 NEED DETERMINED ELSEWHERE . . . . . 2 BOTH (DIFFER BY VACCINE) . . . . . 3 DON'T KNOW 8	→214 →217
212	Do you always receive a standard fixed quantity for each vaccine received or does the quantity you receive vary according to recent need or activity level?	QUANTITY BASED ON ACTIVITY LEVEL . . . . . 1 STANDARD FIXED SUPPLY . . . . . 2 DON'T KNOW 8	
213	CHECK Q211 TO SEE IF '3' (BOTH) IS CIRCLED. YES ☐ NO ☐		217
214	Routinely, when you order vaccines, which best describes the system you use to determine **how much** of each to order? Do you: - **Review** the amount of each vaccine remaining, and order to bring the stock amount to a pre-determined (fixed) amount? - **Order** exactly the same quantity each time, regardless of the existing stock? - **Review** the amount of each vaccine used since the previous order, and plan based on prior consumption and expected future activity? - **Other**_____ (SPECIFY) - **Don't know**	 ORDER TO MAINTAIN FIXED STOCK . . . . . 1 ORDER SAME AMOUNT . . . . . 2 ORDER BASED ON CONSUMPTION . . . . . 3 OTHER . . . . . 6 DON'T KNOW 8	
215	Which of the following best describes the routine system for deciding **when** to order vaccines? Do you: - **Place** order whenever stock levels fall to a predetermined level? - **Have** a fixed time that orders are submitted? IF YES, INDICATE THE NORMAL FIXED TIME FOR SUBMITTING ORDERS. - **Place** an order whenever there is believed to be a need, regardless of stock level? - **Other**_____ (SPECIFY) - **Don't know**	 PREDETERMINED LEVEL . . . . 1 FIXED TIME . . . . . 2 EVERY . ☐☐ WEEKS ORDER WHEN NEEDED . . . . . 3 OTHER . . . . . 6 DON'T KNOW 8	
216	On average, how long does it take to receive your supplies after you have placed an order?	UNDER 4 WEEKS 1 BETWEEN 4 TO 8 WEEKS 2 OVER 8 WEEKS 3	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
217	During the past 6 months, have you always, not always, but often, or almost never received the amount of vaccines that you ordered (or that you are supposed to routinely receive)?	ALWAYS . . . . . 1 OFTEN . . . . . 2 ALMOST NEVER 3	
218	How many vaccine carriers do you have available?	ONE . . . . . 1 TWO OR MORE . . . . . 2 NONE 3	 →220
219	Are there ice packs for the vaccine carriers (four or five per carrier)?	YES, ONE SET . . . . . 1 YES, TWO OR MORE SETS . 2 NO, USE PURCHASED ICE . 3 NO 4	
220	What type of injection equipment is used during routine immunization sessions at this facility?	SINGLE-USE . . . . . A STERILIZABLE . . . . . B AUTO-DISABLE . . . . . C OTHER _____ X (SPECIFY)	

2b. Child Health Services

Facility Number: [ ][ ][ ] **Interviewer Code:** [ ][ ]

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
230	Does this facility provide any services for children below 5 years of age, either at the facility or on an outreach basis or outreach in school for primary school children?	YES . . . . . 1 NO 2	 →**END**
	FIND THE MANAGER OR MOST SENIOR HEALTH WORKER INVOLVED IN MANAGEMENT OF CURATIVE CHILD HEALTH SERVICES. IF THIS IS A NEW RESPONDENT, OBTAIN INFORMED CONSENT BELOW. IF THE PERSON IS NOT A NEW RESPONDENT, CONTINUE WITH Q231. READ THE FOLLOWING TO NEW RESPONDENTS: Hello. My name is _____. We are here on behalf of the National Institute of Statistics, Republic of Rwanda to assist the government in knowing more about health services. Now I will read a statement explaining the survey. Your facility was randomly selected to participate in this study. We will be asking you questions about various health services and will ask to see patient registers. No patient names from the registers will be reviewed, recorded, or shared. The information about your facility may be used by the MOH and organizations supporting services in your facility, for planning service improvement or further studies of health services. The data collected from your facility may also be provided to researchers for analyses, however, the name of your facility will not be provided, and any reports that use your facility data will only present information in aggregate form so that your facility can not be identified. We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person. You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed? Interviewer's signature Date (Indicates respondent's willingness to participate)		
231	May I begin the interview?	YES . . . . . 1 NO 2	 → END

NO.	QUESTIONS	CODING CLASSIFICATION		GO TO
232	Now I would like to ask you specifically about child health services. For each of the following services, please tell me whether the service is offered by your facility, and if so, how many days per month the service is provided *at the facility, and how many days per month outreach services are provided (if any).*			
	CHILD HEALTH SERVICE. (b) USE A 4-WEEK MONTH TO CALCULATE # OF DAYS FOR OUTREACH. IF AVAILABLE 7 DAYS/WEEK WRITE 30	(a) FACILITY SERVICE	(b) OUTREACH (VILLAGE LEVEL SERVICES	
01	Routine series of immunizations for children **(DPT-HB-Hib (Pentavalent))**	# OF DAYS PER WEEK NO SERVICE 0	# OF DAYS PER MONTH NO SERVICE 00	
02	Routine series of immunizations for children **(Measles)**	# OF DAYS PER WEEK NO SERVICE 0	# OF DAYS PER MONTH NO SERVICE 00	
03	BCG immunizations	# OF DAYS PER WEEK NO SERVICE 0	# OF DAYS PER MONTH NO SERVICE 00	
04	Routine Vitamin A supplementation	# OF DAYS PER WEEK NO SERVICE 0	# OF DAYS PER MONTH NO SERVICE 00	
05	Consultation or curative services for a sick child	# OF DAYS PER WEEK NO SERVICE 0	# OF DAYS PER MONTH NO SERVICE 00	
06	Growth monitoring or growth promotion (where a *healthy child* is routinely weighed, has the weight charted on a growth chart, and feeding advice is given.)	# OF DAYS PER WEEK NO SERVICE 0	# OF DAYS PER MONTH NO SERVICE 00	
233	CHECK 232 (01a and 02a) AND INDICATE WHETHER ROUTINE CHILD IMMUNIZATIONS ARE EVER PROVIDED AT THE FACILITY YES ☐ NO ☐			→ 251a
234	Are routine immunizations for children available at the facility today?	YES . . . . . 1 NO 2		
235	Are immunizations offered in the facility on every day that sick child consultations are provided? IF YES: Are all vaccines offered?	YES, ALL VACCINES . . . . . 1 YES, SOME VACCINES, NOT ALL . . . . . 2 NO . . . . . 3 DON'T KNOW 4		
236	Is there a waiting area for clients receiving child immunization services where they are protected from sun and rain?	YES . . . . . 1 NO 2		
237	Does this facility have any routine user-fees or charges for any child immunization services? This includes any fees, including those for registration or for client health records.	YES . . . . . 1 NO, CLIENTS HAVE NO OUT-OF-POCKET CHARGES OR USER-FEES 2		→ 240
238	Please tell me if any of the following user-fee or charging practices are ever applied by this facility for child immunization services:		YES / NO / DON'T KNOW	
01	Is there a fee for the child immunization chart or record?	IMMUNIZATION CHART/RECORD	1 / 2 / 8	
02	Is there a fee for syringes provided by the facility?	SYRINGES	1 / 2 / 8	
03	Is there a fee for immunization services?	IMMUNIZATION SERVICE	1 / 2 / 8	
04	Is there a fee for any vaccines?	VACCINE	1 / 2 / 8	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
239	Are the official fees posted so that the client can easily see them? IF YES, VERIFY BY ASKING TO SEE WHERE FEES ARE POSTED	YES, ALL FEES POSTED . . . . . 1 YES, SOME, NOT ALL FEES POSTED . . . . . 2 NO POSTED FEES 3	
240	ASK TO SEE THE ROOM(S) WHERE IMMUNIZATIONS ARE GIVEN. WAS THE ROOM ALREADY OBSERVED WHEN ASSESSING THE THERAPEUTIC INJECTION ROOM?	YES, DATA PROVIDED IN THERAPEUTIC INJ ROOM [268] . . . . . 1 YES, DATA PROVIDED IN EXAMINATION ROOM [265] . . . . . 2 NO, DATA NOT YET COLLECTED 3	→242 → 242

241 ASK TO GO TO THE ROOM WHERE IMMUNIZATIONS ARE ADMINISTERED. CHECK FOR EACH OF THE FOLLOWING ITEMS FOR WHETHER THE ITEM IS EITHER IN THE ROOM WHERE IMMUNIZATIONS ARE PROVIDED OR IN AN ADJACENT ROOM.

	ITEMS FOR IMMUNIZATION SERVICES	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED)	1 → 04	2	3
02	OTHER RUNNING WATER (BUCKET WITH TAP OR POUR PITCHER)	1 → 04	2	3
03	WATER IN BUCKET OR BASIN (WATER REUSED)	1	2	3
04	HAND-WASHING SOAP	1	2	3
05	SINGLE-USE HAND DRYING TOWELS	1	2	3
06	WASTE RECEPTACLE WITH LID AND PLASTIC LINER	1	2	3
07	SHARPS CONTAINER	1	2	3
08	DISPOSABLE LATEX GLOVES	1 → 10	2	3
09	DISPOSABLE NON-LATEX GLOVES	1	2	3
10	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 12	2	3
11	DISINFECTANT (NOT YET MIXED)	1	2	3
12	DISPOSABLE NEEDLES	1	2	3
13	AUTO-DISABLE SYRINGES	1	2	3
14	DISPOSABLE SYRINGES (3 OR 5 ML)	1	2	3

242	OTHER ITEMS REQUIRED FOR IMMUNIZATION SERVICES	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW
01	National Guideline for immunization	1	2	3	8
02	Blank, individual child immunization cards	1	2	3	8
03	Tally sheets or register sheets	1	2	3	8
04	Permanent register or summary sheets for recording immunizations	1	2 → 244	3 → 244	8 → 244

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
243	ASK WHEN IMMUNIZATIONS WERE MOST RECENTLY PROVIDED IN THE FACILITY AND VERIFY THAT THE REGISTER IS UP-TO-DATE.	UP-TO-DATE . . . . . 1 NOT UP TO DATE 2	
244	What is the current estimate for your Pentavalent dropout rate? THIS IS THE DROPOUT BETWEEN DOSE 1 AND DOSE 3	PENTAVALENT DROPOUT RATE (%) [ ][ ][ ] DON'T KNOW 998	
245	Do you have an estimate of the target population for child immunizations in the facility catchment area? IF YES: How many children is that?	TARGET POPULATION [ ][ ][ ][ ][ ] NO CATCHMENT AREA . 99995 DON'T KNOW 99998	 → 247 → 247
246	What is the current estimate for your facility's measles coverage?	MEASLES COVERAGE (%) . . [ ][ ][ ] DON'T KNOW 998	
246a	Do you have graphic for total immunization coverage?	YES . . . . . 1 NO 2	
247	RECORD THE SOURCE(S) OF INFORMATION FOR % COVERAGE AND DROPOUT RATE ESTIMATES.	WRITTEN REPORT . . . . . A GRAPH/CHART . . . . . B OTHER _____ X (SPECIFY) NO COVERAGE RATES . . . . . Y SOURCE NOT KNOWN . . . . . Z	
248	CONDITION OF CHILD IMMUNIZATION AREA	YES NO	
01	**FLOOR:** SWEPT, NO OBVIOUS DIRT OR WASTE	1 2	
02	**COUNTERS/TABLES/CHAIRS:** WIPED CLEAN-NO OBVIOUS DUST OR WASTE	1 2	
03	BROKEN EQUIPMENT, PAPERS, BOXES AROUND MAKING AREA CLUTTERED AND DIRTY	1 2	
04	**WALLS:** REASONABLY CLEAN		
05	**DOORS:** NO OR MINOR DAMMAGE	1 2	
06	**WALLS:** NO OR MINOR DAMMAGE	1 2	
07	**ROOF:** NO OR MINOR DAMMAGE	1 2	
249	WERE ANY USED NEEDLES OR OTHER SHARPS OBSERVED OUTSIDE OF A SHARPS CONTAINER?	YES . . . . . 1 NO 2	
250	WAS THE SHARPS CONTAINER OVERFLOWING, OR WAS THE CONTAINER PIERCED/BROKEN?	YES . . . . . 1 NO . . . . . 2 NO SHARPS CONTAINER 3	
251	WERE ANY BANDAGES OR OTHER NON-SHARP INFECTIOUS WASTE OBSERVED OUTSIDE OF A COVERED TRASH CONTAINER?	YES, ON FLOOR/SURFACES . . . 1 YES, IN UNCOVERED CONTAINER 2 NO 3	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
251a	Is there a ***routine*** "well baby" clinic where children are assessed for growth and development, and sceened for early signs of disease available in this facility?	YES, IN ANOTHER LOCATION . . . 1 YES, THIS LOCATION . . . . . 2 NO WELL BABY CLINIC IN FACILIT 3	→ 251f
	GO TO THE AREA WHERE WELL BABY SERVICES ARE PROVIDED (IF DIFFERENT FROM WHERE IMMUNIZATION SERVICES ARE OFFERED) AND SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT WELL BABY CLINICS.		
251b	How many days in a month are well baby services offered at this facility? USE A 4-WEEK MONTH TO CALCULATE NUMBER OF DAYS	NUMBER OF DAYS [ ][ ] DON'T KNOW 98	
251c	Are well baby services being offered at this faciltiy today?	YES . . . . . 1 NO 2	
251d	Do you routinely check the immunization status of all infants (less than 12 months) you see at this well baby clinic and immunize those infants who are missing some shots?	YES . . . . . 1 NO 2	→ 251f

251e	Do you routinely have any of the following vaccines at well baby clinics? ASK TO SEE EACH ITEM	YES, OBSERVED	YES, REPORTED NOT SEEN	YES, BUT NOT AVAILABLE NOW	NO, NOT USED	DON'T KNOW
01	BCG AND DILUENT	1	2	3	4	8
02	ORAL POLIO VACCINE	1	2	3	4	8
03	PENTAVALENT (DPT-HB-Hib)	1	2	3	4	8
04	MEASLES VACCINE & DILUENT	1	2	3	4	8
05	TETANUS TOXOID	1	2	3	4	8
06	OTHER _____ (SPECIFY)	1	2	3	4	8

251f	CHECK Q232(06): DOES FACILITY PROVIDE GROWTH MONITORING CONSULTATIONS? YES ☐ ↓ NO ☐ →	**252**

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
251g	Do you have an estimate of the target population (children 1-5) for growth monitoring services? area? IF YES: How many children is that?	TARGET POPULATION [ ][ ][ ][ ][ ] NO CATCHMENT AREA . 99995 DON'T KNOW 99998	
251h	How many children received growth monitoring services during the past 4 complete weeks?	CHILDREN [ ][ ][ ][ ][ ] DON'T KNOW 99998	
252	CHECK Q232(05): DOES FACILITY PROVIDE SICK-CHILD CONSULTATIONS? YES ☐ NO ☐		**END**
253	How many staff assigned to this unit have received training on IMCI guidelines?	NUMBER OF STAFF TRAINED IN IMCI [ ][ ] NONE . . . . . 00 DON'T KNOW 98	
254	Are IMCI guidelines ever used when assessing and treating sick children? IF YES, CLARIFY IF THE GUIDELINES ARE ROUTINELY FOLLOWED OR SOMETIMES, DEPENDING ON THE SITUATION.	ALWAYS FOLLOW IMCI . . . . . 1 SOMETIMES FOLLOW IMCI . . . . . 2 NEVER USE IMCI GUIDELINES . 3 DON'T KNOW 8	
254a	Is there a specific consultation room for children under 5 years of age that is different from where older children and adults receive services?	YES . . . . . 1 NO 2	
254b	Does this facility provide overnight services for the seriously ill child who is under 5 years of age?	YES . . . . . 1 NO 2	
255	THIS QUESTION IS INTENTIONALLY DELETED		
256	Please tell me if any of the following user-fee or charging practices are ever applied by this facility for curative care for children:	YES / NO / DON'T KNOW	
01	Is there a fee for the child health chart or record?	IMMUNIZATION CARD/RECORD 1 2 8	
02	Is there a fee for the consultation service?	FEE FOR CONSULT 1 2 8	
03	Is there a different fee depending on the child's diagnosis?	VARY BY DIAGNOSIS 1 2 8	
04	Are there user fees for medications?	MEDICINES 1 2 8	
05	Are there user fees for laboratory tests?	TESTS 1 2 8	
06	Is there a fee for registration?	REGISTRATION 1 2 8	
07	Are discounts or exemptions from fees allowed for some clients?	DISCOUNT/ EXEMPTIONS 1 2 8	
08	Is there a system for clients to pre-pay for multiple visits for curative care?	PREPAY FOR MULTIPLE 1 2 8	
257	Are the official fees posted so that the client can easily see them? IF YES, VERIFY BY ASKING TO SEE WHERE FEES ARE POSTED	YES, ALL FEES POSTED . . . . . 1 YES, SOME, NOT ALL FEES POSTED . . . . . 2 NO POSTED FEES 3	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
258	Is there a waiting area for clients receiving child health services where they are protected from sun and rain?	YES . . . . . 1 NO 2	
259	Does this facility have a system whereby certain measures and activities are routinely carried out on sick children before the consultation for the presenting illness? IF YES, ASK TO SEE THE PLACE WHERE SICK CHILDREN ARE SEEN BEFORE THE CONSULTATION .	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 →262 →262

260	OBSERVE IF THE BELOW ACTIVITIES ARE BEING CONDUCTED ROUTINELY. IF NOT SEEN ASK: Is [READ ACTIVITY YOU DO NOT SEE] routinely conducted for all sick children?	OBSERVED ACTIVITY	ACTIVITY REPORTED, NOT SEEN	ACTIVITY NOT ROUTINELY CONDUCTED	DON'T KNOW
01	Weighing the child	1	2	3	8
02	Plotting child's weight on graph	1	2	3	8
03	Taking child's temperature	1	2	3	8
04	Assessing child's immunization status	1	2	3	8
05	Assessing Vitamin A supplementation status	1	2	3	8
06	Group health education	1	2	3	8
07	Paracetamol and/or sponge for fever	1	2	3	8

260a	Do provider in this clinic/unit facilitate obtaining an ITN for the pediatric clients?	ROUTINELY TO ALL CLIENTS . . . . 1 SOMETIME TO SELECTED CLIENT 2 REFER ALL CLIENTS . . . . . 3 REFER SELECTED CLIENTS . . . . 4 NEVER 5	
260b	Do provider in this clinic/unit provide counseling on important of ITN usage to prevent malaria?	ROUTINELY TO ALL CLIENTS . . . . 1 SOMETIME TO SELECTED CLIENT 2 REFER ALL CLIENTS . . . . . 3 REFER SELECTED CLIENTS . . . . 4 NEVER 5	
261	Is there an ORT corner at the facility? IF YES, ASK TO SEE WHERE THE ORT IS PROVIDED.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO ORT CORNER . . . . . 3 DON'T KNOW 8	
262	Is there a routine system for someone other than the health worker who examines the child to give him or her the first dose of **prescribed** oral medication? IF YES, ASK TO SEE WHERE THE FIRST DOSE IS PROVIDED.	YES, OBSERVED CHILD RECEIVING DOSE . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO ROUTINE SYSTEM . . . . . 3 DON'T KNOW 8	
263	Does this facility ever use blood tests to verify the diagnosis of malaria in children over 5 years?	YES, MOCROSCOPY . . . . . 1 YES, RAPID DIAGNOSIS TEST . 2 NO . . . . . 3 DON'T KNOW 8	→ 263b → 263b → 263b
263a	Why this facility does not use blood tests to verify the diagnosis of malaria in children over 5 years?	DO NOT HAVE LAB . . . . . 1 HAVE NO ACCESS TO LAB . . . 2 HAVE LAB BUT NO STAFF/ SUPPLIES/EQUIPMENT . . . . . 3 DON'T KNOW 8	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
263b	Do you have education/sensitization sessions on malaria for clients?	OSERVED . . . . . 1 REPORT NOT SEEN . . . . . 2 NO SCHEDULE . . . . . 3 DON'T KNOW 8	 → 264 → 264 → 264
263c	How many education/sensitization session for malaria were held in this facility in the past 1 full week? IF NO SESSIONS HELD WRITE 000 →	NUMBER SESSIONS [ ][ ][ ]	→ 264
263d	How many clients attended the education/sensitization for malaria in the past 1 full week?	NUMBER OF PARTICIPANTS [ ][ ][ ][ ]	

264 ASK TO GO TO THE PLACE WHERE EXAMINATIONS OF SICK CHILDREN ARE CARRIED OUT. CHECK WHETHER EACH OF THE ITEMS BELOW IS EITHER IN THE ROOM WHERE THE SERVICE IS GIVEN OR IN AN ADJACENT ROOM.

	ITEMS FOR SICK CHILD CONSULTATIONS	(a) AVAILABILITY				(b) FUNCTIONING		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Infant scale	1→b	2→b	3 → 02	8 → 02	1	2	8
02	Child scale	1→b	2→b	3 → 03	8 → 03	1	2	8
03	Thermometer	1→b	2→b	3 → 04	8 → 04	1	2	8
04	Timer or facility provided watch/clock with second hand	1→b	2→b	3 → 05	8 → 05	1	2	8
05	Staff has watch with second hand	1	2	3	8			
06	Butterfly or scalp vein 21-23g, or branula (intercath) 22-24g	1	2	3	8			
07	Intravenous fluid (D5NS, NS, ringers lactate (1/2 strength-darrows, or full strength Hartman's)	1	2	3	8			
08	D5W intravenous fluid	1	2	3	8			
09	Perfusion sets	1	2	3	8			
10	Jar or pitcher for oral rehydration solution (ORS)	1	2	3	8			
11	Cup and spoon	1	2	3	8			
12	ORS PACKETS	1	2	3	8			

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
265	ITEMS FOR INFECTION CONTROL AND EXAMINATION	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	RUNNING WATER (PIPED)	1 → 04	2	3	
02	OTHER RUNNING WATER (BUCKET WITH TAP OR POUR PITCHER)	1 → 04	2	3	
03	WATER IN BUCKET OR BASIN (WATER REUSED)	1	2	3	
04	HAND-WASHING SOAP	1	2	3	
05	SINGLE-USE HAND DRYING TOWELS	1	2	3	
06	WASTE RECEPTACLE WITH LID AND PLASTIC LINER	1	2	3	
07	SHARPS CONTAINER	1	2	3	
08	DISPOSABLE LATEX GLOVES	1 → 10	2	3	
09	DISPOSABLE NON-LATEX GLOVES	1	2	3	
10	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 12	2	3	
11	DISINFECTANT (NOT YET MIXED)	1	2	3	
12	DISPOSABLE NEEDLES	1	2	3	
13	AUTO-DISABLE SYRINGES (3 or 5 ml)	1	2	3	
14	DISPOSABLE SYRINGES (3 OR 5 ML)	1	2	3	
15	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 18	2	3	
16	AUDITORY PRIVACY	1	2	3	
17	VISUAL PRIVACY	1	2	3	
18	EXAMINATION TABLE	1	2	3	

266	ASK TO SEE THE FOLLOWING MATERIALS	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW
01	IMCI Laminated forms	1	2	3	8
02	IMCI chart booklet	1	2	3	8
03	IMCI counseling cards for provider to use	1	2	3	8
04	IMCI mother's cards (to give to caretaker)	1	2	3	8
05	Other visual aids for teaching caretakers	1	2	3	8
06	Management of Un-complicaged Malaria	1	2	3	8
07	Ordinogram (wall flow-chart) for treating simple malaria in consultation area	1	2	3	8
08	Wall flowchart for trea-ting severe malaria in main consultation area or in emergency intake	1	2	3	8
09	Wall poster for malaria	1	2	3	8
10	Flipchart for malaria	1	2	3	8
11	Pamphlet for malaria	1	2	3	8

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
267	ASK TO SEE THE ROOM(S) WHERE THERAPEUTIC (TREATMENT) INJECTIONS ARE GIVEN. WAS THE ROOM ALREADY OBSERVED WHEN ASSESSING THE IMMUNIZATION OR THE EXAMINATION ROOM?	YES, DATA PROVIDED IN : IMMUNIZATION ROOM [241] . . . 1 YES, DATA PROVIDED IN : EXAMINATION ROOM [265] . . 2 NO, DATA NOT YET COLLECTED . . . . . 3 NO THERAPEUTIC INJ. 4	 →269 →269 →269

268 FOR THE FOLLOWING ITEMS, CHECK WHETHER EACH ITEM IS EITHER IN THE ROOM WHERE NON-VACCINATION INJECTIONS ARE BEING PROVIDED OR IN AN ADJACENT ROOM.

	ITEMS FOR INFECTION CONTROL AND INJECTIONS	OBSERVED PRESENT	REPORTED AVAILABLE	NOT AVAILABLE
01	RUNNING WATER (PIPED)	1 → 04	2	3
02	OTHER RUNNING WATER (BUCKET WITH TAP OR POUR PITCHER)	1 → 04	2	3
03	WATER IN BUCKET OR BASIN (WATER REUSED)	1	2	3
04	HAND-WASHING SOAP	1	2	3
05	SINGLE-USE HAND DRYING TOWELS	1	2	3
06	WASTE RECEPTACLE WITH LID AND PLASTIC LINER	1	2	3
07	SHARPS CONTAINER	1	2	3
08	DISPOSABLE LATEX GLOVES	1 → 10	2	3
09	DISPOSABLE NON-LATEX GLOVES	1	2	3
10	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 12	2	3
11	DISINFECTANT (NOT YET MIXED)	1	2	3
12	DISPOSABLE NEEDLES	1	2	3
13	AUTO-DISABLE SYRINGES (3 OR 5 ML)	1	2	3
14	DISPOSABLE SYRINGES (3 OR 5 ML)	1	2	3

269	Is there a patient register where information on the diagnosis for each child is written? IF YES, ASK TO SEE THE REGISTER. TO BE VALID, THE REGISTER MUST INDICATE THAT THE CHILD IS BELOW 5 YEARS OF AGE AND THE DIAGNOSIS OR MAJOR SYMPTOM.	OBSERVED, SEPARATE <5 REGISTER . . . . . 1 OBSERVED COMBINED ADULT AND <5 REGISTER . . . . . 2 YES, REPORTED, NOT SEEN . . . 3 NO REGISTER 4	 →273 →273
270	HOW RECENT IS THE DATE OF THE MOST RECENT ENTRY?	WITHIN THE PAST 7 DAYS . . . 1 MORE THAN 7 DAYS OLD . . . 2	
271	RECORD THE NUMBER OF SICK CHILDREN, BELOW 5 YEARS OF AGE, WHO RECEIVED CONSULTATION SERVICES DURING THE PAST 12 COMPLETED MONTHS.	NUMBER [ ][ ][ ][ ][ ][ ] DON'T KNOW 999998	 → 273

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
271a	RECORD THE NUMBER OF BOTH ADULT AND CHILDREN RECEIVED FROM COMMUNITY WITH	NO RECORD 999999	→ 271b
	SIMPLE MALARIA	NUMBER [ ][ ][ ][ ][ ][ ]	
	SIMPLE MALARIA & MINOR SYMPTOMS	NUMBER [ ][ ][ ][ ][ ][ ]	
	SEVERE MALARIA	NUMBER [ ][ ][ ][ ][ ][ ]	
	DID NOT CLASSIFIED MALARIA DIAGNOSIS .	NUMBER [ ][ ][ ][ ][ ][ ]	
271b	RECORD THE NUMBER OF BOTH ADULT AND CHILDREN RECEIVED FROM OTHER FACILITY WITH	NO RECORD 999999	→ 271c
	SIMPLE MALARIA	NUMBER [ ][ ][ ][ ][ ][ ]	
	SIMPLE MALARIA & MINOR SYMPTOMS	NUMBER [ ][ ][ ][ ][ ][ ]	
	SEVERE MALARIA	NUMBER [ ][ ][ ][ ][ ][ ]	
	DID NOT CLASSIFIED MALARIA DIAGNOSIS .	NUMBER [ ][ ][ ][ ][ ][ ]	
271c	RECORD THE NUMBER OF BOTH ADULT AND CHILDREN REFERRED TO OTHER FACILITY WITH	NO RECORD 999999	→ 271d
	SIMPLE MALARIA	NUMBER [ ][ ][ ][ ][ ][ ]	
	SIMPLE MALARIA & MINOR SYMPTOMS	NUMBER [ ][ ][ ][ ][ ][ ]	
	SEVERE MALARIA	NUMBER [ ][ ][ ][ ][ ][ ]	
	DID NOT CLASSIFIED MALARIA DIAGNOSIS .	NUMBER [ ][ ][ ][ ][ ][ ]	
271d	RECORD THE NUMBER OF BOTH ADULT AND CHILDREN REFERRED TO OTHER FACILITY WITH SEVERE MALARIA AND RECEIVED THE FOLLOWING MEDICINES BEFORE REFERRAL	NO RECORD 999999	→ 272
	ARTEMISIN IM	NUMBER [ ][ ][ ][ ][ ][ ]	
	QUININE IV OR RECTUM	NUMBER [ ][ ][ ][ ][ ][ ]	
	QUININE IM	NUMBER [ ][ ][ ][ ][ ][ ]	
272	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION.	MONTHS OF DATA . . . . . [ ][ ] DON'T KNOW 98	
273	Are there ever any meetings where service statistics for child health are discussed with staff from this clinic/unit, such as looking at changes in patterns or other items relevant to client services?	YES . . . . . 1 NO 2	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
274	Is there any evidence of looking at service data for evaluating or monitoring data? IF YES, ASK TO SEE ANY REPORTS, WALL GRAPHS OR CHARTS THAT SHOW SERVICE DATA HAS BEEN REVIEWED. CIRCLE ALL RELEVANT TYPE OF REPORTS OBSERVED.	OBSERVED WALL CHART/GRAPH . . . . . A WRITTEN REPORT/MINUTES . B OTHER _____ . W (SPECIFY) NO OBSERVED EVIDENCE . . . Y	→ 276
275	ASSESS THE MOST RECENT DATE WHERE THERE IS EVIDENCE OF DATA BEING REVIEWED.	WITHIN THE PAST 3 MONTHS . . . 1 MORE THAN 3 MONTHS AGO . 2 DON'T KNOW 8	
276	Are individual health records or charts maintained for sick children, such as the **MF5 forms?** IF YES, ASK TO SEE A BLANK RECORD OR CHART.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . 2 NO 3	
277	Are curative child health services available at the facility today?	YES . . . . . 1 NO 2	
278	If a sick child today is noticed to need an immunization, can it be provided today? IF YES, CLARIFY THE SYSTEM FOR PROVIDING THE IMMUNIZATION	YES, SEND TO ROUTINE IMMUNIZATION SERVICE . . . . . 1 YES, SPECIAL SYSTEM FOR IMMUNIZATIONS FOR SICK CHILDREN . . . . . 2 NO 3	
279	Is there any system for recording referrals that are made to specialists or for laboratory tests? IF YES, ASK TO SEE EVIDENCE OF A SYSTEM TO KEEP TRACK OF REFERRALS	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . 2 NO 3	

		YES	NO
280	CONDITION OF CHILD CURATIVE CARE SERVICE AREA AND AREA FOR THERAPEUTIC INJECTIONS		
01	FLOOR SWEPT, NO OBVIOUS DIRT OR WASTE	1	2
02	COUNTERS/TABLES/CHAIRS WIPED CLEAN-NO OBVIOUS DUST OR WASTE	1	2
03	BROKEN EQUIPMENT, PAPERS, BOXES AROUND MAKING AREA CLUTTERED AND DIRTY	1	2
04	WALLS REASONABLY CLEAN		
05	DOORS NO OR MINOR DAMMAGE	1	2
06	WALLS NO OR MINOR DAMMAGE	1	2
07	ROOF NO OR MINOR DAMMAGE	1	2

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
281	WERE ANY USED NEEDLES OR OTHER SHARPS OBSERVED OUTSIDE OF A SHARPS CONTAINER?	YES . . . . . 1 NO 2	
282	WAS THE SHARPS CONTAINER OVERFLOWING, OR WAS THE CONTAINER PIERCED/BROKEN?	YES . . . . . 1 NO . . . . . 2 NO SHARPS CONTAINER 3	
283	WERE ANY BANDAGES OR OTHER NON-SHARP INFECTIOUS WASTE OBSERVED OUTSIDE OF A COVERED TRASH CONTAINER?	YES, ON FLOOR/SURFACES . . 1 YES, IN UNCOVERED CONTAINER . . . . . 2 NO 3	

3a. Family Planning Services

Facility Number: [ ][ ][ ] **Interviewer Code:** [ ][ ]

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
300	Does this facility offer any family planning services—including clinical methods or counseling on natural family planning?	YES . . . . . 1 NO 2	→ **END**
301	Are vasectomy procedures for men ever performed at this facility?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
302	Are tubal ligation procedures for women ever performed at this facility?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

FIND THE MANAGER OR MOST SENIOR HEALTH WORKER INVOLVED IN MANAGEMENT OF FAMILY PLANNING SERVICES. IF THIS IS A NEW RESPONDENT, OBTAIN INFORMED CONSENT BELOW. IF THE PERSON IS NOT A NEW RESPONDENT, CONTINUE WITH Q302.
READ THE FOLLOWING TO NEW RESPONDENTS:

Hello. My name is _____. We are here on behalf of the the National Institute of Statistics, Republic of Rwanda to assist the government in knowing more about health services.
Now I will read a statement explaining the survey.

Your facility was randomly selected to participate in this study. We will be asking you questions about various health services and will ask to see patient registers. No patient names from the registers will be reviewed, recorded, or shared. The information about your facility may be used by the MOH and organizations supporting services in your facility, for planning service improvement or further studies of health services. The data collected from your facility may also be provided to researchers for analyses, however, the name of your facility will not be provided, and any reports that use your facility data will only present information in aggregate form so that your facility can not be identified.

We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person.

You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed?

_____ _____
Interviewer's signature Date
(Indicates respondent's willingness to participate)

303	May I begin the interview now?	YES . . . . . 1 NO 2	→ **END**
304	How many days in a month are family planning services offered at this facility? USE A 4-WEEK MONTH TO CALCULATE NUMBER OF DAYS	NUMBER OF DAYS . . . . . [ ][ ] DON'T KNOW 98	
304a	How many days in a month are family planning outreach services offered at this facility? USE A 4-WEEK MONTH TO CALCULATE NUMBER OF DAYS	NUMBER OF DAYS [ ][ ] NO OUTREACH SERVICE 00	
305	Are family planning services being offered at this facility today?	YES . . . . . 1 NO 2	
306	Is there a waiting area for clients receiving family planning services where they are protected from sun and rain?	YES . . . . . 1 NO 2	

NO.	QUESTIONS	CODING CLASSIFICATION							GO TO
307	Which of the following methods of contraception is provided, prescribed, or do you provide counseling about in this facility?	PROVIDED YES	COST (RFr)					PRESCRIBED/ COUNSELED	NOT OFF ERED
01	Combined oral pill	1						2	3
02	Progestin-only pill	1						2	3
03	Combined injectable (with estrogen) (1 monthly)	1						2	3
04	Progestin-only injectable (2 or 3 monthly) (e.g., DEPO or Microgynon)	1						2	3
05	Male condom	1						2	3
06	Female condom	1						2	3
07	Intrauterine device	1						2	3
08	Implant (6 rod, 1 rod, Implanon, Jadelle, Norplant)	1						2	3
09	Spermicides	1						2	3
10	Diaphragm	1						2	3
11	Emergency contraceptive pill	1						2	3
12	Counseling on natural methods (Cycle beads)	1						2	3
13	Male sterilization / Vasectomy	1						2	3
14	Female sterilization / tubal ligation	1						2	3
15	Others _____ (SPECIFY)	1						2	3
308a	What do you provide when a client ask for services to prevent pregnancy after unprotected sex?	HIGH DOSE OF PREGESTERONE ONLY PILLS . . . . . 1 EMERGENCY CONTRACEPTIVE PILLS . . . . . 2 OTHER _____ 3 NO INTERVENTION PROVIDED 4							
308	Does this facility have any routine user-fees or charges for any services related to family planning? This includes any fees, including those for registration or for client health records.	YES . . . . . 1 NO, CLIENTS HAVE NO OUT-OF-POCKET CHARGES OR USER-FEES 2							→311
309	Please tell me if any of the following user-fee or charging practices are ever applied by this facility for family planning services:		YES	NO	DON'T KNOW				
01	Is there a fee for the client family planning chart or record?	FP CARD/ RECORD	1	2	8				
02	Is there a fee for the consultation service? EITHER FIRST OF FOLLOW-UP VISIT	FEE FOR CONSULT	1	2	8				
03	Is there a different fee depending on the method of contraception provided?	VARY BY METHOD	1	2	8				
04	Are there any fees or charges for the method provided?	METHOD	1	2	8				
05	Are there any fees or charges for laboratory tests?	LAB TESTS	1	2	8				
06	Is there a fee for registration?	REGISTRATION	1	2	8				
07	Are discounts or exemptions from fees allowed for some clients?	DISCOUNT/ EXEMPTION	1	2	8				

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
310	Are the official fees posted so that the client can easily see them? IF YES, VERIFY BY ASKING TO SEE WHERE FEES ARE POSTED	YES, ALL FEES POSTED . . . . . 1 YES, SOME, NOT ALL FEES POSTED . . . . . 2 NO POSTED FEES 3	
311	Does this facility have a system in which measurements of or activities for family planning are routinely carried out before the consultation or client examination takes place?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 313 → 313

312	ASK TO SEE THE PLACE WHERE FAMILY PLANNING CLIENTS ARE SEEN BEFORE THEY HAVE THEIR MEDICAL CONSULTATION AND INDICATE WHICH OF THE FOLLOWING ACTIVITIES ARE ROUTINELY CARRIED OUT THERE.				
	OBSERVE IF THE BELOW ACTIVITIES ARE BEING CONDUCTED ROUTINELY. IF NOT SEEN ASK: Is [READ ACTIVITY YOU DO NOT SEE] routinely conducted for all family planning clients?	OBSERVED ACTIVITY	ACTIVITY REPORTED, NOT SEEN	ACTIVITY NOT ROUTINELY CONDUCTED	DON'T KNOW
01	Weighing clients	1	2	3	8
02	Taking blood pressure	1	2	3	8
03	Conducting group health education sessions	1	2	3	8
04	Other _____ (SPECIFY)	1	2	3	8

313	ASK TO SEE WHERE COUNSELING FOR FAMILY PLANNING IS PROVIDED AND INDICATE THE SETTING.	PRIVATE ROOM WITH VISUAL AND AND AUDITORY PRIVACY . . . . . 1 NON-PRIVATE ROOM WITH AUDITORY AND VISUAL PRIVACY . . . . . 2 VISUAL PRIVACY ONLY . . . 3 NO PRIVACY 4	

314	Are any of the following visual aids for teaching available in the counseling room or the examination room?	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW
01	Samples of various family planning methods	1	2	3	8
02	Other visual aids for teaching about family planning or specific contraceptive methods	1	2	3	8
03	Visual aids for teaching about STIs	1	2	3	8
04	Visual aids for teaching about HIV/AIDS	1	2	3	8
05	Model for demonstrating how to use condoms	1	2	3	8
06	Posters for general promotion of family planning	1	2	3	8
07	Posters for general awareness of STIS or HIV/AIDS	1	2	3	8

315	Are any of the following types of information booklets or pamphlets for clients to take home available in the counseling or the examination room?	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW
01	Printed matter about family planning	1	2	3	8
02	Printed matter about STIs	1	2	3	8
03	Printed matter about HIV/AIDS	1	2	3	8

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
316	Are any of the following guidelines or protocols for delivery of services available in the counseling room or the examination room? ss	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	
01	National Policy, Guidelines, Protocol for family planning and reproductive health sevices	1	2	3	8	
02	Any other Guidelines or protocols on family planning	1	2	3	8	
03	Syndromic diagnosis and treatment of STIs (based on WHO guidelines)	1	2	3	8	
04	Other guidelines for STI diagnosis or treatment	1	2	3	8	
317	Is there a register where family planning consultation information is recorded? IF YES, ASK TO SEE THE REGISTER. FOR THE REGISTER TO BE VALID, IT MUST SHOW THE CHOSEN METHOD AND STATUS (NEW OR CONTINUING) FOR EACH CLIENT.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN 2 NO 3				 → 321 → 321
318	HOW RECENT IS THE DATE OF THE MOST RECENT ENTRY?	WITHIN THE PAST 7 DAYS . . . 1 MORE THAN 7 DAYS OLD . . . 2				
319	RECORD THE NUMBER OF TOTAL CLIENTS , NEW AND CONTINUING, WHO RECEIVED FAMILY PLANNING SERVICES DURING THE PAST 12 COMPLETED MONTHS.	TOTAL CLIENTS [ ][ ][ ][ ][ ][ ] DON'T KNOW 999998				 →321
320	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN Q319.	MONTHS OF DATA . . . . . [ ][ ] DON'T KNOW 98				
321	Are there ever any meetings where service statistics for family planning are discussed with staff from this clinic/unit, such as looking at changes in patterns or other items relevant to client services?	YES . . . . . 1 NO 2				
322	Is there any evidence of looking at service data for evaluating or monitoring data? IF YES, ASK TO SEE ANY REPORTS, WALL GRAPHS OR CHARTS THAT SHOW SERVICE DATA HAS BEEN REVIEWED. CIRCLE ALL RELEVANT TYPE OF REPORTS OBSERVED.	OBSERVED WALL CHART/GRAPH . . . . . A WRITTEN REPORT/MINUTES . B OTHER _____ . X (SPECIFY) NO OBSERVED EVIDENCE . . . Y				 →324
323	ASSESS THE MOST RECENT DATE WHERE THERE IS EVIDENCE OF DATA BEING REVIEWED.	WITHIN THE PAST 3 MONTHS . . . 1 MORE THAN 3 MONTHS AGO . . . 2 DON'T KNOW 8				
324	Are individual records or charts maintained for family planning clients? IF YES, ASK TO SEE A BLANK RECORD OR CHART.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN 2 NO 3				
325	Does the family planning provider routinely treat STIs, or are clients referred to another provider or location for STI treatment?	ROUTINELY TREATS STIs . . . 1 REFERS TO OTHER PROVIDER OR LOCATION . . . . . 2 NO TREATMENT PROVIDED . . 3				
	ASK TO SEE THE ROOM WHERE EXAMINATIONS FOR FAMILY PLANNING ARE CONDUCTED.					
326	IF THE *SAME EXAMINATION ROOM* HAS ALREADY BEEN OBSERVED FOR ITEMS IN 327, INDICATE WHICH SECTION THE DATA ARE RECORDED IN.	ANTENATAL [Q438] . . . 1 DELIVERY [Q536] . . . . . 2 STI [Q628] . . . . . 3 NOT PREVIOUSLY SEEN 4				→ 328 → 328 → 328

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
327	FOR EACH OF THE FOLLOWING ITEMS, CHECK TO SEE WHETHER ITEM IS EITHER IN THE ROOM WHERE THE EXAMINATION IS CONDUCTED OR IN AN ADJACENT ROOM.				
	ITEMS FOR INFECTION CONTROL AND CONDITIONS FOR EXAMINATION	(a) AVAILABILITY			
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	RUNNING WATER (PIPED)	1 → 04	2	3	
02	OTHER RUNNING WATER (BUCKET WITH TAP OR POUR PITCHER)	1 → 04	2	3	
03	WATER IN BUCKET OR BASIN (WATER REUSED)	1	2	3	
04	HAND-WASHING SOAP	1	2	3	
05	SINGLE-USE HAND DRYING TOWELS	1	2	3	
06	WASTE RECEPTACLE WITH LID AND PLASTIC LINER	1	2	3	
07	SHARPS CONTAINER	1	2	3	
08	DISPOSABLE LATEX GLOVES	1 → 10	2	3	
09	DISPOSABLE NON-LATEX GLOVES	1	2	3	
10	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 12	2	3	
11	DISINFECTANT (NOT YET MIXED)	1	2	3	
12	DISPOSABLE NEEDLES	1	2	3	
13	AUTO-DISABLE SYRINGES (3 or 5 ml)	1	2	3	
14	DISPOSABLE SYRINGES (3 OR 5 ML)	1	2	3	
15	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 18	2	3	
16	AUDITORY PRIVACY	1	2	3	
17	VISUAL PRIVACY	1	2	3	
18	EXAMINATION TABLE	1	2	3	
	NOTE THE AVAILABILITY AND CONDITION OF OTHER EQUIPMENT. EQUIPMENT MAY BE IN EXAMINATION ROOM, AN ADJACENT ROOM, OR ROOM WHERE MEASURE IS TAKEN.				

328	OTHER EQUIPMENT	(a) AVAILABILITY				(b) FONCTIONING		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Spotlight for pelvic exam flashlight/torch or exam light acceptable)	1 → b	2 → b	3 → 02	8 → 02	1	2	8
02	Blood pressure apparatus	1 → b	2 → b	3 → 03	8 → 03	1	2	8
03	Stethoscope	1 → b	2 → b	3 → 329	8 → 329	1	2	8

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
329	CHECK Q307(07) and (08): IS "1" CIRCLED FOR EITHER QUESTION, INDICATING THE FACILITY OFFER IUD OR IMPLANT? YES ☐ NO ☐				→ 335
330	NOTE THE AVAILABILITY OF COMMON SUPPLIES FOR IUD OR IMPLANT SERVICES.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW
01	Sterile gloves	1	2	3	8
02	Antiseptic solution (such as iodine)	1	2	3	8
03	Sponge holding forceps	1	2	3	8
04	Gauze pad or cotton wool	1	2	3	8
331	CHECK Q307(07): IS "1" CIRCLED, INDICATING THAT THE FACILITY OFFERS IUD? YES ☐ NO ☐				→ 333
332	NOTE THE AVAILABILITY OF MATERIALS FOR THE INSERTIONS OF IUD	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW
01	Vaginal speculum small	1	2	3	8
02	Vaginal speculum medium	1	2	3	8
03	Vaginal speculum large	1	2	3	8
04	Tenaculum	1	2	3	8
05	Uterine sound	1	2	3	8
333	CHECK Q307(08): IS "1" CIRCLED, INDICATING THAT THE FACILITY OFFERS IMPLANT? YES ☐ NO ☐				→ 335
334	NOTE THE AVAILABILITY OF THE FOLLOWING ITEMS:	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW
01	Local anesthetic (such as lidocaine)	1	2	3	8
02	Sterile syringe and needle	1	2	3	8
03	Cannula and trochar for inserting Implant	1	2	3	8
04	Sealed implanon pack	1	2	3	8
05	Scalpel with blade	1	2	3	8
06	Forceps for grasping implant (artery forceps or hemostat or tweezers or mosquito forceps)	1	2	3	8
335	CHECK Q301 and Q302: IS "1" CIRCLED IN EITHER OR BOTH, INDICATING THAT THE FACILITY OFFERS MALE OR FEMALE STERILIZATION? YES ☐ NO ☐				→ 343

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
336	NOTE THE AVAILABILITY OF THE FOLLOWING ITEMS	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW
	MALE STERILIZATION				
01	NSV ringed forceps	1	2	3	8
02	NSV dissecting forceps	1	2	3	8
03	Local anesthetic (such as lidocaine)	1	2	3	8
	FEMALE STERILIZATION				
04	Uterine elevator	1	2	3	8
05	Tubal hook	1	2	3	8
06	Sedative	1	2	3	8
07	Atropine	1	2	3	8
08	Opioid analgesic	1	2	3	8
09	Local anesthetic (such as lidocaine)	1	2	3	8
337	Is there a register where male/female sterilization information is recorded? IF YES, ASK TO SEE THE REGISTER.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN 2 NO 3			 → 343 → 343
338	HOW RECENT IS THE DATE OF THE MOST RECENT ENTRY FOR EITHER MALE OR FEMALE STERILIZATION?	WITHIN THE PAST 30 DAYS . . . . . 1 MORE THAN 30 DAYS AGO . . . . . 2 DON'T KNOW 8			
339	RECORD THE NUMBER OF MALE STERILIZATIONS DONE DURING THE PAST 12 MONTHS	TOTAL MALE STERILIZATIONS [ ][ ][ ][ ] DON'T KNOW 9998			 →341
340	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN Q339	MONTHS OF DATA [ ][ ] DON'T KNOW 98			
341	RECORD THE NUMBER OF FEMALE STERILIZATIONS DONE DURING THE PAST 12 MONTHS	TOTAL FEMALE STERILIZATIONS [ ][ ][ ][ ] DON'T KNOW 9998			 →343
342	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN Q341	MONTHS OF DATA . . . . . [ ][ ] DON'T KNOW 98			
343	ASSESS CONDITION OF FP SERVICE AREA	YES	NO		
01	**FLOOR:** SWEPT, NO OBVIOUS DIRT OR WASTE	1	2		
02	**COUNTERS/TABLES/CHAIRS:** WIPED CLEAN-NO OBVIOUS DUST OR WASTE	1	2		
03	BROKEN EQUIPMENT, PAPERS, BOXES AROUND MAKING AREA CLUTTERED AND DIRTY	1	2		
04	**WALLS:** REASONABLY CLEAN				
05	**DOORS:** NO OR MINOR DAMMAGE	1	2		
06	**WALLS:** NO OR MINOR DAMMAGE	1	2		
07	**ROOF:** NO OR MINOR DAMMAGE	1	2		

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
344	WERE ANY USED NEEDLES OR OTHER SHARPS OBSERVED OUTSIDE OF A SHARPS CONTAINER?	YES . . . . . 1 NO 2	
345	WAS THE SHARPS CONTAINER OVERFLOWING, OR WAS THE CONTAINER PIERCED/BROKEN?	YES . . . . . 1 NO . . . . . 2 NO SHARPS CONTAINER 3	
346	WERE ANY BANDAGES OR OTHER NON-SHARP INFECTIOUS WASTE OBSERVED OUTSIDE OF A COVERED TRASH CONTAINER?	YES, ON FLOOR/SURFACES . . . 1 YES, IN UNCOVERED CONTAINER . 2 NO 3	
347	Are syringes for client injections or drawing blood ever reused? IF YES, PROCEED. IF NO, CIRCLE 'Y' FOR NEVER REUSE SYRINGES What is the ***final method*** most commonly used sterilizing syringes prior to reuse? CIRCLE ALL THAT APPLY.	DRY-HEAT STERILIZATION . . . A AUTOCLAVING . . . . . B BOILING . . . . . C STEAM STERILIZATION . . . . . D CHEMICAL METHOD . . . . . E OTHER _____ X (SPECIFY) NEVER REUSE SYRINGES . . . . . Y	
348	What procedure is used for **decontaminating** and **cleaning** equipment before its final processing for reuse? PROBE, IF NECESSARY, TO DETERMINE CORRECT RESPONSE.	SOAKED IN DISINFECTANT SOLUTION AND THEN BRUSH SCRUBBED WITH SOAP AND WATER . . . . . 01 BRUSH SCRUBBED WITH SOAP AND WATER AND THEN SOAK IN DISINFECTANT . . . . . 02 BRUSH SCRUBBED WITH SOAP AND WATER ONLY . . . . . 03 SOAKED IN DISINFECTANT, NOT BRUSH SCRUBBED . 04 CLEAN WITH SOAP AND WATER, NOT BRUSH SCRUBBED . 05 OTHER _____ . 06 (SPECIFY) NO EQUIPMENT EVER REUSED . . . . 07 DON'T DECONTAMINATE 95	 → 351 → 351
349	Are there written guidelines for how to decontaminate equipment? IF YES, ASK: May I see them?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . 2 NO 3	
350	SCAN THE GUIDELINE AND CIRCLE ALL COMPONENTS THAT ARE MENTIONED OR COVERED	SOAKING TIME . . . . . A PERCENT OF CHEMICAL USED . . . . B PROPORTIONS TO MIX . . . . . C BRUSH SCRUB . . . . . D NONE OF THE ABOVE . . . . . Y	
351	Where is this equipment then processed prior to reuse? IF THE SYSTEM AT THAT LOCATION HAS ALREADY BEEN SEEN, INDICATE WHICH SECTION THE INFORMATION IS IN. IF NOT YET SEEN, CIRCLE “3 “ AND CONTINUE.	SECTION 1 [Q180-181] . . . . . 1 DELIVERY [Q587-588] . . . . . 2 NOT PREVIOUSLY SEEN . . . . . 3 PROCESS OUTSIDE FACILITY . . . 4 NO EQUIPMENT PROCESSED . . . 5	→ 354(6) → 354(6) → 354(6) → 354(6)
352	What is the ***final method*** most commonly used for disinfecting or sterilizing medical equipment (such as speculums and/or surgical instruments) before they are reused? IF DIFFERENT METHODS ARE USED FOR DIFFERENT TYPES OF EQUIPMENT, INDICATE THE METHOD(S) USED FOR METAL EQUIPMENT SUCH AS SPECULUMS OR FORCEPS.	DRY-HEAT STERILIZATION . . . A AUTOCLAVING . . . . . B BOILING . . . . . C STEAM STERILIZATION . . . . . D CHEMICAL METHOD . . . . . E PROCESSED OUTSIDE FACILITY F OTHER _____ X (SPECIFY)	 → 354(6)

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	GO TO WHERE EQUIPMENT IS PROCESSED AND ASK IF THE INDICATED ITEMS ARE AVAILABLE IN THE MAIN PROCESSING AREA, AND ASSESS THE FUNCTIONING STATUS AND PROCEDURES FOLLOWED AT THIS SITE.		

353	ITEM	(a) AVAILABILITY				(b) FUNCTIONING		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Electric autoclave (PRESSURE AND WET HEAT)	1→b	2→b	3 02	8 02	1	2	8
02	Non-electric autoclave (PRESSURE/WET H)	1→b	2→b	3 03	8 03	1	2	8
03	Electric dry heat sterilizer	1→b	2→b	3 04	8 04	1	2	8
04	Electric boiler or steamer (no pressure)	1→b	2→b	3 05	8 05	1	2	8
05	Non-electric pot with cover (FOR STEAM/ BOIL)	1	2	3	8			
06	Heat source for non-electric equipment	1→b	2→b	3 07	8 07	1	2	8
07	Automatic timer (MAY BE ON EQUIPMENT)	1→b	2→b	3 08	8 08	1	2	8
08	TST Indicator strips or other item that indicates when sterilization is complete.	1	2	3	8			
09	Written protocols or guidelines for sterilization or high-level disinfection	1	2	3	8			

354	FOR EACH OF THE FOLLOWING METHODS FOR STERILIZATION/ DISINFECTION USED IN THE FACILITY, INDICATE THE PROCESSING DETAILS INCLUDING TIMEPROCESSED AFTER THE REQUIRED TEMPERATURE/ PRESSURE/ BOILING IS REACHED						
		(1) Dry heat sterilization	(2) Autoclave (steam with pressure)	(3) Boil	(4) Steam without pressure	(5) Chemical High Level Disinfectant (HLD)	(6) nitial decontamination
A	Method	USED 1 NOT USED 2 → 2	USED 1 NOT USED 2 → 3	USED 1 NOT USED 2 → 4	USED 1 NOT USED 2 → 5	USED 1 NOT USED 2 → 6	USED 1 NOT USED 2 → 355
B	Temperature (centigrade)	TEMPERATURE [ ][ ][ ] AUTOMAT C 666 DON'T KNOW 998	TEMPERATURE [ ][ ][ ] AUTOMAT C 666 DON'T KNOW 998				
C	Pressure		PRESS-URE [ ][ ][ ] AUTOMAT C 666 → 2E DON'T KNOW 998 → 2E				
D	Units of pressure		UN TS OF PRESSURE KG/SQ CM 1 ATM PRESSURE 2 K LOPASCAL 3 M LL METER HG 4				
E	Minutes-when equipment is not wrapped in cloth	M NUTES [ ][ ][ ] AUTOMAT C 666 DON'T KNOW 998	M NUTES [ ][ ][ ] AUTOMAT C 666 DON'T KNOW 998	M NUTES [ ][ ][ ] DON'T KNOW 998	M NUTES [ ][ ][ ] DON'T KNOW 998	M NUTES [ ][ ][ ] DON'T KNOW 998	M NUTES [ ][ ][ ] DON'T KNOW 998
F	Minutes when equipment is wrapped		M NUTES WRAPPED [ ][ ][ ] AUTOMAT C 666 DON'T KNOW 998				
G	Chemical disinfectant used					J K 1 CHLOR NE 2 H2O2 3 POV DONE OD NE 4 ALCOHOL 5 CHLORHEX D NE 6 GLUTARALDEHYDE 7 DON'T KNOW 8	J K 1 CHLOR NE 2 H2O2 3 POV DONE OD NE 4 ALCOHOL 5 CHLORHEX D NE 6 GLUTARALDEHYDE 7 DON'T KNOW 8
H	Percent solution before dilution					PERCENT [ ][ ] DON'T KNOW 98	PERCENT [ ][ ] DON'T KNOW 98
I	Mixture parts solution and water					M XTURE PARTS a) D S NFECTANT [ ] b) WATER [ ][ ] DK 000	M XTURE PARTS a) D S NFECTANT [ ] b) WATER [ ][ ] DK 000

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
355	ASK TO SEE WHERE EQUIPMENT SUCH AS SPECULUMS AND FORCEPS ARE STORED, PRIOR TO USING. IF LOCATION HAS ALREADY BEEN ASSESSED, INDICATE WHICH SECTION THE INFORMATION IS IN. IF NOT YET SEEN, CIRCLE “3” AND CONTINUE.	SECTION 1 [Q182] . . . . . 1 DELIVERY [Q589] . . . . . 2 NOT PREVIOUSLY SEEN 3				→ **End** → **End**
356	INDICATE STORAGE CONDITIONS FOR PROCESSED EQUIPMENT USED FOR THIS SERVICE DELIVERY AREA.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	
01	Wrapped in sterile cloth, sealed with TST tape	1	2	3	8	
02	Stored in sterile container with lid that clasps shut	1	2	3	8	
03	Stored unwrapped inside an autoclave or dry-heat sterilizer	1	2	3	8	
04	On tray, covered with cloth or wrapped without TST sealing tape	1	2	3	8	
05	In container with disinfectant or antiseptic	1	2	3	8	
06	Other stored, clean and covered	1	2	3	8	
07	Other stored, not clean and/or uncovered	1	2	3	8	
08	Date of sterilization written on packet or container with processed items	1	2	3	8	
09	Storage location dry and clean	1	2	3	8	

3b. Availability of Contraceptive Supplies

Facility Number: [ ][ ][ ] **Interviewer Code:** [ ][ ]

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
370	Are any contraceptive methods ever stored in this facility?	YES, IN FAMILY PLANNING SERVICE AREA . . . . . 1 YES, IN PHARMACY OR OTHER SITE NOT FP SERVICE AREA . 2 YES, AREA LOCKED, NO ACCESS . . . . . 3 NO 4	 → **STOP** → **STOP**

FIND THE MANAGER OR MOST SENIOR HEALTH WORKER INVOLVED IN MANAGEMENT OF FAMILY PLANNING COMMODITIES. IF THIS IS A NEW RESPONDENT, OBTAIN INFORMED CONSENT BELOW. IF THE PERSON IS NOT A NEW RESPONDENT, CONTINUE WITH 351.
READ THE FOLLOWING TO NEW RESPONDENTS:

Hello. My name is _____. We are here on behalf of the National Institute of Statistics, Republic of Rwanda to assist the government in knowing more about health services.
Now I will read a statement explaining the survey.

Your facility was randomly selected to participate in this study. We will be asking you questions about various health services and will ask to see stock records. No patient names from records will be reviewed, recorded, or shared. The information about your facility may be used by the MOH and organizations supporting services in your facility, for planning service improvement or further studies of health services. The data collected from your facility may also be provided to researchers for analyses, however, the name of your facility will not be provided, and any reports that use your facility data will only present information in aggregate form so that your facility can not be identified.

We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person.

You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed?

_____ _____
Interviewer's signature Date
(Indicates respondent's willingness to participate)

371	May I begin the interview now?	YES . . . . . 1 NO 2	 → **STOP**

372		VALIDATION OF COMMODITY											
		A	B	C	D	E	F	G	H	I	J	K	L
	PRODUCT	Unit of measure T V P	Product normally carried or stocked at this facility	Valid expiration date on all units present today	tems stored by date of expiration	Stock card Available	NUMBER AVA LABLE MATCHES STOCK RECORD	Variation stock and store	Any Zero balance observed for the past six months	Review information (recorded on stock records only)* for the past 6 months and record: Amount received	Amount disbursed	Balance today	Months of data reviewed 0-6 mo
		P=Pack T=Tabs V=vials	Y=Yes N=No	Y=Yes N=No U=**	Y=Yes N=No	Y=Yes N=No	Y=Yes N=No		Y=Yes N=No				
01	Comb ned ora p	P T V	O N → E1	O N U	O N	O N → 02	O N		O N				
02	Progest n-on y p	P T V	O N → E2	O N U	O N	O N → 03	O N		O N				
03	Comb ned njectab e (month y)	P T V	O N → E3	O N U	O N	O N → 04	O N		O N				
04	Progest n-on y nject on (2-3 month y)	P T V	O N → E4	O N U	O N	O N → 05	O N		O N				
05	Condoms (ma e)	P T V	O N → E5	O N U	O N	O N → 06	O N		O N				
06	Condoms (fema e)	P T V	O N → E6	O N U	O N	O N → 07	O N		O N				
07	Intrauter ne dev ce (IUD)	P T V	O N → E7	O N U	O N	O N → 08	O N		O N				
08	Imp ant	P T V	O N → E8	O N U	O N	O N → 09	O N		O N				
09	Sperm c de	P T V	O N → E9	O N U	O N	O N → 10	O N		O N				
10	D aphragm	P T V	O N → E10	O N U	O N	O N → 11	O N		O N				
11	Emergency	P T V	O N → E11	O N U	O N	O N → 12	O N		O N				
12	Cyc e Beads	P T V	O N → E12	O N U	O N	O N → 373	O N		O N				

*Niba amakuru atanditse ku mafishi y'Ububiko/ inyandiko andika 9998 Nturare amakuru akomoka afite inkomoko zinyuranye

**P=Byose nt byasuzumwe, ar ko n bura k mwe mu b ntu umuntu yasuzumwe ak guyeho cyaje kuba cyo.

373	Are contraceptive supplies stored in the same location as other medicines?	YES . . . . . 1 NO 2	→ 375
374	OBSERVE THE PLACE WHERE CONTRACEPTIVE SUPPLIES ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OR EACH OF THE FOLLOWING CONDITIONS		
01	ARE THE METHODS OFF THE FLOOR?	YES . . . . . 1 NO 2	
02	ARE THE METHODS PROTECTED FROM WATER?	YES . . . . . 1 NO 2	
03	ARE THE METHODS PROTECTED FROM SUN?	YES . . . . . 1 NO 2	
04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC.).	YES . . . . . 1 NO 2	
375	When was the last time that you received a routine supply of contraceptives, either that you ordered, or that is part of your routine supply system?	WITHIN PRIOR 4 WEEKS 1 BETWEEN 4-12 WEEKS . . . . . 2 MORE THAN 12 WEEKS AGO . . 3 NO ROUTINE SUPPLY SYSTEM 4 DON'T KNOW 8	
376	Does this facility determine the quantity of each contraceptive method that it needs and order that, or is the quantity that you receive determined elsewhere?	DETERMINES OWN NEED AND ORDERS . . . . . 1 NEED DETERMINED ELSEWHERE . . . . . 2 BOTH (DIFFER BY METHOD) . . . . 3 DON'T KNOW 8	→ 379 → 381
377	Do you always receive a standard fixed quantity for each method received or does the quantity you receive vary according to recent need or activity level?	QUANTITY BASED ON ACTIVITY LEVEL . . . . . 1 STANDARD FIXED SUPPLY . . . 2 DON'T KNOW 8	
378	CHECK Q376 TO SEE IF '3' (BOTH) IS CIRCLED. YES ☐ NO ☐		→ 381
379	Routinely, when you order contraceptive methods, which best describes the system you use to determine **how much** of each to order? Do you: - **Review** the amount of each method remaining, and order to bring the stock amount to a pre-determined (fixed) amount? - **Order** exactly the same quantity each time, regardless of the existing stock? - **Review** the amount of each method used since the previous order, and plan based on prior consumption and expected future activity? - **Other** _____ (SPECIFY) DON'T KNOW	ORDER TO MAINTAIN FIXED STOCK . . . . . 1 ORDER SAME AMOUNT . . . . . 2 ORDER BASED ON CONSUMPTION . . . . . 3 OTHER . . . . . 6 DON'T KNOW 8	→ 381

380	Which of the following best describes the routine system for deciding **when** to order contraceptive methods? Do you: - Place order whenever stock levels fall to a predetermined level? - Have a fixed time that orders are submitted? IF YES, INDICATE THE NORMAL FIXED TIME FOR SUBMITTING ORDERS. - Place an order whenever there is believed to be a need, regardless of stock level? - Other _____ (SPECIFY) Don't know	PREDETERMINED LEVEL . . . . . 1 FIXED TIME . . . . . 2 EVERY [ ][ ] WEEKS ORDER WHEN NEEDED . . . . . 3 OTHER . . . . . 6 DON'T KNOW 8	
381	On average, how long does it take to receive your supplies after you have placed an order?	UNDER 4 WEEKS . . . . . 1 BETWEEN 4 TO 8 WEEKS . . . . . 2 OVER 8 WEEKS 3	
382	If there is a shortage of a specific method between routine orders, what is the most common procedure followed by this facility? - Submit special order to normal supplier - Facility purchases from private market - Clients must purchase from outside the facility	SPECIAL ORDER . . . . . 1 FACILITY PURCHASE . . . . . 2 CLIENT PURCHASE OUTSIDE 3	
383	During the past 6 months, have you always, not always, but often, or almost never received the amount of each method that you ordered (or that you are supposed to routinely receive)?	ALWAYS . . . . . 1 OFTEN . . . . . 2 ALMOST NEVER 3	

4. Antenatal and Postpartum Care

Facility Number: [ ][ ][ ] **Interviewer Code** [ ][ ]

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
400	Does this facility offer antenatal services , postpartum services, or both? INDICATE THE SERVICES OFFERED.	YES, ANTENATAL ..... A YES, POSTPARTUM ..... B NO, NEITHER SERVICE ..... Y	→ 441

FIND THE MANAGER OR MOST SENIOR HEALTH WORKER INVOLVED IN MANAGEMENT OF ANTENATAL CARE SERVICES. IF THIS IS A NEW RESPONDENT, OBTAIN INFORMED CONSENT BELOW. IF THE PERSON IS NOT A NEW RESPONDENT, CONTINUE WITH Q401. READ THE FOLLOWING TO NEW RESPONDENTS:

Hello. My name is _____. We are here on behalf of the National Institute of Statistics, Republic of Rwanda to assist the government in knowing more about health services.
Now I will read a statement explaining the survey.

Your facility was randomly selected to participate in this study. We will be asking you questions about various health services and will ask to see patient registers. No patient names from the registers will be reviewed, recorded, or shared. The information about your facility may be used by the MOH and organizations supporting services in your facility, for planning service improvement or further studies of health services. The data collected from your facility may also be provided to researchers for analyses, however, the name of your facility will not be provided, and any reports that use your facility data will only present information in aggregate form so that your facility can not be identified.

We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person.

You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed?

_____ _____
Interviewer's signature Date
(Indicates respondent's willingness to participate)

401	May I begin the interview now?	YES ..... 1 NO 2	→ **STOP**
402	How many days of the month are antenatal care services provided at the facility? USE A 4 WEEK MONTH TO CALCULATE NUMBER OF DAYS	NUMBER OF DAYS ..... [ ][ ]	
403	Are antenatal care services being provided at the facility today?	YES ..... 1 NO 2	
404	Is there a waiting area for clients receiving antenatal or postpartum care services where they are protected from sun and rain?	YES ..... 1 NO 2	
405	Does this facility have any routine user fees or charges for any services related to antenatal care services? This includes any fees, including those for registration or for client health records.	YES ..... 1 NO, CLIENTS HAVE NO OUT OF POCKET CHARGES OR USER FEES (SERVICES ARE FREE) 2	→ 408

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
406	Please tell me if any of the following user fee or charging practices are ever applied by this facility for antenatal care services:		YES	NO	DON'T KNOW	
01	Is there a fee for the client health card?	ANC CARD/RECORD	1	2	8	
02	Is there a fee for each consultation?	FEE FOR CONSULT	1	2	8	
03	Are there user fees for medications?	MEDICINE	1	2	8	
04	Are there user fees for laboratory tests?	TESTS	1	2	8	
05	Is there a fee for registration?	REGISTRATION	1	2	8	
06	Are discounts or exemptions from fees allowed for some clients?	DISCOUNT/ EXEMPTIONS	1	2	8	
07	Is there a system for clients to pre pay for multiple visits for care during pregnancy?	PRE PAY FOR MULTIPLE	1	2	8	
407	Are the official fees posted so that the client can easily see them? IF YES, VERIFY BY ASKING TO SEE WHERE FEES ARE POSTED	YES, ALL FEES POSTED . . . . . 1 YES, SOME, NOT ALL FEES POSTED . . . . . 2 NO POSTED FEES 3				
408	Does this facility have a system whereby measurements or procedures for ANC clients are routinely carried out before the consultation?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8				 → 410 → 410
409	ASK TO SEE THE PLACE WHERE ANTENATAL CLIENTS ARE SEEN BEFORE THEY HAVE THEIR MEDICAL CONSULTATION AND INDICATE WHICH OF THE FOLLOWING ACTIVITIES ARE ROUTINELY CARRIED OUT THERE.					
	OBSERVE IF THE BELOW ACTIVITIES ARE BEING CONDUCTED ROUTINELY. IF NOT SEEN ASK: Is [READ ACTIVITY YOU DO NOT SEE] routinely conducted for all antenatal care clients?	OBSERVED ACTIVITY	ACTIVITY REPORTED, NOT SEEN	ACTIVITY NOT ROUTINELY CONDUCTED	DON'T KNOW	
01	Weighing clients	1	2	3	8	
02	Taking blood pressure	1	2	3	8	
03	Urine test for protein	1	2	3	8	
04	Blood test for anemia	1	2	3	8	
05	Conducting group health education sessions	1	2	3	8	
409a	Do you have education/sensitization sessions on malaria for clients? IF YES ASK TO SEE THE SESSION SCHEDULE	OSERVED . . . . . 1 REPORT NOT SEEN . . . . . 2 NO SCHEDULE . . . . . 3 DON'T KNOW 8				 → 410 → 410 → 410
409b	How many education/sensitization session for malaria were held in this unit in the past 1 full week? IF NO SESSIONS HELD WRITE 000	NUMBER SESSIONS [ ][ ][ ]				→ 410
409c	How many clients attended the education/sensitization for malaria in the past 1 full week?	NUMBER OF PARTICIPANTS [ ][ ][ ][ ]				

NO.	QUESTIONS	CODING CLASSIFICATION						GO TO
410	Which of the following activities are performed as part of routine ANC services, that is, each client has this test at least once. INDICATE CORRECT RESPONSE FOR (B) FOR EACH TEST CONDUCTED.	(a) ROUTINE TESTING			(b) ITEMS FOR TEST AVAILABLE ANC UNIT TODAY			
		YES	NO	DON'T KNOW	YES	NO	TEST IN LAB	
01	Blood test for anemia	1→ b	2→ 02	8→ 02	1	2	3	
02	Blood test for syphilis	1→ b	2→ 03	8→ 03	1	2	3	
03	Blood group	1→ b	2→ 04	8→ 04	1	2	3	
04	Test for RH factor	1→ b	2→ 05	8→ 05	1	2	3	
05	Urine test for protein	1→ b	2→ 06	8→ 06	1	2	3	
06	Urine test for glucose	1→ b	2→ 411	8→ 411	1	2	3	
411	Which of the following types of treatment and services are routinely offered to antenatal clients?	ROUTINELY OFFERED TO ALL ANC CLIENTS						
		YES	NO	DK				
01	Preventive antimalarial treatment	1	2	8				
02	Counseling about family planning	1	2	8				
03	Counseling about HIV/AIDS	1 PMTCT QRE	2	8				
04	Voluntary testing for HIV/AIDS	1 PMTCT QRE	2	8				
05	Preparations to make for delivery	1	2	8				
06	Mebendazole for deworming	1	2	8				
411b	Do provider in this clinic/unit facilitate obtaining an ITN for the ANC clients?	ROUTINELY TO ALL CLIENTS ..... 1 SOMETIME TO SELECTED CLIENTS 2 REFER ALL CLIENTS ..... 3 REFER SELECTED CLIENTS ..... 4 NEVER 5						
411c	Do provider in this clinic/unit provide counseling on importnant of ITN usage to prevent malaria?	ROUTINELY TO ALL CLIENTS ..... 1 SOMETIME TO SELECTED CLIENTS 2 REFER ALL CLIENTS ..... 3 REFER SELECTED CLIENTS ..... 4 NEVER 5						
412	What routine advice is given to pregnant women about preparations to make for delivery? ASK FOR EACH ITEM AND CIRCLE ALL THAT APPLY	PLAN FOR TRANSPORTATION .. A SET ASIDE EMERGENCY FUNDS .. B SUPPLIES TO BRING TO FACILITY .. C SUPPLIES TO HAVE AT HOME .... D ADVANTAGES OF DELIVERY IN FACILITY ..... E NONE OF THE ABOVE ..... Y						
413	Is tetanus toxoid vaccination available all days antenatal care services are offered?	YES ..... 1 NOT ALL ANC DAYS ..... 2 TT NEVER OFFERED 3						→ 416
414	How many days each week are tetanus toxoid vaccinations offered at this facility?	DAYS PER WEEK ..... [ ] NEVER OFFERED ..... 0 DON'T KNOW 8						
415	Is tetanus toxoid immunization available today?	YES ..... 1 NO 2						
416	Do antenatal care providers here routinely treat STIs, or are clients referred to another provider or location for STI treatment?	ROUTINELY TREATS STIs .... 1 REFERS ..... 2 NO TREATMENT PROVIDED .. 3						

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
417	Is there a register where information on antenatal care clients' visits is recorded? IF YES, ASK TO SEE THE REGISTER(S) WHERE ANC CLIENT INFORMATION IS RECORDED	YES, REGISTER SEEN ..... 1 YES, REGISTER NOT SEEN .. 2 NO REGISTER KEPT 3	 → 425 → 425
418	SCAN THE REGISTER FOR THE PAST 3 MONTHS AND CIRCLE THE RESPONSE FOR EACH TYPE OF INFORMATION ROUTINELY RECORDED FOR ANC CLIENTS. SEARCH ALL APPLICABLE REGISTERS/RECORDS MAINTAINED ROUTINELY.	CLIENT VISIT (FIRST OR FOLLOW UP) A PREVENTIVE TREATMENT PROVIDED FOR MALARIA ..... B TETANUS TOXOID PROVIDED ... C NONE OF THE ABOVE ..... Y	
419	HOW RECENT IS THE DATE OF THE MOST RECENT ENTRY?	WITHIN THE PAST 7 DAYS .... 1 MORE THAN 7 DAYS OLD 2	
420	RECORD THE NUMBER OF ANTENATAL VISITS, NEW AND FOLLOW UP WHO RECEIVED SERVICES DURING THE PAST 12 COMPLETED MONTHS.	NUMBER OF ANC VISITS [ ][ ][ ][ ][ ][ ] DON'T KNOW 999998	
420a	RECORD THE NUMBER OF ANTENATAL VISITS, NEW AND FOLLOW UP WHO RECEIVED FIRST DOSE OF IPT DURING THE PAST 12 COMPLETED MONTHS.	NUMBER OF ANC VISITS [ ][ ][ ][ ][ ][ ] DON'T KNOW 999998	
420b	RECORD THE NUMBER OF ANTENATAL VISITS, NEW AND FOLLOW UP WHO RECEIVED SECOND DOSE OF IPT DURING THE PAST 12 COMPLETED MONTHS.	NUMBER OF ANC VISITS [ ][ ][ ][ ][ ][ ] DON'T KNOW 999998	
421	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTIONS.	MONTHS OF DATA .... [ ][ ] DON'T KNOW 98	
421a	Is the register/file used the new form where components of the malaria packet are recorded? (CLIENT RECEIVED IRON, MEBENDAZOLE, IPT, ITN)	YES ..... 1 NO 2	
422	What is the minimum number of ANC visits recommended by this clinic/unit for a normal, uncomplicated pregnancy?	ONE ..... 1 TWO ..... 2 THREE ..... 3 FOUR ..... 4 MORE THAN 4 ..... 5 NO FIXED NUMBER/DEPENDS ..... 6 DON'T KNOW 8	
423	What percent of ANC clients routinely receive ANC services at least two times? RECORD THE PERCENTAGE	PERCENT WITH AT LEAST 2 ANC VISITS ..... [ ][ ][ ] DON'T KNOW 998	 → 425
424	RECORD THE SOURCE OF INFORMATION FOR ESTIMATED PERCENT OF ANTENATAL CARE COVERAGE (Q423)	WRITTEN REPORT ..... A GRAPH/CHART ..... B OTHER _____ X (SPECIFY) SOURCE NOT KNOWN ..... Z	
425	Is there a register where client information from postpartum (PP) visits is recorded?	YES, REGISTER SEEN ..... 1 YES, REGISTER NOT SEEN .. 2 NO REGISTER KEPT ..... 3 NO PP SERVICES 4	 → 430 → 430 → 430
426	SCAN THE REGISTER FOR THE PAST 3 MONTHS AND CIRCLE THE RESPONSE FOR EACH TYPE OF INFORMATION ROUTINELY RECORDED FOR PNC CLIENTS. SEARCH ALL APPLICABLE REGISTERS/RECORDS MAINTAINED ROUTINELY.	DELIVERY DATE OR DAYS PP A ANY/NO COMPLICATIONS B TEMPERATURE C NONE OF THE ABOVE Y	
427	HOW RECENT IS THE DATE OF THE MOST RECENT ENTRY?	WITHIN THE PAST 7 DAYS .... 1 MORE THAN 7 DAYS OLD 2	
428	How many postpartum visits took place during the previous 12 complete months?	NUMBER OF PNC VISITS [ ][ ][ ][ ][ ][ ] DON'T KNOW 999998	 → 430

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
429	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION.	MONTHS OF DATA . . . . [ ][ ] DON'T KNOW 98	
430	Do you have an estimate of the annual number of deliveries (births) in the facility's catchment areas?	NUMBER OF BIRTHS . . . . . [ ][ ][ ][ ][ ][ ] NO CATCHMENT AREA . . . 999995 DON'T KNOW 999998	 → 433 → 433
431	What is the estimated annual rate of antenatal care coverage for this facility?	ANC % COVERAGE . . . . . [ ][ ][ ] DON'T KNOW 998	 →433
432	RECORD THE SOURCE OF INFORMATION FOR ESTIMATED PERCENT OF ANTENATAL CARE COVERAGE.	WRITTEN REPORT . . . . . A GRAPH/CHART . . . . . B OTHER_____ X (SPECIFY) SOURCE NOT KNOWN . . . . . Z	
433	Are there ever any meetings where service statistics for ANC or PNC are discussed with staff from this clinic/unit, such as looking at changes in patterns or other items relevant to client services?	YES . . . . . 1 NO 2	
434	Is there any evidence of looking at service data for evaluating or monitoring data? IF YES, ASK TO SEE ANY REPORTS, WALL GRAPHS OR CHARTS THAT SHOW SERVICE DATA HAS BEEN REVIEWED. CIRCLE ALL RELEVANT TYPE OF REPORTS OBSERVED.	OBSERVED WALL CHART/GRAPH . . . . . A WRITTEN REPORT/MINUTES . . B OTHER _____ . . X (SPECIFY) NO OBSERVED EVIDENCE . . . . Y	 → 436
435	ASSESS THE MOST RECENT DATE WHERE THERE IS EVIDENCE OF DATA BEING REVIEWED.	WITHIN THE PAST 3 MONTHS . . . . 1 MORE THAN 3 MONTHS AGO . . . . 2 DON'T KNOW 8	
436	Are individual client cards/charts/records maintained for antenatal care clients? IF YES, AS TO SEE A BLANK RECORD OR CHART.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
437	ASK TO SEE THE ROOM WHERE EXAMINATIONS FOR ANTENATAL OR POSTPARTUM CLIENTS ARE CONDUCTED.		
	IF THE *SAME EXAMINATION ROOM* HAS ALREADY BEEN OBSERVED FOR ITEMS IN Q438 INDICATE WHICH SECTION THE DATA ARE RECORDED IN.	FAMILY PLANNING [Q327] 1 DELIVERY [Q536] . . . . . 2 STI [Q628] . . . . . 3 NOT PREVIOUSLY SEEN 4	→ 439 → 439 → 439

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
438	FOR EACH OF THE FOLLOWING ITEMS, CHECK TO SEE WHETHER ITEM IS EITHER IN THE ROOM WHERE THE EXAMINATION IS CONDUCTED OR IN AN ADJACENT ROOM.				
	ITEMS FOR INFECTION CONTROL AND CONDITIONS FOR EXAMINATION	(a) AVAILABILITY			
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW
01	RUNNING WATER (PIPED)	1 → 04	2	3	8
02	OTHER RUNNING WATER (BUCKET WITH TAP OR POUR PITCHER)	1 → 04	2	3	8
03	WATER IN BUCKET OR BASIN (WATER REUSED)	1	2	3	8
04	HAND WASHING SOAP	1	2	3	8
05	SINGLE USE HAND DRYING TOWELS	1	2	3	8
06	WASTE RECEPTACLE WITH LID AND PLASTIC LINER	1	2	3	8
07	SHARPS CONTAINER	1	2	3	8
08	DISPOSABLE LATEX GLOVES	1 → 10	2	3	8
09	DISPOSABLE NON LATEX GLOVES	1	2	3	8
10	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 12	2	3	8
11	DISINFECTANT (NOT YET MIXED)	1	2	3	8
12	DISPOSABLE NEEDLES	1	2	3	8
13	AUTO DISABLE SYRINGES (3 or 5 ml)	1	2	3	8
14	DISPOSABLE SYRINGES (3 OR 5 ML)	1	2	3	8
15	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 18	2	3	8
16	AUDITORY PRIVACY	1	2	3	8
17	VISUAL PRIVACY	1	2	3	8
18	EXAMINATION TABLE	1	2	3	8

NO.	QUESTIONS	CODING CLASSIFICATION						GO TO
	NOTE THE AVAILABILITY AND CONDITION OF OTHER EQUIPMENT. EQUIPMENT MAY BE IN EXAMINATION ROOM, AN ADJACENT ROOM, OR ROOM WHERE MEASURE IS TAKEN.							
439	EQUIPMENT AND SUPPLIES	AVAILABILITY (a)				WORKING ORDER (b)		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Spotlight for pelvic exam flashlight/torch or exam light acceptable)	1→ b	2→ b	3 02	8 02	1	2	8
02	Blood pressure apparatus	1→ b	2→ b	3 03	8 03	1	2	8
03	Stethoscope	1→ b	2→ b	3 04	8 04	1	2	8
04	Fetal stethoscope (Pinard)	1→ b	2→ b	3 05	8 05	1	2	8
05	Adult weighing scale	1→ b	2→ b	3 06	8 06	1	2	8
06	Vaginal speculum (s)	1	2	3	8			
07	Vaginal speculum (m)	1	2	3	8			
08	Vaginal speculum (l)	1	2	3	8			
	POSTPARTUM/NEWBORN							
09	Thermometer	1→ b	2→b	3 10	8 10	1	2	8
10	Infant scale	1→ b	2→ b	3 11	8 11	1	2	8
11	Facility provided minute timer	1→ b	2→ b	3 12	8 12	1	2	8
12	Personal watch with second hand	1→b	2→ b	3 13	8 13	1	2	8
13	Individual chart/record for infant	1	2	3	8			
14	Vitamin K	1	2	3	8			
15	Vitamin A	1	2	3	8			
	MEDICINES FOR IPT	AVAILABILITY (a)				OUT OF STOCK LAST 6 M (b)		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DK
16	Fansidar	1→ b	2→b	3 17	8 17	1	2	8
17	Other	1→ b	2→b	3 440	8 440	1	2	8

440	NOTE THE AVAILABILITY OF PROTOCOLS AND TEACHING MATERIALS.	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW
01	National Policy, Guidelines, Protocol for family planning and reproductive health sevices	1	2	3	8
02	Guideline for clinical care in Maternal and Neonatal	1	2	3	8
03	Any other Guidelines or protocols for antenatal care	1	2	3	8
04	Any other guidelines or protocols for IPT?	1	2	3	8
05	Any other guidelines or protocols for family planning?	1	2	3	8
06	Guidelines for Syndromic Approach for STIs	1	2	3	8
07	Other guidelines or protocols for diagnosing or treating STIs	1	2	3	8
08	Visual aids for client education on subjects related to pregnancy or antenatal care	1	2	3	8
09	Other guidelines for postpartum care	1	2	3	8
10	Other guidelines for newborn health care	1	2	3	8

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	FOR THE NEXT QUESTIONS, DETERMINE THE MOST KNOWLEDGEABLE PERSON TO PROVIDE THE INFORMATION. THE BEST RESPONDENT MAY BE WITH ANC SERVICES OR WITH DELIVERY SERVICES, DEPENDING ON THE FACILITY.		
441	Does this facility have a formal relationship with traditional birth attendants (TBAs) in which they refer client to the facility?	YES . . . . . 1 NO 2	→ 445
442	Is there any documentation on activities with TBAs (such as lists of affiliated TBAs or records of their referral)?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . 2 NO 3	
443	Please tell me how many TBAs report to this facility? ENTER "00" FOR "NONE"	# OF TBAs REPORTING . . . . . [ ][ ] DON'T KNOW 98	
444	Does anyone from this facility supervise the activities of the TBAs?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
445	Do the TBAs refer women to this facility?	YES . . . . . 1 NO 2	
446	Does the facility or ANC unit have safe delivery kits for sale or to provide women for home births? IF YES, ASK TO SEE ONE AND INDICATE ITEMS INCLUDED	YES, OBSERVED . . . . . 1 YES, IN STORES/PHARMACY . . . . . 2 YES, REPORTED, NOT SEEN . . . . . 3 NO 4	
447	Are there any community based systems to help women with obstetric emergencies either to come to the facility, or to transfer from this facility to another? IF YES, CLARIFY THE SITUATION	YES, ONLY TO BRING TO THIS FACILITY 1 ONLY TO TRANSFER ELSEWHERE 2 BOTH TO BRING HERE AND FOR TRANSFER ELSEWHERE . 3 NO . . . . . 4 DON'T KNOW 8	
448	What is the ***most common*** means of transport used by women coming from their homes to this facility for help during obstetric emergencies? IF THERE IS MORE THAN ONE MOST COMMON MEANS, CIRCLE THE NUMBER FOR ALL THAT APPLY.	AMBULANCE . . . . . A PRIVATE CAR/BUS . . . . . B PUBLIC CAR/BUS . . . . . C MOTORCYCLE (PVT OR PUBLIC) D BICYCLE . . . . . E PEOPLE CARRY/PUSH OR PULL PATIENT . . . . . F ANIMALS CARRY/PULL PATIENTS . . . . . G OTHER_____ . . X (SPECIFY) NEVER RECEIVE EMERGENCY . . . . Y DON'T KNOW . . . . . Z	
449	Does this facility ever attempt to refer a woman outside the facility for emergency obstetric care?	YES . . . . . 1 NO 2	→ 452

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
450	Please tell me if this facility has any of the following systems to support emergency obstetric referrals.		YES	NO	DON'T KNOW	
01	Are there any funds set aside to help clients with emergency transportation?	PROVIDE FUNDS	1	2	8	
02	Does the facility hire a vehicle locally to provide emergency obstetric transportation?	HIRE VEHICLE	1	2	8	
03	Is there a community health insurance scheme that provides support for emergency obstetric referrals?	COMMUNITY SUPPORT	1	2	8	
04	Is fuel set aside for emergency obstetric referrals?	FUEL SET ASIDE	1	2	8	
05	Is there a revolving fund system for transportation for emergency obstetric referrals? This might include providing a loan or cost sharing with the patient or family	REVOLVING FUND	1	2	8	
06	Does the facility radio or phone another facility to send transportation for emergency obstetric referrals?	PHONE FOR TRANSPORT	1	2	8	
07	Is the emergency obstetric referral accompanied by a facility staff?	ACCOMPANIED BY STAFF	1	2	8	
08	Is there any other system? IF YES, SPECIFY _____	OTHER	1	2	8	
451	How long does it take to get to the nearest referral facility with the most commonly used type of transportation? ASK THE TIME FOR DRY AND WET SEASON. IF CALL ELSEWHERE MUST BE MADE TO OBTAIN A VEHICLE, RECORD AVERAGE TIME FROM THE CALL TO THE PATIENT'S ARRIVAL AT THE REFERRAL FACILITY.	01 DRY SEASON MINUTES . . . . . [ ][ ][ ] DON'T KNOW . . . . . 998 02 WET SEASON MINUTES . . . . . [ ][ ][ ] DON'T KNOW 998				
452	ASSESS CONDITION OF ANC SERVICE AREA	YES	NO			
01	**FLOOR:** SWEPT, NO OBVIOUS DIRT OR WASTE	1	2			
02	**COUNTERS/TABLES/CHAIRS:** WIPED CLEAN NO OBVIOUS DUST OR WASTE	1	2			
03	BROKEN EQUIPMENT, PAPERS, BOXES AROUND MAKING AREA CLUTTERED AND DIRTY	1	2			
04	**WALLS:** REASONABLY CLEAN	1	2			
05	**DOORS:** NO OR MINOR DAMMAGE	1	2			
06	**WALLS:** NO OR MINOR DAMMAGE	1	2			
07	**ROOF:** NO OR MINOR DAMMAGE	1	2			
453	WERE ANY USED NEEDLES OR OTHER SHARPS OBSERVED OUTSIDE OF A SHARPS CONTAINER?	YES . . . . . 1 NO 2				
454	WAS THE SHARPS CONTAINER OVERFLOWING, OR WAS THE CONTAINER PIERCED/BROKEN?	YES . . . . . 1 NO . . . . . 2 NO SHARPS CONTAINER 3				
455	WERE ANY BANDAGES OR OTHER NON SHARP INFECTIOUS WASTE OBSERVED OUTSIDE OF A COVERED TRASH CONTAINER?	YES, ON FLOOR/SURFACES . . . . 1 YES, IN UNCOVERED CONTAINER . . 2 NO 3				
456	Are ARVs for PMTCT kept or managed in this ANC service site? IF YES, ASK TO SEE THE ARVS	YES . . . . . 1 ARVs NOT KEPT IN THIS SITE . . . . . 2 NO PMTCT SERVICES FROM THIS ANC SERVICE AREA 8				→**END** →**END**

NO.	QUESTIONS	CODING CLASSIFICATION							GO TO
457	**ARVS FOR PMTCT**	**a**				**b**			
		OBSERVED		REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE	STOCK OUT IN THIS SERVICE AREA IN LAST SIX MONTHS			
		ALL UNITS VALID	AT LEAST ONE UNIT VALID			YES	NO	DK	
01	ZIDOVUDINE (AZT)	1 → b	2 → b	3 02	8 02	1	2	8	
02	LAMIVUDINE (3TC)	1 → b	2 → b	3 03	8 03	1	2	8	
03	NEVIRAPINE (NVP)	1 → b	2 → b	3 04	8 04	1	2	8	
04	NEVIRAPINE SYRUP	1 → b	2 → b	3 05	8 05	1	2	8	
05	OTHER _____ (SPECIFY)	1 → b	2 → b	3 06	8 06	1	2	8	

5. Delivery and Newborn Care

Facility Number: [ ][ ][ ] **Interviewer Code:** [ ][ ]

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
500	Does this facility offer services for normal deliveries? IF YES, INDICATE RESPONSE THAT BEST REFLECTS THE CURRENT PRACTICE FOR DELIVERIES.	YES . . . . . 1 NO, HAVE INFRASTRUCTURE, NO SERVICE PROVIDED . . . . . 2 ONLY HOME DELIVERIES . . . . . 3 NO 4	 → 556 → 556

FIND THE MANAGER OR MOST SENIOR HEALTH WORKER INVOLVED IN MANAGEMENT OF DELIVERY SERVICES. IF THIS IS A NEW RESPONDENT, OBTAIN INFORMED CONSENT BELOW. IF THE PERSON IS NOT A NEW RESPONDENT, CONTINUE WITH Q501. READ THE FOLLOWING TO NEW RESPONDENTS:

Hello. My name is _____. We are here on behalf of the National Institute of Statistics, Republic of Rwanda to assist the government in knowing more about health services.
Now I will read a statement explaining the survey.

Your facility was randomly selected to participate in this study. We will be asking you questions about various health services and will ask to see patient registers. No patient names from the registers will be reviewed, recorded, or shared. The information about your facility may be used by the MOH and organizations supporting services in your facility, for planning service improvement or further studies of health services. The data collected from your facility may also be provided to researchers for analyses, however, the name of your facility will not be provided, and any reports that use your facility data will only present information in aggregate form so that your facility can not be identified.

We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person.

You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed?

Interviewer's signature Date
(Indicates respondent's willingness to participate)

501	May I begin the interview now?	YES . . . . . 1 NO 2	 → **STOP**
502	Do skilled attendants/midwives routinely provide home deliveries or attend home delivery emergencies as a part of the facility's services?	YES, ROUTINELY . . . . . 1 YES, EMERGENCY ONLY . . . . . 2 NO 3	 → 505
503	Is there a home delivery bag or kit for use by skilled attendants? IF YES, ASK TO SEE THE BAG/KIT.	YES, BAG SEEN . . . . . 1 YES, BAG NOT SEEN . . . . . 2 NO 3	 → 505 → 505

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
504	INDICATE WHETHER THE ITEMS LISTED ARE IN THE DELIVERY BAG OR NOT.	YES NO	
01	Soap	1 2	
02	Scissor or blade	1 2	
03	Clamp or umbilical tie	1 2	
04	Ergometrine oral	1 2	
05	Uterotonic (oxytocin or ergometrine or misoprostol) with syringe and needle	1 2	
06	Decontaminant	1 2	
07	IV Fluid with infusion set	1 2	
08	Sutures	1 2	
09	Needle holder	1 2	
10	Dissecting forceps	1 2	
11	Scissors	1 2	
12	Sterile or high level disinfected (HLD) gloves	1 2	
13	Cotton wool	1 2	
505	Do midwives/providers routinely provide home based PNC as part of their facility services?	YES . . . . . 1 NO 2	→ 511
506	How many PNC/post delivery visits are made to households where deliveries took place?	ONE . . . . . 1 TWO . . . . . 2 THREE 3	
507	What is the content of the PNC/post delivery visit?	EXAMINE MOTHER AND CHILD TO IDENTIFY DANGER SIGNS A COUNSEL MOTHER ON MATERNAL AND NEWBORN TOPICS . . . . . B DELIVER IRON TABLETS AND VITAMIN A . . . . . C OTHER _____ D (SPECIFY) NONE OF THE ABOVE Y	
508	Is there a record of the number of home based PNC visit by midwives/providers from this facility? IF "YES", ASK: May I see the record?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 511 → 511
509	INDICATE THE NUMBER OF HOME BASED PNC VISITS MADE BY PROVIDERS FROM THIS FACILITY DURING THE PAST 12 COMPLETED MONTHS	# OF HOME PNC VISITS [ ][ ][ ][ ] DON'T KNOW 9998	→ 511
510	INDICATE THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION.	MONTHS OF DATA . . . . [ ][ ] DON'T KNOW 98	
511	Does the facility provide 24 hour coverage for delivery services?	YES . . . . . 1 NO 2	→ 514

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
512	Is a person skilled in conducting deliveries present at the facility or on call 24 hours a day, including weekends, to provide delivery care? IF YES, ASK TO SEE A SCHEDULE FOR 24 HOUR STAFF ASSIGNMENT.	YES, PRESENT, SCHEDULE OBSERVED . . . . . 1 YES, PRESENT, SCHEDULE REPORTED, NOT SEEN . . . . . 2 YES, ON CALL SCHEDULE OBSERVED . . . . . 3 YES, ON CALL, SCHEDULE REPORTED, NOT SEEN . . . . . 4 NO 5	→ 514
513	At night, what level of provider is most commonly on duty to conduct deliveries? IF DIFFERENT LEVELS ARE COMMONLY AVAILABLE, CIRCLE ALL RELEVANT LEVELS.	MEDICIN SPECIALIST (OBSTETRICIAN/GYNECOLOGIST) A MEDICIN GENERALIST B INFERMIER A1 . . . . . C INFERMIER A2 D INFERMIER A3 . . . . . E AUXILLIER SANTE F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
514	During normal working hours, what level of provider is most commonly available to conduct complicated deliveries?	MEDICIN SPECIALIST (OBSTETRICIAN/GYNECOLOGIST) A MEDICIN GENERALIST B INFERMIER A1 . . . . . C INFERMIER A2 D INFERMIER A3 . . . . . E AUXILLIER SANTE F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
514a	If an emergency obstetric case is transferred, is the woman always accompanied by a staff member?	YES, ALWAYS . . . . . 1 SOMETIMES, NOT ALWAYS . . . . . 2 NOT ACCOMPANIED BY STAFF 3 NEVER EMERGENCY TRANSFER 4	

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
515	Does this facility have any routine user fees or charges for any services related to delivery services? This includes any fees, including those for registration or for client health records.	YES . . . . . 1 NO, CLIENTS HAVE NO OUT OF POCKET CHARGES OR USER FEES 2				→ 518
516	Please tell me if any of the following user fee or charging practices are ever applied by this facility for antenatal care services:		YES	NO	DON'T KNOW	
01	Is there a fee for normal delivery?	FEE FOR DELIVERY	1	2	8	
02	Is there a fee for the package of ANC and delivery services?	FIXED ANC PLUS DELIVERY FEE	1	2	8	
03	Are there any fees or charges for medicines?	MEDICINES	1	2	8	
04	Are there fees for laboratory or other diagnostic tests?	TESTS	1	2	8	
05	Are discounts or exemptions from fees allowed for some clients?	DISCOUNT/ EXEMPTIONS	1	2	8	
517	Are the official fees posted so that the client can easily see them? IF YES, VERIFY BY ASKING TO SEE WHERE FEES ARE POSTED	YES, ALL FEES POSTED . . . . . 1 YES, SOME, NOT ALL FEES POSTED . . . . . 2 NO POSTED FEES 3				
518	Is there a register where client information from attended births is recorded? IF YES, ASK TO SEE THE REGISTER.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN 2 NO 3				 → 525 → 525
519	SCAN THE REGISTER FOR THE PAST 3 MONTHS AND CIRCLE THE RESPONSE FOR EACH TYPE OF INFORMATION ROUTINELY RECORDED FOR DELIVERIES. SEARCH ALL APPLICABLE REGISTERS/RECORDS MAINTAINED ROUTINELY.	BIRTH OUTCOME FOR INFANT A MATERNAL OUTCOME . . . . . B TYPE OF DELIVERY . . . . . C MOTHER AGE . . . . . D GESTATIONAL AGE . . . . . E IF ANC RECEIVED . . . . . F HIV STATUS OF MOTHER . . . . . G NEWBORN WEIGHT . . . . . H IF PARTOGRAPH USED . . . . . I NONE OF ABOVE . . . . . Y				
520	HOW RECENT IS THE DATE OF THE MOST RECENT BIRTH ATTENDED BY FACILITY STAFF?	DAY [ ][ ] MONTH [ ][ ] DK 98 DK 98				
521	How many women delivered at this facility during the previous 12 completed months? (EXCLUDE C SECTION IF POSSIBLE)	NUMBER OF DELIVERIES [ ][ ][ ][ ][ ] DON'T KNOW 99998				→ 523
522	INDICATE THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION.	MONTHS OF DATA . . . . [ ][ ][ ] DON'T KNOW 98				
523	How many home deliveries were assisted by staff from this facility during the previous 12 complete months?	NUMBER OF DELIVERIES [ ][ ][ ][ ][ ] DON'T KNOW . . . . . 99998 NO HOME DELIVERIES 99995				 → 525 → 525
524	INDICATE THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION.	MONTHS OF DATA . . . . [ ][ ] DON'T KNOW 98				
525	What percentage of deliveries in your catchment area are conducted by this facility (what is your estimated annual coverage rate?)	% COVERAGE . . . . [ ][ ][ ] NO CATCHMENT AREA . . . 995 DON'T KNOW 998				 → 527 → 527

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
526	RECORD THE SOURCE OF INFORMATION FOR THE ESTIMATED DELIVERY COVERAGE.	WRITTEN REPORT . . . . . A GRAPH/CHART . . . . . B OTHER _____ X (SPECIFY) SOURCE NOT KNOWN . . . . . Z	
527	Are there ever any meetings where service statistics for delivery services are discussed with staff from this clinic/unit, such as looking at changes in patterns or other items relevant to client services?	YES . . . . . 1 NO 2	
528	Is there any evidence of looking at service data for evaluating or monitoring data? IF YES, ASK TO SEE ANY REPORTS, WALL GRAPHS OR CHARTS THAT SHOW SERVICE DATA HAS BEEN REVIEWED. CIRCLE ALL RELEVANT TYPE OF REPORTS OBSERVED.	OBSERVED WALL CHART/GRAPH . . . . . A WRITTEN REPORT/MINUTES . . . . . B OTHER _____ . . . . . X (SPECIFY) NO OBSERVED EVIDENCE . . . . . Y	→ 530
529	ASSESS THE MOST RECENT DATE WHERE THERE IS EVIDENCE OF DATA BEING REVIEWED.	WITHIN THE PAST 3 MONTHS . . . . . 1 MORE THAN 3 MONTHS AGO . . . . . 2 DON'T KNOW 8	
530	Does the facility participate in regular reviews of maternal or newborn deaths or "near misses"?	YES, FOR MOTHERS . . . . . 1 YES, FOR NEWBORNS . . . . . 2 YES, FOR BOTH . . . . . 3 NO, DOES NOT PARTICIPATE 4	→ 532
531	How often are reviews of maternal and/or infant deaths and/or near misses carried out?	EVERY WEEKS . . . . . [ ][ ] WHEN CASE OCCURS . . . . . 53 DON'T KNOW 98	
532	Please tell me the total number of beds in the maternity ward/unit in this facility	1) # OF BEDS IN MATERNITY . . . . . [ ][ ][ ] NO SPECIFIC MATERNITY BEDS . . . 000 NO FACILITY BASED DELIVERIES . . 995	→ 556
533	Please tell me the total number of general beds available for delivery	2) # GENERAL BEDS AVAILABLE FOR DELIVERY [ ][ ]	
534	ASK TO SEE THE ROOM(S) WHERE WOMEN IN LABOR STAY UNTIL TIME FOR DELIVERY AND INDICATE THE SITUATION FOR PRIVACY	PRIVATE ROOM WITH VISUAL AND AUDITORY PRIVACY . . . . . 1 NON PRIVATE ROOM WITH AUDITORY AND VISUAL PRIVACY . . . . . 2 VISUAL PRIVACY ONLY . . . . . 3 NO PRIVACY . . . . . 4 NO SEPARATE LABOR ROOM 5	
535	ASK TO SEE THE ROOM(S) WHERE DELIVERIES TAKE PLACE. IF THE SAME *ROOM* HAS ALREADY BEEN OBSERVED FOR ITEMS IN Q536, INDICATE WHICH SECTION THE DATA ARE RECORDED IN.	FAMILY PLANNING [Q327] . . . . . 1 ANTENATAL [Q438] . . . . . 2 STI [Q628] . . . . . 3 NOT PREVIOUSLY SEEN 4	→ 537 → 537 → 537

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
536	NOTE THE AVAILABILITY AND CONDITION OF SUPPLIES AND EQUIPMENT REQUIRED FOR DELIVERY SERVICES. EQUIPMENT MAY BE IN DELIVERY ROOM OR AN ADJACENT ROOM.					
	ITEMS FOR INFECTION CONTROL AND CONDITIONS FOR EXAMINATION	(a) AVAILABILITY				
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	
01	RUNNING WATER (PIPED)	1 → 04	2 →	3	8	
02	OTHER RUNNING WATER (BUCKET WITH TAP OR POUR PITCHER)	1 → 04	2	3	8	
03	WATER IN BUCKET OR BASIN (WATER REUSED)	1	2	3	8	
04	HAND WASHING SOAP	1	2	3	8	
05	SINGLE USE HAND DRYING TOWELS	1	2	3	8	
06	WASTE RECEPTACLE WITH LID AND PLASTIC LINER	1	2	3	8	
07	SHARPS CONTAINER	1	2	3	8	
08	DISPOSABLE LATEX GLOVES	1 → 10	2	3	8	
09	DISPOSABLE NON LATEX GLOVES	1	2	3	8	
10	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 12	2	3	8	
11	DISINFECTANT (NOT YET MIXED)	1	2	3	8	
12	DISPOSABLE NEEDLES	1	2	3	8	
13	AUTO DISABLE SYRINGES (3 or 5 ml)	1	2	3	8	
14	DISPOSABLE SYRINGES (3 OR 5 ML)	1	2	3	8	
15	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 18	2	3	8	
16	AUDITORY PRIVACY	1	2	3	8	
17	VISUAL PRIVACY	1	2	3	8	
18	EXAMINATION TABLE	1	2	3	8	

537	OTHER SUPPLIES AND EQUIPMENT	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Spotlight for pelvic exam flashlight/torch or exam light acceptable)	1 → b	2 → b	3 → 02	8 → 02	1	2	8
02	24 hour functioning light source (lantern acceptable)	1 → b	2 → b	3 → 03	8 → 03	1	2	8
03	Skin antiseptic (such as Chlorhexidine, Savlon, or Dettol)	1	2	3	8			
04	Intravenous infusion set	1	2	3	8			
05	Syringes and needles	1	2	3	8			
06	Suture material with needle	1	2	3	8			
07	Sterile scissors or blade	1	2	3	8			
08	Needle holder	1	2	3	8			
09	Sterile gloves	1	2	3	8			
10	Cord clamp or ties	1	2	3	8			
11	Thermometer	1	2	3	8			

NO.	QUESTIONS	CODING CLASSIFICATION					GO TO
538	**MEDICATIONS IN DELIVERY SERVICE AREA**				(b) AT LEAST ONE VALID		
					YES	NO	DON'T KNOW
01	Intravenous solutions: either Ringers lactate, D5NS, or NS infusion	1→b	2 02	3 02	8 02	1	2	8
02	Injectable ergometrine/ methergine	1→b	2 03	3 03	8 02	1	2	8
03	Injectable oxytocin/ syntocin	1→b	2 04	3 04	8 04	1	2	8
04	Injectable diazepam	1→b	2 05	3 05	8 05	1	2	8
05	Injectable magnesium sulfate	1→b	2 06	3 06	8 06	1	2	8
06	Hydralazine or apresoline inj.	1→b	2 07	3 07	8 07	1	2	8
07	Injectable amoxicillin or ampicillin	1→b	2 08	3 08	8 08	1	2	8
08	Injectable gentamicin	1→b	2 09	3 09	8 09	1	2	8
09	Antibiotic eye drops or ointment (not chloramphenicol)	1→b	2 10	3 10	8 10	1	2	8
10	Vitamin A 200,000 IU/ 100.000 IU (oral)	1→b	2 11	3 11	8 11	1	2	8
11	Procaine penicillin injection	1→b	2 12	3 12	8 12	1	2	8
12	Zidovudine	1→b	2 13	3 13	8 13	1	2	8
13	Lamivudine	1→b	2 14	3 14	8 14	1	2	8
14	Nevirapine tabs	1→b	2 15	3 15	8 15	1	2	8
15	Nevirapine syrup	1→b	2 16	3 16	8 16	1	2	8
16	Lidocain	1→b	2 17	3 17	8 17	1	2	8
17	Glucose 50%	1→b	2 18	3 18	8 18	1	2	8
18	Oxygene	1→b	2 19	3 19	8 19	1	2	8
19	AZT	1→b	2 539	3 539	8 539	1	2	8

NO.	QUESTIONS	CODING CLASSIFICATION						GO TO
539	**EQUIPMENT AND SUPPLIES FOR NEWBORN CARE**	(a) AVAILABILITY				(b) FUNCTIONING		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Bag and mask or tube and mask (infant size) for resuscitation	1→b	2→b	3 02	8 02	1	2	8
02	Incubator	1→b	2→b	3 03	8 03	1	2	8
03	Other source of heat for premature infant	1→b	2→b	3 04	8 04	1	2	8
04	Infant scale	1→b	2→b	3 05	8 05	1	2	8
05	Suction bulb for mucus extraction	1→b	2→b	3 06	8 06	1	2	8
06	Suction apparatus for use with catheter	1→b	2→b	3 07	8 07	1	2	8
07	Resuscitation table for baby with heat source	1	2	3	8			
08	Disposable cord ties or clamps	1	2	3	8			
09	Towel to wipe baby	1	2	3	8			
10	Blanket to wrap baby	1	2	3	8			
11	Vitamin K (Inj)	1	2	3	8			
540	GUIDELINES/ PROTOCOLS							
01	Guideline for clinical care in Maternal and Neonatal	1	2	3	8			
02	Other guidelines for normal delivery	1	2	3	8			
03	Guidelines for emergency obstetric care	1	2	3	8			
04	Blank partographs ANY PARTOGRAPH SEPARATED OR ON THE MOTHERS CARD	1	2	3	8			
541	CHECK Q539(02) IF INCUBATOR IS AVAILABLE IN UNIT YES, OBSERVED OR REPORTED ☐ NO ☐ → 543a							
542	Is there someone in the unit who has received technical training to operate the incubator?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8						

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	Now I will ask you a few questions about the management of 3rd stage of labor. For each of the following practices for managing third stage of labor, please tell me if this is a routine practice, is carried out selectively (that is depending on the condition of the patient or on the person conducting the delivery), or if it is never carried out.		
543a	Administer uterotonic drug?	ROUTINE . . . . . 1 SELECTIVE . . . . . 2 NEVER 3	 → 543c → 543c
543b	How many minutes after birth is the drug usually administered?	IMMEDIATELY/WITHIN 1 MINUTE 1 WITHIN 5 MINUTES 2 NO SPECIFIC PRACTICE 3 OTHER_____ 6 (SPECIFY)	
543c	Apply controlled cord traction?	ROUTINE . . . . . 1 SELECTIVE . . . . . 2 NEVER 3	 → 543e → 543e
543d	Can you describe the technique used when applying cord traction? DOES THE PROVIDER INDICATE THAT COUNTER TRACTION IS APPLIED TO THE UTERUS? **DO NOT PROMPT.**	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
543e	Massage fundus through the abdomen?	ROUTINE . . . . . 1 SELECTIVE . . . . . 2 NEVER 3	
544	Now I want to ask you about routine practices related to the newborn at this facility. I am using the word "routine" to indicate that the activity is conducted for essentially all newborns or their mothers.		
01	Is rooming in the normal practice in this facility? That is, does the newborn stay in the same room with the mother?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
02	Does this facility routinely provide vitamin A to mothers before their discharge?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
545	Does this facility routinely observe any of the following practices postpartum or related to newborns?	YES / NO / DON'T KNOW	
01	Suction the newborn by means of catheter	1 / 2 / 8	
02	Suction the newborn by means of bulb	1 / 2 / 8	
03	Weigh the newborn	1 / 2 / 8	
04	Give full bath (immerse newborn in water) within 24 hours of birth	1 / 2 / 8	
05	Give the newborn prelacteal liquids	1 / 2 / 8	
06	Give the newborn OPV prior to discharge	1 / 2 / 8	
07	Give the newborn BCG prior to discharge	1 / 2 / 8	
08	Give colostrum to the newborn	1 / 2 → 546 / 8 → 546	
09	Give colostrum to the newborn during the first hours	1 / 2 / 8	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
546	How is the umbilical cord treated? ASK FOR EACH ITEM IF IT IS APPLIED AND CIRCLE ALL PRACTICES THAT ARE ROUTINELY USED	APPLY ALCOHOL . . . . . A APPLY OTHER ANISEPTIC . . . . . B APPLY NOTHING TO CORD . . . . . C WRAP WITH DRY DRESSING D OTHER _____ X (SPECIFY)	
547	How is the newly delivered placenta managed prior to final disposal? ASK TO SEE ANY CONTAINER THAT IS USED. CIRCLE ALL TYPES OF CONTAINERS REPORTED AND OBSERVED FOR IMMEDIATE PLACEMENT OF PLACENTA	PUT IN CONTAINER COVERED LEAKPROOF . . . . . A UNCOVERED LEAKPROOF . . . . . B DOUBLE PLASTIC BAGS . . . . . C NOT LEAKPROOF . . . . . D OTHER _____ . . . . . X (SPECIFY)	
548	What is the most common method used for final disposal of the placenta? CIRCLE ALL THAT APPLY.	DISPOSE WITH OTHER INFECTIOUS WASTE OF FACILITY . . . . . B DISPOSE SEPARATE FROM OTHER WASTE BURN . . . . . C BURY . . . . . D OTHER _____ . . . . . X (SPECIFY)	
549	Does this facility handle assisted deliveries that is, use forceps or ventouse (vacuum extractor)? IF YES, ASK TO SEE THE EQUIPMENT USED.	YES . . . . . 1 NO 2	→ 552

550 CHECK WHETHER THE EQUIPMENT IS IN THE DELIVERY ROOM OR AN ADJACENT ROOM.

		(a) AVAILABILITY				(b) FUNCTIONING		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Ventouse (vacuum extractor)	1→b	2→b	3 → 551	8 → 551	1	2	8

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
551	Has an assisted delivery been conducted in this facility within the past 3 months?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
552	Is this facility able to extract retained products of conception when necessary? IF YES, ASK TO SEE THE EQUIPMENT USED.	YES . . . . . 1 NO 2	→ 554

553 CHECK WHETHER THE EQUIPMENT IS IN THE DELIVERY ROOM OR AN ADJACENT ROOM.

	EQUIPMENT	(a) AVAILABILITY				(b) FUNCTIONING		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Manual vacuum aspirator	1→b	2→b	3 → 02	8 → 02	1	2	8
02	Dilatation and curettage (D&C) kit	1→b	2→b	3 → 03	8 → 03	1	2	8
03	Other _____	1→b	2→b	3 → 554	8 → 554	1	2	8

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
554	Has manual vacuum aspiration or D & C been used to remove retained products of conception by this facility during the past 3 months?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
555	Now I am going to ask you about other medical interventions for management of complications during labor or delivery. For each intervention, please tell me if this is ever provided at this facility, and if yes, if it has been conducted in this facility within the past 3 months.		

	INTERVENTION	(a) EVER PROVIDE			(b) PROVIDED IN PAST 3 MONTHS		
		YES	NO	DK	YES	NO	DK
01	Parenteral oxytocic drugs	1→b	2 → 02	8 → 02	1	2	8
02	Parenteral anti convulsants for pregnancy induced hypertension	1→b	2 → 03	8 → 03	1	2	8
03	Parenteral antibiotics	1→b	2 → 04	8 → 04	1	2	8
04	Manual removal of placenta	1→b	2 → 05	8 → 05	1	2	8
05	Removed of retained products (curettage or aspiration manual intreuterine)	1→b	2 → 06	8 → 06	1	2	8
06	Assisted vaginal delivery (vetouse or forceps)	1→b	2 → 556	8 → 556	1	2	8

556	Does this facility provide blood transfusions? IF YES: Is there a blood bank or are there transfusion services only?	YES, TRANSFUSION, YES, BLOOD BANK . . . . . 1 YES, TRANSFUSION, NO BLOOD BANK . . . . . 2 NO BLOOD TRANSFUSION 3	→ 558
557	Has blood transfusion been performed for maternity care by this facility during the past 3 months?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
558	Does this facility ever perform caesarean sections?	YES . . . . . 1 NO 2	→ 566

559 ASK TO SEE THE ROOM WHERE CAESAREAN SECTIONS ARE PERFORMED. CHECK IF THE FOLLOWING EQUIPMENT AND SUPPLIES ARE AVAILABLE IN THE ROOM OR IN AN ADJACENT ROOM.

	EQUIPMENT AND SUPPLIES FOR CAESAREAN SECTION	(a) AVAILABILITY				(b) FUNCTIONING		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Operating table	1→b	2→b	3 → 02	8 → 02	1	2	8
02	Operating light	1→b	2→b	3 → 03	8 → 03	1	2	8
03	Anesthesia giving set	1→b	2→b	3 → 04	8 → 04	1	2	8
04	Scrub area adjacent to or in the operating room	1	2	3	8			
05	Tray, drum, or package with sterilized instruments ready for use	1	2	3	8			
06	Emergency source of light	1→b	2→b	3 → 07	8 → 07	1	2	8
07	Suction machine	1→b	2→b	3 → 560	8 → 560	1	2	8

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
560	Does this facility have a health worker who can perform a caesarean section present in the facility or on call 24 hours a day (including weekends)? IF YES, ASK TO SEE THE SCHEDULE	YES, PRESENT, SCHEDULE OBSERVED . . . . . 1 YES, PRESENT, SCHEDULE REPORTED, NOT SEEN . . . . . 2 YES, ON CALL SCHEDULE OBSERVED . . . . . 3 YES, ON CALL, SCHEDULE REPORTED, NOT SEEN . . . . . 4 NO 5	
561	Does this facility have an anesthetist present in the facility or on call 24 hours a day (including weekends)? IF YES, ASK TO SEE THE SCHEDULE	YES, PRESENT, SCHEDULE OBSERVED . . . . . 1 YES, PRESENT, SCHEDULE REPORTED, NOT SEEN . . . . . 2 YES, ON CALL SCHEDULE OBSERVED . . . . . 3 YES, ON CALL, SCHEDULE REPORTED, NOT SEEN . . . . . 4 NO 5	
	AKS TO SEE DELIVERY RECORDS LAST 7 DAYS AND RANDOMELY SELECT 5 RECORDS		
561a	NUMBER OF RECORDS HAD PARTOGRAPH	PARTOGRAPH [ ] PER 5 REC.	
561b	NUMBER OF RECORDS HAD PARTOGRAPH WITH APGA SCORE	PARTOGRAPH + APGA [ ] PER 5 REC.	
562	Is there a register where caesarean section data is recorded? IF YES, ASK: May I see the register please?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN 2 NO 3	 → 566 → 566
563	RECORD THE NUMBER OF CAESAREAN SECTIONS CONDUCTED AT THIS FACILITY DURING THE PAST 12 COMPLETED MONTHS.	NUMBER OF CAESAREAN . [ ][ ][ ][ ] DON'T KNOW 9998	 → 565
564	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION.	MONTHS OF DATA . . . . . [ ][ ] DON'T KNOW 98	
565	What is the date of the last caesarean section? TAKE THE DATE FROM THE REGISTER OR REPORT FORM.	MONTH YEAR [ ][ ] [ ][ ][ ][ ] DON'T KNOW 989998	
566	Does this facility have a health worker who can repair obstetric fistulae?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 574 → 574
567	Does this facility have any physicians trained to competence for ***simple repair*** of fistulae?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
568	Does this facility have any physicians trained to competence for ***complex repair*** of fistulae?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
569	Does this facility have any physicians trained to competence as ***fistula repair trainers*** ?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
570	Is there a register where fistula repair data is recorded? IF YES, ASK: May I see the register please?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN 2 NO 3	 → 574 → 574
571	RECORD THE NUMBER OF FISTULAE REPAIRED AT THIS FACILITY DURING THE PAST 12 COMPLETED MONTHS.	NUMBER OF FISTULAE . . . . [ ][ ][ ][ ] DON'T KNOW 9998	 → 573
572	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION.	MONTHS OF DATA . . . . . [ ][ ] DON'T KNOW 98	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
573	What is the date of the last fistula repair? TAKE THE DATE FROM THE REGISTER OR REPORT FORM.	MONTH YEAR ☐☐ ☐☐☐☐ DON'T KNOW 989998	
574	Does this facility have a health worker who can perform male circumcision?	YES 1 NO . . . . . 2 DON'T KNOW 3	 → 579 → 579
575	Is there a register where male circumcision data is recorded? IF YES, ASK: May I see the register please?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN 2 NO 3	 → 579 → 579
576	RECORD THE NUMBER OF MALE CIRCUMSISIONS AT THIS FACILITY DURING THE PAST 12 COMPLETED MONTHS.	NUMBER OF CIRCUMSISIONS ☐☐☐☐ DON'T KNOW 9998	 → 578
577	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION.	MONTHS OF DATA . . . . . ☐☐ DON'T KNOW 98	
578	What is the date of the last male circumcision? TAKE THE DATE FROM THE REGISTER OR REPORT FORM.	MONTH YEAR ☐☐ ☐☐☐☐ DON'T KNOW 99 9998	
579	AT THIS POINT, CHECK IF EITHER Q500 OR Q558 IS "1" [FACILITY OFFERS DELIVERY SERVICES]	YES . . . . . 1 NO 2	 → **END**
580	Are syringes for client injections or drawing blood ever reused? IF YES, PROCEED. IF NO, CIRCLE 'Y' FOR NEVER REUSE SYRINGES What is the ***final method*** most commonly used sterilizing syringes prior to reuse? CIRCLE ALL THAT APPLY.	DRY HEAT STERILIZATION . . . . . A AUTOCLAVING . . . . . B BOILING . . . . . C STEAM STERILIZATION . . . . . D CHEMICAL METHOD . . . . . E OTHER _____ X (SPECIFY) NEVER REUSE SYRINGES . Y	
581	After completing a delivery, what procedures does this service follow for initial handling of contaminated equipment (such as speculums, scalpel handles, etc.) that will be reused another time? IF THE UNIT PROCESSES SOME EQUIPMENT AND SENDS OTHER EQUIPMENT ELSEWHERE, INDICATE THE PROCEDURE FOR EQUIPMENT PROCESSED IN THIS SERVICE DELIVERY UNIT **IF VAGINAL DELIVERIES ARE CONDUCTED IN A DIFFERENT ROOM THAN CAESAREAN SECTION DELIVERIES, ASSESS THE PROCESSING EQUIPMENT FOR VAGINAL DELIVERIES.**	SOAKED IN DISINFECTANT SOLUTION AND THEN BRUSH SCRUBBED WITH SOAP AND WATER . . . . . 01 BRUSH SCRUBBED WITH SOAP AND WATER AND THEN SOAK IN DISINFECTANT . . . . . 02 BRUSH SCRUBBED WITH SOAP AND WATER ONLY . . . . . 03 SOAKED IN DISINFECTANT, NOT BRUSH SCRUBBED . . . . . 04 CLEAN WITH SOAP AND WATER, NOT BRUSH SCRUBBED . . . . . 05 OTHER _____ . . . . . 06 (SPECIFY) NO EQUIPMENT EVER REUSED 07 DON'T DECONTAMINATE 95	 → 584 → 584
582	Are there written guidelines for how to decontam inate equipment? IF YES, ASK: May I see them?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	 → 584 → 584
583	SCAN THE GIDELINE AND CIRCLE ALL COMPONENTS THAT ARE MENTIONED OR COVERED	SOAKING TIME . . . . . A PERCENT OF CHEMICAL USED . . . B PROPORTIONS TO MIX . . . . . C BRUSH SCRUB . . . . . D NONE OF THE ABOVE . . . . . Y	
584	Where is this equipment then processed prior to reuse? IF THE SYSTEM AT THAT LOCATION HAS ALREADY BEEN SEEN, INDICATE WHICH SECTION THE INFORMATION IS IN. IF NOT YET SEEN, CIRCLE “3 “ AND CONTINUE.	SECTION 1 [Q180 181] . . . . . 1 FAMILY PLANNING [Q333 334] 2 NOT PREVIOUSLY SEEN . . . . . 3 PROCESS OUTSIDE FACILITY 4 NO EQUIPMENT PROCESSED 5	→ 587(6) → 587(6) → 587(6) → 587(6)

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
585	What is the ***final method*** most commonly used for disinfecting or sterilizing medical equipment (such as surgical instruments) before they are reused? IF DIFFERENT METHODS ARE USED FOR DIFFERENT TYPES OF EQUIPMENT, INDICATE THE METHOD(S) USED FOR METAL EQUIPMENT SUCH AS SPECULUMS OR FORCEPS.	DRY HEAT STERILIZATION . . . . . A AUTOCLAVING . . . . . B BOILING . . . . . C STEAM STERILIZATION D CHEMICAL METHOD . . . . . E PROCESSED OUTSIDE FACILITY F OTHER _____ X (SPECIFY)	→ 587(6)

586	ITEM	(a) AVAILABILITY				(b) FUNCTIONING		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Electric autoclave (PRESSURE AND WET HEAT)	1→b	2→b	3 → 02	8 → 02	1	2	8
02	Non electric autoclave (PRESSURE/WET H)	1→b	2→b	3 → 03	8 → 03	1	2	8
03	Electric dry heat sterilizer	1→b	2→b	3 → 04	8 → 04	1	2	8
04	Electric boiler or steamer (no pressure)	1→b	2→b	3 → 05	8 → 05	1	2	8
05	Non electric pot with cover (FOR STEAM/ BOIL)	1	2	3	8			
06	Heat source for non electric equipment	1→b	2→b	3 → 07	8 → 07	1	2	8
07	Automatic timer (MAY BE ON EQUIPMENT)	1→b	2→b	3 → 08	8 → 08	1	2	8
08	TST Indicator strips or other item that indicates when ster ilization is complete.	1	2	3	8			
09	Written protocols or guidelines for ster ilization of disinfection	1	2	3	8			

587	FOR EACH OF THE FOLLOWING METHODS FOR STERILIZATION/ DISINFECTION USED IN THE FACILITY, INDICATE THE PROCESSING DETAILS INCLUDING TIME PROCESSED AFTER THE REQUIRED TEMPERATURE/ PRESSURE/ BOILING IS REACHED						
		(1) Dry heat sterilization	(2) Autoclave (steam with pressure)	(3) Boil	(4) Steam without pressure	(5) Chemical High Level Disinfectant (HLD)	(6) nitial decontamination
A	Method	USED 1 NOT USED 2 → 2	USED 1 NOT USED 2 → 3	USED 1 NOT USED 2 → 4	USED 1 NOT USED 2 → 5	USED 1 NOT USED 2 → 6	USED 1 NOT USED 2 → 588
B	Temperature (centigrade)	TEMPERATURE AUTOMAT C 666 DON'T KNOW 998	TEMPERATURE AUTOMAT C 666 DON'T KNOW 998				
C	Pressure		PRESS-URE AUTOMAT C 666 → 2E DON'T KNOW 998 → 2E				
D	Units of pressure		UN TS OF PRESSURE KG/SQ CM 1 ATM PRESSURE 2 K LOPASCAL 3 M LL METER HG 4				
E	Minutes-when equipment is not wrapped in cloth	M NUTES AUTOMAT C 666 DON'T KNOW 998	M NUTES AUTOMAT C 666 DON'T KNOW 998	M NUTES DON'T KNOW 998	M NUTES DON'T KNOW 998	M NUTES DON'T KNOW 998	M NUTES DON'T KNOW 998
F	Minutes when equipment is wrapped		M NUTES WRAPPED AUTOMAT C 666 DON'T KNOW 998				
G	Chemical disinfectant used					J K 1 CHLOR NE 2 H2O2 3 POV DONE OD NE 4 ALCOHOL 5 CHLORHEX D NE 6 GLUTARALDEHYDE 7 DON'T KNOW 8	J K 1 CHLOR NE 2 H2O2 3 POV DONE OD NE 4 ALCOHOL 5 CHLORHEX D NE 6 GLUTARALDEHYDE 7 DON'T KNOW 8
H	Percent solution before dilution					PERCENT DON'T KNOW 98	PERCENT DON'T KNOW 98
I	Mixture parts solution and water					M XTURE PARTS a) D S NFECTANT b) WATER DK 000	M XTURE PARTS a) D S NFECTANT b) WATER DK 000

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
588	INDICATE ALL STORAGE CONDITIONS IN THIS SERVICE DELIVERY AREA FOR PROCESSED EQUIPMENT (SUCH AS SPECULUM , FORC EPS) READY FOR REUSE. IF LOCATION HAS ALREADY BEEN ASSESSED, INDICATE WHICH SECTION THE INFORMATION IS IN. IF NOT PREVIOUSLY ASSESSED, CIRCLE "3" AND CONTINUE.	SECTION 1 [Q182] . . . . . 1 FAMILY PLANNING [Q356] 2 NOT PREVIOUSLY SEEN 3	→ 590 → 590
589	INDICATE STORAGE CONDITIONS FOR PROCESSED EQUIPMENT USED FOR THIS SERVICE DELIVERY AREA.	OBSERVED / REPORTED, NOT SEEN / NOT AVAILABLE / DON'T KNOW	
01	Wrapped in sterile cloth, sealed with TST tape	1 2 3 8	
02	Stored in sterile container with lid that clasps shut	1 2 3 8	
03	Stored unwrapped inside an autoclave or dry heat sterilizer	1 2 3 8	
04	On tray, covered with cloth or wrapped without TST sealing tape	1 2 3 8	
05	In container with disinfectant or antiseptic	1 2 3 8	
06	Other stored, clean and covered	1 2 3 8	
07	Other stored, not clean and/or uncovered	1 2 3 8	
08	Date of sterilization written on packet or container with processed items	1 2 3 8	
09	Storage location dry and clean	1 2 3 8	
590	ASSESS CONDITION OF DELIVERY SERVICE AREA	YES NO	
01	**FLOOR:** SWEPT, NO OBVIOUS DIRT OR WASTE	1 2	
02	**COUNTERS/TABLES/CHAIRS:** WIPED CLEAN NO OBVIOUS DUST OR WASTE	1 2	
03	BROKEN EQUIPMENT, PAPERS, BOXES AROUND MAKING AREA CLUTTERED AND DIRTY	1 2	
04	**WALLS:** REASONABLY CLEAN		
05	**DOORS:** NO OR MINOR DAMMAGE	1 2	
06	**WALLS:** NO OR MINOR DAMMAGE	1 2	
07	**ROOF:** NO OR MINOR DAMMAGE	1 2	
591	WERE ANY USED NEEDLES OR OTHER SHARPS OBSERVED OUTSIDE OF A SHARPS CONTAINER?	YES . . . . . 1 NO 2	
592	WAS THE SHARPS CONTAINER OVERFLOWING, OR WAS THE CONTAINER PIERCED/BROKEN?	YES . . . . . 1 NO . . . . . 2 NO SHARPS CONTAINER 3	
593	WERE ANY BANDAGES OR OTHER NON SHARP INFECTIOUS WASTE OBSERVED OUTSIDE OF A COVERED TRASH CONTAINER?	YES, ON FLOOR/SURFACES . . . . . 1 YES, IN UNCOVERED CONTAINER 2 NO 3	
593a	CHECK QUESTION 500: FACILITY OFFER DELIVERY: YES → 594 NO → END		

MATERNITY STATISTICS (OCT 2006 - MAR 2007)

	SUMMARY OF MATERNITY CASES	OCT '06	NOV '06	DEC '06	JAN '07	FEB '07	MARCH '07
594	Were there any obstetric admissions/deliveries in this facility during OCTOBER 2006-MARCH 2007?	YES 1 NO 2		→ END MATERNAL RECORD REV EW			
	ASK TO SEE RECORDS TO SUPPLY THE NFORMAT ON REQUESTED BELOW AND COMPLETE THE STAT ST CS AS ND CATED F THE NFORMAT ON S NOT AVA LABLE RECORD '9998' N THE CASE OF MATERNAL COMPL CAT ONS F MORE THAN ONE CAUSE SELECT THE MOST SER OUS (e g HEMORRHAGE AND ANEM A=HEMORRHAGE)						
	SUMMARY OF MATERNITY CASES	**OCT '06**	**NOV '06**	**DEC '06**	**JAN '07**	**FEB '07**	**MARCH '07**
01	***TOTAL DELIVERIES (including C-sections)***						
02	TOTAL CAESAREAN SECT ONS						
03	TOTAL L VE B RTHS						
04	NUMBER OF FRESH ST LLB RTHS						
05	NUMBER OF MACERATED ST LLB RTHS						
06	TOTAL ST LLB RTHS (SUM 594 04+594 05)						
	DIRECT OBSTETRIC COMPLICATIONS						
07	HEMORRHAGE CASES (TREATED)						
08	OBSTRUCTED/PROLONGED DEL VER ES ATTENDED						
09	RUPTURED UTERUS (TREATED)						
10	POSTPARTUM SEPS S (TREATED)						
11	PRE-ECLAMPS A/ECLAMPS A (TREATED)						
12	ECTOP C PREGNANC ES (TREATED)						

	SUMMARY OF MATERNITY CASES	OCT '06	NOV '06	DEC '06	JAN '07	FEB '07	MARCH '07
13	COMPL CAT ONS OF ABORT ON (TREATED)						
14	RETA N PLACENTA (TREATED)						
15	***TOTAL DIRECT OBSTETRIC COMPLICATIONS TREATED (SUM 594.07+…+594.14)***						
	INDIRECT OBSTETRIC COMPLICATIONS						
16	HEPAT T S						
17	MALAR A						
18	H V/A DS						
19	ANEM A						
20	TUBERCULOS S						
21	***TOTAL INDIRECT OBSTETRIC COMPLICATIONS (SUM 594.16+…+594.20)***						
22	**TOTAL OBSTETRIC ADMISSIONS (594.01 + 594.15 + 594.21)**						
23	TOTAL MATERNAL TRANSFERS N TO THE FAC L TY						
24	TOTAL MATERNAL TRANSFERS OUT TO ANOTHER FAC L TY						
25	WERE THERE ANY MATERNAL DEATHS DUR NG OCTOBER 2006-MARCH 2007?	YES 1 NO 2 → END					
26	TOTAL MATERNAL DEATHS						

MATERNAL RECORDS

595	REVIEW THE MATERNAL DEATH RECORDS AND INDICATE THE NUMBER OF MATERNAL DEATHS FOR WHICH THE SPECIFIED CAUSE WAS THE RECORDED MAIN CAUSE OF DEATH.	
	(a) DIRECT CAUSES OF DEATH	(b) NUMBER WITH AN INTERVENTION OR TREATMENT DOCUMENTED FOR THE CONDITION THAT WAS THE DIRECT CAUSE OF DEATH
01	HEMORRHAGE [ ][ ] → b NO HEMORRHAGE . . . . . 00→ 02	HEMORRHAGE [ ][ ] (INTRAVENOUS, BLOOD TRANSFUSION, MASSAGE UTERUS)
02	OBSTRUCTED/PROLONGED LABOR [ ][ ] → b NO OBSTR/PROL LABOR . . . . . 00→ 03	OB/PROL LABOR (INSTRUMENTS; OXYTOCIN, CAESAREAN) [ ][ ]
03	RETAINED PLACENTA [ ][ ] → b NO RETAINED PLACENTA . . . . . 00→ 04	RETAINED PLACENTA (MANUAL REMOVAL) [ ][ ]
04	RUPTURED UTERUS [ ][ ] → b NO RUPTURED UTERUS . . . . . 00→05	RUPTURED UTERUS (SURGERY) [ ][ ]
05	POSTPARTUM SEPSIS [ ][ ] → b NO POSTPARTUM SEPSIS . . . . . 00→06	POSTPARTUM SEPSIS (INTRAVENOUS ANTIBIOTICS) [ ][ ]
06	PRE-ECLAMPSIA/ECLAMPSIA [ ][ ] → b NO PRE-ECL.OR ECLAMPSIA . . . . . 00→07	PRE-ECLAMPSIA/ECLAMPSIA (MAGNESIUM SULPHATE, HYDRALAZINE) [ ][ ]
07	COMPLICATIONS OF ABORTION [ ][ ] → b NO COMPLIC. ABORTION . . . . . 00 → 08	COMPLIC. ABORTION MANUAL VACCUM ASPIRATION ANTIBIOTICS) [ ][ ]
08	ECTOPIC PREGNANCY [ ][ ] → b NO ECTOPIC PREGNANCY . . . . . 00 → 09	ECTOPIC PREGNANCY (SURGERY) [ ][ ]
09	OTHER _____ [ ][ ] → b (SPECIFY) NO OTHER . . . . . 00 → 10	TREATMENT FOR OTHER [ ][ ]
10	CAUSE OF DEATH NOT RECORDED [ ][ ]	
	CHECK TO SEE THAT THE TOTAL IN COLUMN (a) IS THE SAME AS THE NUMBER OF MATERNAL DEATHS IN Q909.	
596	FOR EACH OF THE MATERNAL DEATHS FOR WHOM RECORDS WERE REVIEWED, RECORD THE NUMBER FOR WHOM ANY OF THE BELOW DIAGNOSIS WERE ALSO INDICATED FOR THE WOMEN WHO DIED. IF YES, INDICATE IF IF THERE WAS ANY TREATMENT RECORDED FOR THE CONDITION, PRIOR TO DEATH.	
	(a) INDIRECT CAUSES OF DEATH	(b) NUMBER WHERE THERE IS AN INTERVENTION OR TREATMENT DOCUMENTED FOR THE CONDITION THAT WAS AN INDIRECT CAUSE OF DEATH
01	MALARIA [ ][ ] → b NO MALARIA . . . . . 00 → 02	ANTIMALARIALS PROVIDED [ ][ ]
02	ANEMIA [ ][ ] → b NO MALARIA . . . . . 00 → 03	BLOOD TRNASFUSION [ ][ ]
03	HIV/AIDS [ ][ ] → b NO HIV/AIDS . . . . . 00 → 04	ANTIRETROVIRAL PROVIDED [ ][ ]
04	TUBERCULOSIS [ ][ ] → b NO TUBERCULOSIS . . . . . 00 → END	TB MEDICINES PROVIDED [ ][ ]

Maternity services provided in past 12 months

597	Maternity services	APR '06	MAY '06	JUN '06	JUL '06	AUG '06	SEP '06	OCT '06	NOV '06	DEC '06	JAN '07	FEB '07	MAR '07
	Pu the record of matern ty c ents to rev ew the serv ces (se ected by random ONE record per month for the ast 12 months)												
	Soins maternels : Procédures et Pratiques	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
01	Pr se en charge act ve du tro s ème stade du trava	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
02	Partogramme ut sé	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
03	Dé vrance art f c e e	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
	Soins néonatals essentiels												
04	Sécher mméd atement e nouveau-né et e recouvr r d'un nge propre et chauffé	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
05	Ne pas ba gner e bébé pendant au mo ns es 24 prem ères heures	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
06	So ns du cordon : e couper avec un b stour propre et ne r en app quer au mo gNO	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
07	A a tement mméd at (dans une heure) et a a tement materne exc us f	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
08	Réan mat on du nouveau-né	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N

6. Services for Reproductive Tract and Sexually Transmitted Infections

Facility Number: [ ][ ][ ] **Interviewer Code:** [ ][ ]

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
600	First, I want to ask specifically about services for clients with symptoms that may be STIs. If a client comes with symptoms that may be an STI, does this facility offer any services for diagnosis or treatment of STIs?	YES . . . . . 1 NO 2	→ END

FIND THE MANAGER OR MOST SENIOR HEALTH WORKER INVOLVED IN MANAGEMENT OF SERVICES FOR STIS. IF THIS IS A NEW RESPONDENT, OBTAIN INFORMED CONSENT BELOW. IF THE PERSON IS NOT A NEW RESPONDENT, CONTINUE WITH Q602. READ THE FOLLOWING TO NEW RESPONDENTS:

Hello. My name is . We are here on behalf of the National Institute of Statistics, Republic of Rwanda to assist the government in knowing more about health services.
Now I will read a statement explaining the survey.

Your facility was randomly selected to participate in this study. We will be asking you questions about various health services and will ask to see patient registers. No patient names from the registers will be reviewed, recorded, or shared. The information about your facility may be used by the MOH and organizations supporting services in your facility, for planning service improvement or further studies of health services. The data collected from your facility may also be provided to researchers for analyses, however, the name of your facility will not be provided, and any reports that use your facility data will only present information in aggregate form so that your facility can not be identified.

We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person.

You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed?

Interviewer's signature _____ Date _____
(Indicates respondent's willingness to participate)

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
601	May I begin the interview now?	YES . . . . . 1 NO 2	→ STOP
602	Are services for STI clients being offered at this facility today?	YES . . . . . 1 NO 2	
603	Are STI services primarily offered in a special STI clinic or through general outpatient services?	SPECIAL STI CLINIC . . . . . 1 GENERAL OUTPATIENT 2	
604	How many days in the month are STI services available in either the special/the general clinic? USE A 4 WEEK MONTH TO CALCULATE DAYS	NUMBER OF DAYS [ ][ ][ ]	
605	How are diagnoses of STIs made in this facility? CIRCLE ALL THAT APPLY.	SYNDROMIC APPROACH . . . . . A ETIOLOGIC (LAB) . . . . . B CLINICAL JUDGMENT C	

606 FOR EACH OF THE FOLLOWING LABORATORY TESTS, ASK:
Does this service use any laboratory test for diagnosing [THE INDICATED ILLNESS]?

IF NOT, ASK: Do you collect the specimen and send it elsewhere for the test, or does the client have to go somewhere else for the test?

	FOR EACH TEST CONDUCTED AT FACILITY, ASSESS AVAILABILITY OF EQUIPMENT AND SUPPLIES USING LABORATORY QRE.	CONDUCT TEST	COLLECT SPECI-MEN	SEND CLIENT ELSEWHERE	TEST NOT UTILIZED	DON'T KNOW
01	Syphilis	1	2	3	4	8
02	Gonorrhea	1	2	3	4	8
03	HIV	1	2	3	4	8
04	Chlamydia	1	2	3	4	8

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
607	Does this facility have a protocol or guideline regarding confidentiality for STI clients? IF YES, ASK TO SEE A COPY.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN 2 NO . . . . . 3 DON'T KNOW 8	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
608	Does the facility normally perform partner notification or follow up? IF YES: Is the follow up ever active (where the facility makes contact with the partner) or is it only passive (where the facility asks the clients to inform or bring their partners)?	YES, SOMETIMES ACTIVE . . . . . 1 YES, ONLY PASSIVE . . . . . 2 NO 3	 → 610 → 610
609	Do you have a form a referral form or a register where records are kept about clients for active follow up? IF YES, ASK TO SEE A COPY.	YES, FORM OBSERVED . . . . . 1 YES, REGISTER OBSERVED ..... 2 YES, FORM/REGISTER REPORTED, NOT SEEN . . . . . 3 NO 4	
610	Is there a register where information is recorded on STI consultations? IF YES, ASK TO SEE THE REGISTER. MAY BE GENERAL OPD REGISTERS.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . 2 NO 3	 → 616 → 616
611	SKIM THE REGISTER FOR THE PAST 3 MONTHS AND CIRCLE IF THE INDICATED INFORMATION IS ROUTINELY RECORDED FOR CLIENTS RECEIVING SERVICES THIS CLINIC/UNIT	CLIENT NAME . . . . . A CLIENT AGE . . . . . B CLIENT SEX . . . . . C DIAGNOSIS/MAIN SYMPTOM . . . . D NONE OF THE ABOVE . . . . . Y	
612	Were there any diagnoses noted that indicated a client had an STI or reproductive tract infection? IF YES, CIRCLE WHICH OF THE INDICATED INFORMATION WAS OBSERVED FOR ANY CLIENTS	SYMPTOM (DISCHARGE/PAIN) . . . . A GENERAL DIAGNOSIS (STI/RTI) . . . . B SPECIFIC TYPE OF STI/RTI . . . . C OTHER INDICATION OF RTI/STI . . . . X (SPECIFY)(SPECIFY) NONE OF THE ABOVE Y	 → 616
613	HOW RECENT IS THE DATE OF THE MOST RECENT ENTRY FOR A PROBABLE STI OR RTI?	WITHIN THE PAST 7 DAYS . . . . . 1 MORE THAN 7 DAYS OLD 2	
614	RECORD THE NUMBER OF CLIENTS WHO RECEIVED STI SERVICES DURING THE PAST 12 COMPLETED MONTHS.	NUMBER OF STI CLIENTS . . [ ][ ][ ][ ] DON'T KNOW 9998	 → 616
615	INDICATE THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION.	MONTHS OF DATA . . . . . [ ][ ] DON'T KNOW 98	
616	Are there ever any meetings where service statistics for adult health are discussed with staff from this clinic/unit, such as looking at changes in patterns or other items relevant to client services?	YES . . . . . 1 NO 2	
617	Is there any evidence of looking at service data for evaluating or monitoring data? IF YES, ASK TO SEE ANY REPORTS, WALL GRAPHS OR CHARTS THAT SHOW SERVICE DATA HAS BEEN REVIEWED. CIRCLE ALL RELEVANT TYPE OF REPORTS OBSERVED.	OBSERVED WALL CHART/GRAPH . . . . . A WRITTEN REPORT/MINUTES . . . . B OTHER . . . . X (SPECIFY) NO OBSERVED EVIDENCE . . . . . Y	 → 619
618	ASSESS THE MOST RECENT DATE WHERE THERE IS EVIDENCE OF DATA BEING REVIEWED.	WITHIN THE PAST 3 MONTH . . . . . 1 MORE THAN 3 MONTHS AGO . . . . 2 DON'T KNOW 8	
619	Do you submit an official report externally (usually to the Ministry of Health or a public health agency responsible for communicable diseases) that specifically identifies numbers of cases of STI syndromes, or specific STIs such as syphilis, or HIV/AIDS seen by the facility services? IF YES: Is the report generated from consultation records or from the laboratory?	YES, CONSULTATION . . . . . 1 YES, LABORATORY . . . . . 2 YES, BOTH . . . . . 3 NO 4	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
620	ASK TO SEE WHERE COUNSELING FOR CLIENTS WITH SYMPTOMS OF STI IS PROVIDED. DESCRIBE THE SETTING.	PRIVATE ROOM WITH VISUAL AND AUDITORY PRIVACY . . . . 1 NON PRIVATE ROOM WITH AUDITORY AND VISUAL PRIVACY . . . . . 2 VISUAL PRIVACY ONLY . . . . . 3 NO PRIVACY 4	
	ASK TO SEE EACH OF THE FOLLOWING ITEMS, AND ASSESS IF THE ITEM IS IN THE ROOM (OR AN ADJACENT ROOM) WHERE COUNSELING OR EXAMINATION OF STI CLIENTS TAKES PLACE.		
621	**VISUAL AIDS FOR TEACHING CLIENT**:	OBSERVED / REPORTED, NOT SEEN / NOT AVAILABLE / DON'T KNOW	
01	About STIs	1 2 3 8	
02	About HIV/AIDS	1 2 3 8	
03	Posters on STIs (MAY INCLUDE HIV/AIDS)	1 2 3 8	
04	Posters on HIV/AIDS		
05	Model to demonstrate use of condom	1 2 3 8	
	INFORMATION FOR CLIENT TO TAKE HOME		
06	About STIs	1 2 3 8	
07	About HIV/AIDS	1 2 3 8	
08	Condoms that can be given to the client	1 2 3 8	
622	**SERVICE DELIVERY STANDARDS/PROTOCOLS**		
01	Guideline for diagnosis and treatment of sexually transmitted infections	1 2 3 8	
02	Other guideline for diagnosis of STIs	1 2 3 8	
03	Other guideline for treatment of STIs	1 2 3 8	
04	Syndromic approach guidelines (treatment chart)	1 2 3 8	
05	Guidelines for diagnosing HIV/AIDS	1 2 3 8	
623	Is there a policy (or guideline) that all STI clients should be offered an HIV test? IF YES, ASK TO SEE THE POLICY OR GUIDELINE	1 2 3 8	
624	Are all STI clients routinely referred for HIV testing?	YES . . . . . 1 ONLY IF CLIENT SUSPECTED TO BE HIV+ . . . . 2 NO 3	
625	Where are the clients sent for HIV testing? PROBE FOR A SPECIFIC UNIT WITHIN FACILITY, OR SPECIFIC LOCATION OUTSIDE FACILITY TO BE NAMED	LOCATION NAMED INSIDE FACILITY . . . . . 1 OUTSIDE FACILITY . . . . . 2 DON'T KNOW SPECIFIC LOCATION 8	
626	Are individual client health records or charts used? IF YES, ASK TO SEE EITHER A USED OR NEW CLIENT HEALTH CARD/CHARD/RECORD.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . 2 NO 3	
627	ASK TO SEE THE ROOM WHERE EXAMINATIONS FOR STIs ARE CONDUCTED.		
	IF THE *SAME EXAMINATION ROOM* HAS ALREADY BEEN OBSERVED FOR ITEMS IN 628, INDICATE WHICH SECTION THE DATA ARE RECORDED IN.	FP [Q327] . . . . . 1 ANTENATAL [Q438] . . . . . 2 DELIVERY [Q536] . . . . . 3 NOT PREVIOUSLY SEEN . . . . . 4 COUNSELING AND EXAM IN SAME ROOM [Q620] 5	→ 629 → 629 → 629

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
628	FOR EACH OF THE FOLLOWING ITEMS, CHECK TO SEE WHETHER ITEM IS EITHER IN THE ROOM WHERE THE EXAMINATION IS CONDUCTED OR IN AN ADJACENT ROOM.				
	ITEMS FOR INFECTION CONTROL AND CONDITIONS FOR EXAMINATION	(a) AVAILABILITY			
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW
01	RUNNING WATER (PIPED)	1 → 04	2	3	8
02	OTHER RUNNING WATER (BUCKET WITH TAP OR POUR PITCHER)	1 → 04	2	3	8
03	WATER IN BUCKET OR BASIN (WATER REUSED)	1	2	3	8
04	HAND WASHING SOAP	1	2	3	8
05	SINGLE USE HAND DRYING TOWELS	1	2	3	8
06	WASTE RECEPTACLE WITH LID AND PLASTIC LINER	1	2	3	8
07	SHARPS CONTAINER	1	2	3	8
08	DISPOSABLE LATEX GLOVES	1 → 10	2	3	8
09	DISPOSABLE NON LATEX GLOVES	1	2	3	8
10	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 12	2	3	8
11	DISINFECTANT (NOT YET MIXED)	1	2	3	8
12	DISPOSABLE NEEDLES	1	2	3	8
13	AUTO DISABLE SYRINGES (3 or 5 ml)	1	2	3	8
14	DISPOSABLE SYRINGES (3 OR 5 ML)	1	2	3	8
15	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 18	2	3	8
16	AUDITORY PRIVACY	1	2	3	8
17	VISUAL PRIVACY	1	2	3	8
18	EXAMINATION TABLE	1	2	3	8

629	OTHER SUPPLIES AND EQUIPMENT REQUIRED FOR EXAMINATION	(a) AVAILABILITY				(b) FUNCTIONING		
		OBSERVED PRESENT	REPORTED AVAILABLE	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Spotlight for pelvic exam (flashlight/torch or exam light acceptable)	1 → b	2 → b	3 → 02	8 → 02	1	2	8
02	Table or bed for gynecological exam	1	2	3	8			
03	Vaginal speculum (s)	1	2	3	8			
04	Vaginal speculum (m)	1	2	3	8			
05	Vaginal speculum (l)	1	2	3	8			
06	Swab sticks for taking specimen	1	2	3	8			

630	ASSESS CONDITION OF FP SERVICE AREA	YES	NO
01	**FLOOR:** SWEPT, NO OBVIOUS DIRT OR WASTE	1	2
02	**COUNTERS/TABLES/CHAIRS:** WIPED CLEAN NO OBVIOUS DUST OR WASTE	1	2
03	BROKEN EQUIPMENT, PAPERS, BOXES AROUND MAKING AREA CLUTTERED AND DIRTY	1	2
04	**WALLS:** REASONABLY CLEAN		
05	**DOORS:** NO OR MINOR DAMMAGE	1	2
06	**WALLS:** NO OR MINOR DAMMAGE	1	2
07	**ROOF:** NO OR MINOR DAMMAGE	1	2

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
631	WERE ANY USED NEEDLES OR OTHER SHARPS OBSERVED OUTSIDE OF A SHARPS CONTAINER?	YES . . . . . 1 NO 2	
632	WAS THE SHARPS CONTAINER OVERFLOWING, OR WAS THE CONTAINER PIERCED/BROKEN?	YES . . . . . 1 NO . . . . . 2 NO SHARPS CONTAINER 3	
633	WERE ANY BANDAGES OR OTHER NON SHARP INFECTIOUS WASTE OBSERVED OUTSIDE OF A COVERED TRASH CONTAINER?	YES, ON FLOOR/SURFACES . . . . 1 YES, IN UNCOVERED CONTAINER 2 NO 3	

SECTION 12: HIV/AIDS OUTPATIENT CARE

Facility Number: [ ][ ][ ]

QRE TYPE **1 2**

Interviewer: Code [ ][ ]

ENSURE THAT YOUR RESPONDENT IS THE PERSON PRESENT TODAY WHO IS MOST KNOWLEDGEABLE ABOUT HIV/AIDS SERVICES OFFERED BY THIS CLINIC/UNIT. INTRODUCE YOURSELF AND BRIEFLY EXPLAIN THE SURVEY. ENSURE ELIGIBILITY FOR QRE

1200	INDICATE WHICH OUTPATIENT CLINIC/UNIT THE DATA IN THIS QUESTIONNAIRE REPRESENTS	[ ][ ] Line # [ ][ ] Unit #
1201	**MANAGING AUTHORITY** GOVERNMENT PUBLIC . . . . . 1 GOVERNMENT NON-PUBLIC (POLICE/MILITARY/PRISON) . . . . . 2 AGREES . . . . . 3 PRIVATE . . . . . 4 NGO/COMMUNITY 5	
1202	RECHECK QUESTIONNAIRE AT THE END OF THIS INTERVIEW AND VERIFY THAT ALL APPLICABLE SECTIONS WERE COMPLETED FOR THIS CLINIC/UNIT. FINALLY, MARK ON FACILITY CHECKLIST EACH QRE COMPLETED FOR THIS CLINIC/UNIT.	

	APPLICABLE & COMPLETED	NOT APPLICABLE
(V)CT Q1206, Q1208 & Q1210	1	2
PMTCT Q1205	1	2
TB Q1218 (01, 02, 03)	1	2
ART Q1225 (07, 08)	1	2

IF THE PROVIDER IS DIFFERENT FROM THE PREVIOUS RESPONDENT, INTRODUCE YOURSELF, BRIEFLY EXPLAIN THE PURPOSE OF YOUR VISIT, AND ASK IF HE/SHE WOULD BE WILLING TO ANSWER A FEW QUESTIONS ABOUT HIV/AIDS-RELATED SERVICES IN THE CLINIC/UNIT. IF IN AGREEMENT, READ THE INTRODUCTORY CONSENT FORM BELOW.

IF THE RESPONDENT HAS ALREADY BEEN INTERVIEWED FOR A PREVIOUS SECTION, CIRCLE NUMBER 1 (YES) IN Q1203 BELOW AND GO ON TO Q1204.

FIND THE MANAGER OR MOST SENIOR HEALTH WORKER RESPONSIBLE FOR THE CLINIC/UNIT WHO IS PRESENT TODAY. READ THE FOLLOWING GREETING:

Hello. My name is . We are here on behalf of the **National Institute of Statistics, Republic of Rwanda** to assist the government in knowing more about health services
Now I will read a statement explaining the survey.

Your facility was randomly selected to participate in this study. We will be asking you questions abou various health services and will ask to see patient registers. No patient names from the registers will be reviewed, recorded, or shared. The information about your facility may be used by the MOH anc organizations supporting services in your facility, for planning service improvement or further studies of health services. The data collected from your facility may also be provided to researchers for analyses however, the name of your facility will not be provided, and any reports preapared by these researchers tha use your facility data will only present information in aggregate form so that your facility can not be identifiec

We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we woul appreciate your introducing us to that person

You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed?

Interviewer's signature _____ Date _____

SIGNATURE OF INTERVIEWER INDICATING INFORMED CONSENT WAS PROVIDED.

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1203	Do I have your agreement to participate? Thank you. Let's begin now	YES . . . . . 1 NO 2	→ STOP
1204	First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technicians) who provide services related to HIV/AIDS, TB, malaria, or STIs, who are assigned to this clinic/unit who are present today Please give me the names and main service responsibility of the staff assigned to this unit, and present today, who provide any HIV/AIDS care and support services or services for TB, malaria, or STIs. COMPLETE THE STAFF LIST FOR THIS CLINIC/UNIT. DO NOT DUPLICATE SERVICE PROVIDERS WHO ARE LISTED FOR A SERVICE AREA THAT WAS PREVIOUSLY ASSESSED.		
	RESPONDENT MUST BE INTERVIEWED FOR TRAINING AND EXPERIENCE.	STAFF LIST COMPLETED YES . . . . . 1 NO 2	
1205	Does this clinic/unit provide any services related to preventing transmission of HIV/AIDS between the mother and the child (PMTCT)?	YES . . . . . 1 NO 2	**Q: PMTCT**
1206	Other than for PMTCT, do providers in this clinic/unit provide any ***individual counseling for HIV tests?*** By this I mean either pre- or post-test counseling?	YES . . . . . 1 ONLY PROVIDE GENERAL ADVICE FOR TESTING AND PREVENTION . . . . . 2 NO, COUNSELING ALWAYS BY PROVIDER FROM OTHER CLINIC/UN . . . . 3 NO COUNSELING FOR HIV TESTING 4	**Q:VCT**
1207	Do providers in this clinic/unit ever ***prescribe HIV tests or refer*** clients to other clinic/units (either in this facility or outside) for HIV tests?	YES . . . . . 1 NO 2	→ 1214
1208	Other than for PMTCT, when a provider wants a client to receive an HIV test what is the procedure that is followed? AFTER RESPONSE IS PROVIDED, PROBE FOR ANY OTHER PROCEDURES USED FOR PROVIDING THE HIV TEST. CIRCLE ALL THAT APPLY	**TESTING IN THIS FACILITY** RAPID TEST ONSITE-THIS CLINIC/UN . . . . A CLIENT SENT TO (V)CT CLINIC/UNIT . . . . B CLIENT SENT TO PMTCT CLINIC/UNI . . . . C CLIENT REFERRED OTHER CLINIC/UNIT THIS FACILITY (NON-VCT/PMTCT) . . . . D BLOOD DRAWN IN THIS CLINIC/UNIT **BY CLINIC/UNIT STAFF** AND SENT TO LAB . . . . . E BLOOD DRAWN IN THIS CLINIC/UNIT BY **EXTERNAL STAFF** AND SENT TO LAB . . . . . F CLIENT SENT TO LAB . . . . . G **TESTING OUTSIDE FACILITY:** CLIENT SENT ELSEWHERE OUTSIDE THIS FACILITY . . . . . H BLOOD SENT OUTSIDE FACILITY FOR TESTING . . . . . I OTHER _____ X (SPECIFY)	**Q:VCT** **Q:VCT**
1209	CHECK Q1208. ARE H OR I CIRCLED TO INDICATE THAT CLIENTS OR THEIR BLOOD ARE TESTED FOR HIV OUTSIDE THIS FACILITY?	YES TESTED OUTSIDE FACILITY . . . . . 1 NO 2	→ 1214
1210	Does this clinic/unit have an agreement with the referral site for HIV tests that test results will be returned to the clinic/unit, either directly or through the client?	YES . . . . . 1 NO 2	**Q:VCT** → 1212
1211	Is there a record maintained for clients who are referred for HIV tests or when blood is sent outside the facility for the HIV test? IF YES, ASK: May I see the record? MARK RESPONSE THAT BEST REFLECTS THE PRACTICE.	YES, RECORD OBSERVED WITH CLIENT TEST RESULTS . . . . . 1 YES, RECORD MAINTAINED IN LAB . . . . 2 YES, RECORD REPORTED, BUT NOT SEEN . . . . . 3 NO RECORD MAINTAINED 4	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1212	When you refer a client **to another facility** for services, do you use a preprinted form that specifies information about the client that should be shared, that is, an official referral form? IF YES, ASK: May I see a copy of the form?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO FORM USED . . . . . 3 NEVER REFER OUTSIDE FACILITY . . . . 4 DON'T KNOW 8	→ 1214 → 1214
1213	Do you use any (other) method to provide client information to the referral site or to help the client receive services from the referral site? IF YES, ASK: What method do you use?	PATIENT SENT WITH MEDICAL RECORDS/FILE/CARD . . . . . 1 WRITE NOTE ON PRESCRIPTION FORM OR LETTERHEAD . . . . . 2 PROVIDER GIVES VERBAL REPORT TO SITE OR ACCOMPANIES CLIENT) . . . . . 3 WRITE NOTE/LETTER ON BLANK PAPER . . . . . 4 OTHER _____ . . . . . 6 (SPECIFY) NO 7	
1214	What is the normal practice for this clinic/unit if a person voluntarily asks for an HIV test? PROBE TO CLARIFY WHICH RESPONSE IS MOST ACCURATE.	PROVIDE SERVICE AT TIME OF VISIT THROUGH THIS CLINIC/UNIT . . 1 MAKE APPOINTMENT FOR TEST IN THIS FACILITY ANOTHER TIME . . . 2 REFER/TELL TO RETURN LATER WITHOUT APPOINTMENT, FOR TEST WITHIN FACILITY . . . . . 3 REFER TO SITE OUTSIDE FACILITY WITHOUT APPOINTMENT 4 DON'T PROVIDE SERVICE OR REFERRAL 5	
1215	Is an individual client chart/record/card maintained for clients who receive services through this clinic/unit? This refers to any system, where individual information about a client is recorded so that a record of all care and services is available in one document? IF YES, ASK TO SEE A BLANK OR CURRENT CHART/RECORD.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 YES, ONLY AVAILABLE IN OTHER CLINIC/UNIT . . . . . 3 LINE AND CLINIC/UNIT NUMBER . . . . . [ ][ ][ ][ ] YES, ONLY AVAILABLE WITH CENTRAL RECORDS/STATISTICS . . . . 4 OTHER _____ . . . . . 6 SPECIFY NO INDIVIDUAL CLIENT CHART/ RECORD 7	
1216	Is there a written policy document on confidentiality and disclosure of HIV test results or HIV/AIDS status available in this clinic/unit? IF YES: May I see the written policy?	YES, OBSERVED WRITTEN POLICY OR DOCUMENT PROVIDED TO CLIEN . . . 1 YES, OBSERVED WRITTEN POLICY OR NATIONAL VCT GUIDELINES . . . 2 YES, REPORTED, NOT SEEN . . . . . 3 NO 4	 → 1218
1217	Does the policy specify that no one can be informed of the HIV/AIDS status without the client's consent?	YES . . . . . 1 NO 2	

1218	Now I want to know about any services for diagnosis and treatment. For each service I will mention, please tell me if providers assigned to this clinic/unit ever provide the service, refer clients for the service, or never offer the service at all.	SERVICE OFFERED IN THIS FACILITY: PROVIDE SERVICE THIS CLINIC	SERVICE OFFERED IN THIS FACILITY: SERVICE BY PROVIDERS FROM OTHER CLINIC/UNIT THIS FACILITY	NO SERVICE THIS FACILITY: REFER CLIENTS OUTSIDE FACILITY	NO SERVICE THIS FACILITY: NO SERVICE OR REFERRAL
01	Do providers assigned to this clinic/unit prescribe medicines for treatment of tuberculosis?	1 TB QRE	2	3	4
02	Do providers assigned to this clinic/unit make diagnosis that a client has tuberculosis?	1 TB QRE	2	3	4
03	Do providers assigned to this clinic/unit provide follow-up treatment for clients with tuberculosis?	1 TB QRE	2	3	4
04	Do providers assigned to this clinic/unit prescribe treatment for malaria?	1	2	3	4
05	Do providers assigned to this clinic/unit prescribe treatment for sexually transmitted infections (STI)?	1	2 1220	3 1220	4 1220

1219	Are all STI clients routinely referred for HIV testing?	YES . . . . . 1 ONLY IF CLIENT SUSPECTED TO BE HIV+ . . . . . 2 NO 3	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1220	Are there any guidelines or protocols for providers working in this unit? Guidelines that are posted on the wall are acceptable IF YES, ASK: May I see all the guidelines and protocols that are available here?	SOME GUIDELINES/PROTOCOLS AVAILABLE ..... 1 SOME GUIDELINES/PROTOCOLS AVAILABLE- NONE SEEN ..... 2 NO GUIDELINES OR PROTOCOLS 3	→ 1224

1221	First I would like to ask about national guidelines ASK ABOUT EACH GUIDELINE/PROTOCOL Do you have [NAME OF GUIDELINE]?	(a) OBSERVED	(a) REPORTED AVAIL. NOT SEEN	(a) NOT AVAIL.	(b) DATE ON OBSERVED MANUAL (YEAR)
01	Normes et directives nationales pour le conseil et depistage volontaire et la prevention de la transmission du VIH de la mere et de l'enfant (MINISANTE)	1 → b	2 → 02	3 → 02	
02	Directive nationales pour le conseil et depistage volontaire du VIH (MINISANTE)	1 → b	2 → 03	3 → 03	
03	Manual du conseiller en conseil et depistage volontaire du VIH/SIDA (MINISANTE)	1 → b	2 → 04	3 → 04	
04	Guide pour la prise en charge therapeutique du VIH/SIDA (MINISANTE)	1 → b	2 → 05	3 → 05	
05	Protocol HIV sentinel surveillance among women receiving antenatal care in Rwanda	1 → b	2 → 06	3 → 06	
06	Directive pour l'administration des anti-retroviraux chez les femmes enceintes	1 → b	2 → 07	3 → 07	
07	Guide therapeutique standard (MINISANTE)	1 → b	2 → 08	3 → 08	
08	Protocol de la transmission du virus de l'immuno-deficience humaine de la mere a l'enfant au Rwanda	1 → b	2 → 09	3 → 09	
09	Guide d'utilisation des medicament antiretroviraux chez l'adulte andl'enfant	1 → b	2 → 10	3 → 10	
10	Guide national pour le soutien et la prise en charge alimentaire et nutritionnel pour les personnes vivant avec le VIH/SIDA	1 → b	2 → 11	3 → 11	
11	National nutritional policy (MINISANTE	1 → b	2 → 12	3 → 12	
12	Directive nationales de prise en charge du paludisme au Rwanda	1 → b	2 → 13	3 → 13	
13	Manual technique sur la prise en charge de la tuberculosis	1 → b	2 → 14	3 → 14	
14	Manual therapeutique medecine intern (CHU/CHK	1 → b	2 → 15	3 → 15	
15	La prise en charge de l'enfant infecte par le VIH	1 → b	2 → 1222	3 → 1222	

1222	**Other than the previously mentioned national** guidelines, are there any other protocols or guidelines available?	YES, OTHER PROTOCOLS/ GUIDELINES ..... 1 NO OTHER PROTOCOLS/GUIDELINES 2	→ 1224

1223	ASK ABOUT ANY GUIDELINES OTHER THAN THOSE PREVIOUSLY RECORDED, THAT COVER THE FOLLOWING TOPICS:	(a) OBSERVED	(a) REPORTED AVAIL. NOT SEEN	(a) NOT AVAIL.	(b) DATE ON MANUAL YEAR
01	Other protocols/guidelines for infection control [MUST MENTION HAND WASHING AND SHARPS]	1 → b	2 → 02	3 → 02	
02	Other protocols/guidelines for diagnosis or treatment of malaria?	1 → b	2 → 03	3 → 03	
03	Other protocols/guidelines for STI diagnosis or treatment?	1 → b	2 → 04	3 → 04	
04	Any other guidelines for post-exposure prophylaxis?	1 → b	2 → 05	3 → 05	
05	Any other guideliness on nutrition for people living with HIV/AIDS?	1 → b	2 → 1224	3 → 1224	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1224	Do providers assigned to this clinic/unit ever provide any curative or preventive care services for HIV/AIDS infected clients?	YES . . . . . 1 NO, HIV/AIDS CLIENTS ARE REFERRED ELSEWHERE IN THIS FACILITY . . . . 2 NO, HIV/AIDS CLIENTS ARE REFERRED TO OTHER FACILITY . . . . . 3 NEVER PROVIDE THESE SERVICES OR REFER CLIENTS WITH HIV/AIDS FOR SERVICES . . . . . 4 PROVIDE NO CLINICAL OR SOCIAL SERVICES FOR HIV/AIDS CLIENTS 5	 → 1232 → 1232 → 1232 → 1251

1225	For each service I will mention, please tell me if providers in this clinic/unit personally provide the service, refer clients for the service, or do not offer the service at all. Do providers in this clinic unit personally [READ EACH TOPIC BELOW]	SERVICE OFFERED IN THIS FACILITY: PROVIDE SERVICE THIS CLINIC	REFER TO OTHER CLINIC	INPATIENT SERVICE ONLY	REFER CLIENTS OUTSIDE FACILITY	NO SERVICE OR REFERRAL
01	Prescribe treatment for any opportunistic infections or symptoms related to HIV/AIDS? This includes treating topical fungal infections	1	2	3	4	5
02	Provide systemic intravenous treatment of specific fungal infections such as cryptoccocal meningitis?	1	2	3	4	5
03	Provide treatment for Kaposi's sarcoma?	1	2	3	4	5
04	Provide or prescribe palliative care for patients, such as symptom or pain management, or nursing care for the severely debilitated client? [HOSPICE CARE]	1	2	3	4	5
05	Provide nutritional rehabilitation services? By this I mean providing client education and providing nutritional supplements?	1	2	3	4	5
06	Prescribe or provide fortified protein supplementation (FPS)?	1	2	3	4	5
07	Prescribe antiretroviral treatment and/or provide medical follow-up for ART clients	1 ART QRE	2	3	4	5
08	Provide other follow-up services for persons receiving antiretroviral treatment (THIS INCLUDES PROVIDING COMMUNITY BASED SERVICES]	1 ART QRE	2	3	4	5
09	Care for pediatric HIV/AIDS patients?	1	2	3	4	5

1226	How many days per month is palliative care offered from this clinic/unit? (USE 4 WEEKS MONTH TO CALCULATE DAYS SERVICE AVAILABLE; WRITE 30 IF SERVICE AVAILABLE 7 DAYS PER WEEK)	DAYS PER MONTH [ ][ ] SERVICE NOT AVAILABLE 00	

1227	Next I want to ask about preventive services that are sometimes provided to people who have HIV/AIDS. For each service I mention, tell me if every HIV positive client is offered the service regardless of their condition (routinely offered) or if the service is offered based on condition of the client (selectively offered) or if it is never offered. If offered, is the preventive service offered in this clinic/unit or is the client referred elsewhere to receive the preventive service?	PROVIDE THE SERVICE IN THIS CLINIC/UNIT: ROUTINELY, FOR ALL HIV/AIDS CLIENTS	PROVIDE THE SERVICE IN THIS CLINIC/UNIT: SOMETIMES/ SELECTIVELY	REFER CLIENTS FOR THE SERVICE: ROUTINELY, FOR ALL HIV/AIDS CLIENTS	REFER CLIENTS FOR THE SERVICE: SOMETIMES/ SELECTIVELY	NEVER OFFER SERVICE
01	Testing or screening for tuberculosis?	1	2	3	4	5
02	Preventive treatment for TB (INH)	1	2	3	4	5
03	Primary preventive treatment, that is, before the client is ill, for opportunistic infections such as Cotrimoxazole treatment (CPT).	1	2	3	4	5
04	Provide or prescribe micronutrient supplementation such as vitamins or iron?	1	2	3	4	5
05	Advise clients about using family planning services for health reasons related to HIV/AIDS?	1	2	3	4	5
06	Provide condoms for preventing further transmission of HIV/AIDS?	1	2	3	4	5
07	Provide or facilitate obtaining an ITN?	1	2	3	4	5
08	Counsel on important of ITN usage to prevent malaria?	1	2	3	4	5
09	Provide or facilitate obtaining an ITN for pediatric HIV/AIDS patients?	1	2	3	4	5

1227a	Is there a Screening Questionnaire for HIV positive to have TB testing? IF YES, ASK TO SEE THE QUESTIONNAIRE	YES, OBSERVED . . . . . 1 YES REPORTED NOT SEEN . . . . . 2 NO SCREENING QUESTIONNAIRE 3
1228	Is there any record of clients receiving INH FOR TB? IF YES, ASK TO SEE THE RECORD AND INDICATE IF CLIENT SEX IS RECORDED.	YES, OBSERVED, SEX RECORDED . . . . . 1 YES OBSERVED, SEX NOT RECORDED . . . . . 2 RECORD REPORTED, NOT SEEN . . . . . 3 ONLY RECORDED IN INDIVIDUAL CLIENT CHART . 4 INFORMATION NOT RECORDED . . . . . 5 INH NOT OFFERED 6

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1229	Is there any record of clients receiving CPT? IF YES, ASK TO SEE THE RECORD AND INDICATE I CLIENT SEX IS RECORDED.	YES, OBSERVED, SEX RECORDED . . . . . 1 YES OBSERVED, SEX NOT RECORDED . . . . . 2 RECORD REPORTED, NOT SEEN . . . . . 3 ONLY RECORDED IN INDIVIDUAL CLIENT CHART . 4 INFORMATION NOT RECORDED . . . . . 5 CPT NOT OFFERED 6	
1230	Other than the protocols and guidelines we have already seen, do you have any othe written materials specific to HIV/AIDS services?	YES . . . . . 1 NO 2	→ 1233

1231	IF YES, ASK TO SEE THE MATERIALS AND CHECK TO SEE IF ANY OF THE TOPICS BELOW ARE INCLUDED IN THESE OTHER PROTOCOLS/GUIDELINES	(a) OBSERVED	(a) REPORTED AVAIL. NOT SEEN	(a) NOT AVAIL.	(b) DATE ON MANUAL YEAR
01	Other protocols/guidelines for the clinical management of HIV/AIDS infection/treatment of OIs in adults	1 → b	2 → 02	3 → 02	
02	Other protocols/guidelines for the clinical management of HIV/AIDS infection/tratment of OIs in children	1 → b	2 → 03	3 → 03	
03	Protocols/guidelines on micronutrient supplementation	1 → b	2 → 04	3 → 04	
04	Protocols/guidelines on advanced nutritional support, such as fortified protein supplement to treat or prevent severe malnutrition?	1 → b	2 → 05	3 → 05	
05	Protocols/guidelines on provision of symptomatic or palliative care [MUST MENTION PAIN CONTROL]	1 → b	2 → 06	3 → 06	
06	Protocols/guidelines on preventive therapy other than TB, such as cotrimoxazole to prevent pneumonia?	1 → b	2 → 07	3 → 07	
07	Protocols/guidelines on preventive therapy for tuberculosis	1 → b	2 → 08	3 → 08	
08	Other protocols/guidelines on community or home-based care for HIV/AIDS clients	1 → b	2 → 1232	3 → 1232	

1232	Do providers assigned to this clinic/unit ever ***provide or refer*** HIV infected clients for support services or counseling for helping them and their families to live with HIV/AIDS?	YES . . . . . 1 NO 2	→ 1234

1233	For each service I ask about, please tell me if providers in this clinic/unit ever provide the service themselves, or if they refer clients for the service. IF YES FOR REFERRAL, PROBE FOR WHETHER THERE IS A WRITTEN DOCUMENT LISTING THE REFERRAL SITE, OR IF THE PROVIDER CAN NAME A SPECIFIC REFERRAL SITE FOR THE SERVICE IN QUESTION.	YES, SERVICE IS AVAILABLE IN FACILITY OR THROUGH OUTREACH BY THIS FACILITY	YES, SERVICE PROVIDED THROUGH REFERRAL: REFERRAL SITE OBSERVED ON WRITTEN LIST	REFERRAL LIST NOT SEEN. PROVIDER: CAN NAME SPECIFIC REFERRAL SITE FOR SERVICE	REFERRAL LIST NOT SEEN. PROVIDER: CANNOT NAME SITE	NO SERVICE OR REFERRAL
01	Home-based care services for people living with HIV/AIDS, and their families?	1	2	3	4	5
02	Support group for people living with HIV/AIDS (PLHA)?	1	2	3	4	5
03	Emotional/spiritual support for clients and/or family?	1	2	3	4	5
04	Support for orphans or other vulnerable children?	1	2	3	4	5
05	Social support, such as food, material, income generating projects and fee exemption for PLHA and their families?	1	2	3	4	5
06	Legal services?	1	2	3	4	5
07	Counseling or health education for prevention of transmission of HIV/AIDS?	1	2	3	4	5
08	Education on HIV care for patients and their families?	1	2	3	4	5
09	Involve or refer to other providers such as herbalist, acupuncture, traditiona	1	2	3	4	5
10	Provide or refer providers of HIV/AIDS services for emotional/spiritual support?	1	2	3	4	5

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1234	Is there a record maintained of client referrals outside this clinic/unit? IF YES, ASK TO SEE DOCUMENTS WHERE REFERRALS ARE RECORDED.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 RECORDED ON CLIENT CHART ONLY 3 NO . . . . . 4 NO, NEVER REFER IN OR OUTSIDE FACILITY 5	→ 1242
1235	When you refer a client **to another clinic/unit** within this facility, do you use a preprinted form that specifies information about the client that should be shared, that is, an official referral form? IF YES, ASK: May I see a copy of the form?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO FORM USED . . . . . 3 NEVER REFER WITHIN FACILITY 4	→ 1237 → 1237
1236	Do you use any other method to provide client information to the referral site or to help the client receive services from the referral site? IF YES, ASK: What method do you use?	PATIENT SENT WITH MEDICAL RECORDS/FILE/CARD . . . . . 1 WRITE NOTE ON PRESCRIPTION FORM OR LETTERHEAD . . . . . 2 PROVIDER GIVES VERBAL REPORT TO SITE OR ACCOMPANIES CLIENT . . . . . 3 WRITE NOTE/LETTER ON BLANK PAPER . . . . . 4 OTHER _____ (SPECIFY) . . . . . 6 NO 7	
1237	When you refer a client **to another facility** for services, do you use a preprinted form that specifies information about the client that should be shared, that is, an official referral form? IF YES, ASK: May I see a copy of the form?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO FORM USED . . . . . 3 NEVER REFER OUTSIDE FACILITY 4	 → 1239 → 1239 → 1241
1238	Does the referral form have a place where the name and location of the referral site can be entered?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	→ 1240 → 1240 → 1240
1239	Do you use any other method to provide client information to the referral site or to help the client receive services from the referral site? IF YES, ASK: What method do you use?	PATIENT SENT WITH MEDICAL RECORDS/FILE/CARD . . . . . 1 WRITE NOTE ON PRESCRIPTION FORM OR LETTERHEAD . . . . . 2 PROVIDER GIVES VERBAL REPORT TO SITE OR ACCOMPANIES CLIENT) . . . . . 3 WRITE NOTE/LETTER ON BLANK PAPER . . . . . 4 OTHER _____ (SPECIFY) . . . . . 6 NO 7	
1240	Is there any system for providing or receiving feedback for referrals made by or received by this clinic/unit? PROBE TO DETERMINE IF FEEDBACK IS EVER RECEIVED OR PROVIDED. ASK TO SEE DOCUMENTATION THAT SHOWS FEEDBACK HAS BEEN PROVIDED OR RECEIVED. CIRCLE ALL THAT APPLY.	YES, RECEIVE FEEDBACK, DOCUMENTATION OBSERVED . . . . A YES, PROVIDE FEEDBACK DOCUMENTATION OBSERVED . . . . B REPORTED SYSTEM, BUT NO DOCUMENTATION OBSERVED . . . . C PROVIDE FEEDBACK ONLY IF REQUESTED BY PROVIDER D NO FEEDBACK FOR REFERRALS . . . . Y	
1241	Do you have a system for making individual client appointments for HIV/AIDS clients? IF YES, ASK TO SEE ANY EVIDENCE THAT THE SYSTEM FUNCTIONS	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
1242	CHECK Q1225 AND RECORD IF ANY RESPONSES ARE '1', INDICATING THIS CLINIC/UNIT PROVIDES CLINICAL SERVICES FOR HIV/AIDS.	YES . . . . . 1 NO 2	 → 1251
1243	Where can we find information on the numbers of clients seen in this clinic/unit who received services for HIV/AIDS related diagnoses, such as opportunistic infections? PROBE TO DETERMINE THE SYSTEM USED. IF THE CLINIC/UNIT COMPILES REPORTS AND THE REPORTS HAVE SPECIFIC DIAGNOSES, INFORMATION MAY BE COLLECTED FROM CENTRAL LOCATION. CLINIC/UNIT RECORDS MUST STILL BE OBSERVED FOR THE MOST RECENT DATE. IF REPORTS DO NOT CAPTURE HIV/AIDS DIAGNOSES, REVIEW THE CLINIC/UNIT REGISTER AS INSTRUCTED BELOW.	CLINIC/UNIT REGISTER/RECORDS OR COMPUTER . . . 1 CENTRAL FACILITY LOCATION (RECORDS OR COMPUTERIZED) . . . 2 NO RECORD MAINTAINED 3	 → 1248 → 1251

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1244	EXPLAIN: I want to review the record/register to count the number of clients with HIV/AIDS related illnesses who have received services in this clinic/unit during the past year. If the diagnoses I am looking for are compiled for reports, I can use those reports, otherwise, I need to review the clinic/unit records. START WITH ENTRIES FROM THE LAST DAY OF THE MOST RECENT COMPLETED MONTH, AND REVIEW LISTED DIAGNOSES/SYMPTOMS FOR 12 FULL MONTHS OR FOR 1000 CLIENT VISITS, WHICHEVER IS THE LEAST NUMBER OF CLIENTS. BE CERTAIN TO COMPLETE THE INFORMATION FOR THE FULL MONTH IN WHICH THE 1000TH CLIENT VISIT FELL. IF MORE THAN ONE REGISTER IS USED, BE CERTAIN TO SCAN ALL REGISTERS WHERE ELIGIBLE CLIENTS MAY HAVE BEEN RECORDED FOR THE TIME PERIOD BEING REVIEWED. IF THERE ARE MORE THAN ONE OF THE BELOW LISTED DIAGNOSES/SYMPTOMS FOR ONE CLIENT, CHOOSE THE SYMPTOM OR DIAGNOSIS MOST SPECIFIC FOR HIV/AIDS. DO NOT RECORD THE SAME CLIENT VISIT UNDER MORE THAN ONE OF THE BELOW LISTED DIAGNOSES/SYMPTOMS.		
		NUMBER OF VISITS	
1	ORAL CANDIDIASIS/MOUTH SORES	. . . . . [ ][ ][ ][ ]	
2	CRYPTOCOCCAL MENINGITIS	. . . . . [ ][ ][ ][ ]	
3	TOXOPLASMOSIS	. . . . . [ ][ ][ ][ ]	
4	KAPOSI'S SARCOMA	. . . . . [ ][ ][ ][ ]	
5	AIDS-RELATED COMPLEX (ARC) . . .	. . . . . [ ][ ][ ][ ]	
6	HERPES ZOSTER/SIMPLEX	. . . . . [ ][ ][ ][ ]	
7	PCP (PNEUMOCYSTIS CARINII PNEUMONIA)	. . . . . [ ][ ][ ][ ]	
8	IMMUNOSUPPRESSION/ HIV/AIDS OR RVD	. . . . . [ ][ ][ ][ ]	
9	WASTING SYNDROME . . . . . FAILURE TO THRIVE (FTT)	. . . . . [ ][ ][ ][ ]	
10	CHRONIC DIARRHEA . . . . . (MUST SPECIFY CHRONIC)	. . . . . [ ][ ][ ][ ]	
11	TUBERCULOSIS	. . . . . [ ][ ][ ][ ]	
12	OTHER NON-SPECIFIC DIAGNOSIS COMMON TO HIV/AIDS ILLNESSES . . . . . PYREXIA/FEVER UNKNOWN ORIGIN (PUO/FUO) LYMPHADENOPATHY	. . . . . [ ][ ][ ][ ]	
13	OTHER DIAGNOSIS INDICATING CLIENT HAD HIV/AIDS RELATED ILLNESS . . . . . (SPECIFY)	. . . . . [ ][ ][ ][ ]	
14	MALARIA (TOTAL)	. . . . . [ ][ ][ ][ ]	
15	MALARIA (CHILDREN UNDER 5)	. . . . . [ ][ ][ ][ ]	
16	ANEMIA (TOTAL)	. . . . . [ ][ ][ ][ ]	
17	ANEMIA (CHILDREN UNDER 5)	. . . . . [ ][ ][ ][ ]	
1245	RECORD THE NUMBER OF MONTHS OF DATA THAT IS REPRESENTED IN PREVIOUS QRE	NUMBER OF FULL MONTHS OF DATA . . . . . [ ][ ]	
1246	RECORD THE TOTAL NUMBER OF VISITS FROM WHICH DIAGNOSTIC INFORMATION WAS COLLECTED	TOTAL NUMBER OF VISITS . . . . [ ][ ][ ][ ]	
1247	WHAT IS THE MOST RECENT DATE THAT ANY HIV/AIDS OR NON-HIV/AIDS CLIENT DIAGNOSES ARE RECORDED?	WITHIN PAST 30 DAYS . . . . . 1 MORE THAN 30 DAYS AGO . . . . . 2 REGISTER NOT SEEN 3	
1248	Are reports regularly compiled on the number of visits by clients who seek treatment from this clinic/unit?	YES . . . . . 1 NO 2	→ 1251
1249	How frequently are the compiled reports submitted to someone outside of this clinic/unit?	MONTHLY OR MORE OFTEN . . . . . 1 EVERY 2-3 MONTHS . . . . . 2 EVERY 4-6 MONTHS . . . . . 3 LESS OFTEN THAN EVERY 6 MONTHS 4 NEVER 5	→ 1251
1250	To whom are the reports sent? CIRCLE ALL THAT APPLY.	RECORDS CLERK . . . . . A FACILITY DIRECTOR/SUPERVISOR . . . . . B DISTRICT LEVEL . . . C REGIONAL LEVEL D NATIONAL LEVEL E DONOR AGENCY . . . . . F OTHER _____ X (SPECIFY)	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1251	Now I want to ask you about post-exposure prophylaxis (PEP) for people who may have been exposed to HIV/AIDS. Is PEP available for staff in this clinic/unit? IF YES, ASK: Do providers in this clinic/unit prescribe the PEP or refer staff for PEP?	YES, PEP PRESCRIBED/STAFF REFERRED BY THIS CLINIC/UNIT 1 YES, PEP PRESCRIBED/REFERRED IN OTHER SITE THIS FACILITY .... 2 YES, STAFF CAN RECEIVE PEP FROM OTHER FACILITY IF DESIRED 3 NO ACCESS TO PEP 4	→ 1259 → 1259 → 1259
1252	Is there a register or record maintained in this clinic/unit for workers who have been prescribed PEP or have been referred for PEP? IF YES, ASK: May I see the register/record? CHECK TO SEE WHICH INFORMATION IS AVAILABLE. CIRCLE THE CORRECT LETTER FOR EACH PIECE OF INFORMATION THAT IS RECORDED.	YES, REFERRED FOR PEP ..... A YES, RECEIVED PRE-PEP HIV TEST .. B YES, RECEIVED PEP ARV DRUGS ... C YES, RECEIVED POST-PEP HIV TEST D NO RECORDS THIS LOCATION BUT RECORDS KEPT IN DIFFT SERVICE UNITS ..... E NO, INFORMATION RECORDED IN INDIVIDUAL HEALTH RECORD ONLY F NO RECORD FOR PEP ..... Y	
1253	Are there any written protocols/guidelines for post-exposure prophylaxis available in this site? IF YES, ASK TO SEE THE PROTOCOLS/ GUIDELINES	YES, OBSERVED ..... 1 YES, REPORTED NOT SEEN ..... 2 NO 3	
1254	What is the PEP regimen that is most commonly prescribed?	**2-Drug Combinations:** ZIDOVUDINE (ZDV) + LAMIVUDINE (3TC) .... 01 STAVUDINE (d4T) + LAMIVUDINE (3TC) ... 02 STAVUDINE (d4T) + DINADOSINE (ddI) ... 03 **3-Drug Combinations** ANY OF 1, 2 or 3 ***plus*** EFAVIRENZ (EFZ) ... 04 ANY OF 1, 2 or 3 ***plus*** NELFINAVIR (NFV) ... 05 ANY OF 1, 2 or 3 ***plus*** LOPINAVIR-RITONAVIR (LPV/r) .....06 OTHER _____ .... 96 (SPECIFY)	
1255	Are any PEP drugs stored in this clinic/unit? IF YES, ASK TO SEE THE PEP DRUGS	YES ..... 1 NO 2	→ 1259
1256	RECORD WHICH MEDICINES ARE PRESENT FOR PEP	ZIDOVUDINE (ZDV or AZT) ..... A LAMIVUDINE (3TC) ..... B STAVUDINE (d4T) ..... C DINADOSINE (ddI) ..... D EFAVIRENZ (EFZ) ..... E NELFINAVIR (NFV) ..... F LOPINAVIR-RITONAVIR (LPV-r) ..... G OTHER ARV _____ H (SPECIFY) OTHER ARV _____ I (SPECIFY) OTHER ARV _____ J (SPECIFY) NONE ..... Y	→1259
1257	DESCRIBE THE STORAGE OF THE PEP MEDICINES. ARE THE PEP MEDICINES STORED IN A LOCKED STORAGE UNIT AND SEPARATE FROM OTHER MEDICINES OR SUPPLIES?	STORED ALONE ..... 1 STORED WITH OTHER ARVS/APART FROM OTHER MEDICINES ..... 2 STORED WITH NON-ARV MEDS ..... 3 OTHER_____ ..... 6 (SPECIFY)	
1258	DESCRIBE THE SECURITY FOR THE PEP MEDICINES.	LOCKED APART FROM OTHER MEDS AND ARVS ..... 1 LOCKED, LIMITED ACCESS SITE .. 2 UNLOCKED OR NO LIMITED ACCESS .. 3	
1259	Does this clinic/unit ever keep patients overnight for observation or treatment? IF THE RESPONSE IS NO, PROBE FOR CORRECT RESPONSE.	YES ..... 1 NO, PATIENTS NEEDING OBSERVATION OR TREATMENT ARE ADMITTED TO THE FACILITY INPATIENT UNITS .. 2 NO OVERNIGHT CARE 3	
1260	Is there a waiting area for clients where they are protected from sun and rain?	YES ..... 1 NO 2	
1261	Is there a client toilet or latrine in this clinic/unit area that clients can use? IF YES, ASK TO SEE THE TOILET/LATRINE AND DESCRIBE IF CLEAN AND FUNCTIONING	YES, FUNCTIONING, CLEAN ..... 1 YES, FUNCTIONING, NOT CLEAN .... 2 YES, NOT FUNCTIONING ..... 3 NO CLIENT TOILET/LATRINE 5	→ 1263

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1262	INDICATE THE TYPE OF TOILET/LATRINE AVAILABLE NOTE: SLAB MAY BE MADE OF CEMENT, WOOD OR OTHER SOLID MATERIAL	**FLUSH/POUR FLUSH:** TO PIPED SEWER SYSTEM 01 TO SEPTIC TANK . . . . . 02 TO PIT LATRINE . . . . . 03 TO ELSEWHERE 04 (SPECIFY) TO DON'T KNOW WHERE . . . . . 05 COVERED VIP OR PIT LATRINE . . . . . 06 PIT LATRINE W/OUT COVER . . . . . 07 BUCKET . . . . . 08 HANGING LATRINE . . . . . 09 OTHER 96 (SPECIFY)	
	ASK TO SEE THE AREA(S) IN THIS CLINIC/UNIT WHERE MOST CLIENTS WITH HIV/AIDS RELATED ILLNESSES OR THOSE RECEIVING HIV/AIDS RELATED SERVICES ARE EXAMINED. OBSERVE THE CONDITIONS UNDER WHICH CLIENT EXAMINATION TAKES PLACE. IF THERE ARE SEVERAL ROOMS FOR THE SAME PURPOSE, RANDOMLY PICK ONE TO ASSESS		

1263	INDICATE IF THE ITEMS LISTED BELOW ARE AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED)	1 → 04	2	3
02	OTHER RUNNING WATER (BUCKET WITH TAP OR POUR PITCHER)	1 → 04	2	3
03	WATER IN BUCKET OR BASIN (WATER REUSED)	1	2	3
04	HAND-WASHING SOAP	1	2	3
05	SINGLE-USE HAND DRYING TOWELS	1	2	3
06	WASTE RECEPTACLE WITH LID AND PLASTIC LINER	1	2	3
07	SHARPS CONTAINER	1	2	3
08	DISPOSABLE LATEX GLOVES	1 → 10	2	3
09	DISPOSABLE NON-LATEX GLOVES	1	2	3
10	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 12	2	3
11	DISINFECTANT (NOT YET MIXED)	1	2	3
12	DISPOSABLE NEEDLES	1	2	3
13	AUTO-DISABLE SYRINGES	1	2	3
14	DISPOSABLE SYRINGES (3 OR 5 ML)	1	2	3
15	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 18	2	3
16	AUDITORY PRIVACY	1	2	3
17	VISUAL PRIVACY	1	2	3
18	EXAMINATION TABLE	1	2	3
19	CONDOMS	1	2	3
20	RAPID TEST FOR HIV	1	2	3
21	SPINAL TAP KIT (LUMBAR PUNCTURE)	1	2	3

NO.	QUESTIONS	CODING CATEGORIES			GO TO
1264	Is there a procedure room in this clinic/unit that is different from the clinic/unit just assessed? IF YES, ASK TO SEE AND INDICATE IF THE ITEMS LISTED BELOW ARE AVAILABLE	YES . . . . . 1 NO 2			→ 1266
1265	INDICATE IF THE ITEMS LISTED BELOW ARE AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	
01	RUNNING WATER (PIPED)	1 → 04	2	3	
02	OTHER RUNNING WATER (BUCKET WITH TAP OR POUR PITCHER)	1 → 04	2	3	
03	WATER IN BUCKET OR BASIN (WATER REUSED)	1	2	3	
04	HAND-WASHING SOAP	1	2	3	
05	SINGLE-USE HAND DRYING TOWELS	1	2	3	
06	WASTE RECEPTACLE WITH LID AND PLASTIC LINER	1	2	3	
07	SHARPS CONTAINER	1	2	3	
08	DISPOSABLE LATEX GLOVES	1 → 10	2	3	
09	DISPOSABLE NON-LATEX GLOVES	1	2	3	
10	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 12	2	3	
11	DISINFECTANT (NOT YET MIXED)	1	2	3	
12	DISPOSABLE NEEDLES	1	2	3	
13	AUTO-DISABLE SYRINGES	1	2	3	
14	DISPOSABLE SYRINGES (3 OR 5 ML)	1	2	3	
15	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 18	2	3	
16	AUDITORY PRIVACY	1	2	3	
17	VISUAL PRIVACY	1	2	3	
18	EXAMINATION TABLE	1	2	3	
19	CONDOMS	1	2	3	
20	RAPID TEST FOR HIV	1	2	3	
21	SPINAL TAP KIT (LUMBAR PUNCTURE)	1	2	3	
1266	Is this the main outpatient clinic/unit?	YES . . . . . 1 NO 2			→ 1271

NO.	QUESTIONS	CODING CATEGORIES			GO TO
1267	Is there a separate dermatology, or dental clinic/unit? IF YES, GO TO EACH UNIT AND ASSESS THE PROCEDURES ROOM. IF NO PROCEDURES ROOM, ASSESS A CLIENT EXAMINATION ROOM FOR THE FOLLOWING ITEMS. INDICATE WHICH UNIT THE FOLLOWING INFORMATION IS FROM.	DERMATOLOGY . . . . . 1 DENTAL . . . . . 2 NONE . . . . . 3 → 1271			
1268	INDICATE IF THE ITEMS LISTED BELOW ARE AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	RUNNING WATER (PIPED)	1 → 04	2	3	
02	OTHER RUNNING WATER (BUCKET WITH TAP OR POUR PITCHER)	1 → 04	2	3	
03	WATER IN BUCKET OR BASIN (WATER REUSED)	1	2	3	
04	HAND-WASHING SOAP	1	2	3	
05	SINGLE-USE HAND DRYING TOWELS	1	2	3	
06	WASTE RECEPTACLE WITH LID AND PLASTIC LINER	1	2	3	
07	SHARPS CONTAINER	1	2	3	
08	DISPOSABLE LATEX GLOVES	1 → 10	2	3	
09	DISPOSABLE NON-LATEX GLOVES	1	2	3	
10	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 12	2	3	
11	DISINFECTANT (NOT YET MIXED)	1	2	3	
12	DISPOSABLE NEEDLES	1	2	3	
13	AUTO-DISABLE SYRINGES	1	2	3	
14	DISPOSABLE SYRINGES (3 OR 5 ML)	1	2	3	
15	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 18	2	3	
16	AUDITORY PRIVACY	1	2	3	
17	VISUAL PRIVACY	1	2	3	
18	EXAMINATION TABLE	1	2	3	
19	CONDOMS	1	2	3	
20	RAPID TEST FOR HIV	1	2	3	
1269	INDICATE WHICH UNIT THE FOLLOWING INFORMATION IS FOR. IF NO ELIGIBLE UNIT REMAINS, CIRCLE '3'.	DERMATOLOGY . . . . . 1 DENTAL . . . . . 2 NO ELIGIBLE UNITS . . . . . 3 → 1271			

NO.	QUESTIONS	CODING CATEGORIES			GO TO
1270	INDICATE IF THE ITEMS LISTED BELOW ARE AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	
01	RUNNING WATER (PIPED)	1 → 04	2	3	
02	OTHER RUNNING WATER (BUCKET WITH TAP OR POUR PITCHER)	1 → 04	2	3	
03	WATER IN BUCKET OR BASIN (WATER REUSED)	1	2	3	
04	HAND-WASHING SOAP	1	2	3	
05	SINGLE-USE HAND DRYING TOWELS	1	2	3	
06	WASTE RECEPTACLE WITH LID AND PLASTIC LINER	1	2	3	
07	SHARPS CONTAINER	1	2	3	
08	DISPOSABLE LATEX GLOVES	1 → 10	2	3	
09	DISPOSABLE NON-LATEX GLOVES	1	2	3	
10	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 12	2	3	
11	DISINFECTANT (NOT YET MIXED)	1	2	3	
12	DISPOSABLE NEEDLES	1	2	3	
13	AUTO-DISABLE SYRINGES	1	2	3	
14	DISPOSABLE SYRINGES (3 OR 5 ML)	1	2	3	
15	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 18	2	3	
16	AUDITORY PRIVACY	1	2	3	
17	VISUAL PRIVACY	1	2	3	
18	EXAMINATION TABLE	1	2	3	
19	CONDOMS	1	2	3	
20	RAPID TEST FOR HIV	1	2	3	
1271	Are syringes for client injections or drawing blood ever reused? IF YES, PROCEED. IF NO, CIRCLE 'Y' FOR NEVER REUSE SYRINGES What is the ***final method*** most commonly used sterilizing syringes prior to reuse? CIRCLE ALL THAT APPLY.	DRY-HEAT STERILIZATION ..... A AUTOCLAVING ..... B BOILING ..... C STEAM STERILIZATION ..... D CHEMICAL METHOD ..... E OTHER _____ ..... X (SPECIFY) NEVER REUSE SYRINGE ..... Y			
1272	ASK TO SPEAK WITH THE PERSON MOST FAMILIAR WITH CLEANING AND PROCESSING EQUIPMENT FOR REUSE. What procedure is used for **decontaminating** and **cleaning** equipment before its final processing for reuse? PROBE, IF NECESSARY, TO DETERMINE CORRECT RESPONSE.	SOAKED IN DISINFECTANT SOLUTION AND THEN BRUSH SCRUBBED WITH SOAP AND WATER ..... 01 BRUSH SCRUBBED WITH SOAP AND WATER AND THEN SOAKED IN DISINFECTANT ..... 02 BRUSH SCRUBBED WITH SOAP AND WATER ONLY ..... 03 SOAKED IN DISINFECTANT, NOT BRUSH SCRUBBED ..... 04 CLEAN WITH SOAP AND WATER, NOT BRUSH SCRUBBED ..... 05 OTHER _____ ..... 06 (SPECIFY) NO EQUIPMENT EVER REUSED ..... 07 DON'T DECONTAMINATE 95			→ 1280 → 1275
1273	Are there written guidelines for how to decontaminate equipment? IF YES, ASK: May I see them?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO 3			→ 1275 → 1275

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1274	SCAN THE GIDELINE AND CIRCLE ALL COMPONENTS THAT ARE MENTIONED OR COMVERED	SOAKING TIME . . . . . A PERCENT OF CHEMICAL USED . . . . . B PROPORTIONS TO MIX . . . . . C BRUSH SCRUB . . . . . D NONE OF THE ABOVE . . . . . Y	
1275	Where is this equipment then processed prior to reuse?	THIS CLINIC/UNIT . . . . . 1 OTHER CLINIC/UNIT THIS FACILITY . 2 ENTER CLINIC/UNIT NUMBER . . . . . [ ][ ][ ][ ] NON CLINIC/UNIT (E.G., CENTRAL PROCESSING, THEATER, THIS FACILITY) . . . . . 3 SEND TO OTHER FACILITY . . . . . 4 OTHER . . . . . 6 (SPECIFY) NO ITEMS EVER PROCESSED 7	QRE:OPD → 1278(06) → 1278(06) → 1278(06) → 1278(06)
1276	What is the ***final method*** most commonly used for disinfecting or sterilizing medical equipment (such as speculums and/or surgical instruments) before they are reused? IF DIFFERENT METHODS ARE USED FOR DIFFERENT TYPES OF EQUIPMENT, INDICATE THE METHOD(S) USED FOR METAL EQUIPMENT SUCH AS SPECULUMS OR FORCEPS.	DRY-HEAT STERILIZATION . . . . . A AUTOCLAVING . . . . . B BOILING . . . . . C STEAM STERILIZATION . . . . . D CHEMICAL METHOD . . . . . E PROCESSED OUTSIDE FACILITY . . . . . F OTHER _____ . . . . . X (SPECIFY)	→ 1278(06)

SK IF EACH OF THE INDICATED ITEMS BELOW IS AVAILABLE, AND IF SO, ASK TO SEE IT AND IF IT IS FUNCTIONING OR NOT (IF RELEVANT

1277	ITEM	(a) AVAILABILITY				(b) FUNCTIONING		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Electric autoclave (PRESSURE AND WET HEAT)	1→ b	2→ b	3 → 02	8 → 02	1	2	8
02	Non-electric autoclave (PRESSURE/WET HEAT)	1→ b	2→ b	3 → 03	8 → 03	1	2	8
03	Electric dry heat sterilizer	1→ b	2→ b	3 → 04	8 → 04	1	2	8
04	Electric boiler or steamer (no pressure)	1→ b	2→ b	3 → 05	8 → 05	1	2	8
05	Non-electric pot with cover (FOR STEAM/ BOIL)	1	2	3	8			
06	Heat source for non-electric equipment (STOVE OR COOKER)	1→ b	2→ b	3 → 07	8 → 07	1	2	8
07	Automatic timer (MAY BE ON EQUIPMENT)	1→ b	2→ b	3 → 08	8 → 08	1	2	8
08	TST Indicator strips or other item that indicates when ster-ilization is complete.	1	2	3	8			
09	Written protocols or guidelines for ster-ilization or high-level disinfectior	1	2	3	8			

1278	FOR EACH OF THE FOLLOWING METHODS FOR STERILIZATION/ DISINFECTION USED IN THE FACILITY, INDICATE THE PROCESSING DETAILS INCLUDING TIME PROCESSED AFTER THE REQUIRED TEMPERATURE/ PRESSURE/ BOILING IS REACHED						
		(1) Dry heat sterilization	**(2)** Autoclave (steam with pressure)	**(3)** Boil	**(4)** Steam without pressure	**(5)** Chemical High Level Disinfectant (HLD)	**(6)** nitial decontamination
A	Method	USED 1 NOT USED 2 → 2	USED 1 NOT USED 2 → 3	USED 1 NOT USED 2 → 4	USED 1 NOT USED 2 → 5	USED 1 NOT USED 2 → 6	USED 1 NOT USED 2 → 1279
B	Temperature (centigrade)	TEMPERATURE AUTOMAT C 666 DON'T KNOW 998	TEMPERATURE AUTOMAT C 666 DON'T KNOW 998				
C	Pressure		PRESS-URE AUTOMAT C 666 → 2E DON'T KNOW 998 → 2E				
D	Units of pressure		UN TS OF PRESSURE KG/SQ CM 1 ATM PRESSURE 2 K LOPASCAL 3 M LL METER HG 4				
E	Minutes-when equipment is not wrapped in cloth	M NUTES AUTOMAT C 666 DON'T KNOW 998	M NUTES AUTOMAT C 666 DON'T KNOW 998	M NUTES DON'T KNOW 998	M NUTES DON'T KNOW 998	M NUTES DON'T KNOW 998	M NUTES DON'T KNOW 998
F	Minutes when equipment is wrapped		M NUTES WRAPPED AUTOMAT C 666 DON'T KNOW 998				
G	Chemical disinfectant used					J K 1 CHLOR NE 2 H2O2 3 POV DONE OD NE 4 ALCOHOL 5 CHLORHEX D NE 6 GLUTARALDEHYDE 7 DON'T KNOW 8	J K 1 CHLOR NE 2 H2O2 3 POV DONE OD NE 4 ALCOHOL 5 CHLORHEX D NE 6 GLUTARALDEHYDE 7 DON'T KNOW 8
H	Percent solution before dilution					PERCENT DON'T KNOW 98	PERCENT DON'T KNOW 98
I	Mixture parts solution and water					M XTURE PARTS a) D S NFECTANT b) WATER DK 000	M XTURE PARTS a) D S NFECTANT b) WATER DK 000

NO.	QUESTIONS	CODING CATEGORIES				GO TO
1279	ASK TO SEE WHERE CENTRAL OR EXTERNALLY PROCESSED ITEMS ARE STORED AND INDICATE FOR EACH OF THE BELOW IF THIS STORAGE PRACTICE WAS OBSERVED OR REPORTED.	STORAGE CONDITIONS				
		OBSERVED PRESENT	REPORTED AVAILABLE	NOT AVAILABLE	DON'T KNOW	
01	Wrapped in sterile cloth, sealed with tape	1	2	3	8	
02	Stored in sterile container with lid that clasps shut	1	2	3	8	
03	Stored unwrapped inside an autoclave or dry heat sterilizer	1	2	3	8	
04	On tray, covered with cloth or wrapped without sealing tape	1	2	3	8	
05	In container with disinfectant or antiseptic	1	2	3	8	
06	Other clean	1	2	3	8	
07	Other not clean	1	2	3	8	
08	Date of sterilization written on packet or container with processed items	1	2	3	8	
09	Is storage location dry and clean?	1	2	3	8	
1280	Now I would like to ask you a few questions about the waste disposal practices for sharp items such as needles or blades. How does this clinic/unit ***finally*** dispose of sharp items, or what is the final disposal process for filled sharps boxes?	**BURN IN INCINERATOR:** 2 CHAMBER INDUSTRIAL (800 1000+ 02 1 CHAMBER DRUM/BRICK . . . . . 03 **OPEN BURNING** FLAT GROUND NO PROTECTION . . . 04 PIT OR PROTECTED GROUNI . . . . . 05 **DUMP WITHOUT BURNING** FLAT GROUND NO PROTECTION . . . 06 COVERED PIT OR PIT LATRIN . . . . . 07 OPEN PIT OR PROTECTED GROUND 08 **REMOVE OFFSITE** STORED IN COVERED CONTAIN . . . 09 STORED IN OTHER PROTECTED ENVIRONMENT . . . . . 10 STORED UNPROTECTED . . . . . 11 **OTHER** _____ 96 (SPECIFY) NEVER HAVE INFECTIOUS WASTE . . . 95				→1282 →1282 →1282 →1282
1281	Are the burned/dumped sharps routinely buried? IF YES, CHECK TO SEE IF THE WASTE IS COMPLETELY COVERED BY THE BURIAL.	YES, WASTE COMPLETELY COVERED 1 YES, WASTE PARTIALLY COVERED . . . 2 NO BURIAL OF BURNED/DUMPED SHARPS 3				
1282	Now I would like to ask you a few questions about the waste disposal practices for infectious waste such as used bandages. How does this clinic/unit ***finally*** dispose of infectious wastes such as these?	SAME AS FOR SHARP ITEMS . . . . . 01 **BURN IN INCINERATOR:** 2 CHAMBER INDUSTRIAL (800 1000+ 02 1 CHAMBER DRUM/BRICK . . . . . 03 **OPEN BURNING** FLAT GROUND NO PROTECTION . . . 04 PIT OR PROTECTED GROUNI . . . . . 05 **DUMP WITHOUT BURNING** FLAT GROUND NO PROTECTION . . . 06 COVERED PIT OR PIT LATRIN . . . . . 07 OPEN PIT OR PROTECTED GROUND 08 **REMOVE OFFSITE** STORED IN COVERED CONTAIN . . . 09 STORED IN OTHER PROTECTED ENVIRONMENT . . . . . 10 STORED UNPROTECTED . . . . . 11 **OTHER** _____ 96 (SPECIFY) NEVER HAVE INFECTIOUS WASTE . . . 95				→1284 →1284 →1284 →1284

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1283	Is the burned/dumped infectious waste routinely buried? IF YES, CHECK TO SEE IF THE WASTE IS COMPLETELY COVERED BY THE BURIAL.	YES, WASTE COMPLETELY COVERED 1 YES, WASTE PARTIALLY COVERED 2 NO BURIAL OF BURNED/DUMPED SHARPS 3	
1284	ARE THERE ANY UNPROTECTED SHARPS OR INFECTIOUS WASTE OBSERVED EITHER AT THE FINAL DISPOSAL SITE OR ON THE FACILITY GROUNDS? THIS INCLUDES SYRINGES NEEDLES, AND BANDAGES.	YES . . . . . 1 NO, OR NOT APPLICABLE 2	
1285	CHECK **Q1280** AND **1282**, IS **09** OR **10** OR **11** CIRCLED (ANY WASTE REMOVED OFFSITE FOR DISPOSAL?) YES ☐ NO ☐ →		1287
1286	How is the waste that is collected and removed offsite finally disposed?	INCINERATED . . . . . 1 **TAKEN TO LOCAL DUMP:** BURNED AND BURIED 2 BURNED BUT NOT BURIED . . . . . 3 BURIED UNBURNED . . . . . 4 **OTHER** _____ . . . 6 (SPECIFY) DON'T KNOW 8	

1287	ASSESS CONDITION OF SERVICE AREA	YES	NO
01	FLOOR SWEPT, NO OBVIOUS DIRT OR WASTE	1	2
02	COUNTERS/TABLES/CHAIRS WIPED CLEAN NO OBVIOUS DUST OR WASTE	1	2
03	BROKEN EQUIPMENT, PAPERS, BOXES AROUND MAKING AREA CLUTTERED AND DIRTY	1	2
04	**WALLS:** REASONABLY CLEAN		
05	**DOORS:** NO, OR MINOR DAMAGE	1	2
06	**WALLS:** NO, OR MINOR DAMAGE	1	2
07	**ROOF:** NO, OR MINOR DAMAGE	1	2

1288	WERE ANY USED NEEDLES OR OTHER SHARPS OBSERVED OUTSIDE OF A SHARPS CONTAINER?	YES . . . . . 1 NO 2	
1289	WAS THE SHARPS CONTAINER OVERFLOWING, OR WAS THE CONTAINER PIERCED/BROKEN?	YES . . . . . 1 NO . . . . . 2 NO SHARPS CONTAINER 3	
1290	WERE ANY BANDAGES OR OTHER NON SHARP INFECTIOUS WASTE OBSERVED OUTSIDE OF A COVERED TRASH CONTAINER?	YES, ON FLOOR/SURFACES . . . . . 1 YES, IN UNCOVERED CONTAINER . . . 2 NO 3	

SECTION 13: INPATIENT CARE

Facility Number: [ ][ ][ ]

QRE TYPE **13**

Interviewer Code: [ ][ ]

ENSURE THAT YOUR RESPONDENT IS THE PERSON PRESENT TODAY WHO IS MOST KNOWLEDGEABLE ABOUT HIV/AIDS SERVICES OFFERED BY THIS UNIT. INTRODUCE YOURSELF AND BRIEFLY EXPLAIN THE SURVEY. ENSURE ELIGIBILITY FOR QRE.

1300	INDICATE WHICH INPATIENT UNIT THE DATA IN THIS QUESTIONNAIRE REPRESENTS	[ ][ ] Line # [ ][ ][ ] Unit #
1301	**MANAGING AUTHORITY** GOVERNMENT PUBLIC ..... 1 GOVERNMENT NON-PUBLIC (POLICE/MILITARY/PRISON) ..... 2 AGREES ..... 3 PRIVATE ..... 4 NGO/COMMUNITY 5	
1302	RECHECK QUESTIONNAIRE AT THE END OF THIS INTERVIEW AND VERIFY THAT ALL APPLICABLE SECTIONS WERE COMPLETED FOR THIS UNIT. FINALLY, MARK ON FACILITY CHECKLIST EACH QRE COMPLETED FOR THIS UNIT.	

	APPLICABLE & COMPLETED	NOT APPLICABLE
(V)CT Q1306, Q1308 & Q1310	1	2
PMTCT Q1305	1	2
TB Q1316 (01, 02, 03)	1	2
ART Q1324 (07, 08)	1	2

IF THE PROVIDER IS DIFFERENT FROM THE PREVIOUS RESPONDENT, INTRODUCE YOURSELF, BRIEFLY EXPLAIN THE PURPOSE OF YOUR VISIT, AND ASK IF HE/SHE WOULD BE WILLING TO ANSWER A FEW QUESTIONS ABOUT HIV/AIDS-RELATED SERVICES IN THE UNIT. IF IN AGREEMENT, READ THE INTRODUCTORY CONSENT FORM BELOW.

IF THE RESPONDENT HAS ALREADY BEEN INTERVIEWED FOR A PREVIOUS SECTION, CIRCLE NUMBER 1 (YES) IN Q1303 BELOW AND GO ON TO Q1304.

FIND THE MANAGER OR MOST SENIOR HEALTH WORKER RESPONSIBLE FOR THE UNIT WHO IS PRESENT TODAY. READ THE FOLLOWING GREETING:

Hello. My name is . We are here on behalf of the National Institute of Statistics, Republic of Rwanda to assist the government in knowing more about health services.
Now I will read a statement explaining the survey.

Your facility was randomly selected to participate in this study. We will be asking you questions about various health services and will ask to see patient registers. No patient names from the registers will be reviewed, recorded, or shared. The information about your facility may be used by the MOH and organizations supporting services in your facility, for planning service improvement or further studies of health services. The data collected from your facility may also be provided to researchers for analyses, however, the name of your facility will not be provided, and any reports prepared by th unit that use your facility data will only present information in aggregate form so that your facility can not be identified.

We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person.

You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed?

Interviewer's signature _____ Date _____

SIGNATURE OF INTERVIEWER INDICATING INFORMED CONSENT WAS PROVIDED.

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1303	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	 →STOP
1304	First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technicians) who provide services related to HIV/AIDS, TB, malaria, or STIs, who are assigned to this clinic/unit who are present today. Please give me the names and main service responsibility of the staff assigned to this unit, and present today, who provide any HIV/AIDS care and support services or services for TB, malaria, or STIs. COMPLETE THE STAFF LIST FOR THIS CLINIC/UNIT. DO NOT DUPLICATE SERVICE PROVIDERS WHO ARE LISTED FOR A SERVICE AREA THAT WAS PREVIOUSLY ASSESSED.		
	RESPONDENT MUST BE INTERVIEWED FOR TRAINING AND EXPERIENCE.	STAFF LIST COMPLETED YES . . . . . 1 NO 2	
1305	Does this unit provide any services related to preventing transmission of HIV/AIDS between the mother and the child (PMTCT)?	YES . . . . . 1 NO 2	**Q:PMTCT**
1306	Other than for PMTCT, do providers in this clinic/unit provide any **individual counseling for HIV tests?** By this I mean either pre- or post-test counseling? IF COUNSELORS SERVE BOTH OPD AND IPD, AND VCT/PMTCT QRE WILL DUPLICATE INFORMATION ALREADY COLLECTED FOR OPD, CIRCLE '3'.	YES . . . . . 1 ONLY PROVIDE GENERAL ADVICE FOR TESTING AND PREVENTION . . . 2 NO, COUNSELING ALWAYS BY PROVIDER FROM OTHER CLINIC/UNIT 3 NO COUNSELING FOR HIV TESTING . . 4	Q:VCT
1307	Do providers in this unit ever ***prescribe HIV tests or refer*** clients to other units (either in this facility or outside) for HIV tests?	YES . . . . . 1 NO 2	 → 1312
1308	Other than for PMTCT, when a provider wants a client to receive an HIV test, what is the procedure that is followed? AFTER RESPONSE IS PROVIDED, PROBE FOR ANY OTHER PROCEDURES USED FOR PROVIDING THE HIV TEST. CIRCLE ALL THAT APPLY	**TESTING IN THIS FACILITY** RAPID TEST ONSITE-THIS CLINIC/ . . . . A CLIENT SENT TO (V)CT UNIT . . . . . B CLIENT SENT TO PMTCT UNIT . . . . . C CLIENT REFERRED OTHER UNIT THIS FACILITY (NON-VCT/PMTCT) . D BLOOD DRAWN IN THIS UNIT **BY UNIT STAFF AND SENT** TO LAB . . . . . E BLOOD DRAWN IN THIS UNIT BY **EXTERNAL OR UNIT STAFF** INTEGRATED WITH OPD VCT/PMTCT SERVICES . . . . . F CLIENT SENT TO LAB . . . . . G **TESTING OUTSIDE FACILITY:** CLIENT SENT ELSEWHERE OUTSIDE THIS FACILITY . . . . . H BLOOD SENT OUTSIDE FACILITY FOR TESTING . . . . . I OTHER _____ X (SPECIFY)	**Q:VCT** **Q:VCT**
1309	CHECK Q1308. ARE H OR I CIRCLED TO INDICATE THAT CLIENTS OR THEIR BLOOD ARE TESTED FOR HIV OUTSIDE THIS FACILITY?	YES TESTED OUTSIDE FACILITY . . . . . 1 NO 2	 →1312
1310	Does this unit have an agreement with the referral site for HIV tests that test results will be returned to the unit, either directly or through the client?	YES . . . . . 1 NO 2	**Q:VCT** → 1312
1311	Is there a record maintained for clients who are referred for HIV tests or when blood is sent outside the facility for the HIV test? IF YES, ASK: May I see the record? MARK RESPONSE THAT BEST REFLECTS THE PRACTICE.	YES, RECORD OBSERVED WITH CLIENT TEST RESULTS . . . . 1 YES, RECORD MAINTAINED IN LAB . . 2 YES, RECORD REPORTED, BUT NOT SEEN . . . . . 3 NO RECORD MAINTAINED 4	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1312	What is the normal practice for this unit if a person voluntarily asks for an HIV test? PROBE TO CLARIFY WHICH RESPONSE IS MOST ACCURATE.	PROVIDE SERVICE AT TIME OF VISIT THROUGH THIS UNIT . . . . . 1 MAKE APPOINTMENT FOR TEST IN THIS FACILITY ANOTHER TIME . . 2 REFER/TELL TO RETURN LATER WITHOUT APPOINTMENT, FOR TEST WITHIN FACILITY . . . . . 3 REFER TO SITE OUTSIDE FACILITY WITHOUT APPOINTMENT . . 4 DON'T PROVIDE SERVICE OR REFERRAL 5	
1313	Is an individual client chart/record/card maintained for clients who receive services through this UNIT? This refers to any system, where individual information about a client is recorded so that a record of all care and services is available in one document? IF YES, ASK TO SEE A BLANK OR CURRENT CHART/RECORD.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 YES, ONLY AVAILABLE IN OTHER UNIT . . . . . 3 ENTER UNIT NUMBER . . . . . [ ][ ][ ][ ] YES, ONLY AVAILABLE WITH CENTRAL RECORDS/STATISTICS 4 OTHER _____ . . . . . 6 SPECIFY NO INDIVIDUAL CLIENT CHART/ RECORD 7	
1314	Is there a written policy on confidentiality and disclosure of HIV test results or HIV/AIDS status available in this UNIT? IF YES: May I see the written policy?	YES, OBSERVED WRITTEN POLICY OR DOCUMENT PROVIDED TO CLIENT . . 1 YES, OBSERVED WRITTEN POLICY . . 2 YES, REPORTED, NOT SEEN . . . . . 3 NO 4	→ 1316
1315	Does the policy specify that no one can be informed of the HIV/AIDS status without the client's consent?	YES . . . . . 1 NO 2	

1316	Now I want to know about any services for diagnosis and treatment. For each service I will mention, please tell me if providers assigned to this UNIT ever provide the service, refer clients for the service, or never offer the service at all.	SERVICE OFFERED IN THIS FACILITY: PROVIDE SERVICE THIS CLINIC	SERVICE OFFERED IN THIS FACILITY: SERVICE BY PROVIDERS FROM OTHER CLINIC/UNIT THIS FACILITY	NO SERVICE THIS FACILITY: REFER CLIENTS OUTSIDE FACILITY	NO SERVICE THIS FACILITY: NO SERVICE OR REFERRAL
01	Do providers assigned to this unit prescribe medicines for treatment of tuberculosis?	1 TB QRE	2	3	4
02	Do providers assigned to this unit make diagnosis that a client has tuberculosis?	1 TB QRE	2	3	4
03	Do providers assigned to this unit provide follow-up treatment for clients with tuberculosis?	1 TB QRE	2	3	4
04	Do providers assigned to this unit prescribe treatment for malaria?	1	2	3	4
05	Do providers assigned to this unit prescribe treatment for sexually transmitted infections (STI)?	1	2 1318	3 1318	4 1318

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1317	Are all STI clients routinely referred for HIV testing?	YES . . . . . 1 ONLY IF SUSPECTED TO BE HIV+ . . . 2 NO 3	
1318	Are there any guidelines or protocols for providers working in this unit? Guidelines that are posted on the wall are acceptable. IF YES, ASK: May I see all the guidelines and protocols that are available here?	SOME GUIDELINES/PROTOCOLS AVAILABLE . . . . . 1 SOME GUIDELINES/PROTOCOLS AVAILABLE- NONE SEEN . . . . . 2 NO GUIDELINES OR PROTOCOLS 3	→ 1322

NO.	QUESTIONS	CODING CATEGORIES			GO TO
		(a)			(b)
1319	First I would like to ask about national guidelines. ASK ABOUT EACH GUIDELINE/PROTOCOL Do you have [NAME OF GUIDELINE]?	OBSERVED	REPORTED AVAIL. NOT SEEN	NOT AVAIL.	DATE ON OBSERVED MANUAL YEAR
01	Normes et directives nationales pour le conseil et depistage volontaire et la prevention de la transmission du VIH de la mere et de l'enfant (MINISANTE)	1 →b	2 → 02	3 → 02	
02	Directive nationales pour le conseil et depistage volontaire du VIH (MINISANTE)	1 →b	2 → 03	3 → 03	
03	Manual du conseiller en conseil et depistage volontaire du VIH/SIDA (MINISANTE)	1 →b	2 → 04	3 → 04	
04	Guide pour la prise en charge therapeutique du VIH/SIDA (MINISANTE)	1 →b	2 → 05	3 → 05	
05	Protocol HIV sentinel surveillance among women receiving antenatal care in Rwanda	1 →b	2 → 06	3 → 06	
06	Directive pour l'administration des anti-retroviraux chez les femmes enceintes	1 →b	2 → 07	3 → 07	
07	Guide therapeutique standard (MINISANTE)	1 →b	2 → 08	3 → 08	
08	Protocol de la transmission du virus de l'immuno-deficience humaine de la mere a l'enfant au Rwanda	1 →b	2 → 09	3 → 09	
09	Guide d'utilisation des medicament antiretroviraux chez l'adulte andl'enfant	1 →b	2 → 10	3 → 10	
10	Guide national pour le soutien et la prise en charge alimentaire et nutritionnel pour les personnes vivant avec le VIH/SIDA	1 →b	2 → 11	3 → 11	
11	National nutritional policy (MINISANTE)	1	2 → 12	3 → 12	
12	Directive nationales de prise en charge du paludisme au Rwanda	1 →b	2 → 13	3 → 13	
13	Manual technique sur la prise en charge de la tuberculosis	1 →b	2 → 14	3 → 14	
14	Manual therapeutique medecine intern (CHU/CHK)	1 →b	2 → 15	3 → 15	
15	La prise en charge de l'enfant infecte par le VIH	1 →b	2 → 1320	3 → 1320	
1320	**Other than the previously mentioned national** guidelines, are there any other protocols or guidelines available?	YES, OTHER PROTOCOLS/ GUIDELINES . . . . . 1 NO OTHER PROTOCOLS/GUIDELINES 2			→1322
		(a)			(b)
1321	ASK ABOUT ANY GUIDELINES OTHER THAN THOSE PREVIOUSLY RECORDED, THAT COVER THE FOLLOWING TOPICS:	OBSERVED	REPORTED AVAIL. NOT SEEN	NOT AVAIL.	DATE ON OBSERVED MANUAL YEAR
01	Other protocols/guidelines for infection control [MUST MENTION HAND WASHING AND SHARPS]	1 →b	2 → 02	3 → 02	
02	Other protocols/guidelines for diagnosis or treatment of malaria?	1 →b	2 → 03	3 → 03	
03	Other protocols/guidelines for STI diagnosis or treatment	1 →b	2 → 04	3 → 04	
04	Any other guidelines for post-exposure prophylaxis?	1 →b	2 → 05	3 → 05	
05	Any other guideliness on nutrition for people living with HIV/AIDS?	1 →b	2 → 1322	3 → 1322	
1322	Do providers assigned to this clinic/unit ever provide any curative or preventive care services for HIV/AIDS infected clients?	YES . . . . . 1 NO, HIV/AIDS CLIENTS ARE REFERRED ELSEWHERE, THIS FACILITY . . . . 2 NO, HIV/AIDS CLIENTS ARE REFERRED TO OTHER FACILITY . . . . . 3 NEVER PROVIDE THESE SERVICES OR REFER CLIENTS WITH HIV/AIDS FOR SERVICES . . . . 4 PROVIDE NO CLINICAL OR SOCIAL SERVICES FOR HIV/AIDS CLIEN 5			→1330 →1330 →1330 →1348(03)

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1323	Where are inpatients who may have HIV/AIDS placed, in relation to other non-HIV/AIDS inpatients? PROBE FOR CORRECT RESPONSE.	MIXED (HIV/AIDS AND OTHER) . . . . 1 CLUSTERED (HIV/AIDS IN SEPARATE PART OF ROOM WITH OTHERS) . . . . 2 SEPARATE UNIT/ROOM FOR HIV/AID . . 3	

1324	For each service I will mention, please tell me if providers in this UNIT personally provide the service, refer clients for the service, or do not offer the service at all. Do providers in this clinic unit personally : [READ EACH TOPIC BELOW]	SERVICE OFFERED IN THIS UNIT BY:		CLIENT REFERRED		SERVICE NEVER OFFERED
		PROVIDERS FROM THIS UNIT	PROVIDERS FROM OTHER CLINIC/ UNIT	CLINIC/UNIT IN THIS FACILITY	OUTSIDE FACILITY	
01	Prescribe treatment for any opportunistic infections or symptoms related to HIV/AIDS? This includes treating topical fungal infections.	1	2	3	4	5
02	Provide systemic intravenous treatment of specific fungal infections such as cryptoccocal meningitis?	1	2	3	4	5
03	Provide treatment for Kaposi's sarcoma?	1	2	3	4	5
04	Provide or prescribe palliative care for patients, such as symptom or pain management, or nursing care for the severely debilitated client? [HOSPICE CARE]	1	2	3	4	5
05	Provide nutritional rehabilitation services? By this I mean providing client education and providing nutritional supplements?	1	2	3	4	5
06	Prescribe or provide fortified protein supplementation (FPS)?	1	2	3	4	5
07	Prescribe antiretroviral treatment and/or provide medical follow-up for ART clients	1 ART QRE	2	3	4	5
08	Provide other follow-up services for persons receiving antiretroviral treatment (THIS INCLUDES PROVIDING COMMUNITY BASED SERVICES]	1 ART QRE	2	3	4	5
09	Care for pediatric HIV/AIDS patients?	1	2	3	4	5

1325	Next I want to ask about preventive services that are sometimes provided to people who have HIV/AIDS. For each service I mention, tell me if every HIV positive client is offered the service regardless of their condition (routinely offered) or if the service is offered based on the condition of the client (selectively offered) or if it is never offered. If offered, is the preventive service offered in this clinic/unit or is the client referred elsewhere to receive the preventive service?	PROVIDE THE SERVICE IN THIS CLINIC/UNIT		REFER CLIENTS FOR THE SERVICE		NEVER OFFER SERVICE
		ROUTINELY, FOR ALL HIV/AIDS CLIENTS	SOMETIMES/ SELECTIVELY	ROUTINELY, FOR ALL HIV/AIDS CLIENTS	SOMETIMES/ SELECTIVELY	
01	Testing or screening for tuberculosis?	1	2	3	4	5
02	Preventive treatment for TB (INH)	1	2	3	4	5
03	Primary preventive treatment, that is, before the client is ill, for opportunistic infections such as Cotrimoxazole treatment (CPT).	1	2	3	4	5
04	Provide or prescribe micronutrient supplementation such as vitamins or iron?	1	2	3	4	5
05	Advise clients about using family planning services for health reasons related to HIV/AIDS?	1	2	3	4	5
06	Provide condoms for preventing further transmission of HIV/AIDS?	1	2	3	4	5
07	Provide ITN for inpatient usage or have the set up to hange a net that patient bring with them?	1	2	3	4	5

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1326	Is there any record of clients receiving IPT for malaria? YES, ASK TO SEE THE RECORD AND INDICATE IF CLIENT SEX IS RECORDED.	YES, OBSERVED, SEX RECORDED 1 YES OBSERVED, SEX NOT RECORDED 2 RECORD REPORTED, NOT SEEN 3 ONLY RECORDED IN INDIVIDUAL CLIENT C 4 INFORMATION NOT RECORDED 5 IPT NOT OFFERED 6	
1327	Is there any record of clients receiving CPT? IF YES, ASK TO SEE THE RECORD AND INDICATE IF CLIENT SEX IS RECORDED.	YES, OBSERVED, SEX RECORDED 1 YES OBSERVED, SEX NOT RECORDED 2 RECORD REPORTED, NOT SEEN 3 ONLY RECORDED IN INDIVIDUAL CLIENT C 4 INFORMATION NOT RECORDED 5 CPT NOT OFFERED 6	
1328	Other than the protocols and guidelines we have already seen, do you have any other written materials specific to HIV/AIDS services?	YES . . . . . 1 NO 2	→ 1330

1329	IF YES, ASK TO SEE THE MATERIALS AND CHECK TO SEE IF ANY OF THE TOPICS BELOW ARE INCLUDED IN THESE OTHER PROTOCOLS/GUIDELINES	(a) OBSERVED	(a) REPORTED AVAIL. NOT SEEN	(a) NOT AVAIL.	(b) DATE ON OBSERVED MANUAL YEAR
01	Other protocols/guidelines for the clinical management of HIV/AIDS infection/treatment of OIs in adults	1→b	2 → 02	3 → 02	
02	Other protocols/guidelines for the clinical management of HIV/AIDS infection/treatment of OIs in children	1→b	2 → 03	3 → 03	
03	Protocols/guidelines on micronutrient supplementation	1→b	2 → 04	3 → 04	
04	Protocols/guidelines on advanced nutritional support, such as fortified protein supplement to treat or prevent severe malnutrition?	1→b	2 → 05	3 → 05	
05	Protocols/guidelines on provision of symptomatic or palliative care? [MUST MENTION PAIN CONTROL]	1→b	2 → 06	3 → 06	
06	Protocols/guidelines on preventive therapy other than TB, such as cotrimoxazole to prevent pneumonia?	1→b	2 → 07	3 → 07	
07	Protocols/guidelines on preventive therapy for tuberculosis	1→b	2 → 08	3 → 08	
08	Other protocols/guidelines on community or home-based care for HIV/AIDS clients	1→b	2 → 1330	3 → 1330	

1330	Do providers assigned to this clinic/unit ever provide or refer HIV infected clients for support services or counseling for helping them and their families to live with HIV/AIDS?	YES . . . . . 1 NO 2

1331	For each service I ask about, please tell me if providers in this UNIT ever provide the service themselves, or if they refer clients for the service. IF YES FOR REFERRAL, PROBE FOR WHETHER THERE IS A WRITTEN DOCUMENT LISTING THE REFERRAL SITE, OR IF THE PROVIDER CAN NAME A SPECIFIC REFERRAL SITE FOR THE SERVICE IN QUESTION.	YES, SERVICE IS AVAILABLE IN FACILITY OR THROUGH OUTREACH BY THIS FACILITY	YES, SERVICE PROVIDED THROUGH REFERRAL: REFERRAL SITE OBSERVED ON WRITTEN LIST	REFERRAL LIST NOT SEEN. PROVIDER: CAN NAME SPECIFIC REFERRAL SITE FOR SERVICE	REFERRAL LIST NOT SEEN. PROVIDER: CANNOT NAME SITE	NO SERVICE OR REFERRAL
01	Home-based care services for people living with HIV/AIDS, and their families?	1	2	3	4	5
02	Support group for people living with HIV/AIDS (PLHA)?	1	2	3	4	5
03	Emotional/spiritual support for clients and/or family?	1	2	3	4	5
04	Support for orphans or other vulnerable children?	1	2	3	4	5
05	Social support, such as food, material, income generating projects and fee exemption for PLHA and their families?	1	2	3	4	5
06	Legal services?	1	2	3	4	5
07	Counseling or health education for prevention of transmission of HIV/AIDS?	1	2	3	4	5
08	Education on HIV care for patients and their families?	1	2	3	4	5
09	Involve or refer to other providers such as herbalist, acupuncture, traditional	1	2	3	4	5
10	Provide or refer providers of HIV/AIDS services for emotional/spiritual support?	1	2	3	4	5

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1332	Is there a record maintained of client referrals outside this UNIT? IF YES, ASK TO SEE DOCUMENTS WHERE REFERRALS ARE RECORDED.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 RECORDED ON CLIENT CHART ONLY 3 NO . . . . . 4 NO, NEVER REFER IN OR OUTSIDE FACILITY 5	→ 1339
1333	When you refer a client to **another UNIT within this facility**, do you use a preprinted form that specifies information about the client that should be shared, that is, an official referral form? IF YES, ASK: May I see a copy of the form?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO FORM USED . . . . . 3 NEVER REFER WITHIN FACILITY . . . 4	→ 1335 → 1335
1334	Do you use any (other) method to provide client information to the referral site or to help the client receive services from the referral site? IF YES, ASK: What method do you use?	PATIENT SENT WITH MEDICAL RECORDS/FILE/CARD . . . . . 1 WRITE NOTE ON PRESCRIPTION FORM OR LETTERHEAD . . . . . 2 PROVIDER GIVES VERBAL REPORT TO SITE OR ACCOMPANIES CLIENT) . . . . . 3 WRITE NOTE/LETTER ON BLANK PAPER . . . . . 4 OTHER _____ . . . . . 6 (SPECIFY) NO 7	
1335	When you refer a client **to another facility** for services, do you use a preprinted form that specifies information about the client that should be shared, that is, an official referral form? IF YES, ASK: May I see a copy of the form?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . 2 NO FORM USED . . . . . 3 NEVER REFER OUTSIDE FACILITY . 4	→ 1337 → 1337 → 1339
1336	Does the referral form have a place where the name and location of the referral site can be entered?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	→ 1338 → 1338 → 1338
1337	Do you use any (other) method to provide client information to the referral site or to help the client receive services from the referral site? IF YES, ASK: What method do you use?	PATIENT SENT WITH MEDICAL RECORDS/FILE/CARD . . . . . 1 WRITE NOTE ON PRESCRIPTION FORM OR LETTERHEAD . . . . 2 PROVIDER GIVES VERBAL REPORT TO SITE OR ACCOMPANIES CLIENT) . . . . 3 WRITE NOTE/LETTER ON BLANK PAPER . . . . . 4 OTHER _____ . . . . . 6 (SPECIFY) NO 7	
1338	Is there any system for providing or receiving feedback for referrals made by or received by this UNIT? PROBE TO DETERMINE IF FEEDBACK IS EVER RECEIVED OR PROVIDED. ASK TO SEE DOCUMENTATION THAT SHOWS FEEDBACK HAS BEEN PROVIDED OR RECEIVED. CIRCLE ALL THAT APPLY.	YES, RECEIVE FEEDBACK, DOCUMENTATION OBSERVED . . . . A YES, PROVIDE FEEDBACK DOCUMENTATION OBSERVED . . . . B REPORTED SYSTEM, BUT NO DOCUMENTATION OBSERVED . . . . C PROVIDE FEEDBACK ONLY IF REQUESTED BY PROVIDER D NO FEEDBACK FOR REFERRALS . . . . Y	
1339	CHECK Q1324 AND RECORD IF ANY RESPONSES ARE '1', INDICATING THIS UNIT PROVIDES CLINICAL SERVICES FOR HIV/AIDS.	YES . . . . . 1 NO 2	→ 1348
1340	Where can we find information on the numbers of clients seen in this unit who received services for HIV/AIDS related diagnoses, such as opportunistic infections? PROBE TO DETERMINE THE SYSTEM USED. IF THE UNIT COMPILES REPORTS AND THE REPORTS HAVE SPECIFIC DIAGNOSES, INFORMATION MAY BE COLLECTED FROM CENTRAL LOCATION UNIT RECORDS MUST STILL BE OBSERVED FOR THE MOST RECENT DATE. IF REPORTS DO NOT CAPTURE HIV/AIDS DIAGNOSES, REVIEW THE UNIT REGISTER AS INSTRUCTED BELOW.	INFORMATION COLLECTED FROM: UNIT REGISTER/RECORDS OR COMPUTER . . . . . 1 CENTRAL FACILITY LOCATION (RECORDS OR COMPUTERIZED) . . 2 NO RECORD MAINTAINED 3	 → 1345 → 1348

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1341	EXPLAIN: I want to review the record/register to count the number of clients with HIV/AIDS related illnesses who have received services in this UNIT during the past year. If the diagnoses I am looking for are compiled for reports, I can use those reports, otherwise, I need to review the UNIT records. START WITH ENTRIES FROM THE LAST DAY OF THE MOST RECENT COMPLETED MONTH, AND REVIEW LISTED DIAGNOSES/SYMPTOMS FOR 12 FULL MONTHS OR FOR 1000 CLIENT ADMISSIONS/DISCHARGES, WHICHEVER IS THE SMALLEST NUMBER. BE CERTAIN TO COMPLETE THE INFORMATION FOR THE FULL MONTH IN WHICH THE 1000TH CLIENT ADMISSION/DISCHARGE FELL. IF MORE THAN ONE REGISTER IS USED, BE CERTAIN TO SCAN ALL REGISTERS WHERE ELIGIBLE CLIENTS MAY HAVE BEEN RECORDED FOR THE TIME PERIOD BEING REVIEWED. IF THERE ARE MORE THAN ONE OF THE BELOW LISTED DIAGNOSES/SYMPTOMS FOR ONE CLIENT, CHOOSE THE SYMPTOM OR DIAGNOSIS MOST SPECIFIC FOR HIV/AIDS. DO NOT RECORD THE SAME CLIENT VISIT UNDER MORE THAN ONE OF THE BELOW LISTED DIAGNOSES/SYMPTOMS.		
		NUMBER OF ADMISSIONS/DISCHARGES	
1	ORAL CANDIDIASIS/MOUTH SORES	. . . . . [ ][ ][ ][ ]	
2	CRYPTOCOCCAL MENINGITIS	. . . . . [ ][ ][ ][ ]	
3	TOXOPLASMOSIS	. . . . . [ ][ ][ ][ ]	
4	KAPOSI'S SARCOMA	. . . . . [ ][ ][ ][ ]	
5	AIDS-RELATED COMPLEX (ARC) . .	. . . . . [ ][ ][ ][ ]	
6	HERPES ZOSTER/SIMPLEX	. . . . . [ ][ ][ ][ ]	
7	PCP (PNEUMOCYSTIS CARINII PNEUMONIA)	. . . . . [ ][ ][ ][ ]	
8	IMMUNOSUPPRESSION/ HIV/AIDS OR RVD	. . . . . [ ][ ][ ][ ]	
9	WASTING SYNDROME . . . . . FAILURE TO THRIVE (FTT)	. . . . . [ ][ ][ ][ ]	
10	CHRONIC DIARRHEA . . . . . (MUST SPECIFY CHRONIC)	. . . . . [ ][ ][ ][ ]	
11	TUBERCULOSIS	. . . . . [ ][ ][ ][ ]	
12	OTHER NON-SPECIFIC DIAGNOSIS COMMON TO HIV/AIDS ILLNESSES PYREXIA/FEVER UNKNOWN ORIGIN (PUO/FUO) LYMPHADENOPATHY	. . . . . [ ][ ][ ][ ]	
13	OTHER DIAGNOSIS INDICATING CLIENT HAD HIV/AIDS RELATED ILLNESS (SPECIFY) _____	. . . . . [ ][ ][ ][ ]	
14	MALARIA (TOTAL)	. [ ][ ][ ][ ]	
15	MALARIA (CHILDREN UNDER 5).	. [ ][ ][ ][ ]	
16	ANEMIA (TOTAL)	. [ ][ ][ ][ ]	
17	ANEMIA (CHILDREN UNDER 5)	. [ ][ ][ ][ ]	
1342	RECORD THE NUMBER OF MONTHS OF DATA THAT IS REPRESENTED IN PREVIOUS QUESTION	NUMBER OF FULL MONTHS OF DATA . . . . . [ ][ ]	
1343	RECORD THE TOTAL NUMBER OF ADMISSIONS/DISCHARGES FROM WHICH DIAGNOSTIC INFORMATION WAS COLLECTED	TOTAL NUMBER . . . . . [ ][ ][ ][ ]	
1344	WHAT IS THE MOST RECENT DATE THAT ANY HIV/AIDS OR NON-HIV/AIDS CLIENT DIAGNOSES ARE RECORDED?	WITHIN PAST 30 DAYS. . . . . 1 MORE THAN 30 DAYS AGO . . . . . 2 REGISTER NOT SEEN 3	
1345	Are reports regularly compiled on the number of admissions/discharges of clients for this unit?	YES . . . . . 1 NO 2	→ 1348
1346	How frequently are the compiled reports submitted to someone outside of this unit?	MONTHLY OR MORE OFTEN . . . . . 1 EVERY 2-3 MONTHS . . . . . 2 EVERY 4-6 MONTHS . . . . . 3 LESS OFTEN THAN EVERY 6 MONTHS . . . . . 4 NEVER 5	→ 1348

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1347	To whom are the reports sent? CIRCLE ALL THAT APPLY.	RECORDS CLERK . . . . . A FACILITY DIRECTOR/SUPERVISOR B DISTRICT LEVEL C REGIONAL LEVEL D NATIONAL LEVEL E DONOR AGENCY . . . . . F OTHER _____ X (SPECIFY)	
1348	I am now interested in knowing about the number of adult and pediatric HIV/AIDS patients that are inpatients in this unit today. I am also interested in knowing about how many adult and pediatric inpatients are here today, in total, both HIV/AIDS and non-HIV/AIDS. IF INFORMATION IS NOT AVAILABLE IN MEDICAL RECORDS OR REGISTERS, ASK WHEN YOU VISIT EACH RELEVANT UNIT AND SUM THE NUMBERS SO THAT A TOTAL IS PROVIDED **FOR ALL UNITS COVERED IN THIS QRE**, BOTH HIV/AIDS INPATIENTS AND ALL INPATIENTS.		
01	How many adult inpatients are there today who are probable or confirmed diagnosis of HIV/AIDS? By adults I mean people 15 years and older.	ADULTS, HIV/AIDS . . . . . [ ][ ][ ] DON'T KNOW 998	
02	How many pediatric inpatients are there today who are probable or confirmed diagnosis of HIV/AIDS? By pediatric I mean people younger than 15 years of age.	PEDIATRICS, HIV/AIDS . . . . . [ ][ ][ ] DON'T KNOW 998	
03	How many adult inpatients are there today in total, including all diagnoses.	ADULTS, TOTAL . . . . . [ ][ ][ ] DON'T KNOW 998	
04	How many pediatric inpatients are there today in total, including all diagnoses.	PEDIATRICS, TOTAL [ ][ ][ ] DON'T KNOW 998	
1349	INDICATE THE SOURCE OF DATA FOR THE NUMBER OF HIV/AIDS PATIENTS IN THE UNIT TODAY	REGISTER/RECORDS . . . . . A VERBAL FROM STAFF IN INPATIENT UNITS . . . . . B NO INFORMATION AVAILABLE. . . . . Y	
1350	Were bednets observed for the beds of patients in this unit? IF YES, INDICATE IF THE BEDNETS ARE PROVIDED BY THE FACILITY, OR IF THE PATIENT MUST PROVIDE THEIR OWN BEDNET	YES, PROVIDED BY FACILITY AND OBSERVED ALL PATIENT BEDS . . . 1 OBSERVED SOME PATIENT BEDS . . . 2 YES, PROVIDED BY PATIENTS. . . . . 3 NO 4	
1351	Now I want to ask you about post-exposure prophylaxis (PEP) for people who may have been exposed to HIV/AIDS. Is PEP available for staff in this UNIT? IF YES, ASK: Do providers in this UNIT prescribe the PEP or refer staff for PEP?	YES, PEP PRESCRIBED/STAFF REFERRED BY THIS UNIT . . . . . 1 YES, PEP PRESCRIBED/REFERRED IN OTHER SITE THIS FACILITY . . . . 2 YES, STAFF CAN RECEIVE PEP FROM OTHER FACILITY IF DESIRE . . 3 NO ACCESS TO PEP 4	 → 1359 → 1359 → 1359
1352	Is there a register or record maintained in this UNIT for workers who have been prescribed PEP or has been referred for PEP? IF YES, ASK: May I see the register/record? CHECK TO SEE WHICH INFORMATION IS AVAILABLE. CIRCLE THE CORRECT LETTER FOR EACH PIECE OF INFORMATION THAT IS RECORDED.	YES, REFERRED FOR PEP . . . . . A YES, RECEIVED PRE-PEP HIV TEST . . B YES, RECEIVED PEP ARV DRUGS . . C YES, RECEIVED POST-PEP HIV TEST D NO RECORDS THIS UNIT E NO, INFORMATION RECORDED IN INDIVIDUAL HEALTH RECORD ONLY F NO RECORD FOR PEP . . . . . Y	
1353	Are there any written protocols/guidelines for post-exposure prophylaxis available in this site? IF YES, ASK TO SEE THE PROTOCOLS/ GUIDELINES	YES, OBSERVED COMPLETE . . . . 1 YES, REPORTED NOT SEEN . . . . . 2 NO 3	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1354	What is the PEP regimen that is most commonly prescribed?	**2-Drug Combinations:** ZIDOVUDINE (ZDV) + LAMIVUDINE (3TC) . . . 01 STAVUDINE (d4T) + LAMIVUDINE (3TC) . . . . 02 STAVUDINE (d4T) + DINADOSINE (ddI) . . . . 03 **3-Drug Combinations** ANY OF 1, 2 or 3 ***plus*** EFAVIRENZ (EFZ) . . . . 04 ANY OF 1, 2 or 3 ***plus*** NELFINAVIR (NFV) . . . . 05 ANY OF 1, 2 or 3 ***plus*** LOPINAVIR-RITONAVIR (LPV/r) . . . . 06 OTHER _____ 96 (SPECIFY)	
1355	Are any PEP drugs stored in this UNIT? IF YES, ASK TO SEE THE PEP DRUGS	YES . . . . . 1 NO 2	→ 1359
1356	RECORD WHICH MEDICINES ARE PRESENT FOR PEP	ZIDOVUDINE (ZDV or AZT) . . . . . A LAMIVUDINE (3TC) . . . . . B STAVUDINE (d4T) . . . . . C DINADOSINE (ddI) . . . . . D EFAVIRENZ (EFZ) . . . . . E NELFINAVIR (NFV) . . . . . F LOPINAVIR-RITONAVIR (LPV-r) . . . . . G OTHER ARV _____ H (SPECIFY) OTHER ARV _____ I (SPECIFY) OTHER ARV _____ J (SPECIFY) NONE . . . . . Y	→ 1359
1357	DESCRIBE THE STORAGE OF THE PEP MEDICINES. ARE THE PEP MEDICINES STORED IN A LOCKED STORAGE UNIT AND SEPARATE FROM OTHER MEDICINES OR SUPPLIES?	STORED ALONE 1 STORED WITH OTHER ARVS/APART FROM OTHER MEDICINES 2 STORED WITH NON-ARV MEDS 3 OTHER _____ . . . . . 6 (SPECIFY)	
1358	DESCRIBE THE SECURITY FOR THE PEP MEDICINES.	LOCKED APART FROM OTHER MEDS AND ARVS . . . . . 1 LOCKED, LIMITED ACCESS SITE . 2 UNLOCKED OR NO LIMITED ACCESS 3	
1359	Is there a client toilet or latrine that patients from this unit can use? IF YES, ASK TO SEE THE TOILET/LATRINE AND DESCRIBE IF CLEAN AND FUNCTIONING	YES, FUNCTIONING, CLEAN . . . . . 1 YES, FUNCTIONING, NOT CLEAN . . . . 2 YES, NOT FUNCTIONING . . . . . 3 NO CLIENT TOILET/LATRINE 4	→1361
1360	INDICATE THE TYPE OF TOILET/LATRINE AVAILABLE NOTE: SLAB MAY BE MADE OF CEMENT, WOOD OR OTHER SOLID MATERIAL	**FLUSH/POUR FLUSH:** TO PIPED SEWER SYSTEM 01 TO SEPTIC TANK . . . . . 02 TO PIT LATRINE . . . . . 03 TO ELSEWHERE 04 (SPECIFY) TO DON'T KNOW WHERE. . . . . 05 COVERED VIP OR PIT LATRINE . . . . . 06 PIT LATRINE W/OUT COVER 07 BUCKET . . . . . 08 HANGING LATRINE. . . . . 09 PUBLIC TOILET . . . . . 10 OTHER 96 (SPECIFY)	

NO.	QUESTIONS	CODING CATEGORIES			GO TO
1361	RANDOMLY SELECT ONE OF THE PATIENT AREAS TO ASSESS FOR INFECTION PREVENTION. INDICATE IF THE FOLLOWING ITEMS ARE AVAILABLE EITHER IN THE PATIENT AREA, OR IN AN ADJACENT AREA WITH REASONABLE PROXIMITY FOR USE BY PROVIDERS, IF NEEDED.				
	INDICATE IF THE ITEMS LISTED BELOW ARE AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	
01	RUNNING WATER (PIPED)	1 → 04	2	3	
02	OTHER RUNNING WATER (BUCKET WITH TAP OR POUR PITCHER)	1 → 04	2	3	
03	WATER IN BUCKET OR BASIN (WATER REUSED)	1	2	3	
04	HAND-WASHING SOAP	1	2	3	
05	SINGLE-USE HAND DRYING TOWELS	1	2	3	
06	WASTE RECEPTACLE WITH LID AND PLASTIC LINER	1	2	3	
07	SHARPS CONTAINER	1	2	3	
08	DISPOSABLE LATEX GLOVES	1 → 10	2	3	
09	DISPOSABLE NON-LATEX GLOVES	1	2	3	
10	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 12	2	3	
11	DISINFECTANT (NOT YET MIXED)	1	2	3	
12	DISPOSABLE NEEDLES	1	2	3	
13	AUTO-DISABLE SYRINGES	1	2	3	
14	DISPOSABLE SYRINGES (3 OR 5 ML)	1	2	3	
15	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 18	2	3	
16	AUDITORY PRIVACY	1	2	3	
17	VISUAL PRIVACY	1	2	3	
18	EXAMINATION TABLE	1	2	3	
19	CONDOMS	1	2	3	
20	RAPID TEST FOR HIV	1	2	3	
21	SPINAL TAP KIT (LUMBAR PUNCTURE)	1	2	3	

NO.	QUESTIONS	CODING CATEGORIES			GO TO
1362	Is there a treatment/procedure room in this unit that is different from the patient area we just assessed? IF YES, ASK TO SEE AND INDICATE IF THE ITEMS LISTED BELOW ARE AVAILABLE	YES . . . . . 1 NO 2			 → 1364
1363	INDICATE IF THE ITEMS LISTED BELOW ARE AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	
01	RUNNING WATER (PIPED)	1 → 04	2	3	
02	OTHER RUNNING WATER (BUCKET WITH TAP OR POUR PITCHER)	1 → 04	2	3	
03	WATER IN BUCKET OR BASIN (WATER REUSED)	1	2	3	
04	HAND-WASHING SOAP	1	2	3	
05	SINGLE-USE HAND DRYING TOWELS	1	2	3	
06	WASTE RECEPTACLE WITH LID AND PLASTIC LINER	1	2	3	
07	SHARPS CONTAINER	1	2	3	
08	DISPOSABLE LATEX GLOVES	1 → 10	2	3	
09	DISPOSABLE NON-LATEX GLOVES	1	2	3	
10	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 12	2	3	
11	DISINFECTANT (NOT YET MIXED)	1	2	3	
12	DISPOSABLE NEEDLES	1	2	3	
13	AUTO-DISABLE SYRINGES	1	2	3	
14	DISPOSABLE SYRINGES (3 OR 5 ML)	1	2	3	
15	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 18	2	3	
16	AUDITORY PRIVACY	1	2	3	
17	VISUAL PRIVACY	1	2	3	
18	EXAMINATION TABLE	1	2	3	
19	CONDOMS	1	2	3	
20	RAPID TEST FOR HIV	1	2	3	
21	SPINAL TAP KIT (LUMBAR PUNCTURE)	1	2	3	
1364	Are syringes for client injections or drawing blood ever reused? IF YES, PROCEED. IF NO, CIRCLE 'Y' FOR NEVER REUSE SYRINGES What is the ***final method*** most commonly used sterilizing syringes prior to reuse? CIRCLE ALL THAT APPLY.	DRY-HEAT STERILIZATION . . . . . A AUTOCLAVING . . . . . B BOILING . . . . . C STEAM STERILIZATION D CHEMICAL METHOD . . . . . E OTHER _____ . . . . . X (SPECIFY) NEVER REUSE SYRINGE . . . . . Y			
1365	ASK TO SPEAK WITH THE PERSON MOST FAMILIAR WITH CLEANING AND PROCESSING EQUIPMENT FOR REUSE. What procedure is used for **decontaminating** and **cleaning** equipment before its final processing for reuse? PROBE, IF NECESSARY, TO DETERMINE CORRECT RESPONSE.	SOAKED IN DISINFECTANT SOLUTION AND THEN BRUSH SCRUBBED WITH SOAP AND WATER . . . . . 01 BRUSH SCRUBBED WITH SOAP AND WATER AND THEN SOAKED IN DISINFECTANT . . . . . 02 BRUSH SCRUBBED WITH SOAP AND WATER ONLY . . . . . 03 SOAKED IN DISINFECTANT, NOT BRUSH SCRUBBED . . . . . 04 CLEAN WITH SOAP AND WATER, NOT BRUSH SCRUBBED . . . . . 05 OTHER _____ . . . . 06 (SPECIFY) NO EQUIPMENT EVER REUSED . . . . . 07 DON'T DECONTAMINATE 95			 → 1373 → 1368

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1366	Are there written guidelines for how to decontaminate equipment? IF YES, ASK: May I see them?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO 3	 →1368 →1368
1367	SCAN THE GIDELINE AND CIRCLE ALL COMPONENTS THAT ARE MENTIONED OR COVERED	SOAKING TIME ..... A PERCENT OF CHEMICAL USED ..... B PROPORTIONS TO MIX ..... C BRUSH SCRUB ..... D NONE OF THE ABOVE ..... Y	
1368	Where is this equipment then processed prior to reuse?	THIS UNIT ..... 1 OTHER UNIT THIS FACILITY . 2 ENTER UNIT NUMBER ..... [ ][ ][ ][ ] NON UNIT (E.G., CENTRAL PROCESSING, THEATER, THIS FACILITY) ..... 3 SEND TO OTHER FACILITY ..... 4 OTHER ..... 6 (SPECIFY) NO ITEMS EVER PROCESSED 7	 →1371(6) →1371(6) →1371(6) →1371(6)
1369	What is the ***final method*** most commonly used for disinfecting or sterilizing medical equipment (such as speculums and/or surgical instruments) before they are reused? IF DIFFERENT METHODS ARE USED FOR DIFFERENT TYPES OF EQUIPMENT, INDICATE THE METHOD'S) USED FOR METAL EQUIPMENT SUCH AS SPECULUMS OR FORCEPS.	DRY-HEAT STERILIZATION ..... A AUTOCLAVING ..... B BOILING ..... C STEAM STERILIZATIO ..... D CHEMICAL METHOD ..... E PROCESSED OUTSIDE FACILITY ... F OTHER _____ ..... X (SPECIFY)	 →1371(6)

ASK IF EACH OF THE INDICATED ITEMS BELOW IS AVAILABILITY, AND IF SO, ASK TO SEE IT AND IF IT IS FUNCTIONING OR NOT (IF RELEVANT)

1370	ITEM	(a) AVAILABILITY				(b) FUNCTIONING		
		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW	YES	NO	DON'T KNOW
01	Electric autoclave (PRESSURE AND WET HEAT)	1→ b	2→ b	3 → 02	8 → 02	1	2	8
02	Non-electric autoclave (PRESSURE/WET HEAT)	1→ b	2→ b	3 → 03	8 → 03	1	2	8
03	Electric dry heat sterilizer	1→ b	2→ b	3 → 04	8 → 04	1	2	8
04	Electric boiler or steamer (no pressure)	1→ b	2→ b	3 → 05	8 → 05	1	2	8
05	Non-electric pot with cover (FOR STEAM/ BOIL)	1	2	3	8			
06	Heat source for non-electric equipment (STOVE OR COOKER)	1→ b	2→ b	3 → 07	8 → 07	1	2	8
07	Automatic timer (MAY BE ON EQUIPMENT)	1→ b	2→ b	3 → 08	8 → 08	1	2	8
08	TTS Indicator strips or other item that indicates when sterilization is complete.	1	2	3	8			
09	Written protocols or guidelines for sterilization or high-level disinfection	1	2	3	8			

1371 FOR EACH OF THE FOLLOW NG METHODS FOR STER L ZAT ON/ D S NFECT ON USED N THE FAC L TY ND CATE THE PROCESS NG DETA LS NCLUD NG T ME PROCESSED AFTER THE REQU RED TEMPERATURE/ PRESSURE/ BO L NG S REACHED

		(1) Dry heat sterilization	(2) Autoclave (steam with pressure)	(3) Boil	(4) Steam without pressure	(5) Chemical High Level Disinfectant (HLD)	(6) nitial decontaminatior
A	Method	USED 1 NOT USED 2 → 2	USED 1 NOT USED 2 → 3	USED 1 NOT USED 2 → 4	USED 1 NOT USED 2 → 5	USED 1 NOT USED 2 → 6	USED 1 NOT USED 2 → 1372
B	Temperature (centigrade)	TEMPERATURE AUTOMAT C 666 DON'T KNOW 998	TEMPERATURE AUTOMAT C 666 DON'T KNOW 998				
C	Pressure		PRESS-URE AUTOMAT C 666 → 2E DON'T KNOW 998 → 2E				
D	Units of pressure		UN TS OF PRESSURE KG/SQ CM 1 ATM PRESSURE 2 K LOPASCAL 3 M LL METER HG 4				
E	Minutes-when equipment is not wrapped in cloth	M NUTES AUTOMAT C 666 DON'T KNOW 998	M NUTES AUTOMAT C 666 DON'T KNOW 998	M NUTES DON'T KNOW 998	M NUTES DON'T KNOW 998	M NUTES DON'T KNOW 998	M NUTES DON'T KNOW 998
F	Minutes when equipment is wrapped		M NUTES WRAPPED AUTOMAT C 666 DON'T KNOW 998				
G	Chemical disinfectant used					J K 1 CHLOR NE 2 H2O2 3 POV DONE OD NE 4 ALCOHOL 5 CHLORHEX D NE 6 GLUTARALDEHYDE 7 DON'T KNOW 8	J K 1 CHLOR NE 2 H2O2 3 POV DONE OD NE 4 ALCOHOL 5 CHLORHEX D NE 6 GLUTARALDEHYDE 7 DON'T KNOW 8
H	Percent solution before dilution					PERCENT DON'T KNOW 98	PERCENT DON'T KNOW 98
I	Mixture parts solution and water					M XTURE PARTS a) D S NFECTANT b) WATER DK 000	M XTURE PARTS a) D S NFECTANT b) WATER DK 000

NO.	QUESTIONS	CODING CATEGORIES				GO TO
1372	ASK TO SEE WHERE CENTRAL OR EXTERNALLY PROCESSED ITEMS ARE STORED AND INDICATE FOR EACH OF THE BELOW IF THIS STORAGE PRACTICE WAS OBSERVED OR REPORTED.	STORAGE CONDITIONS				
		OBSERVED PRESENT	REPORTED AVAILABLE	NOT AVAILABLE	DON'T KNOW	
01	Wrapped in sterile cloth, sealed with tape	1	2	3	8	
02	Stored in sterile container with lid that clasps shut	1	2	3	8	
03	Stored unwrapped inside an autoclave or dry heat sterilizer	1	2	3	8	
04	On tray, covered with cloth or wrapped without sealing tape	1	2	3	8	
05	In container with disinfectant or antiseptic	1	2	3	8	
06	Other clean	1	2	3	8	
07	Other not clean	1	2	3	8	
08	Date of sterilization written on packet or container with processed items	1	2	3	8	
09	Is storage location dry and clean?	1	2	3	8	
1373	Now I would like to ask you a few questions about the waste disposal practices for sharp items such as needles or blades. How does this clinic/unit ***finally*** dispose of sharp items or what is the **final** disposal process for filled sharps boxes?	**BURN IN INCINERATOR:** 2 CHAMBER INDUSTRIAL (800 1000+° C) 02 1 CHAMBER DRUM/BRICK ..... 03 **OPEN BURNING** FLAT GROUND NO PROTECTION ... 04 PIT OR PROTECTED GROUND ..... 05 **DUMP WITHOUT BURNING** FLAT GROUND NO PROTECTION ... 06 COVERED PIT OR PIT LATRINE ..... 07 OPEN PIT OR PROTECTED GROUND 08 **REMOVE OFFSITE** STORED IN COVERED CONTAINER ... 09 STORED IN OTHER PROTECTED ENVIRONMENT ..... 10 STORED UNPROTECTED ..... 11 **OTHER** _____ 96 (SPECIFY) NEVER HAVE SHARP WASTE 95				→ 1375 → 1375 → 1375 → 1375
1374	Are the burned/dumped sharps routinely buried? IF YES, CHECK TO SEE IF THE WASTE IS COMPLETELY COVERED BY THE BURIAL.	YES, WASTE COMPLETELY COVERED 1 YES, WASTE PARTIALLY COVERED ... 2 NO BURIAL OF BURNED/DUMPED SHARPS 3				
1375	Now I would like to ask you a few questions about the waste disposal practices for infectious waste such as used bandages. How does this clinic/unit ***finally*** dispose of infectious wastes such as these?	SAME AS FOR SHARP ITEMS 01 **BURN IN INCINERATOR:** 2 CHAMBER INDUSTRIAL (800 1000+° C) 02 1 CHAMBER DRUM/BRICK ..... 03 **OPEN BURNING** FLAT GROUND NO PROTECTION ... 04 PIT OR PROTECTED GROUND ..... 05 **DUMP WITHOUT BURNING** FLAT GROUND NO PROTECTION ... 06 COVERED PIT OR PIT LATRINE ..... 07 OPEN PIT OR PROTECTED GROUND 08 **REMOVE OFFSITE** STORED IN COVERED CONTAINER ... 09 STORED IN OTHER PROTECTED ENVIRONMENT ..... 10 STORED UNPROTECTED ..... 11 **OTHER** _____ 96 (SPECIFY) NEVER HAVE INFECTIOUS WASTE ... 95				→ 1377 → 1377 → 1377 → 1377 → 1377

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1376	Is the burned/dumped infectious waste routinely buried? IF YES, CHECK TO SEE IF THE WASTE IS COMPLETELY COVERED BY THE BURIAL.	YES, WASTE COMPLETELY COVERED . . . 1 YES, WASTE PARTIALLY COVERED . . . . . 2 NO BURIAL OF BURNED/DUMPED INFECTIOUS WASTE 3	
1377	ARE THERE ANY UNPROTECTED SHARPS OR INFECTIOUS WASTE OBSERVED EITHER AT THE FINAL DISPOSAL SITE OR ON THE FACILITY GROUNDS? THIS INCLUDES SYRINGES NEEDLES, AND BANDAGES.	YES . . . . . 1 NO, OR NOT APPLICABLE 2	
1377a	Does the hospital staff ensure the usage of bednet at night?	YES . . . . . 1 NO 2	→ 1378
1377b	What type of nets are in this unit	NOT TREATED . . . . . 1 INT . . . . . 2 DON'T KNOW 3	→ 1378 → 1378
1377c	When the ITN were last treated	PERMANENT . . . . . 00 IN THE LAST . . . . . [ ][ ] MONTHS	
1378	CHECK **Q1373 AND 1375,** IS **09** OR **10** OR **11** CIRCLED (ANY WASTE REMOVED OFFSITE FOR DISPOSAL? YES ☐ NO ☐		→ 1380
1379	How is the waste that is collected and removed offsite finally disposed?	INCINERATED . . . . . 1 **TAKEN TO LOCAL DUMP:** BURNED AND BURIED . . . . . 2 BURNED BUT NOT BURIED . . . . . 3 BURIED UNBURNED . . . . . 4 **OTHER** _____ 6 (SPECIFY) DON'T KNOW 8	

1380	ASSESS CONDITION OF SERVICE AREA	YES	NO
01	**FLOOR:** SWEPT, NO OBVIOUS DIRT OR WASTE	1	2
02	**COUNTERS/TABLES/CHAIRS:** WIPED CLEAN NO OBVIOUS DUST OR WASTE	1	2
03	BROKEN EQUIPMENT, PAPERS, BOXES AROUND MAKING AREA CLUTTERED AND DIRTY	1	2
04	**WALLS:** REASONABLY CLEAN		
05	**DOORS:** NO OR MINOR DAMMAGE	1	2
06	**WALLS:** NO OR MINOR DAMMAGE	1	2
07	**ROOF:** NO OR MINOR DAMMAGE	1	2

1381	WERE ANY USED NEEDLES OR OTHER SHARPS OBSERVED OUTSIDE OF A SHARPS CONTAINER?	YES . . . . . 1 NO 2	
1382	WAS THE SHARPS CONTAINER OVERFLOWING, OR WAS THE CONTAINER PIERCED/BROKEN?	YES . . . . . 1 NO . . . . . 2 NO SHARPS CONTAINER 3	
1383	WERE ANY BANDAGES OR OTHER NON SHARP INFECTIOUS WASTE OBSERVED OUTSIDE OF A COVERED TRASH CONTAINER?	YES, ON FLOOR/SURFACES . . . . . 1 YES, IN UNCOVERED CONTAINER . . . 2 NO 3	
1384	Does this inpatient facility use Indoor Residual Spraying (IRS) for moquito or malaria control?	YES . . . . . 1 NO 2	

NO.	QUESTIONS	CODING CATEGORIES		GO TO
1385	Now I would like to ask you few questions about availability of adult and pediatrics beds and bed nets ASK TO SEE THE WARD AND COUNT NUMBER OF BEDS WITH AND WITHOUT BED NETS FOR THIS WARD			
		OBSERVED PRESENT	NOT AVAILABLE	
01	How many adult beds are in this ward?		9995	
02	How many adult bed nets are in this ward		9995	
03	How many pediatric beds are in this ward?		9995	
04	How many pediatric bed nets are in this ward		9995	

SECTION 14. HEALTH MANAGEMENT INFORMATION SYSTEM

Facility Number: [ ][ ][ ]

QRE TYPE **1 4**

Interviewer Code: [ ][ ]

[ ][ ][1][8] Line # Unit #

[ ][ ] Parent Line #

1400	INDICATE WHICH HMIS UNIT THIS DATA REPRESENTS	OUTPATIENT ONLY . . . . . 1 INPATIENT ONLY . . . . . 2 BOTH IN AND OUTPATIENT 3	
1401	**MANAGING AUTHORITY** GOVERNEMENT PUBLI(. . . . . 1 GOVERNEMENT . . . . . 2 AGREES . . . . . 3 PRIVE . . . . . 4 ONG/COMMUNITAIRE 5		

FIND THE PERSON IN CHARGE OF THE HMIS REPORTS. IF HE/SHE IS NOT PRESENT, ASK TO SEE THE PROVIDER MOST KNOWLEDGEABLE ABOUT HIV/AIDS HMIS REPORTS PREPARED BY THE FACILITY

IF THE PROVIDER IS DIFFERENT FROM THE PREVIOUS RESPONDENT, INTRODUCE YOURSELF, BRIEFLY. EXPLAIN THE PURPOSE OF YOUR VISIT, AND ASK IF HE/SHE WOULD BE WILLING TO ANSWER A FEW QUESTIONS ABOUT REPORTS COMPILED BY THE FACILITY. IF IN AGREEMENT, READ THE INTRODUCTORY CONSENT FORM BELOW.

IF THE RESPONDENT HAS ALREADY BEEN INTERVIEWED FOR A PREVIOUS SECTION, CIRCLE NUMBER 1 (YES) IN Q1402 BELOW AND GO ON TO Q1403.

FIND THE MANAGER OR MOST SENIOR HEALTH WORKER RESPONSIBLE FOR THE FACILITY SERVICE DATA, WHO IS PRESENT TODAY. READ THE FOLLOWING GREETING:

Hello. My name is _____. We are here on behalf of the National Institute of Statistics, Republic of Rwanda to assist the government in knowing more about health services.
Now I will read a statement explaining the survey.

Your facility was randomly selected to participate in this study. We will be asking you questions about the types of HIV/AIDS related statistics and reports compiled by this facility. We will ask to see various reports and records for HIV/AIDS related services. No patient names from the registers will be reviewed, recorded, or shared. The information about your facility may be used by the MOH and organizations supporting services in your facility, for planning service improvement or further studies of health services. The data collected from your facility may also be provided to researchers for analyses, however, the name of your facility will not be provided, and any reports that use your fac unit will only present information in aggregate form so that your facility can not be identified.

We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person.

You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed?

Interviewer's signature _____ Date _____

SIGNATURE OF INTERVIEWER INDICATING INFORMED CONSENT WAS PROVIDED.

1402	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	→ STOP

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1403	Are you the primary person responsible for compiling routine health information reports? IF NO, ASK TO SPEAK WITH THE PRIMARY RESPONSIBLE PERSON	YES 1 NO, PRIMARY PERSON NOT PRESENT 2 NO, THERE IS NO ONE ASSIGNED TO COMPILE REPORTS 3	→ 1405 →1405
1404	What is the technical background for the person primarily responsible for compiling routine health information reports?	CLERK/ACCOUNTANT ..... A HEALTH STATISTICS/MED RECORDS .. B CLINICAL SERVICE PROVIDER ..... C NON CLINICAL SERVICE PROVIDER .. D LABORATORY WORKER ..... E COMPUTER TRAINING ..... F OTHER _____ X (SPECIFY)	
1405	What is your technical background? PROBE IF NECESSARY	CLERK/ACCOUNTANT ..... A HEALTH STATISTICS/MED RECORDS .. B CLINICAL SERVICE PROVIDER ..... C NON CLINICAL SERVICE PROVIDER .. D LABORATORY WORKER ..... E COMPUTER TRAINING ..... F OTHER _____ X (SPECIFY)	
1406	Did you have special training in recording systems or reports for health information, such as training in the HMIS? IF YES, ASK: Was the training formal or informal? IF BOTH, RECORD FORMAL.	YES, FORMAL ..... 1 YES, INFORMAL ..... 2 NO 3	→ 1409
1407	How long was your training in HMIS? RECORD EITHER DAYS OR MONTHS WHICHEVER IS MOST APPROPRIATE. IF MORE THAN ONE TRAINING, ADD THE DURATION OF ALL TRAINING.	DAY ..... 1 MONTH ..... 2 NUMBER OF DAYS OR MONTHS [ ][ ]	
1408	When was your most recent training in HMIS or reporting on health statistics?	IN PAST 12 MONTHS ..... 1 IN PAST 1 3 YEARS ..... 2 MORE THAN 3 YEARS AGO 3	
1409	How many years have you been responsible for HMIS records/reports in this facility? RECORD '00' FOR LESS THAN ONE YEAR	YEARS ..... [ ][ ]	
1410	Do you conduct training of staff in HMIS, for example, recording, compiling, and reporting data? IF YES, ASK: Do you provide formal or informal training? IF BOTH, RECORD 'FORMAL'.	YES, FORMAL ..... 1 YES, INFORMAL ..... 2 NO 3	→ 1415
1411	Who do you train in HMIS?	STAFF IN HMIS UNIT ..... 1 STAFF IN SERVICE UNITS ..... 2 STAFF IN HMIS AND SERVICE UNITS .. 3	
1412	Have you or other staff in this unit ever had any training in Strategic Information, such as monitoring and evaluation, or surveillance for HIV/AIDS?	YES ..... 1 NO 2	→ 1415
1413	Was the training on strategic information for HIV/AIDS, formal or informal? IF BOTH, RECORD 'FORMAL'.	FORMAL ..... 1 INFORMAL 2	
1414	How long was the most recent training on strategic information for HIV/AIDS?	DAYS ..... [ ][ ]	

NO.	QUESTIONS	CODING CATEGORIES			GO TO
1415	Do you have the following guidelines? IF YES, ASK: May I see the guidelines please?	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	HMIS reporting guidelines	1	2	3	
02	HIV/AIDS surveillance reporting guidelines	1	2	3	
03	National technical guidelines for integrated disease surveillance and response	1	2	3	
04	National HIV/AIDS reporting guidelines	1	2	3	
05	Standard case definintions on priority diseases for surveillance	1	2	3	
06	District Database	1	2	3	
07	Health Unit procedure manual	1	2	3	
08	Malaria surveillance reporting guidelines	1	2	3	

1416	Do you receive or compile reports of services for confirmed or suspected HIV/AIDS cases from the following clinics/units? IF YES, ASK TO SEE A REPORT.	YES OBSERVED	YES, REPORTED NOT SEEN	NO REPORT	NOT APPLICABLE
01	Outpatient services	1	2	3	4
02	Inpatient services	1	2	3	4
03	Laboratory services	1	2	3	4
04	Tuberculosis services	1	2	3	4
05	HIV counseling and testing services	1	2	3	4
06	Antiretroviral treatment services	1	2	3	4
07	Prevention of mother to child transmission services	1	2	3	4
08	Sources based outside facility (community health workers, traditional birth attendants, etc.)	1	2	3	4

1417	ASK TO SEE A COPY OF THE LAST 3 FULL MONTHS ROUTINE HEALTH INFORMATION REPORTS THAT WERE SUBMITTED OUTSIDE OF THE FACILITY	OBSERVED 3 MONTHS REPOR . . . 1 OBSERVED AT LEAST 1 MONTH REPC . 2 NO REPORTS OBSERVEI . . . . . 3 NEVER SUBMIT REPORTS OUTSII . . . 4	→1419 →1419
1418	ASK TO SEE A COPY OF THE LAST 3 FULL MONTH ROUTINE HEALTH INFORMATION REPORTS THAT WERE COMPILED FOR THE FACILITY	OBSERVED 3 MONTHS REPOR . . . . 1 OBSERVED AT LEAST ONE MONTH REPO 2 NO REPORTS OBSERVED . . . . . 3 DO NOT COMPILE REPORTS 4	

1419	Do you receive or compile reports of deaths in the facility attributed to HIV/AIDS? IF YES, ASK TO SEE A REPORT	YES OBSERVED	YES, REPORTED NOT SEEN	NO REPORT	NOT APPLIC.
		1	2 → 1422	3 → 1424	4 → 1424

1420	RECORD THE NUMBER OF DEATHS ATTRIBUTED TO HIV/AIDS REPORTED FOR PAST 12 MONTHS	NUMBER OF DEATHS . . . . . [ ][ ][ ][ ]	
1421	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA . . . . . [ ][ ]	
1422	How frequently are reports on deaths submitted to someone outside of this facility?	MONTHLY OR MORE OFTEN . . . . . 1 EVERY 2 3 MONTHS . . . . . 2 EVERY 4 6 MONTHS . . . . . 3 LESS OFTEN THAN EVERY 6 MONTHS . . . . . 4 NEVER 5	→ 1424
1423	To whom outside the facility, are the reports sent? CIRCLE ALL THAT APPLY.	DISTRICT LEVEL . . . . C PROVINCIAL LEVEL . . . . D NATIONAL LEVEL . . . E DONOR AGENCY . . . . . F OTHER _____ X (SPECIFY)	

NO.	QUESTIONS	CODING CATEGORIES			GO TO
1424	Do you receive or compile reports of newly diagnosed HIV cases in the facility? IF YES, ASK TO SEE A REPORT	YES OBSERVED	YES, REPORTED NOT SEEN	NO REPORT	NOT APPLIC.
		1	2 → 1427	3 → 1429	4 → 1429
1425	RECORD THE NUMBER OF NEWLY DIAGNOSED HIV CASES DURING THE PAST 12 MONTHS	NEW HIV CASES . . . . . [ ][ ][ ][ ]			
1426	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA . . . . . [ ][ ]			
1427	How frequently are reports on newly diagnosed HIV cases submitted to someone outside of this facility?	MONTHLY OR MORE OFTEN . . . . . 1 EVERY 2 3 MONTHS . . . . . 2 EVERY 4 6 MONTHS . . . . . 3 LESS OFTEN THAN EVERY 6 MONTHS . . . . . 4 NEVER 5			→1429
1428	To whom are the reports sent? CIRCLE ALL THAT APPLY.	DISTRICT LEVEL . . . . C PROVINCIAL LEVEL D NATIONAL LEVEL . . E DONOR AGENCY . . . . . F OTHER _____ X (SPECIFY)			
1429	Do you receive or compile reports on client diagnoses for inpatient admissions/discharges and/or outpatient visits? IF YES, ASK TO SEE A REPORT. RECORD THE NUMBER OF PATIENTS WITH THE FOLLOWING DIAGNOSES USE EITHER THE COMPILED REPORT, THE COMPUTER SYSTEM, OR CLINIC/UNIT RECORDS SUBMITTED TO THE HMIS, WHICHEVER TYPE OF REPORT INCLUDES THE DIAGNOSES REQUESTED BELOW.	INFORMATION AVAILABLE, DATA NOT YET RECORDED . . . . . 1 INFORMATION AVAILABLE, OPD AND IPD DATA ALREADY RECORDED IN OPD AND/OR IPD QRE . . . . . 2 INFORMATION REPORTED AVAILABLE, BUT NOT SEEN . . . . . 3 INFORMATION NOT AVAILABLE 4			 →1433a →1433a →1433a

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1430	INDICATE CLIENT INFORMATION FOR WHICH THE FOLLOWING QUESTION IS COMPLETED.	OUTPATIENT CLIENTS ONLY 1 INPATIENT CLIENTS ONLY 2 BOTH OUTPATIENT AND INPATIENT 3	
1431	RECORD THE NUMBER OF CLIENT VISITS WITH THE ADMISSION/DISCHARGE/VISIT DIAGNOSES BELOW, FOR THE PAST 12 MONTHS. ENSURE DATA INCLUDES PEDIATRICS AND ADULTS. IF MORE THAN ONE DIAGNOSIS IS INDICATED FOR A CLIENT, CHOOSE THE ONE MOST INDICATIVE OF HIV/AIDS RELATED ILLNESS.		

		NUMBER (A) OUTPATIENT VISITS	NUMBER (B) INPATIENT ADMISSIONS/DISCHARGES
1	ORAL CANDIDIASIS/MOUTH SORES		
2	CRYPTOCOCCAL MENINGITIS		
3	TOXOPLASMOSIS		
4	KAPOSI'S SARCOMA		
5	AIDS RELATED COMPLEX (ARC)		
6	HERPES ZOSTER/SIMPLEX		
7	PCP (PNEUMOCYSTIS CARINII PNEUMONIA)		
8	IMMUNOSUPPRESSION/ HIV/AIDS OR RVD		
9	WASTING SYNDROME FAILURE TO THRIVE (FTT)		
10	CHRONIC DIARRHEA (MUST SPECIFY CHRONIC)		
11	TUBERCULOSIS		
12	OTHER NON SPECIFIC DIAGNOSIS COMMON TO HIV/AIDS ILLNESSES PYREXIA/FEVER UNKNOWN ORIGIN (PUO/FUO) LYMPHADENOPATHY		
13	OTHER DIAGNOSIS INDICATING CLIENT HAD HIV/AIDS RELATED ILLNESS (SPECIFY)		
14	MALARIA (TOTAL)		
15	MALARIA (CHILDREN UNDER		
16	ANEMIA (TOTAL)		
17	ANEMIA (CHILDREN UNDER		

1432	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN THE PREVIOUS QUESTION				
1433	RECORD THE TOTAL NUMBER OF OUTPATIENT VISITS AND INPATIENT ADMISSIONS/ DISCHARGES FOR ALL HIV AND NON HIV DIAGNOSES, FOR THE TIME PERIOD INDICATED IN Q.1431	TOTAL OPD VISITS	TOTAL IPD ADMISSIONS		
1433a	Do you have the fever graph for malaria surveillance sy IF YES, ASK TO SEE A FEVER GRAPH	YES OBSERVED 1	YES, REPORTED NOT SEEN 2→ 1433e	NO FEVER GRAPH 3 → 1433e	NOT APPLIC. 4→ 1433e
1433b	CHECK THE TIME PERIOD COVERED IN THE GRAPH	< 1 YEAR 1 1 2 YEARS 2 3 4 YEARS 3 5+ YEARS 4			

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1433c	CHECK IF THE GRAPH UP TO DATE (THAT MEANS T ARE FEVER CASES RECORDED IN PAST 3 MONTHS	YES . . . . . 1 NO 2	
1433d	Did you or another staff member received training on the malaria surveillence system? IF YES ASK WHEN THE MOST RECENT TRAINING W	WITHIN PAST 1 YEAR 1 WITHIN PAST 2 3 YEARS 2 WITHIN PAST 4 5 YEARS 3 NO TRANING IN PAST 5 YEARS 4	
1433e	Do you compile and submit weekly reports on the 12 dise for the system maladie d'alert? IF YES ASK TO SEE THE REPORTS IN THE PAST 4 F WEEKS AND MARK THE CORRECT RESPONSE	YES, OBSERVED 4 REPORT 1 YES, OBSERVED 1 3 REPORTS 2 YES, REPORT NOT SEEN 3 NO 4	
1433f	Do you have a guideline or protocol for the system malac d'alert? IF YES, ASK TO SEE THE GUIDELINE	YES, OBSERVED 1 YES, REPORT NOT SEEN 2 NO 3	
1433g	Did you or another staff member received training on the maladie d'alert? IF YES ASK WHEN THE MOST RECENT TRAINING W	WITHIN PAST 1 YEAR 1 WITHIN PAST 2 3 YEARS 2 WITHIN PAST 4 5 YEARS 3 NO TRANING IN PAST 5 YEARS 4	
1433i	ASK FOR COPIES OF THE 3 MOST RECENT TRAC REPORTS AND RANDOMLY SELECT ONE FOR VALIDATION	MONTH FOR TRACT REPORT [ ][ ] NO REPORT AVAILABLE 00	→ 1434
1433j	COMPLETE THE INDICATED INFORMATION AS TO SEE THE SOURCE OF INFORMATION FOR TR IF THERE IS NO CENTRAL HMIS REGISTRATION, G LOCATIONS WHERE REGISTERS CONTRIBUTING TO THE REPORT ARE MAINTAINED TO ENSURE VALID COMPARISON	TRAC REPORT INFORMATION 1) # NEW HIV+ [ ][ ][ ][ ][ ] 2) # CLIENTS RECEIVED COUNSELING FOR HIV TEST [ ][ ][ ][ ][ ] REGISTER INFORMATION FOR THE SAME MONTH 3) # HIV+ [ ][ ][ ][ ][ ] DK 99998 4) # CLIENTS RECEIVED COUNSELING FOR HIV TEST [ ][ ][ ][ ][ ] DK 99998	
1434	Finally, I want to know about any activities where the data collected and compiled is reviewed for improving services. Are there ever any meetings where service statistics are discussed among management or with clinic/unit staff, such as looking at changes in patterns or other items relevant to client services?	YES . . . . . 1 NO 2	→ END
1435	Is there any evidence of looking at service data for evaluating or monitoring data? IF YES, ASK TO SEE ANY REPORTS, WALL GRAPHS OR CHARTS THAT SHOW SERVICE DATA HAS BEEN REVIEWED. CIRCLE ALL RELEVANT TYPE OF REPORTS OBSERVED.	OBSERVED WALL CHART/GRAPH . . . . . A WRITTEN REPORT/MINUTES . . . . . B OTHER _____ . . . . . X (SPECIFY) NO OBSERVED EVIDENCE . . . . . Y	→ END
1436	ASSESS THE MOST RECENT DATE WHERE THERE IS EVIDENCE OF DATA BEING REVIEWED.	WITHIN THE PAST 3 MONTH. 1 MORE THAN 3 MONTHS AG. 2 DON'T KNOW 8	
	THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE		

SECTION 15: LABORATORY AND OTHER DIAGNOSTICS

Facility Number: [ ][ ][ ]

QRE TYPE **15**

Interviewer: Code [ ][ ]

CLINIC/UNIT CODE [ ][ ] Line # [1][9] Unit # [ ][ ] Parent Line #

1500	INDICATE SETTING FOR LAB	LAB IN FACILITY . . . . . 1 AFFILIATED EXTERNAL LAB . . . . . 2 AREA LOCKED/NO ACCESS . . . . . 3 FACILITY HAS NO LAB 4	→STOP
1501	Does this lab provide services for both outpatients and inpatients, or does it provide services for outpatients only, or inpatients only?	OUTPATIENT ONLY . 1 INPATIENT ONLY . . . . . 2 BOTH OUT AND INPATIENTS 3	
1502	**MANAGING AUTHORITY** GOVERNMENT PUBLIC . . . . . 1 GOVERNMENT NON PUBLIC (POLICE/MILITARY/PRISON) . . . . . 2 AGREES . . . . . 3 PRIVATE . . . . . 4 NGO/COMMUNITY 5		
1503	**CHECK QUESTION Q 1500. IS THE RESPONSE '3', NO ACCESS?**	**YES . . . . . 1** **NO 2**	→ STOP
1504	RECHECK QUESTIONNAIRE AT THE END OF THIS INTERVIEW AND VERIFY THAT ALL APPLICABLE SECTIONS WERE COMPLETED FOR THIS UNIT. FINALLY, MARK ON FACILITY CHECKLIST EACH QRE COMPLETED FOR THIS UNIT.	APPLICABLE & COMPLETED / NOT APPLICABLE (V)CT (Q1529) 1 / 2	

START DATA COLLECTION IN THE MAIN LABORATORY.
FOR EACH OF THE LABORATORY PROCEDURES OF INTEREST, GO TO THE MAIN LOCATION IN THE FACILITY WHERE THE TEST/INFORMATION IS LOCATED. IF A TEST/INFORMATION IS NOT IN THAT LOCATION, ASK IF IT IS ANYWHERE ELSE IN THE FACILITY, AND GO THERE TO COMPLETE THE QUESTIONNAIRE. COMPLETE ONE DIFFERENT QUESTIONNAIRE FOR SERVICES AVAILABLE ONLY TO INPATIENTS, ONE FOR SERVICES ONLY AVAILABLE TO OUTPATIENTS, AND ONE FOR SERVICES AVAILABLE TO BOTH OUTPATIENTS AND INPATIENTS.

IF THE PROVIDER IS DIFFERENT FROM ANY OF THE PREVIOUS RESPONDENTS, INTRODUCE YOURSELF, BRIEFLY EXPLAIN THE PURPOSE OF YOUR VISIT, AND ASK IF HE/SHE IS WILLING TO ANSWER A FEW QUESTIONS ABOUT LABORATORY SERVICES. IF IN AGREEMENT, READ THE INTRODUCTORY CONSENT FORM BELOW.

IF THE RESPONDENT HAS ALREADY BEEN INTERVIEWED FOR A PREVIOUS SECTION, CIRCLE NUMBER 1' (YES) IN Q1505 BELOW AND GO ON TO Q1506.

Hello. My name is _____. We are here on behalf of **the National Institute of Statistics, Republic of Rwanda** to assist the government in knowing more about health services.
Now I will read a statement explaining the survey.

Your facility was randomly selected to participate in this study. We will be asking you questions about various laboratory services and will ask to see laboratory registers. No patient names from the registers will be reviewed, recorded, or shared. The information about your facility may be used by the MOH and organizations supporting services in your facility, for planning service improvement or further studies of health services. The data collected from your facility may also be provided to researchers for analyses, however, the name of your facility will not be provided, and any reports that use your facility data will only present information in aggregate form so that your facility can not be identified.

We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person.

You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed?

Interviewer's signature _____ Date _____

SIGNATURE OF INTERVIEWER INDICATING INFORMED CONSENT WAS PROVIDED.

1505	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	→STOP

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1506	How many days in a week is the lab open to serve clients?	NUMBER OF DAYS OPEN . . . . . [ ]	
1507	First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technicians) who provide services related to HIV/AIDS, TB, malaria, or STIs, who are assigned to this clinic/unit who are present today. Please give me the names and main service responsibility of the staff assigned to this unit, and present today, who provide any HIV/AIDS care and support services or services for TB, malaria, or STIs. COMPLETE THE STAFF LIST FOR THIS CLINIC/UNIT. DO NOT DUPLICATE SERVICE PROVIDERS WHO ARE LISTED FOR A SERVICE AREA THAT WAS PREVIOUSLY ASSESSED.		
	RESPONDENT MUST BE INTERVIEWED FOR TRAINING AND EXPERIENCE.	STAFF LIST COMPLETED YES . . . . . 1 NO 2	

NO.	QUESTIONS	CODING CATEGORIES			GO TO
1508a	First I would like to know about guidelines and protocols that are available in this laboratory area.				
	For each topic I mention, please tell me if you have any protocols and guidelines relating to this topic in the laboratory area? IF YES: May I see the guidelines please?	(a) OBSER-VED	(a) REPORTED AVAILABLE NOT SEEN	(a) NOT AVAILABLE	(b) YEAR ON OBSERVED MANUAL
01	Infection Control: Policies and Procedures	1 → b	2 → 02	3 → 02	
02	Nationa laboratory guidelines and standard operating procedures	1 → b	2 → 03	3 → 03	
03	Other laboratory guidelines and standard operating procedures	1 → b	2 → 04	3 → 04	
04	Other guidelines for blood safety	1 → b	2 → 05	3 → 05	
05	Other guidelines for universal /standard precautions for healthcare workers	1 → b	2 → 06	3 → 06	
06	Other infection prevention guidelines	1 → b	2 → 07	3 → 07	
07	Other guidelines for post exposure (HIV/AIDS) prophylaxis for healthcare workers	1 → b	2 → 08	3 → 08	
08	Other guidelines for laboratory procedures related to TB microscopic diagnostic procedures	1 → b	2 → 09	3 → 09	
09	Malaria diagnosis guides or Bench AIDS?	1 → b	2 → 10	3 → 10	
10	Laboratory guiderlines or standard operating procedures (SOP) for malaria diagnosis QA/QC	1 → b	2 → 11	3 → 11	
11	Any other standard operating procedures (SOPs) for laboratory work?	1 → b	2 → 1509	3 → 1509	
1508b	How many microscope available in this laboratory?	ELECTRONIC MICROSCOPE …. ….			
		SUNLIGHT MISCROSCOPE …. …..			
1508c	How many microscopists are present at work today?	NUMBER OF MICROSCOPISTS …..			
	HIV TESTING				
1509	Does this laboratory conduct any tests for HIV? IF YES, CIRCLE ALL THAT APPLY	FOR CLIENT HIV STATUS . . . . . A BLOOD SCREENING FOR TRANSFUSION . . . . . B MANDATORY (FOR EMPLOYMENT/ VISA/WORK PERMIT . . . . . C NO . . . . . Y			→1524
1510	Are there any guidelines related to any of the topics I will ask, in the laboratory area? IF YES, ASK: May I see the guideline please.	(a) OBSERVED	(a) REPORTED AVAIL. NOT SEEN	(a) NOT AVAIL.	(b) DATE ON OBSERVED MANUAL YEAR
01	Normes et directives nationales pou le conseil et depistage volontaire et la prevention a la transmission du VIH de la mere a l'enfant	1 → b	2 → 02	3 → 02	
02	Other protocols/guidelines for HIV testing procedures (who to test, which test to use)	1 → b	2 → 03	3 → 03	
03	Any written guidelines on how to conduct HIV test (may be manufacturers instructions)	1 → b	2 → 04	3 → 04	
04	Written guidelines on confidentiality and disclosure of HIV test results	1 → b	2 → 1511	3 → 1511	

NO.	QUESTIONS	CODING CATEGORIES	GO TO

1511 Now I would like to see the equipment and the reagents necessary to conduct various tests.

	For each of the following tests or equipment, I would like to know if it is used, if it is functioning today, and, if relevant, if all items to conduct the test are available today.	(a) TEST CONDUCTED		(b) ARE ALL ITEMS FOR TEST AVAILABLE?			(c) IS THE ITEM IN WORKING ORDER?		
		Yes	No	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	ELISA scanner/reader and all items for test	1→ b	2 → 02	1→ c	2 → c	3 → 02	1	2	8
02	CD4 Count machine, and all items for test	1→ b	2 → 03	1→ c	2 → c	3 → 03	1	2	8
03	Dynabeads with vortex mixer	1→ b	2 → 04	1→ c	2 → c	3 → 04	1	2	8
04	Rapid test for HIV	1→ b	2 → 05	1	2	3 → 05			
05	All items for Western Blot test	1→ b	2 → 06	1	2	3 → 06			
06	All items for PCR for viral load	1→ b	2 → 07	1	2	3 → 07			
07	Other HIV test _____ (SPECIFY)	1→ b	2 → 1512	1	2	3 → 1512			

1512 Do you have any record of HIV test results for tests conducted in this laboratory? IF YES, ASK TO SEE THE RECORDS FOR THE PAST 12 MONTHS.

YES	1	
NO	2	→ 1514

1513 INDICATE IF THE SPECIFIED INFORMATION IS AVAILABLE AND IF SO, RECORD THE INDICATED CLIENT NUMBERS FOR THE PAST 12 MONTHS.

		(A) RECORD AVAILABLE AND OBSERVED			(B) NUMBERS FROM OBSERVED RECORDS	
		YES	REPORTED, NOT SEEN	NO RECORD	NUMBER OF CLIENTS	MONTHS OF DATA
01	TOTAL CLIENTS RECEIVING HIV TEST	1→ b	2 → 02	3 → 02		
02	TOTAL CLIENTS WITH POSITIVE HIV TEST RESULT	1→ b	2 → 03	3 → 03		
03	TOTAL CLIENTS OR PROVIDERS WHO WERE PROVIDED TEST RESULTS	1→ b	2 → 04	3 → 04		
04	TOTAL CLIENTS WITH POSITIVE TESTS WHERE RESULTS WERE PROVIDED	1→ b	2 → 1514	3 → 1514		

1514 Is there an established system for **external** quality control for the HIV tests conducted by this laboratory?

IF YES, PROBE FOR SYSTEM USED. CIRCLE ALL THAT APPLY

YES, PROFICIENCY PANEL	A	→ 1517
YES, EXTERNAL INSPECTION/ OBSERVATION OF TECHNIQUE	B	→ 1517
SEND BLOOD FOR RETESTING	C	
NOT ROUTINE, BUT SOMETIMES	D	→ 1517
NO EXTERNAL QUALITY CONTROL	Y	→ 1520

1515 CHECK PREVIOUS QUESTION. IS C CIRCLED? IF YES ASK:

How do you determine when to send a blood sample for retesting?

YES, SEND EVERY FIXED NUMBER OF TESTS	1	
YES, SEND EVERY FIXED PERCENT OF TESTS	2	
YES, BUT NO FIXED NUMBER	3	→ 1517
DO NOT SEND BLOOD ELSEWHERE	4	→ 1520

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1516	Please tell me how you decide when to send a blood sample for retesting.	RECORD CORRECT NUMBER/PERCENT FOR Q1515 [ ][ ][ ]	
1517	Is there a record of the results from the external quality check? IF YES, ASK TO SEE THE RECORD OR REPORT WHERE THE RESULTS ARE RECORDED.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . 2 NO 3	 → 1520 → 1520
1518	What is the most recent date for an external quality check test result or error rate?	WITHIN PAST ONE MONTH . . . . . 1 WITHIN PAST 2 6 MONTHS . . . . . 2 MORE THAN 6 MONTHS 3	
1719	What is the most recent error rate that is recorded by external quality control?	PERCENT ERROR RATE . . . . . [ ][ ] DON'T KNOW 98	
1520	Is there any other system used for quality control of laboratory tests for HIV/AIDS?	INTERNAL QUALITY CONTROL . . . . 1 OTHER _____ 2 DESCRIBE NO 3	 → 1522
1521	Is there a record of the results from the internal/ other quality check? IF YES, ASK TO SEE THE RECORD OR REPORT WHERE THE RESULTS ARE RECORDED.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . 2 NO 3	
1522	Are there any fees assessed for any services or items related to HIV/AIDS tests?	YES . . . . . 1 NO 2	 → 1524
1523	For each of the following items, indicate if there is any routine fee, and if yes, the amount of the fee	(a) FEE YES / NO / NA	(b) AMOUNT IN RWF.
01	FEE FOR RAPID TEST	1 → b; 2 → 02; 3 → 02	[ ][ ][ ][ ][ ]
02	FEE FOR ELISA TEST	1 → b; 2 → 03; 3 → 03	[ ][ ][ ][ ][ ]
03	FEE FOR CD4 TEST	1 → b; 2 → 04; 3 → 04	[ ][ ][ ][ ][ ]
04	FEE FOR PCR TEST	1 → b; 2 → 05; 3 → 05	[ ][ ][ ][ ][ ]
05	FEE FOR COMPLETE BLOOD COUNT	1 → b; 2 → 1524; 3 → 1524	[ ][ ][ ][ ][ ]
1524	Do you send blood outside the facility for HIV diagnostic testing?	YES . . . . . 1 NO 2	 → 1529
1525	For which HIV test do you send blood outside?	ELISA . . . . . A WESTERN BLOT . . . . . B PCR . . . . . C OTHER _____ X SPECIFY	
1526	Do you have a record with the result of the HIV/AIDS tests conducted elsewhere? IF YES, ASK TO SEE THE REGISTER	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . 2 NO 3	 → 1528
1527	Does the register indicate if the client or the provider has received the results?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . 2 NO 3	
1528	After receiving the results, how are the results provided to the client?	LAB PROVIDES WRITTEN COPY OF RESULTS TO CLIENT . . . . . 1 LAB TELLS CLIENT VERBALLY ONLY . . . . . 2 LAB PROVIDES RESULTS TO HEALTHWORKER/CLINIC/UNIT AND THEY TELL CLIENT 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1529	Is any pre or post HIV test counseling ever provided to clients in the laboratory area?	YES . . . . . 1 NO 2	Q:VCT
1530	Do you send blood outside the facility for CD4 count, total lymphocyte count or viral load testing? CIRCLE ALL THAT APPLY	YES, CD4 . . . . . A YES, TLC . . . . . B YES, VIRAL LOAD . . . . . C NONE OF THE ABOVE . . . . . Y	→ 1533
1531	Do you have a record with results of the tests conducted elsewhere? IF YES, ASK TO SEE THE RECORD WITH RESULTS OF ANY OF THE ABOVE TESTS SENT ELSEWHERE.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . 2 NO 3	
1532	After receiving the results, how are the results provided to the client?	LAB PROVIDES WRITTEN COPY OF RESULTS TO CLIENT . . . . . 1 LAB TELLS CLIENT VERBALLY ONLY . . . . . 2 LAB PROVIDES RESULTS TO HEALTHWORKER WHO TELLS CLIENT . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
1533	Does this laboratory or unit regularly compile reports of newly diagnosed HIV/AIDS cases?	YES . . . . . 1 NO 2	→ 1538
1534	How frequently are the compiled reports submitted to someone outside of this clinic/unit laboratory?	MONTHLY OR MORE OFTEN . . . . . 1 EVERY 2 3 MONTHS . . . . . 2 EVERY 4 6 MONTHS . . . . . 3 LESS OFTEN THAN EVERY 6 MONTHS . . . . . 4 NEVER 5	→ 1536
1535	Where, or to whom does the laboratory send reports? I'm referring to where they are directly sent from the laboratory. CIRCLE ALL THAT APPLY	RECORDS CLERK . . . . . A FACILITY DIRECTOR/SUPERVISOR . B DISTRICT LEVEL C PROVINCIAL LEVEL D NATIONAL LEVEL E DONOR AGENCY F MAIN FACILITY LABORATORY G OTHER _____ X (SPECIFY)	
1536	ASK TO SEE THE REPORT FOR NEWLY DIAGNOSED HIV/AIDS CASES DURING THE PAST 12 MONTHS AND RECORD THE NUMBER OF CASES.	NEW HIV/AIDS CASES [ ][ ][ ][ ][ ] REPORT NOT SEEN 99996	→ 1538
1537	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA . . . . . [ ][ ]	
1538	Do you record results by the clinic/unit ordering the HIV test or test results? IF YES, ASK TO SEE THE REGISTER AND INDICATE FROM WHICH CLINICS/UNITS RESULTS FOR TESTS ARE RECORDED.	YES . . . . . 1 NO 2	→ 1540

1539	HIV RESULTS ARE RECORDED SEPARATELY FOR:	YES	NO	NOT APPLICABLE
01	VCT	1	2	3
02	PMTCT/VCT	1	2	3
03	Surveillance	1	2	3
04	Blood bank or blood for transfusion	1	2	3
05	General or specialty outpatient clinic/units (except VCT or PMTCT)	1	2	3
06	In patient units, either by separate units or as total in patient units	1	2	3
07	By sero status, irrespective of source	1	2	3

NO.	QUESTIONS	CODING CATEGORIES			GO TO
1540	ASSESS THE LABORATORY AREA. FOR INFECTION PREVENTION CONDITIONS. INDICATE IF ITEMS LISTED BELOW ARE AVAILABLE IN THE LABORATORY, OR IMMEDIATELY ADJACENT	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	RUNNING WATER (PIPED)	1 → 04	2	3	
02	OTHER RUNNING WATER (BUCKET WITH TAP OR POUR PITCHER)	1 → 04	2	3	
03	WATER IN BUCKET OR BASIN (WATER REUSED)	1	2	3	
04	HAND WASHING SOAP	1	2	3	
05	SINGLE USE HAND DRYING TOWELS	1	2	3	
06	WASTE RECEPTACLE WITH LID AND PLASTIC LINER	1	2	3	
07	SHARPS CONTAINER	1	2	3	
08	DISPOSABLE LATEX GLOVES	1 → 10	2	3	
09	DISPOSABLE NON LATEX GLOVES	1	2	3	
10	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 12	2	3	
11	DISINFECTANT (NOT YET MIXED)	1	2	3	
12	DISPOSABLE NEEDLES	1	2	3	
13	AUTO DISABLE SYRINGES	1	2	3	
14	DISPOSABLE SYRINGES (3 OR 5 ML)	1	2	3	
15	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 1544	2	3	
16	AUDITORY PRIVACY	1	2	3	
17	VISUAL PRIVACY	1	2	3	
1541	ARE ALL SURFACE AREAS IN THE LAB AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES . . . . . 1 NO 2			
1542	Is blood for HIV/AIDS testing drawn in the laboratory or an adjacent area? IF YES, INDICATE IF THIS IS THE SAME AREA ASSESSED IN Q1540.	YES, SAME AREA . . . . . 1 DIFFERENT AREA . . . . . 2 NO BLOOD DRAWN 3			→ 1544 → 1544

NO.	QUESTIONS	CODING CATEGORIES			GO TO
1543	ASK TO SEE WHERE THE BLOOD IS DRAWN FOR THE HIV/AIDS TEST AND INDICATE IF THE FOLLOWING ARE AVAILABLE IN THE ROOM OR IMMEDIATELY ADJACENT	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	RUNNING WATER (PIPED)	1 → 04	2	3	
02	OTHER RUNNING WATER (BUCKET WITH TAP OR POUR PITCHER)	1 → 04	2	3	
03	WATER IN BUCKET OR BASIN (WATER REUSED)	1	2	3	
04	HAND WASHING SOAP	1	2	3	
05	SINGLE USE HAND DRYING TOWELS	1	2	3	
06	WASTE RECEPTACLE WITH LID AND PLASTIC LINER	1	2	3	
07	SHARPS CONTAINER	1	2	3	
08	DISPOSABLE LATEX GLOVES	1 → 10	2	3	
09	DISPOSABLE NON LATEX GLOVES	1	2	3	
10	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 12	2	3	
11	DISINFECTANT (NOT YET MIXED)	1	2	3	
12	DISPOSABLE NEEDLES	1	2	3	
13	AUTO DISABLE SYRINGES	1	2	3	
14	DISPOSABLE SYRINGES (3 OR 5 ML)	1	2	3	
15	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 1544	2	3	
16	AUDITORY PRIVACY	1	2	3	
17	VISUAL PRIVACY	1	2	3	
1544	ASK TO SPEAK WITH THE PERSON MOST KNOWLEGABLE ABOUT OVERALL LABORATORY PRACTICES. IF PRACTICES VARY BETWEEN LABORATORIES, THEN ASSESS THE DECONTAMINATION, STOCK AND EQUIPMENT MANAGEMENT INFORMATION FOR THE MAIN AREA.				
	Is there a functioning autoclave for the laboratory?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 YES, NOT FUNCTIONING . . . . . 3 NO 4			
1545	Does the laboratory decontaminate any waste prior to disposal? IF YES, ASK WHAT PROCEDURE IS USED FOR DECONTAMINATION.	AUTOCLAVE . . . . . A DECONTAMINATE IN CHLORINE BASE SOLUTION . . . . . B OTHER _____ . X (SPECIFY) NO . . . . . Y			

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1546	What is the final procedure for disposing of hazardous laboratory waste?	**BURN IN INCINERATOR:** 2-CHAMBER INDUSTRIAL (800-1000+° C) 02 1-CHAMBER DRUM/BRICK . . . . . 03 **OPEN BURNING** FLAT GROUND-NO PROTECTION . . 04 PIT OR PROTECTED GROUND . . . . . .05 **DUMP WITHOUT BURNING** FLAT GROUND-NO PROTECTION . . 06 COVERED PIT OR PIT LATRINE . . 07 OPEN PIT OR PROTECTED GROUND 08 **REMOVE OFFSITE** STORED IN COVERED CONTAINER . . 09 STORED IN OTHER PROTECTED ENVIRONMENT . . . . . .10 STORED UNPROTECTED . . . . . 11 **OTHER** _____ 96 (SPECIFY)	
1547	Is there a program for routine preventive maintenance for the laboratory equipment? This means the equipment is checked periodically even if there is no problem. IF YES, ASK: Is the person responsible for routine preventive maintenance for major equipment assigned to the facility or from outside the facility?	YES, ONSITE STAFF . . . . . 1 YES, OUTSIDE SUPPORT . . . . 2 YES, BOTH ONSITE AND OUTSIDE STAFF . . . . . 3 NO ROUTINE MAINTENANCE . . 4 DON'T KNOW 8	
1548	When was the last time that you received a routine supply of test kits or reagents, either that you ordered, or that is part of your routine supply system?	WITHIN PRIOR 4 WEEKS . . . . . 1 BETWEEN 4 12 WEEKS . . . . . 2 MORE THAN 12 WEEKS AGO . . . . . 3 NO ROUTINE SUPPLY SYSTEM 4 DON'T KNOW 8	
1549	Does this facility determine the quantity of each test kit or reagent that it needs and order that, or is the quantity that you receive determined elsewhere?	DETERMINES OWN NEED AND ORDERS . . . . . 1 NEED DETERMINED ELSEWHERE . . . . . 2 BOTH (DEPENDS ON KIT/REAGENT) 3 DON'T KNOW 8	→ 1552 → 1554
1550	Do you always receive a standard fixed amount for each test kit or reagentreceived or does the quantity you receive vary according to recent need or activity level?	QUANTITY BASED ON ACTIVITY LEVEL . . . . . 1 STANDARD FIXED SUPPLY . . 2 DON'T KNOW 8	
1551	CHECK Q1549 TO SEE IF '3' (BOTH) IS CIRCLED (DEPENDS ON KIT/REAGENT) YES ☐ NO ☐		→ 1554
1552	Routinely, when you order test kits and reagents, which best describes the system you use to determine ***how much*** of each to order? Do you: - **Review** the amount remaining, and order to bring the stock amount to a pre determined (fixed) amount? - **Order** exactly the same quantity each time, regardless of the existing stock? - **Review** the amount of each used since the previous order, and plan based on prior consumption and expected future activity? - **Other** _____ (SPECIFY) - Don't know	ORDER TO MAINTAIN FIXED STOCK . . . . . 1 ORDER SAME AMOUNT . . . . . 2 ORDER BASED ON CONSUMPTION . . . . . 3 OTHER . . . . . 6 DON'T KNOW 8	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1553	Which of the following best describes the routine system for deciding ***when*** to order test kits and reagents? Do you:		
	- **Place** order whenever stock levels fall to a predetermined level?	PREDETERMINED LEVEL . . 1	
	- **Have** a fixed time that orders are submitted? IF YES, INDICATE THE NORMAL FIXED TIME FOR SUBMITTING ORDERS.	FIXED TIME . . . . . 2 EVERY [ ][ ] WEEKS	
	- **Place** an order whenever there is believed to be a need, regardless of stock level?	ORDER WHEN NEEDED 3	
	- **Other** _____ (SPECIFY)	OTHER 6	
	- Don't know	DON'T KNOW 8	
1554	If there is a shortage of a specific test kit or reagent between routine orders, what is the most common procedure followed by this facility?		
	- Submit special order to normal supplier	SPECIAL ORDER 1	
	- Facility purchases from private market	FACILITY PURCHASE 2	
	- Clients must receive test from outside the facility.	CLIENT PURCHASE OUTSIDE . . 3	
	- Test is not offered to client that day	TEST IS NOT OFFERED 4	
1555	During the past 6 months, have you always, not always, but often, or almost never received the amount of each test kit and reagent that you ordered (or that you are supposed to routinely receive)?	ALWAYS . . . . . 1 OFTEN . . . . . 2 ALMOST NEVER 3	

NO.	QUESTIONS	CODING CATEGORIES							GO TO
1556	Now I would like to see specific equipment necessary for other tests Is the following equipment available, and is it functioning today?	(a) TEST CONDUCTED		(b) EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?			(c) IS THE ITEM IN WORKING ORDER?		
		Yes	No	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	ANY HEMATOLOGY TESTS	1	2 → 1557						
02	Hemotology analyzer/Coulter (for total lymphocyte count, full blood count, platelet count,)	1 → b	2 → 03	1 → c	2 → c	3 → 03	1 → 1557	2	8
03	Hemoglobinometer (Shali's apparatus)	1 → b	2 → 05	1 → c	2 → c	3 → 05	1	2	8
04	0.1% HCL for Shali's apparatus			1	2	3			
05	Hemoglobinometer (Lovibond apparatus)	1 → b	2 → 07	1 → c	2 → c	3 → 07	1	2	8
06	20% Ammonia solution for Lovibond app.			1	2	3			
07	Colorimeter or spectrophotometer	1 → b	2 → 09	1 → c	2 → c	3 → 09	1	2	8
08	Drabkin's solution (for colorimeter)			1	2	3			
09	Centrifuge for hematocrit	1 → b	2 → 11	1 → c	2 → c	3 → 11	1	2	8
10	Capillary tubes for hematocrit			1	2	3			
11	Litmus paper for hemoglobin test (with valid expiration date)	1 → b	2 → 12	1	2	3			
12	Other anemia test_____ (SPECIFY)	1 → b	2 → 1557	1	2	3			
1557 01	SYPHILIS TESTS	1	2 → 1559						
02	VDRL	1 → b	2 → 04	1	2	3			
03	Rotator or shaker			1 → c	2 → c	3 → 04	1	2	8
04	Rapid plasma reagin test (RPR)	1 → b	2 → 1558	1	2	3			
1558	Do you have any record of syphilis test results? IF YES, ASK TO SEE THE RECORD.	YES, RECORD OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO RECORD 3							

NO.	QUESTIONS	CODING CATEGORIES	GO TO
	BLOOD TRANSFUSION AND SCREENING		
1559	Does this facility ever conduct blood typing and cross matching? IF YES, ASK TO SEE THE REAGENTS BELOW.	YES . . . . . 1 NO 2	→ 1561

1560		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	Anti A Reagent (valid expiration date)	1	2	3
02	Anti B Reagent (valid expiration date)	1	2	3
03	Anti AB Reagent (valid expiration date)	1	2	3
04	Anti D Reagent (valid expiration date)	1	2	3
05	Incubator (37 degrees Celsius)	1	2	3
06	Coomb's reagent	1	2	3

1561	Is blood ever transfused in this facility?	YES . . . . . 1 NO 2	→ 1567
1562	Is blood ever stored anywhere in the facility prior to transfusion? IF YES, ASK TO SEE THE FRIDGE THAT IS USED AND INDCATE THE STORAGE CONDITIONS	NO BLOOD EVER STORED . . . . . 1 BLOOD/PLASMA STORED ALONE . . . . . 2 BLOOD STORED W/ MEDS/VACCINES 3 B.OOD STORED WITH LAB REAGENTS 4 UNABLE TO OBSERVE 8	
1563	Does any place in this facility do blood screen ing for infectious diseases prior to transfusion?	YES . . . . . 1 BLOOD SCREENED OUTSIDE FACILITY . . . . . 2 NO SCREENING TESTS DONE 3	→ 1567

1564	Is blood that is transfused in this facility screened for any of the following diseases? IF YES, ASK, Is the blood screened for this disease always, most of the time, rarely, or never?	ALWAYS	MOST OF THE TIME	RARELY	NEVER
01	Syphilis	1	2	3	4
02	Hepatitis B	1	2	3	4
03	Hepatitis C	1	2	3	4
04	HIV	1	2	3	4

1565	Do you ever send blood outside for any of the previously mentioned tests?	YES . . . . . 1 NO 2	→ 1567

1566	INDICATE IF THERE IS AN OBSERVED RECORD OF RESULTS FOR TESTS CONDUCTED OUTSIDE.	(a) SEND BLOOD OUTSIDE FOR TEST		(b) RECORD OF TEST RESULTS OBSERVED	
		YES	NO	YES	NO
01	Syphilis	1 → b	2 ↓	1	2
02	Hepatitis B	1 → b	2 ↓	1	2
03	Hepatitis C	1 → b	2 ↓	1	2
04	HIV	1 → b	2 ↓	1	2

1567	DO INFECTION PREVENTION CONDITIONS NEED TO BE ASSESSED FOR THIS LABORATORY AREA?	YES . . . . . 1 NO, LABORATORY ALREADY ASSESSED 2	→ 1573

NO.	QUESTIONS	CODING CATEGORIES			GO TO
1568	ASSESS THE LABORATORY AREA. FOR INFECTION PREVENTION CONDITIONS. INDICATE IF ITEMS LISTED BELOW ARE AVAILABLE IN THE LABORATORY, OR IMMEDIATELY ADJACENT	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	RUNNING WATER (PIPED)	1 → 04	2	3	
02	OTHER RUNNING WATER (BUCKET WITH TAP OR POUR PITCHER)	1 → 04	2	3	
03	WATER IN BUCKET OR BASIN (WATER REUSED)	1	2	3	
04	HAND WASHING SOAP	1	2	3	
05	SINGLE USE HAND DRYING TOWELS	1	2	3	
06	WASTE RECEPTACLE WITH LID AND PLASTIC LINER	1	2	3	
07	SHARPS CONTAINER	1	2	3	
08	DISPOSABLE LATEX GLOVES	1 → 10	2	3	
09	DISPOSABLE NON LATEX GLOVES	1	2	3	
10	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 12	2	3	
11	DISINFECTANT (NOT YET MIXED)	1	2	3	
12	DISPOSABLE NEEDLES	1	2	3	
13	AUTO DISABLE SYRINGES	1	2	3	
14	DISPOSABLE SYRINGES (3 OR 5 ML)	1	2	3	
15	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 1569	2	3	
16	AUDITORY PRIVACY	1	2	3	
17	VISUAL PRIVACY	1	2	3	
1569	ARE ALL SURFACE AREAS IN THE LAB AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES . . . . . 1 NO 2			
1570	WERE ANY USED NEEDLES OR OTHER SHARPS OBSERVED OUTSIDE OF A SHARPS CONTAINER?	YES . . . . . 1 NO 2			
1571	WAS THE SHARPS CONTAINER OVERFLOWING, OR WAS THE CONTAINER PIERCED/BROKEN?	YES . . . . . 1 NO . . . . . 2 NO SHARPS CONTAINER 3			
1572	WERE ANY BANDAGES OR OTHER NON SHARP INFECTIOUS WASTE OBSERVED OUTSIDE OF A COVERED TRASH CONTAINER?	YES, ON FLOOR/SURFACES . . . . 1 YES, IN UNCOVERED CONTAINER 2 NO 3			

NO.	QUESTIONS	CODING CATEGORIES						GO TO
	BIOCHEMISTRY							
1573	Are items for the indicated tests available today? Is the equipment functioning?	(a) TEST CONDUCTED		(b) EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?			(c) IS THE ITEM IN WORKING ORDER?	
		Yes	No	OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE NOT TODAY	YES	NO	DON'T KNOW
01	Blood chemistry analyzer that provides serum creatinine, glucose, liver function tests)	1→b	2 02	1 → c	2 → c	3 02	1 1574	2	8
02	Other means for serum glucose	1→b	2 1574	1 → c	2 → c	3 1574	1	2	8
1574 01	URINE TESTS	1	2 1575						
02	Any dip sticks for urine protein (with valid expiration date)	1→b	2 03	1	2	3			
03	Any dip sticks for urine glucose (with valid expiration date)	1→b	2 04	1	2	3			
04	Acetic acid for checking urine albumin	1→b	2 06	1	2	3			
05	Flame for heating acetic acid			1 → c	2 → c	3 06	1	2	8
06	Benedict's solution (for glucose testing)	1→b	2 08	1	2	3			
07	Stove for boiling Benedict's solution			1 → c	2 → c	3 08	1	2	8
08	Centrifuge for urine testing	1→b	2 1575	1 → c	2 → c	3 1575	1	2	8
1575	Pregnancy test	1→b	2 1576	1	2	3			
1576	Do you ever send blood or urine outside for any of the previously mentioned tests?	YES . . . . . 1 NO 2						→ 1578	
1577	INDICATE IF THERE IS AN OBSERVED RECORD OF RESULTS FOR TESTS CONDUCTED OUTSIDE.	(a) SEND BLOOD OUTSIDE FOR TEST		(b) RECORD OF TEST RESULTS OBSERVED					
		YES	NO	YES	NO				
01	Blood chemistries (serum creatinine and glucose)	1 → b	2 ↓	1 1	2				
02	Liver Function Test (LFT)	1 → b	2 ↓	1 1	2				
03	Urinalysis	1 → b	2 ↓	1 1	2				
04	Pregnancy test	1 → b	2 ↓	1 1	2				
1578	DO INFECTION PREVENTION CONDITIONS NEED TO BE ASSESSED FOR THIS LABORATORY AREA?	YES . . . . . 1 NO, LABORATORY ALREADY ASSESSED 2						→ 1584	

NO.	QUESTIONS	CODING CATEGORIES			GO TO
1579	ASSESS THE LABORATORY AREA. FOR INFECTION PREVENTION CONDITIONS. INDICATE IF ITEMS LISTED BELOW ARE AVAILABLE IN THE LABORATORY, OR IMMEDIATELY ADJACENT	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	
01	RUNNING WATER (PIPED)	1 → 04	2	3	
02	OTHER RUNNING WATER (BUCKET WITH TAP OR POUR PITCHER)	1 → 04	2	3	
03	WATER IN BUCKET OR BASIN (WATER REUSED)	1	2	3	
04	HAND WASHING SOAP	1	2	3	
05	SINGLE USE HAND DRYING TOWELS	1	2	3	
06	WASTE RECEPTACLE WITH LID AND PLASTIC LINER	1	2	3	
07	SHARPS CONTAINER	1	2	3	
08	DISPOSABLE LATEX GLOVES	1 → 10	2	3	
09	DISPOSABLE NON LATEX GLOVES	1	2	3	
10	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 12	2	3	
11	DISINFECTANT (NOT YET MIXED)	1	2	3	
12	DISPOSABLE NEEDLES	1	2	3	
13	AUTO DISABLE SYRINGES	1	2	3	
14	DISPOSABLE SYRINGES (3 OR 5 ML)	1	2	3	
15	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 1580	2	3	
16	AUDITORY PRIVACY	1	2	3	
17	VISUAL PRIVACY	1	2	3	
1580	WERE ANY USED NEEDLES OR OTHER SHARPS OBSERVED OUTSIDE OF A SHARPS CONTAINER?	YES . . . . . 1 NO 2			
1581	WAS THE SHARPS CONTAINER OVERFLOWING, OR WAS THE CONTAINER PIERCED/BROKEN?	YES . . . . . 1 NO . . . . . 2 NO SHARPS CONTAINER 3			
1582	WERE ANY BANDAGES OR OTHER NON SHARP INFECTIOUS WASTE OBSERVED OUTSIDE OF A COVERED TRASH CONTAINER?	YES, ON FLOOR/SURFACES . . . . 1 YES, IN UNCOVERED CONTAINER 2 NO 3			
1583	ARE ALL SURFACE AREAS IN THE LAB AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES . . . . . 1 NO 2			

NO.	QUESTIONS	CODING CATEGORIES	GO TO

MICROBIOLOGY

		(a) EQUIPMENT/ TEST USED		(b) EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?			(c) IS THE ITEM IN WORKING ORDER?		
1584	Now I want to ask you about different laboratory equipment and tests. For each item I mention, please tell me if the item/test is available, if all items to conduct the test are present, and if equipment is functioning today,	Yes	No	OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE NOT TODAY	YES	NO	DON'T KNOW
01	Microscope	1→b	2 → 02	1 → c	2 → c	3 → 02	1	2	8
02	Refrigerator	1→b	2 → 03	1 → c	2 → c	3 → 03	1	2	8
03	Incubator	1→b	2 → 04	1 → c	2 → c	3 → 04	1	2	8
04	Test tubes	1→b	2 → 05	1	2	3			
05	Centriguge for CSF microbiology	1→b	2 → 06	1 → c	2 → c	3 → 06	1	2	8
06	Glass slides and covers	1→b	2 → 07	1	2	3			
07	Fluorescence Microscope	1→b	2 → 1585	1 → c	2 → c	3 → 1585	1	2	8
1585 01	MALARIA TESTS	1	2 → 1586						
02	Giemsa stain	1→b	2 → 03	1	2	3			
03	Field stain	1→b	2 → 04	1	2	3			
04	Rapid test (test strips, ICT, paracheck, etc)	1→b	2 → 05	1	2	3			
05	Acridine Orange stain	1→b	2 → 06	1	2	3			
06	Other test for malaria_____ (SPECIFY)	1→b	2 → 1585d	1	2	3			

1585d	Is there a system for **external** quality control for the malaria tests (slide) assessed by this laboratory? IF YES, PROBE FOR SYSTEM USED. CIRCLE ALL THAT APPLY	YES, EXTERNAL INSPECTION/ OBSERVATION OF TECHNIQUE . A SEND SLIDE FOR RE READING . B OTHER _____ . W (SPECIFY) . NO EXTERNAL QUALITY CONTROL Y	→1585j
1585e	CHECK PREVIOUS QUESTION. IS B CIRCLED? IF YES ASK: How do you determine when to send a slide outside for re reading?	YES, SEND EVERY FIXED NUMBER/PERCENT OF SLIDES . 1 YES, BUT NO FIXED NUMBER 2	→1585g
1585f	Please tell me how you decide when to send a malaria slide for re reading.	RECORD CORRECT NUMBER FOR 1 IN Q1585e [ ][ ][ ]	
1585g	Is there a record of the results from the external quality check? IF YES, ASK TO SEE THE RECORD OR REPORT WHERE THE RESULTS ARE RECORDED.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . 2 NO 3	→1585j →1585j
1585h	What is the most recent date for an external quality check test result or error rate?	WITHIN PAST THREE MONTH . . . . 1 WITHIN PAST 4 6 MONTHS . . . . . 2 MORE THAN 6 MONTHS 3	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1585i	What is the most recent error rate that is recorded by external quality control?	PERCENT ERROR RATE . . . . . [ ][ ] DON'T KNOW 98	
1585j	Is there any other system used for quality control of malaria slides?	INTERNAL QUALITY CONTROL . . . . 1 OTHER _____ 2 DESCRIBE NO 3	
1585k	Does this laboratory have a record of malaria test result? IF YES, COUNT THE TOTAL NUMBER OF TEST AND NUMBER OF TESTS POSITIVE IN LAST 7 DAYS	YES, TOTAL NUMBER OF TESTS [ ][ ][ ][ ] YES, TOTAL NUMBER TESTS POSITIVE [ ][ ][ ][ ] NO RECORD 9999	
1585l	How are these test results reported to the requesting health care provider?	PROVIDE RESULT TO PROVIDER . 1 PROVIDER CHECK REGISTER BY THEMSELVES …… …… … … 2 PROVIDE RESULT TO PATIENT/ FAMILY MEMBER …… …… … … 3 OTHER _____ 4 DON'T KNOW .. … …… …… … … 5	
1585m	When was the most recent visit from a supervisor for quality control of malaria slides?	WITHIN PAST 3 MONTH . . . . . 1 WITHIN PAST 4 6 MONTHS . . . . . 2 MORE THAN 6 MONTHS . . . . . 3 NO VISIT 4	

		(a) TEST CONDUCTED		(b) EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?			(c) IS THE ITEM IN WORKING ORDER?		
		Yes	No	OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE NOT TODAY	YES	NO	DON'T KNOW
1586	Indian ink preparation	1→b	2 → 1587	1	2	3			
1587 01	GONORRHEA TESTS	1	2 → 1588						
02	Chocolate agar (culture medium)	1→b	2 → 03	1	2	3			
03	Oxidase reagent	1→b	2 → 04	1	2	3			
04	Thayer Martin or Modified TM or Vancomycin free selective medium (VFSM)	1→b	2 → 1588	1	2	3			
1588 01	GRAM STAIN	1	2 → 1589						
02	Crystal violet or Gentian violet			1	2	3			
03	Lugol's iodine			1	2	3			
04	Acetone or Acetone alcohol			1	2	3			
05	Neutral red, carbol fuchsin, or other counterstain			1	2	3			
1589 01	CHLAMYDIA TEST	1	2 → 1590						
02	Giemsa stain	1→b	2 → 03	1	2	3			
03	Other test for chlamydia_____ (SPECIFY)	1→b	2 → 1590	1	2	3			
1590	Urine microscopy	1→b	2 → 1591	1	2	3			

NO.	QUESTIONS		CODING CATEGORIES	GO TO
1591				
01	Stool microscopy	1 2 → 1592		
02	Formol saline	1 → b 2 → 03	1 2 3	
03	Iodine solution	1 → b 2 → 1592	1 2 3	
1592				
01	TUBERCULOSIS TEST	1 2 → 1592d		
02	Kinyoun or Ziehl Neelson test for AFB	1 → b 2 → 06	1 2 3	
03	Carbol Fuscin	1 → b 2 → 04	1 2 3	
04	20% Sulphuric Acid	1 → b 2 → 05	1 2 3	
05	Methyl blue	1 → b 2 → 06	1 2 3	
06	New rapid test for TB	1 → b 2 → 07	1 2 3	
07	Culture media for TB (Lowenstein Jensen; Ogawa and Middlebrook, BACTEC or MGIT)	1 → b 2 → 08	1 2 3	
08	Fluorochrome stain	1 → b 2 → 09	1 2 3	
09	All items for other tests for TB _____ (SPECIFY)	1 → b 2 → 1592d	1 2 3	
1592d	Is there a system for **external** quality control for the TB Sptum smears assessed by this laboratory? IF YES, PROBE FOR SYSTEM USED. CIRCLE ALL THAT APPLY		YES, EXTERNAL INSPECTION/ OBSERVATION OF TECHNIQUE . A SEND SLIDE FOR RE READING . B OTHER _____ . W (SPECIFY) . NO EXTERNAL QUALITY CONTROL Y	→ 1592j
1592e	CHECK PREVIOUS QUESTION. IS B CIRCLED? IF YES ASK: How do you determine when to send a slide outside for re reading?		YES, SEND EVERY FIXED NUMBER/PERCENT OF SLIDES . . . . . 1 YES, BUT NO FIXED NUMBER 2	→ 1592g
1592f	Please tell me how you decide when to send a TB slide for re reading.		RECORD CORRECT NUMBER FOR 1 IN Q1592e [ ][ ][ ]	
1592g	Is there a record of the results from the external quality check? IF YES, ASK TO SEE THE RECORD OR REPORT WHERE THE RESULTS ARE RECORDED.		YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . 2 NO 3	→ 1592j → 1592j
1592h	What is the most recent date for an external quality check test result or error rate?		WITHIN PAST THREE MONTH . . . . 1 WITHIN PAST 4 6 MONTHS . . . . . 2 MORE THAN 6 MONTHS 3	
1592i	What is the most recent error rate that is recorded by external quality control?		PERCENT ERROR RATE . . . . . [ ][ ] DON'T KNOW 98	
1592j	Is there any other system used for quality control of TB sputum slides?		INTERNAL QUALITY CONTROL . . . . 1 OTHER _____ 2 DESCRIBE NO 3	→ 1593b
1593a	Is there a record of the results from the internal/ other quality check? IF YES, ASK TO SEE THE RECORD OR REPORT WHERE THE RESULTS ARE RECORDED.		YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . 2 NO 3	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1593b	Does this laboratory conduct sensitivity testing for tuberculosis drugs? IF YES ASK OF ALL COMPONENTS ARE AVAILABLE TODAY.	YES, ALL COMPONENTS PRESENT 1 YES, NOT AVAILABLE TODAY 2 NO SENSITIVITY TESTING 3	→1593d
1593c	Is there a written guideline or protocol for TB drug sensitivity testing methods? IF YES, ASK TO SEE IT.	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO 3	
1593d	Does this facility ever send sputum outside the facility for testing?	YES ..... 1 NO 2	
1593e	Does this laboratory have a record of TB test results? IF YES: May I please see the register?	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN .... 2 NO 3	 →1593g →1593g
1593f	When was the last entry in the register for TB test results?	WITHIN 30 DAYS ..... 1 MORE THAN 30 DAYS AGO 2	
1593g	Do you ever send sputum outside for any of the previously mentioned tests?	YES ..... 1 NO 2	 →1594c

1594	INDICATE IF THERE IS AN OBSERVED RECORD OF RESULTS FOR TESTS CONDUCTED OUTSIDE.	(a) SEND BLOOD OUTSIDE FOR TEST YES	(a) NO	(b) RECORD OF TEST RESULTS OBSERVED YES	(b) NO
01	Gram stain	1 → b	2	1	2
02	Indian ink preparation	1 → b	2	1	2
03	Malaria	1 → b	2	1	2
04	Specimen for culture	1 → b	2	1	2

1594c	DO INFECTION PREVENTION CONDITIONS NEED TO BE ASSESSED FOR THIS LABORATORY AREA?	YES ..... 1 NO, LABORATORY ALREADY ASSESSED 2	 →1594i

1594d	ASSESS THE LABORATORY AREA. FOR INFECTION PREVENTION CONDITIONS. INDICATE IF ITEMS LISTED BELOW ARE AVAILABLE IN THE LABORATORY, OR IMMEDIATELY ADJACENT	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED)	1 → 04	2	3
02	OTHER RUNNING WATER (BUCKET WITH TAP OR POUR PITCHER)	1 → 04	2	3
03	WATER IN BUCKET OR BASIN (WATER REUSED)	1	2	3
04	HAND WASHING SOAP	1	2	3
05	SINGLE USE HAND DRYING TOWELS	1	2	3
06	WASTE RECEPTACLE WITH LID AND PLASTIC LINER	1	2	3
07	SHARPS CONTAINER	1	2	3
08	DISPOSABLE LATEX GLOVES	1 → 10	2	3
09	DISPOSABLE NON LATEX GLOVES	1	2	3
10	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 12	2	3
11	DISINFECTANT (NOT YET MIXED)	1	2	3
12	DISPOSABLE NEEDLES	1	2	3
13	AUTO DISABLE SYRINGES	1	2	3
14	DISPOSABLE SYRINGES (3 OR 5 ML)	1	2	3
15	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 1594e	2	3
16	AUDITORY PRIVACY	1	2	3
17	VISUAL PRIVACY	1	2	3

1594e	ARE ALL SURFACE AREAS IN THE LAB AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES ..... 1 NO 2	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1594f	WERE ANY USED NEEDLES OR OTHER SHARPS OBSERVED OUTSIDE OF A SHARPS CONTAINER?	YES . . . . . 1 NO 2	
1594g	WAS THE SHARPS CONTAINER OVERFLOWING, OR WAS THE CONTAINER PIERCED/BROKEN?	YES . . . . . 1 NO . . . . . 2 NO SHARPS CONTAINER 3	
1594h	WERE ANY BANDAGES OR OTHER NON SHARP INFECTIOUS WASTE OBSERVED OUTSIDE OF A COVERED TRASH CONTAINER?	YES, ON FLOOR/SURFACES . . . . 1 YES, IN UNCOVERED CONTAINER 2 NO 3	
1594i	Does this facility have a pathology department or other location where PAP smears or histology exams are carried out? IF YES, ASK TO SPEAK WITH THE PERSON MOST FAMILIAR WITH THE TESTS	YES . . . . . 1 NO 2	→1595b

1594j	Do you have all items today, for performing.	ARE ALL ITEMS FOR TEST AVAILABLE?				
		AVAILABLE TODAY		NORMALLY AVAILABLE NOT TODAY	NO TEST THIS FACILITY	DON'T KNOW
		OBSERVED	REPORTED, NOT SEEN			
01	PAP smears?	1	2	3	4	8
02	Histology?	1	2	3	4	8

1595a	FOR THE BELOW CIRCLE THE RESPONSE THAT BEST REFLECTS THE OVERALL SITUATION FOR ALL LABORATORY AREAS THAT WERE VISITED.	YES	NO
01	**FLOOR:** SWEPT, NO OBVIOUS DIRT OR WASTE	1	2
02	**COUNTERS/TABLES/CHAIRS:** WIPED CLEAN NO OBVIOUS DUST OR WASTE	1	2
03	BROKEN EQUIPMENT, PAPERS, BOXES AROUND MAKING AREA CLUTTERED AND DIRTY	1	2
04	**WALLS:** REASONABLY CLEAN		
05	**DOORS:** NO OR MINOR DAMMAGE	1	2
06	**WALLS:** NO OR MINOR DAMMAGE	1	2
07	**ROOF:** NO OR MINOR DAMMAGE	1	2
08	**ROOMS:** CAN BE LOCKED	1	2

1595b	Does this facility perform diagnostic X rays? IF YES, ASK TO GO TO WHERE THE EQUIPMENT IS LOCATED.	YES . . . . . 1 NO . . . . . 2 INFORMATION ALREADY COLLECTED 3 INFORMATION IN LAB QRE [ ][ ][ ][ ]	→ **END** → **END**

1596	ASK TO SEE THE FOLLOWING EQUIPMENT. IF YOU ARE UNABLE TO SEE AN ITEM, ASK IF IT IS AVAILABLE. FOR EACH ITEM, CIRCLE THE APPROPRIATE CODE:	(b) EQUIPMENT/ITEMS AVAILABLE			(c) ITEM IN WORKING ORDER		
		OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE BUT NOT TODAY	YES	NO	DON'T KNOW
01	X RAY MACHINE	1 → c	2 → c	3 → 02	1	2	8
02	FILM FOR X RAYS	1	2	3			
03	ULTRASOUNT EQUIPMENT	1 → c	2 → c	3 → 04	1	2	8
04	CT SCAN	1 → c	2 → c	3 → END	1	2	8

THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE

SECTION F: MEDICATION AND SUPPLIES

Facility Number: [ ][ ][ ] **Interviewer Code** [ ][ ] QRE TYPE **1 6**

CLINIC/UNIT CODE [ ][ ] Line # [2][0] Unit # [ ][ ] Parent Line #

1600	INDICATE WHICH CLIENTS HAVE ACCESS TO MEDICINES REPORTED IN THIS QRE.	OUTPATIENT ONLY . . . . . 1 INPATIENT ONLY . . . . . 2 BOTH IN AND OUTPATIENT . . 3 AREA LOCKED/NO ACCESS 4 NO MEDICINES STORED IN FACILITY 5	→STOP
1601	MANAGING AUTHORITY GOVERNMENT PUBLIC . . . . . 1 GOVERNMENT NON PUBLIC (POLICE/MILITARY/PRIS . . . . . 2 AGREES . . . . . 3 PRIVATE . . . . . 4 NGO/COMMUNITY 5		
1602	CHECK QUESTION Q1600. IS THE RESPONSE 4', NO ACCESS?	YES . . . . . 1 NO 2	→STOP
1603	RECHECK QUESTIONNAIRE AT THE END OF THIS INTERVIEW AND VERIFY THAT ALL APPLICABLE SECTIONS WERE COMPLETED FOR THIS UNIT. FINALLY, MARK ON FACILITY CHECKLIST EACH QRE COMPLETED FOR THIS UNIT.	APPLICABLE & COMPLETED / NOT APPLICABLE (V)CT Q1605 (A) 1 / 2 ART (Q1605 (B) 1 / 2	

FIND THE PERSON IN CHARGE OF MEDICINES. IF HE/SHE IS NOT PRESENT, ASK TO SEE THE PROVIDER MOST KNOWLEDGEABLE ABOUT PHARMACEUTICAL PROCEDURES.

IF THE PROVIDER IS DIFFERENT FROM THE PREVIOUS RESPONDENT, INTRODUCE YOURSELF, BRIEFLY. EXPLAIN THE PURPOSE OF YOUR VISIT, AND ASK IF HE/SHE WOULD BE WILLING TO ANSWER A FEW QUESTIONS ABOUT REPORTS COMPILED BY THE FACILITY. IF IN AGREEMENT, READ THE INTRODUCTORY CONSENT FORM BELOW.
IF THE RESPONDENT HAS ALREADY BEEN INTERVIEWED FOR A PREVIOUS SECTION, CIRCLE NUMBER 1 (YES) IN Q1604 BELOW AND GO ON TO Q1605.

FIND THE MANAGER OR MOST SENIOR HEALTH WORKER RESPONSIBLE FOR THE PHARMACEUTICALS WHO IS PRESENT TODAY. READ THE FOLLOWING GREETING:
Hello. My name is _____. We are here on behalf of **the National Institute of Statistics, Republic of Rwanda** to assist the government in knowing more about health services.
Now I will read a statement explaining the survey.

Your facility was randomly selected to participate in this study. We will be asking you questions about various medicines and pharmaceutical practices for this facility. We will ask to see various reports and records for pharmaceuticals. No patient names from registers will be reviewed, recorded, or shared. The information about your facility may be used by the MOH and organizations supporting services in your facility, for planning service improvement or further studies of health services. The data collected from your facility may also be provided to researchers for analyses, however, the name of your facility will not be provided, and any reports tha unit will only present information in aggregate form so that your facility can not be identified.
We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person.
You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed?

_____ _____
Interviewer's signature Date
SIGNATURE OF INTERVIEWER INDICATING INFORMED CONSENT WAS PROVIDED.

1604	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	→STOP

NO	MEDICATION/SUPPLY ITEM	CODING CATEGORIES	
1605	Is counseling related to HIV/AIDS ever provided by staff from this medicine storage area? By counseling, I mean providing information and support other than telling clients how to take the medicines you provide.	YES, GENERAL COUNSELING RELATED TO HIV/AIDS . . . . . A YES, ADHERENCE COUNSELING FOR ART . . . . . B NO COUNSELING . . . . . Y	QRE:VCT QRE:ART
1606	Is there a register or stock cards where the amount of each medicine received, the amount disbursed, and the amount present today is recorded? IF YES, ASK: May I see the records?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3	→1609
1607	Is the stock maintenance system computerized?	YES . . . . . 1 NO 2	
1608	CIRCLE THE RESPONSE THAT BEST DESCRIBES THE SYSTEM IN PREVIOUS QUESTION.	STOCK RECORDS UPDATED DAY ITEM RECEIVED/DISBURSED 1 STOCK RECORDS NOT ALWAYS UPDATED WHEN ITEM DIS BURSED, BUT RECORD OF RECEIVED/DISTRIBUTED ITEMS OBSERVED . . . . . 2 OTHER _____ . . . . . 6 (SPECIFY)	
1608a	Do you use the coartem official reporting forms? IF YES TO SEE A COPY	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	

ASK TO SEE THE FOLLOWING MEDICATIONS AND SUPPLIES. IF THE ITEM IS LOCATED IN A DIFFERENT PART OF THE FACILITY, GO THERE TO OBSERVE IT. IF YOU ARE UNABLE TO SEE AN ITEM, ASK IF IT IS AVAILABLE. FOR EACH ITEM, CIRCLE THE APPROPRIATE CODE: FOR ALL ITEMS THAT ARE OBSERVED, ASK IF THERE HAS BEEN ANY STOCK OUT (NONE OF THE MEDICINE AVAILABLE) DURING THE LAST SIX MONTHS

1609	GENERAL MEDICINES	(a) AVAILABILITY OF MEDICINES						(b) OUT OF STOCK IN LAST SIX MONTHS		
		OBSERVED AVAILABLE			NOT OBSERVED					
	CHECK INVENTORY	ALL VALID	AT LEAST ONE VALID	AVAILABLE BUT NONE VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAIL-ABLE TODAY/DK	NEVER AVAIL-ABLE	YES	NO	DK
01	Acetaminophen/ paracetamol (oral)		2 → b	3 02	4 02	5 02	6 02	1	2	8
02	Acetylsalicylic acid/ aspirin (oral)		2 → b	3 03	4 03	5 03	6 03	1	2	8
03	Acyclovir (ophthalmic)		2 → b	3 04	4 04	5 04	6 04	1	2	8
04	Acyclovir (oral)		2 → b	3 05	4 05	5 05	6 05	1	2	8
05	Albendazole (oral)		2 → b	3 06	4 06	5 06	6 06	1	2	8
06	Amoxicillin (amoxil)	1 → b	2 → b	3 07	4 07	5 07	6 07	1	2	8
07	Amoxicillin/clavulanate (Augmentin) (oral)		2 → b	3 08	4 08	5 08	6 08	1	2	8
08	Amoxicillin (inj)	1 → b	2 → b	3 09	4 09	5 09	6 09	1	2	8
09	Ampicillin (inj)	1 → b	2 → b	3 10	4 10	5 10	6 10	1	2	8
10	Ampicillin (oral)	1 → b	2 → b	3 11	4 11	5 11	6 11	1	2	8
11	Amphotericin B (inj)		2 → b	3 12	4 12	5 12	6 12	1	2	8
12	Bleomycin (Inj)		2 → b	3 13	4 13	5 13	6 13	1	2	8

NO	MEDICATION/SUPPLY ITEM	CODING CATEGORIES								
	GENERAL MEDICINES	(a) AVAILABILITY OF MEDICINES						(b) OUT OF STOCK IN LAST SIX MONTHS		
		OBSERVED AVAILABLE			NOT OBSERVED					
	CHECK INVENTORY	ALL VALID	AT LEAST ONE VALID	AVAILABLE BUT NONE VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAIL-ABLE TODAY/DK	NEVER AVAIL-ABLE	YES	NO	DK
13	Cefalexin (oral)		2 → b	3 14	4 14	5 14	6 14	1	2	8
14	Cefotaxime (Inj)		2 → b	3 15	4 15	5 15	6 15	1	2	8
15	Ceftriaxone (Rocephin)(inj)	1 → b	2 → b	3 16	4 16	5 16	6 16	1	2	8
16	Chloramphenicol (oral)	1 → b	2 → b	3 17	4 17	5 17	6 17	1	2	8
17	Chloramphenicol (inj)	1 → b	2 → b	3 18	4 18	5 18	6 18	1	2	8
18	Cidofovir		2 → b	3 19	4 19	5 19	6 19	1	2	8
19	Cidovar	1 → b	2 → b	3 20	4 20	5 20	6 20	1	2	8
20	Ciprofloxacin (oral)		2 → b	3 21	4 21	5 21	6 21	1	2	8
21	Clarithromycin (Biaxin) (oral)		2 → b	3 22	4 22	5 22	6 22	1	2	8
22	Clindamycin (oral or inj)		2 → b	3 23	4 23	5 23	6 23	1	2	8
23	Clotrimazole (topical)		2 → b	3 24	4 24	5 24	6 24	1	2	8
24	Clotrimazole (vaginal supp)		2 → b	3 25	4 25	5 25	6 25	1	2	8
25	Codein (oral)		2 → b	3 26	4 26	5 26	6 26	1	2	8
26	Co trimoxazole (oral)		2 → b	3 27	4 27	5 27	6 27	1	2	8
27	Cloxacillin (oral)		2 → b	3 28	4 28	5 28	6 28	1	2	8
28	Cloxacillin (inj)		2 → b	3 28	4 28	5 28	6 28	1	2	8
29	Dapsone (oral)		2 → b	3 30	4 30	5 30	6 30	1	2	8
30	Dexamethasone (oral)		2 → b	3 31	4 31	5 31	6 31	1	2	8
31	Dexamethasone (inj)		2 → b	3 32	4 32	5 32	6 32	1	2	8
32	Diazepam (oral)		2 → b	3 33	4 33	5 33	6 33	1	2	8
33	Diazepam (inj) (Valium)		2 → b	3 34	4 34	5 34	6 34	1	2	8
34	Diclofenac (oral or inj)		2 → b	3 35	4 35	5 35	6 35	1	2	8
35	Dipyrone (inj) (Novalgin)		2 → b	3 36	4 36	5 36	6 36	1	2	8
36	Diphenoxylate (lomotil) (oral)		2 → b	3 37	4 37	5 37	6 37	1	2	8
37	Doxycycline (oral)	1 → b	2 → b	3 38	4 38	5 38	6 38	1	2	8
38	Ergometrine or methergine Oral)		2 → b	3 39	4 39	5 39	6 39	1	2	8
39	Syntocin or oxytocin (inj)		2 → b	3 40	4 40	5 40	6 40	1	2	8

NO	MEDICATION/SUPPLY ITEM	CODING CATEGORIES								
	GENERAL MEDICINES	(a) AVAILABILITY OF MEDICINES						(b) OUT OF STOCK IN LAST SIX MONTHS		
		OBSERVED AVAILABLE			NOT OBSERVED					
	CHECK INVENTORY	ALL VALID	AT LEAST ONE VALID	AVAILABLE BUT NONE VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAIL-ABLE TODAY/DK	NEVER AVAIL-ABLE	YES	NO	DK
40	Erythromycin (oral)	1 → b	2 → b	3 41	4 41	5 41	6 41	1	2	8
41	Famciclovir		2 → b	3 42	4 42	5 42	6 42	1	2	8
42	Fluconazole (oral or inj)		2 → b	3 43	4 43	5 43	6 43	1	2	8
43	Folic Acid (oral)		2 → b	3 44	4 44	5 44	6 44	1	2	8
44	Ganciclovir (oral or inj)		2 → b	3 45	4 45	5 45	6 45	1	2	8
45	Gentamicin (inj)		2 → b	3 46	4 46	5 46	6 46	1	2	8
46	Gentian Violet (GV paint)		2 → b	3 47	4 47	5 47	6 47	1	2	8
47	Ibuprofen (oral)		2 → b	3 48	4 48	5 48	6 48	1	2	8
48	Indomethacin (suppository)		2 → b	3 49	4 49	5 49	6 49	1	2	8
49	Iron tablets (oral)		2 → b	3 50	4 50	5 50	6 50	1	2	8
50	Iron tablets with folic		2 → b	3 51	4 51	5 51	6 51	1	2	8
51	Itraconazole (oral)		2 → b	3 52	4 52	5 52	6 52	1	2	8
52	Kanamycin (inj)	1 → b	2 → b	3 53	4 53	5 53	6 53	1	2	8
53	Ketoconazole (oral or topical)	1 → b	2 → b	3 54	4 54	5 54	6 54	1	2	8
54	Loperamide (immodium) (oral)	1 → b	2 → b	3 55	4 55	5 55	6 55	1	2	8
55	Magnesium sulfate (inj)		2 → b	3 56	4 56	5 56	6 56	1	2	8
56	Mebendazole (oral)		2 → b	3 57	4 57	5 57	6 57	1	2	8
57	Methyldopa (aldomet) (oral)		2 → b	3 58	4 58	5 58	6 58	1	2	8
58	Metronidazole intravenous		2 → b	3 59	4 59	5 59	6 59	1	2	8
59	Metronidazole (oral)		2 → b	3 60	4 60	5 60	6 60	1	2	8
60	Miconazole (vaginal supp)	1 → b	2 → b	3 61	4 61	5 61	6 61	1	2	8
61	Miconazole cream		2 → b	3 62	4 62	5 62	6 62	1	2	8
62	Morphine (oral)		2 → b	3 63	4 63	5 63	6 63	1	2	8
63	Multivitamins (oral)		2 → b	3 64	4 64	5 64	6 64	1	2	8
64	Nalidixic acid (oral)		2 → b	3 65	4 65	5 65	6 65	1	2	8
65	Nitrofurantoin (oral)		2 → b	3 66	4 66	5 66	6 66	1	2	8

NO	MEDICATION/SUPPLY ITEM	CODING CATEGORIES								
	GENERAL MEDICINES	(a) AVAILABILITY OF MEDICINES						(b) OUT OF STOCK IN LAST SIX MONTHS		
		OBSERVED AVAILABLE			NOT OBSERVED					
	CHECK INVENTORY	ALL VALID	AT LEAST ONE VALID	AVAILABLE BUT NONE VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAIL-ABLE TODAY/DK	NEVER AVAIL-ABLE	YES	NO	DK
66	Nitrofurazone (ointment)		2 → b	3 67	4 67	5 67	6 67	1	2	8
67	Norfloxacin (oral)	1 → b	2 → b	3 68	4 68	5 68	6 68	1	2	8
68	Nystatin (oral)	1 → b	2 → b	3 69	4 69	5 69	6 69	1	2	8
69	Nystatin (vaginal supp.)	1 → b	2 → b	3 70	4 70	5 70	6 70	1	2	8
70	Oral rehydration salts	1 → b	2 → b	3 71	4 71	5 71	6 71	1	2	8
71	Penicillin, Benzathine (inj)		2 → b	3 72	4 72	5 72	6 72	1	2	8
72	Penicillin Benzyl (inj)	1 → b	2 → b	3 73	4 73	5 73	6 73	1	2	8
73	Penicillin, procaine (inj)	1 → b	2 → b	3 74	4 74	5 74	6 74	1	2	8
74	Penicillin V (oral)	1 → b	2 → b	3 75	4 75	5 75	6 75	1	2	8
75	Phenobarbital (oral or inj)	1 → b	2 → b	3 76	4 76	5 76	6 76	1	2	8
76	Prednisolone (or other steroid) (oral)		2 → b	3 77	4 77	5 77	6 77	1	2	8
77	Silver nitrate eye drop		2 → b	3 78	4 78	5 78	6 78	1	2	8
78	Spectinomycin, inj		2 → b	3 79	4 79	5 79	6 79	1	2	8
79	Sulfadiazine (oral)	1 → b	2 → b	3 80	4 80	5 80	6 80	1	2	8
80	Tetracycline (oral)		2 → b	3 81	4 81	5 81	6 81	1	2	8
81	Tetracycline eye ointment		2 → b	3 82	4 82	5 82	6 82	1	2	8
82	Tinidazole (oral)		2 → b	3 83	4 83	5 83	6 83	1	2	8
83	Valganciclovir		2 → b	3 84	4 84	5 84	6 84	1	2	8
84	Vincristine (inj)		2 → b	3 85	4 85	5 85	6 85	1	2	8
85	Vitamin A (25,000 or 50,000 iu)		2 → b	3 86	4 86	5 86	6 86	1	2	8
86	Vitamin A (10,000iu)		2 → b	3 87	4 87	5 87	6 87	1	2	8
87	Vitamin B6 (pyridoxine) (oral)		2 → b	3 88	4 88	5 88	6 88	1	2	8
88	Other B vitamins (oral)		2 → b	3 89	4 89	5 89	6 89	1	2	8
89	Xylocaine or lidocaine 1% or 2% (inj)		2 → b	3 90	4 90	5 90	6 90	1	2	8
90	Vitamin K (inj)		2 → b	3 1610	4 1610	5 1610	6 1610	1	2	8

NO	MEDICATION/SUPPLY ITEM	CODING CATEGORIES								
1610	**ANTIMALARIALS**	(a) AVAILABILITY OF MEDICINES						(b) OUT OF STOCK IN LAST SIX MONTHS		
		OBSERVED AVAILABLE			NOT OBSERVED					
		ALL VALID	AT LEAST ONE VALID	AVAILABLE BUT NONE VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAIL-ABLE TODAY/DK	NEVER AVAIL-ABLE	YES	NO	DK
01	Artemisinin (Tabs) (Artesunate, Cotexin, Arinate)	1 → b	2 → b	3 02	4 02	5 02	6 02	1	2	8
02	Artemether Lumefantrin (Tabs) (COARTEM)	1 → b	2 → b	3 03	4 03	5 03	6 03	1	2	8
03	Sulfadoxin+Pyrimethamine Fansidar,Metakelfin,Oradar)	1 → b	2 → b	3 04	4 04	5 04	6 04	1	2	8
04	Quinine (Tabs)	1 → b	2 → b	3 05	4 05	5 05	6 05	1	2	8
05	Quinine (inj)	1 → b	2 → b	3 06	4 06	5 06	6 06	1	2	8
06	Quinine Mixture	1 → b	2 → b	3 07	4 07	5 07	6 07	1	2	8
07	Chloroquine (Tabs)	1 → b	2 → b	3 08	4 08	5 08	6 08	1	2	8
08	Chloroquine (Syrup)	1 → b	2 → b	3 09	4 09	5 09	6 09	1	2	8
09	Chloroquine (inj)	1 → b	2 → b	3 10	4 10	5 10	6 10	1	2	8
10	Amodiaquine (Tabs)	1 → b	2 → b	3 11	4 11	5 11	6 11	1	2	8
11	Artemether (IM)	1 → b	2 → b	3 12	4 12	5 12	6 12	1	2	8
12	Coartem blister pack (1 tablet)	1 → b	2 → b	3 13	4 13	5 13	6 13	1	2	8
13	Coartem blister pack (2 tablet)	1 → b	2 → b	3 14	4 14	5 14	6 14	1	2	8
14	Coartem blister pack (3 tablet)	1 → b	2 → b	3 15	4 15	5 15	6 15	1	2	8
15	Coartem blister pack (4 tablet)	1 → b	2 → b	3 16	4 16	5 16	6 16	1	2	8
16	Other _____ (SPECIFY)	1 → b	2 → b	3 1611	4 1611	5 1611	6 1611	1	2	8

NO	MEDICATION/SUPPLY ITEM	CODING CATEGORIES								
1611	**TUBERCULOSIS**									
01	Ethambutol (oral)		2 → b	3 → 02	4 → 02	5 → 02	6 → 02	1	2	8
02	Isoniazid (oral)		2 → b	3 → 03	4 → 03	5 → 03	6 → 03	1	2	8
03	Pyrazinamide (oral)		2 → b	3 → 04	4 → 04	5 → 04	6 → 04	1	2	8
04	Rifampicin (oral)		2 → b	3 → 05	4 → 05	5 → 05	6 → 05	1	2	8
05	Streptomycin (inj)		2 → b	3 → 06	4 → 06	5 → 06	6 → 06	1	2	8
06	Isoniazid + rifampicin (Rifina) (Adult formulation)		2 → b	3 → 07	4 → 07	5 → 07	6 → 07	1	2	8
07	Isoniazid + rifampicin (Rifina) (Pediatric formulation)		2 → b	3 → 08	4 → 08	5 → 08	6 → 08	1	2	8
08	Isoniazid+rifampicin+ pyrazinamide (RHZ, Rifater)		2 → b	3 → 09	4 → 09	5 → 09	6 → 09	1	2	8
09	Isoniazid + ethambutol (EH)		2 → b	3 → 10	4 → 10	5 → 10	6 → 10	1	2	8
10	RHZ/E or 4FDC (INH, Ethambutol, pyrazinamide, rifampicin)	1 → b	2 → b	3 → 11	4 → 11	5 → 11	6 → 11	1	2	8
11	Other _____ (SPECIFY)		2 → b	3 → 1612	4 → 1612	5 → 1612	6 → 1612	1	2	8
1612	**INTRAVENOUS SOLUTION** CHECK INVENTORY	(a) AVAILABILITY OF MEDICINES						(b) OUT OF STOCK IN LAST SIX MONTHS		
		OBSERVED AVAILABLE			NOT OBSERVED					
		ALL VALID	AT LEAST ONE VALID	AVAILABLE BUT NONE VALID	REPORTED AVAILABLE, NOT SEEN	NOT AVAIL-ABLE TODAY/DK	NEVER AVAIL-ABLE	YES	NO	DK
01	Normal Saline (0.9%NS)		2 → b	3 → 02	4 → 02	5 → 02	6 → 02	1	2	8
02	Dextrose and Normal Saline (D5NS)		2 → b	3 → 03	4 → 03	5 → 03	6 → 03	1	2	8
03	Ringers Lactate	1 → b	2 → b	3 → 04	4 → 04	5 → 04	6 → 04	1	2	8
04	Plasma Expander	1 → b	2 → b	3 → 1613	4 → 1613	5 → 1613	6 → 1613	1	2	8
1613	**OTHER**									
01	Infant formula		2 → b	3 → 02	4 → 02	5 → 02	6 → 02	1	2	8
02	Fortified protein supplement		2 → b	3 → 03	4 → 03	5 → 03	6 → 03	1	2	8
03	Male condom		2 → b	3 → 04	4 → 04	5 → 04	6 → 04	1	2	8
04	Female condom		2 → b	3 → 1614	4 → 1614	5 → 1614	6 → 1614	1	2	8

NO	MEDICATION/SUPPLY ITEM	CODING CATEGORIES	
1614	OBSERVE THE PLACE WHERE MEDICINES ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OR EACH OF THE FOLLOWING CONDITIONS.		
01	ARE THE MEDICINES OFF THE FLOOR? IF YES ESTIMATE THE GAP BETWEEN CONTAINER AND THE FLOOR	10 CM + ... 1 < 10 CM . . . . . 2 NO 8	
02	ARE THE MEDICINES PROTECTED FROM WATER?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
03	ARE THE MEDICINES PROTECTED FROM SUN?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC.).	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
05	THE GAP BETWEEN CONTAINER AND THE WALL AT ALL SIDES ARE	30 CM + ... 1 < 30 CM 2	
1615	Does the pharmacy separate damaged and/or expired items from the usable products, and remove them from the inventory? IF YES, ASK TO SEE EVIDENCE OF EACH OF THE INDICATED PRACTICES AND ALL THAT WERE OBSERVED.	**YES, DAMMAGED/EXPIRED ITEM** REMOVED FROM INVENTORY A REMOVED FROM SHELVES AND NO EXPIRED ITEMS PRESENT B EXPIRED ITEMS OBSERVED C NO . . . . . Y	
1616	ASK IF THERE IS A THERMOMETER FOR THE ROOM AND RECORD THE TEMPERATURE AT THE TIME OF THE SURVEY	TEMPERATURE CENTEGRADE [ ][ ] NO FUNCTIONING THERMOMETER PRESENT 98	
1617	Is there a functioning refrigerator, separate from one used for vaccines, that is used to store some medicines, or reconstituted vials? IF YES, ASK TO SEE THE REFRIGERATOR	OBSERVED, FUNCTIONING . . . . . 1 OBSERVED, NOT FUNCTIONING 2 REPORTED, NOT SEEN . . . . . 3 → 1618 USE VACCINE FRIDGE . . . . . 4 NO REFRIGERATOR FOR MEDICINES . . . . . 5 → 1618	
1617a	CHECK THE LOCATION OF THE REFRIGERATOR	IN THE MEDICINE STORAGE AREA AND MEDICINES ARE < 1 M FROM THE FRIDG . . . . . 1 ≥ 1 M FROM THE FRIDG . . . . . 2 OUTSIDE THE MEDICINE STO RAGE AREA 3	
1618	LOOK AT THE STORAGE AREA AND CIRCLE ALL THAT APPLY	STORAGE AREA CAN BE LOCKED . . . . . A THERE IS LIMITED ACCESS . . . . . B DOORS SOLID . . . . . C WINDOWS HAVE BARS OR SHUTTERS . . . . . D NO SECURITY OBSERVED . . . . . Y	
1619	When was the last time that you received a routine supply of medicines, either that you ordered, or that is part of your routine supply system?	WITHIN PRIOR 4 WEEKS . . . . . 1 BETWEEN 4 12 WEEKS . . . . . 2 MORE THAN 12 WEEKS AGO . . . . . 3 NO ROUTINE SUPPLY SYSTEM . . 4 DON'T KNOW 8	
1620	Does this facility determine the quantity of each medicine that it needs and order that, or is the quantity that you receive determined elsewhere?	DETERMINES OWN NEED AND ORDERS . . . . . 1 → 1623 NEED DETERMINED ELSEWHERE . . . . . 2 BOTH (DIFFERS BY MEDICINE) 3 DON'T KNOW . . . . . 8 → 1626	

NO	MEDICATION/SUPPLY ITEM	CODING CATEGORIES	
1621	Do you always receive a standard fixed quantity for each medicine received or does the quantity you receive vary according to recent need or activity level?	QUANTITY BASED ON ACTIVITY LEVEL . . . . . 1 STANDARD FIXED SUPPLY . . 2 DON'T KNOW 8	
1622	CHECK Q1620 TO SEE IF "3" (BOTH) IS CIRCLED. YES ☐ NO ☐ → 1626		
1623	Routinely, when you order medicines, which best describes the system you use to determine ***how much*** of each to order? Do you: - **Review** the amount of each medicine remaining, and order to bring the stock amount to a pre determined (fixed) amount? - **Order** exactly the same quantity each time, regardless of the existing stock? - **Review** the amount of each method used since the previous order, and plan based on prior consumption and expected future activity? - **Other** _____ (SPECIFY) - Don't know	ORDER TO MAINTAIN FIXED STOCK . . . . . 1 ORDER SAME AMOUNT . . . . . 2 ORDER BASED ON CONSUMPTION . . . . . 3 OTHER . . . . . 6 DON'T KNOW 8	
1624	Which of the following best describes the routine system for deciding ***when*** to order medicines? Do you: - **Place** order whenever stock levels fall to a predetermined level? - **Have** a fixed time that orders are submitted? IF YES, INDICATE THE NORMAL FIXED TIME FOR SUBMITTING ORDERS. - **Place** an order whenever there is believed to be a need, regardless of stock level? - **Other** _____ (SPECIFY) - Don't know	PREDETERMINED LEVEL . . 1 FIXED TIME . . . . . 2 EVERY ☐☐ WEEKS ORDER WHEN NEEDED . . . . . 3 OTHER . . . . . 6 DON'T KNOW 8	
1625	On average, how long does it take to receive your supplies after you have placed an order?	UNDER 4 WEEKS 1 BETWEEN 4 TO 8 WEEKS 2 OVER 8 WEEKS 3	
1626	If there is a shortage of a specific medicine between routine orders, what is the most common procedure followed by this facility? - Submit special order to normal supplier - Facility purchases from private market - Clients must purchase from outside the facility.	SPECIAL ORDER . . . . . 1 FACILITY PURCHASE . . . . . 2 CLIENT PURCHASE OUTSIDE . . 3	
1627	During the past 6 months, have you always, not always, but often, or almost never received the amount of each medicine that you ordered (or that you are supposed to routinely receive)?	ALWAYS . . . . . 1 OFTEN . . . . . 2 ALMOST NEVER 3	

NO	MEDICATION/SUPPLY ITEM	CODING CATEGORIES	
1628	What is the source of your medicines and supplies, ***excluding antiretrovirals?***	CENTRAL MEDICAL STORES ..... A LOCAL WAREHOUSE ..... B NGO/DONORS ..... C PRIVATE SOURCES _____ D (SPECIFY) PRIVATE SOURCES _____ E (SPECIFY)	
1629	Does this facility stock any antiretroviral medicines? IF YES, CLARIFY THE PURPOSE OF THE ANTIRETROVIRAL MEDICINES AND CIRCLE ALL THAT APPLY.	YES, FOR HIV/AIDS TREATMENT A YES, FOR PEP ..... B YES, FOR PMTCT ..... C NO ..... Y	→ 1648
1630	What is the source of your antiretrovirals?	CENTRAL MEDICAL STORES ..... A LOCAL WAREHOUSE ..... B NGO/DONORS ..... C PRIVATE SOURCES _____ D (SPECIFY) PRIVATE SOURCES _____ E (SPECIFY)	
1631	GO TO THE MAIN STORAGE AREA WHERE ARVS ARE STORED AND DESCRIBE THE STORAGE OF THE ARVS ARE THE ARVS STORED SEPARATE FROM OTHER MEDICINES OR SUPPLIES?	STORED ALONE ..... 1 STORED IN MAIN PHARMACY W/ NON ARVS ..... 2 STORED OUTSIDE MAIN PHARM. WITH NON ARVS 3 OTHER _____ 6 (SPECIFY)	→1635
1632	OBSERVE THE PLACE WHERE ARVS ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OR EACH OF THE FOLLOWING CONDITIONS.		
01	ARE THE ARVS OFF THE FLOOR?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
02	ARE THE ARVS PROTECTED FROM WATER?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
03	ARE THE ARVS PROTECTED FROM SUN?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC.).	YES ..... 1 NO ..... 2 DON'T KNOW 8	
1633	ASK IF THERE IS A THERMOMETER FOR THE ROOM AND RECORD THE TEMPERATURE AT THE TIME OF THE SURVEY	TEMPERATURE CENTEGRADE ..... [ ][ ] NO FUNCTIONING THERMOMETER PRESENT . 98	
1634	LOOK AT THE STORAGE AREA AND CIRCLE ALL THAT APPLY	STORAGE AREA CAN BE LOCKED ..... A THERE IS LIMITED ACCESS ..... B DOORS SOLID ..... C WINDOWS HAVE BARS OR SHUTTERS ..... D NO SECURITY OBSERVED ..... Y	

NO	MEDICATION/SUPPLY ITEM	CODING CATEGORIES	
1635	Are antiretroviral medicines for PEP stored in the same area as ARVs for treatment? IF YES, ASK TO SEE THE PEP MEDICINES.	YES . . . . . 1 NO 2	→1639
1636	RECORD WHICH MEDICINES ARE PRESENT FOR PEP	ZIDOVUDINE (ZDV or AZT) . . . . . A LAMIVUDINE (3TC) . . . . . B STAVUDINE (d4T) . . . . . C DINADOSINE (ddI) . . . . . D EFAVIRENZ (EFZ) . . . . . E NELFINAVIR (NFV) . . . . . F LOPINAVIR RITONAVIR . . . . . G OTHER ARV _____ H (SPECIFY) OTHER ARV _____ I (SPECIFY) OTHER ARV _____ J (SPECIFY) NONE . . . . . Y	→1639
1637	DESCRIBE THE STORAGE OF THE PEP MEDICINES. ARE THE PEP MEDICINES STORED IN A LOCKED STORAGE UNIT AND SEPARATE FROM OTHER MEDICINES OR SUPPLIES?	STORED ALONE . . . . . 1 STORED WITH OTHER ARVS APART FROM OTHER MEDS 2 STORED WITH NON ARV MEDICINES . . . . . 3 OTHER _____ . . . . . 6 (SPECIFY)	
1638	DESCRIBE THE SECURITY FOR THE PEP MEDICINES.	LOCKED APART FROM OTHER MEDS AND ARVS . . . . . 1 LOCKED, LIMITED ACCESS SITE 2 UNLOCKED OR NO LIMITED ACCESS 3	
1639	When was the last time that you received a routine supply of ARVs, either that you ordered, or that is part of your routine supply system?	WITHIN PRIOR 4 WEEKS . . . . . 1 BETWEEN 4 12 WEEKS . . . . . 2 MORE THAN 12 WEEKS AGO . . . . . 3 NO ROUTINE SUPPLY SYSTEM 4 DON'T KNOW 8	
1640	Does this facility determine the quantity of each ARV that it needs and order that, or is the quantity that you receive determined elsewhere?	DETERMINES OWN NEED AND ORDERSAND ORDERS 1 NEED DETERMINED . . . . . ELSEWHEREELSEWHERE 2 BOTH (DEPENDS ON ARV) 3 DON'T KNOW 8	→ 1643 → 1646
1641	Do you always receive a standard fixed quantity for each medicine received or does the quantity you receive vary according to recent need or activity level?	QUANTITY BASED ON ACTIVITY LEVEL . . . . . 1 STANDARD FIXED SUPPLY . . 2 DON'T KNOW 8	
1642	CHECK Q1640 TO SEE IF "3" (BOTH) IS CIRCLED. YES ☐ NO ☐		→ 1646
1643	Routinely, when you order ARVs, which best describes the system you use to determine ***how much*** of each to order? Do you: - **Review** the amount of each ARV remaining, and order to bring the stock amount to a pre determined (fixed) amount? - **Order** exactly the same quantity each time, regardless of the existing stock? - **Review** the amount of each ARV used since the previous order, and plan based on prior consumption and expected future activity? - **Other** _____ (SPECIFY) - Don't know	ORDER TO MAINTAIN FIXED STOCK . . . . . 1 ORDER SAME AMOUNT . . . . . 2 ORDER BASED ON CONSUMPTION . . . . . 3 OTHER . . . . . 6 DON'T KNOW 8	

NO	MEDICATION/SUPPLY ITEM	CODING CATEGORIES	
1644	Which of the following best describes the routine system for deciding ***when*** to order ARVs? Do you: - **Place** order whenever stock levels fall to a predetermined level? - **Have** a fixed time that orders are submitted? IF YES, INDICATE THE NORMAL FIXED TIME FOR SUBMITTING ORDERS. - **Place** an order whenever there is believed to be a need, regardless of stock level? - **Other** _____ (SPECIFY) - Don't know	PREDETERMINED LEVEL .. 1 FIXED TIME ..... 2 EVERY [ ][ ] WEEKS ORDER WHEN NEEDED ..... 3 OTHER ..... 6 DON'T KNOW 8	
1645	On average, how long does it take to receive your ARV supplies after you have placed an order?	UNDER 4 WEEKS ..... 1 BETWEEN 4 TO 8 WEEKS ..... 2 OVER 8 WEEKS 3	
1646	If there is a shortage of a **specific ARV** between **routine orders**, what is the most common procedure followed by this facility? - Submit special order to normal supplier - Facility purchases from private market - Clients must purchase from outside the facility.	SPECIAL ORDER ..... 1 FACILITY PURCHASE ..... 2 CLIENT PURCHASE OUTSIDE .. 3	
1647	During the past 6 months, have you always, not always, but often, or almost never received the amount of each ARV that you ordered (or that you are supposed to routinely receive)?	ALWAYS ..... 1 OFTEN ..... 2 ALMOST NEVER 3	

NO	MEDICATION/SUPPLY ITEM	CODING CATEGORIES					
1648	Finally, I would like to see supplies that you have in stock. Please show me the following stock supply items:	a			b		
		OBSERVED	REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	OUT OF STOCK IN LAST SIX MONTHS		
					YES	NO	DK
01	Disposable needles (19 or 21 guage)	1 →b	2 → 02	3 → 02	1	2	8
02	Disposable syringes (2 or 3 ml)	1 →b	2 → 03	3 → 03	1	2	8
03	Disposable syringes 5 ml	1 →b	2 → 04	3 → 04	1	2	8
04	Autodisable syringes	1 →b	2 → 05	3 → 05	1	2	8
05	Infusion sets for intravenous solution	1 →b	2 → 06	3 → 06	1	2	8
06	Cannulae for intravenous	1 →b	2 → 07	3 → 07	1	2	8
07	Clean non latex, gloves	1 →b	2 → 08	3 → 08	1	2	8
08	Clean latex gloves	1 →b	2 → 09	3 → 09	1	2	8
09	Sterile latex gloves	1 →b	2 → 10	3 → 10	1	2	8
10	Spinal tap/lumbar puncture kits	1 →b	2 → 11	3 → 11	1	2	8
11	Disinfectant for cleaning surfaces (bleach or other cleaning solution such as chlorine or chlorhexidine)	1 →b	2 → 12	3 → 12	1	2	8
12	Hand washing soap	1 →b	2 → 13	3 → 13	1	2	8
13	Insecticide treated bed net (re treated bednet)	1 →b	2 → 14	3 → 14	1	2	8
14	Insecticide treated bed net (long lasting prre treated bednet)	1 →b	2 → 15	3 → 15	1	2	8
15	Sharps boxes/containers	1 →b	2 → **1649**	3 → **1649**	1	2	8

1649 — **VALIDATION OF COMMODITY**

	PRODUCT	A: Unit of measure T, V, P	B: Product normally carried or stocked at this facility	C: Valid expiration date on all units present today	D: tems stored by date of expiration	E: Stock card Available	F: NUMBER AVA LABLE MATCHES STOCK RECORD	G: Variation stock and store	H: Any Zero balance observed for the past six months	I: Review information (recorded on stock records only)* for the past 6 months and record — Amount received	J: Amount disbursed	K: Balance today	L: Months of data reviewed 0-6 mo
		P=Pack, T=Tabs, V=vials,	Y=Yes N=No	Y=Yes N=No U=**	Y=Yes N=No	Y=Yes N=No	Y=Yes N=No		Y=Yes N=No				
01	Artesunate/Lumefantrine (Coartem)	P T A	O N	O N P	O N	O N 02	O N		O N				
02	Artesunate	P T A	O N	O N P	O N	O N 03	O N		O N				
03	Amodiaquine	P T A	O N	O N P	O N	O N 04	O N		O N				
04	Artesunate + Amodiaquine	P T A	O N	O N P	O N	O N 05	O N		O N				
05	Ciprofloxaxin	P T A	O N	O N P	O N	O N 06	O N		O N				
06	Doxyclycline	P T A	O N	O N P	O N	O N 07	O N		O N				
07	Benzyl Penicillin	P T A	O N	O N P	O N	O N 08	O N		O N				
08	Procaine Penicillin	P T A	O N	O N P	O N	O N 09	O N		O N				
09	Cotrimoxazole	P T A	O N	O N P	O N	O N 10	O N		O N				
10	Cotrimoxazole Syr	P T A	O N	O N P	O N	O N 11	O N		O N				
11	Amoxicillin	P T A	O N	O N P	O N	O N 12	O N		O N				
12	Ampicilin nj	P T A	O N	O N P	O N	O N 13	O N		O N				
13	Gentamycin nj	P T A	O N	O N P	O N	O N 14	O N		O N				
14	Metronidazole	P T A	O N	O N P	O N	O N 15	O N		O N				
15	Erythromycin	P T A	O N	O N P	O N	O N 16	O N		O N				
16	Nalidixic Acid	P T A	O N	O N P	O N	O N 17	O N		O N				
17	Oxytocin nj	P T A	O N	O N P	O N	O N 18	O N		O N				
18	Chloramphenicol n	P T A	O N	O N P	O N	O N 1650	O N		O N				

* f information is not recorded on Stock cards/records record 9998 Do not collect information from multiple receipts

**U=Not All Checked but at least one of the items randomly checked was valid

1650		VALIDATION OF COMMODITY										
		A	B	C	D	E	F	G	H	I	J	K	L
	PRODUCT	Unit of measure T, V, P	Product normally carried or stocked at this facility	Valid expiration date on all units present today	tems stored by date of expiration	Stock card Available	NUMBER AVA LABLE MATCHES STOCK RECORD	Variation stock and store	Any Zero balance observed for the past six months	Review information (recorded on stock records only)* for the past 6 months and record: Amount received	Amount disbursed	Balance today	Months of data reviewed 0-6 mo
		P=Pack, T=Tabs, V=vials,	Y=Yes N=No	Y=Yes N=No U=**	Y=Yes N=No	Y=Yes N=No	Y=Yes N=No		Y=Yes N=No				
	NsRTI												
01	Zidovudine (ZDV AZT)	P T A	O N	O N P	O N	O N 02	O N		O N				
02	Zidovudine (ZDV AZT) Syr	P T A	O N	O N P	O N	O N 03	O N		O N				
03	Abacavir (ABC)	P T A	O N	O N P	O N	O N 04	O N		O N				
04	Didanisine (ddl) (50 mg)	P T A	O N	O N P	O N	O N 05	O N		O N				
05	Didanisine (ddl) (100 mg)	P T A	O N	O N P	O N	O N 06	O N		O N				
06	Didanisine (ddl) (200 mg)	P T A	O N	O N P	O N	O N 07	O N		O N				
07	Lamivudine (3TC)	P T A	O N	O N P	O N	O N 08	O N		O N				
08	Lamivudine (3TC) Syr	P T A	O N	O N P	O N	O N 09	O N		O N				
09	Stavudine 30 (d4T)	P T A	O N	O N P	O N	O N 10	O N		O N				
10	Stavudine 40 (d4T)	P T A	O N	O N P	O N	O N 11	O N		O N				
11	Stavudine Sirop	P T A	O N	O N P	O N	O N 12	O N		O N				
	NrRTI												
12	Tenofovir (Disoproxil Fumerate)	P T A	O N	O N P	O N	O N 13	O N		O N				
	NNRTI												
13	Nevirapine (NVP)	P T A	O N	O N P	O N	O N 14	O N		O N				
14	Nevirapine(NVP) Syr	P T A	O N	O N P	O N	O N 15	O N		O N				
15	Efavirenz (EFZ) Syr	P T A	O N	O N P	O N	O N 16	O N		O N				

| | | |

SECTION 17: TUBERCULOSIS DIAGNOSIS AND TREATMENT

Facility Number: [ ][ ][ ]

QRE TYPE **1 7**

Interviewer Code: [ ][ ]

1700	INDICATE THE SERVICE SETTING FOR THIS SECTION	Line # [ ][ ] Unit # [ ][ ]
1701	**MANAGING AUTHORITY** GOVERNEMENT PUBLIC . . . . . 1 GOVERNEMENT NON PUBLIC (POLICE/MILITAIRE/PRISON) . . . . . 2 AGREES . . . . . 3 PRIVE . . . . . 4 ONG/COMMUNITAIRE 5	

ENSURE THAT YOUR RESPONDENT IS THE PERSON PRESENT TODAY WHO IS MOST KNOWLEDGEABLE ABOUT THE TB SERVICES IN THIS CLINIC/UNIT, AND IF RELEVANT, SPECIFICALLY TB SERVICES RELATED WITH HIV/AIDS SERVICES

IF THE PROVIDER IS DIFFERENT FROM THE PREVIOUS RESPONDENT, INTRODUCE YOURSELF, BRIEFLY. EXPLAIN THE PURPOSE OF YOUR VISIT, AND ASK IF HE/SHE WOULD BE WILLING TO ANSWER A FEW QUESTIONS ABOUT TUBERCULOSIS SERVICES IN THE CLINIC/UNIT. IF IN AGREEMENT, READ THE INTRODUCTORY CONSENT FORM BELOW.

IF THE RESPONDENT HAS ALREADY BEEN INTERVIEWED FOR A PREVIOUS SECTION, CIRCLE NUMBER 1 (YES) IN Q1702 BELOW AND GO ON TO Q1703.

Hello. My name is _____. We are here on behalf of the National Institute of Statistics, Republic of Rwanda to assist the government in knowing more about health services.
Now I will read a statement explaining the survey.

Your facility was randomly selected to participate in this study. We will be asking you questions about the tuberculosis services, and services for HIV/AIDS and tuberculosis. We will ask to see various reports and records for tuberculosis services. No patient names from the registers will be reviewed, recorded, or shared. The information about your facility may be used by the MOH and organizations supporting services in your facility, for planning service improvement or further studies of health services. The data collected from your facility may also be provided to researchers for analyses, however, the name of your facility will not be provided, and any reports that us unit will only present information in aggregate form so that your facility can not be identified.

We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person.

You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed?

_____ _____
Interviewer's signature Date
SIGNATURE OF INTERVIEWER INDICATING INFORMED CONSENT WAS PROVIDED.

1702	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	→ STOP

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1703	First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technicians) who provide services related to HIV/AIDS, TB, malaria, or STIs, who are assigned to this clinic/unit who are present today. Please give me the names and main service responsibility of the staff assigned to this unit, and present today, who provide any HIV/AIDS care and support services or services for TB, malaria, or STIs. COMPLETE THE STAFF LIST FOR THIS CLINIC/UNIT. DO NOT DUPLICATE HIV/AIDS SERVICE PROVIDERS WHO ARE LISTED FOR A SERVICE AREA THAT WAS PREVIOUSLY ASSESSED.		
	RESPONDENT MUST BE INTERVIEWED FOR TRAINING AND EXPERIENCE.	STAFF LIST COMPLETED YES . . . . . 1 NO 2	
1704	What is the most common method used by providers in this clinic/unit for diagnosing TB?	SPUTUM SMEAR ONLY . . . . . 1 X RAY ONLY . . . . . 2 EITHER SPUTUM OR X RAY . . . . . 3 BOTH SPUTUM AND X RAY . . . . . 4 CLINICAL SYMPTOMS ONLY 5 REFER TO OUTSIDE FACILITY . . . 6 NO TB DIAGNOSIS SERVICES . . . 7	→ 1710 → 1710 → 1706 → 1706
1705	How many sputum tests are required before diagnosing a client with TB?	ONE . . . . . 1 TWO . . . . . 2 THREE . . . . . 3 NO FIXED NUMBER/DEPENDS ON CLIENT . . . . . 4 OTHER _____ 6 (SPECIFY)	→ 1710 → 1710 → 1710 → 1710 → 1710
1706	Does this clinic/unit have an agreement with a referral site for TB test results to be returned to the clinic/unit either directly or through the client?	YES . . . . . 1 NO 2	→ 1708
1707	Is there a record of clients who are referred for TB diagnosis? IF YES, ASK TO SEE THE RECORD AND CHECK IF TB DIAGNOSTIC RESULTS ARE RECORDED	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO RECORD 3	
1708	When you refer a client **to another facility** for services, do you use a preprinted form that specifies information about the client that should be shared, that is, an official referral form? IF YES, ASK: May I see a copy of the form?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO FORM USED . . . . . 3 NEVER REFER OUTSIDE FACILITY 4 DON'T KNOW 8	→ 1710 → 1710
1709	Do you use any (other) method to provide client information to the referral site or to help the client receive services from the referral site? IF YES, ASK: What method do you use?	PATIENT SENT WITH MEDICAL RECORDS/FILE/CARD . . . . . 1 WRITE NOTE ON PRESCRIPTION FORM OR LETTERHEAD . . . . . 2 PROVIDER GIVES VERBAL REPORT TO SITE OR ACCOMPANIES CLIENT) . . . . . 3 WRITE NOTE/LETTER ON BLANK PAPER . . . . . 4 OTHER_____ . . . . . 6 (SPECIFY) NO 7	
1710	WAS INFORMATION FOR OPD QRE 1221 OR IPD Q1319, AVAILABLE GUIDELINES/ PROTOCOLS PREVIOUSLY COLLECTED FOR THIS CLINIC/UNIT?	YES . . . . . 1 NO 2	→ 1711(03)

NO.	QUESTIONS	CODING CATEGORIES				GO TO
		(a)			(b)	
1711	Do you have any guidelines/protocols for the diagnosis and treatment of tuberculosis? IF YES, ASK: May I see the guidelines/ protocols?	OBSERVED	REPORTED AVAIL. NOT SEEN	NOT AVAIL.	DATE ON OBSERVED MANUAL YEAR	
01	Manual technique sur la prise en charge de la tuberculosis	1 → b	2 → 02	3 → 02		
02	Other guidelines for TB diagnosis and treatment	1 → b	2 → 03	3 → 03		
03	Other guidelines for follow up of TB clients	1 → b	2 → 1712	3 → 1712		
1712	Do you have any record of the number of newly diagnosed TB clients for this clinic/unit, during the past twelve months?	YES, OBSERVED . . . . . 1 NO 2				→ 1715
1713	ASK TO SEE THE RECORDS AND RECORD THE NUMBER OF NEWLY DIAGNOSED TB CLIENTS FOR THE CLINIC/UNIT DURING THE PAST COMPLETED 12 MONTHS.	NUMBER OF CLIENTS				
1714	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA				
1715	Is this facility included in the national DOTS program?	YES . . . . . 1 NO 2				
1716	What treatment strategy is followed by providers in this clinic/unit for TB treatment?	DIRECT OBSERVE 2M, FU 4M . . . . . 01 DIRECT OBSERVE 6M . . . . . 02 DIRECT OBSERVE 8M . . . . . 03 FOLLOW UP CLIENTS ONLY AFTER FIRST 2M DIRECT OBSERVATION ELSEWHERE . . . . . 04 DIAGNOSE AND TREAT WHILE INPATIENT. DISCHARGE TO OTHER CLINIC/UNIT FOR F/UP . . . 05 PROVIDE FULL TREATMENT, WITH NO ROUTINE DIRECT OBSERVATION PHASE . . . . . 06 DIAGNOSE, PRESCRIBE/PROVIDE MEDICINES ONLY, NO F/UP . . . . . 07 DIAGNOSE ONLY, NO TREATMENT OR PRESCRIPTION OF MEDICINE 08				→ 1720 → 1723 → 1722 → 1723 → **END**
1717	What is the strategy for the direct observed treatment during the first two months of treatment or until the client is sputum negative? CIRCLE ALL STRATEGIES USED BY THIS FACILITY FOR THE DOT.	CLIENT HOSPITALIZED . . . . . A CLIENT COMES TO FACILITY . . . . . B OUTREACH WORKER GOES TO CLIENT . . . . . C COMMUNITY WORKER/ FAMILY OBSERVES . . . . . D OTHER _____ X (SPECIFY)				
1718	CHECK 1717. IS C OR D (OR BOTH) CIRCLED INDICATING OUTREACH OR COMMUNITY WORKERS OR FAMILY DIRECTLY OBSERVE CLIENTS DURING TREATMENT OR UNTIL CLIENT IS SPUTUM NEGATIVE?	YES . . . . . 1 NO 2				→ 1720
1719	Do you have a reporting format that the outreach or community health worker completes, or that facility staff complete for the community work? IF YES, ASK TO SEE A COPY OF A RECENT REPORT	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3				

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1720	Do you have a record or register that show the clients who are currently on DOTS? IF YES, ASK TO SEE THE REGISTER/ RECORD	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	 → 1722 → 1722
1721	Is the record/register up to date for the prior week for all clients receiving their DOTS foTB medications?	YES . . . . . 1 NO 2	
1721a	Do you provide treatment for muti drug resistent tuberculosis cases?	YES . . . . . 1 NO 2	
1722	Does this clinic/unit provide routine follow up for any clients who are placed on TB treatment? That is, follow up clients when they are at home, and after the initial 2 months of treatment? IF NO, PROBE TO DETERMINE WHERE FOLLOW UP OF TB CLIENTS FROM THIS CLINIC/UNIT IS CONDUCTED.	YES . . . . . 1 NO 2	 → 1729
1723	Do you have individual client charts or records for clients receiving TB treatment? IF YES, ASK TO SEE A BLANK OR CURRENT CHART/RECORD.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
1724	Do you have a register or list of clients currently being followed by this unit for TB treatment, including those being treated on DOTS and no direct observation?	YES, REGISTER OR LIST OBSERVED . . . . . 1 ONLY HAVE DOTS CLIENTS 2 NO 3	 → 1728
1725	ASK TO SEE THE REGISTER AND INDICATE THE DATE THE MOST RECENT CLIENT WAS ADMITTED TO TB TREATMENT.	WITHIN PAST 30 DAYS . . . . . 1 MORE THAN 30 DAYS AGO . . . . . 2 REGISTER NOT SEEN 3	 → 1728
1726	USING EITHER THE CARDS OR REGISTER, RECORD THE TOTAL NUMBER OF CLIENTS WHO ARE CURRENTLY ON TB TREATMENT AND WHO ARE FOLLOWED UP IN THIS CLINIC/UNIT.	TOTAL NUMBER OF CLIENTS ON TB TREATMENT [ ][ ][ ][ ]	
1727	RECORD THE NUMBER OF FEMALE CLIENTS CURRENTLY ON TB TREATMENT BY THIS CLINIC/UNIT.	NUMBER OF FEMALE CLIENTS [ ][ ][ ][ ] DON'T KNOW 9998	
1728	Do you have a register or record that shows the treatment outcome for clients who received TB treatment from this facility but are no longer under treatment? IF YES, ASK TO SEE THE REGISTER/RECORD	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 UNIT DOES NOT PROVIDE TB FOLLOW UP SERVICES . . . 3 NO 4	
1729	Are newly diagnosed cases of TB (or cases followed up by this clinic/unit), referred for an HIV test or for counseling about HIV/AIDS?	YES, ALL REFERRED . . . . . 1 SUSPECT CASES ONLY REFERRED 2 NO . . . . . 3 DON'T KNOW 8	 → 1734 → 1734
1730	Where are the clients sent for HIV testing? PROBE FOR A SPECIFIC UNIT WITHIN FACILITY, OR SPECIFIC LOCATION OUTSIDE FACILITY TO BE NAMED	LOCATION NAMED INSIDE FACILIT . . . . . 1 OUTSIDE FACILIT . . . . . 2 DON'T KNOW SPECIFIC LOCATION 8	
1731	Do you have a register or list of new TB patients who were referred for an HIV test or for HIV test counseling? IF YES, ASK TO SEE THE REGISTER OR LIST.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	 → 1734 → 1734
1732	How many new TB patients were referred for an HIV/AIDS test or counseling in the past twelve months?	NUMBER OF NEW TB CLIENTS REFERRED [ ][ ][ ][ ]	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1733	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA . . . . . [ ][ ]	
1734	Do you have any record of clients currently under TB treatment who are also diagnosed as HIV positive or as having AIDS? YES, ASK TO SEE THE REGISTER/RECORD.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	→ 1736
1735	How many patients currently under TB treatment in this clinic are also diagnosed as HIV positive or as having AIDS?	NUMBER OF TB CLIENTS WITH HIV/AIDS [ ][ ][ ][ ] DON'T KNOW 9998	
1736	What is the original source of your TB medicines? IF MEDICINES ARE SUPPLIED FROM OTHER FACILITIES, CLARIFY IF THIS IS PART OF THE NATIONAL TB CONTROL PROGRAM OR NOT. CIRCLE ALL THAT APPLY.	NATIONAL TB CONTROL PROGRAM A OTHER FACILITY (NOT PART OF NATIONAL TB PROGRAM) . . . . . B DIRECT PURCHASE . . . . . C DONATIONS FROM NGOS . . . . . D OTHER _____ X (SPECIFY)	
1737	Are any TB medicines that are individually packaged for clients kept in this clinic/unit? IF YES, ASK TO SEE THE MEDICINES AND INDICATE IF PREPACKAGED MEDICINES ARE AVAILABLE FOR ALL CLIENTS.	YES, AVAILABLE FOR ALL CLIENTS 1 YES, AVAILABLE FOR SOME, NOT ALL CLIENTS . . . . . 2 NO INDIVIDUALLY PACKAGED TB MEDICINES IN CLINIC/UNIT . . . 3 NO TB MEDICINES STORED IN CLINIC/UNIT AREA 4	→ **END**
1738	Does this clinic/unit have tuberculosis medicines in bulk jars? IF YES, ASK TO SEE THE MEDICINES.	YES . . . . . 1 BULK MEDICINES NOT IN THIS CLINIC/UNIT . . . . . 2 NO TB MEDICINES IN FACILITY. 3	→ **END** → **END**

1739	**BULK JAR MEDICINES FOR TUBERCULOSIS**	a				b		
		OBSERVED		REPORTED AVAILABLE, NOT SEEN	NOT AVAILABLE	OUT OF STOCK IN LAST SIX MONTHS		
		ALL UNITS VALID	AT LEAST ONE UNIT VALID			YES	NO	DK
01	Ethambutol		2 → b	3 → 02	4 → 02	1	2	8
02	Isoniazid		2 → b	3 → 03	4 → 03	1	2	8
03	Pyrazinamide		2 → b	3 → 04	4 → 04	1	2	8
04	Rifampicin		2 → b	3 → 05	4 → 05	1	2	8
05	Streptomycin		2 → b	3 → 06	4 → 06	1	2	8
06	Isoniazid + rifampicin (Rifina) (Adult formulation)		2 → b	3 → 07	4 → 07	1	2	8
07	Isoniazid + rifampicin (Rifina) (Pediatric formulation)		2 → b	3 → 08	4 → 08	1	2	8
08	Isoniazid + rifampicin + pyrazinamide (RHZ, Rifater)		2 → b	3 → 09	4 → 09	1	2	8
09	Isoniazid + ethambutol (EH)		2 → b	3 → 10	4 → 10	1	2	8
10	RHZ/E or 4FDC (INH, Etha mbutol, pyrazinamide, rifampicin)		2 → b	3 → 11	4 → 11	1	2	8
11	Other _____ (SPECIFY)		2 → b	3 → END	4 → END	1	2	8

THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE

SECTION18: COUNSELING AND TESTING

Facility Number: ☐☐☐ QRE TYPE **1 8**

Interviewer Code: ☐☐

1800	INDICATE THE SERVICE SETTING FOR THIS SECTION.	☐☐☐☐ Line # Unit #
1801	**MANAGING AUTHORITY** GOVERNEMENT PUBLIC . . . . . 1 GOVERNEMENT NON PUBLIC (POLICE/MILITAIRE/PRISON) . . . . . 2 AGREES . . . . . 3 PRIVE . . . . . 4 ONG/COMMUNITAIRE 5	

ENSURE THAT YOUR RESPONDENT IS THE PERSON PRESENT TODAY WHO IS MOST KNOWLEDGEABLE ABOUT COUNSELING AND TESTING SERVICES PROVIDED BY THIS UNIT.

IF THE PROVIDER IS DIFFERENT FROM THE PREVIOUS RESPONDENT, INTRODUCE YOURSELF, BRIEFLY. EXPLAIN THE PURPOSE OF YOUR VISIT, AND ASK IF HE/SHE WOULD BE WILLING TO ANSWER A FEW QUESTIONS ABOUT HIV/AIDS-RELATED SERVICES IN THE DEPARTMENT. IF IN AGREEMENT, READ THE INTRODUCTORY CONSENT FORM BELOW.

IF THE RESPONDENT HAS ALREADY BEEN INTERVIEWED FOR A PREVIOUS SECTION, CIRCLE NUMBER 1 (YES) IN Q1802 BELOW AND GO ON TO Q1803.

Now I will read a statement explaining the survey and asking your consent for responding to survey questions.

Hello. My name is . We are here on behalf of the **National Institute of Statistics, Republic of Rwanda** to assist the government in knowing more about health services.
Now I will read a statement explaining the survey.

Your facility was randomly selected to participate in this study. We will be asking you questions about various health services and will ask to see patient registers. No patient names from the registers will be reviewed, recorded, or shared. The information about your facility may be used by the MOH and organizations supporting services in your facility, for planning service improvement or further studies of health services. The data collected from your facility may also be provided to researchers for analyses, however, the name of your facility will not be provided, and any reports that use your facility data will only present information in aggregate form so that your facility can not be identified.

We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person.

You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed?

Interviewer's signature _____ Date _____

SIGNATURE OF INTERVIEWER INDICATING INFORMED CONSENT WAS PROVIDED.

1802	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . . NO	→ STOP

NO	QUESTIONS	CODING CATEGORIES	GO TO
1803	First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technicians) who provide services related to HIV/AIDS, TB, malaria, or STIs, who are assigned to this clinic/unit who are present today. Please give me the names and main service responsibility of the staff assigned to this unit, and present today, who provide any HIV/AIDS care and support services or services for TB, malaria, or STIs. COMPLETE THE STAFF LIST FOR THIS CLINIC/UNIT. DO NOT DUPLICATE SERVICE PROVIDERS WHO ARE LISTED FOR A SERVICE AREA THAT WAS PREVIOUSLY ASSESSED.		
	RESPONDENT MUST BE INTERVIEWED FOR TRAINING AND EXPERIENCE.	STAFF LIST COMPLETED YES . . . . . 1 NO 2	
1804	How many days each week are counseling services for HIV/AIDS available in this clinic/unit? This means the counseling is conducted by staff in this clinic/unit.	DAYS PER WEEK . . . . . [ ] NO COUNSELING SERVICES 0	→ 1814
1805	How many months have **counseling services** been offered from this clinic/unit? IF EXACT MONTHS ARE UNCERTAIN, PROBE FOR AN ESTIMATE.	MONTHS . . . . . [ ][ ][ ]	
1806	Does this clinic/unit have a counselor who has been trained for both pretest and post test counseling? IF YES, ASK IF THE PERSON IS PRESENT TODAY AND ENSURE THAT PERSON IS INTERVIEWED FOR THE HEALTH WORKER INTERVIEW	YES, PRESENT TODAY . . . . . 1 YES, NOT PRESENT TODAY . . . . 2 NO 3	
1807	DESCRIBE THE SETTING WHERE CLIENT POST-TEST COUNSELING RELATED TO HIV/AIDS IS PROVIDED	PRIVATE ROOM WITH VISUAL AND AUDITORY PRIVACY . . . . . 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY 2 VISUAL PRIVACY ONLY . . . . . 3 NO PRIVACY 4	
1808	How is pretest counseling or information provided?	INDIVIDUAL ONLY . . . . . 1 GROUP ONLY . . . . . 2 BOTH INDIVIDUAL AND GROUP . . . 3 NO PRETEST COUNSELING 4	→ 1811 → 1812
1809	Are there records of the group pretest information sessions? IF YES, ASK TO SEE THE RECORDS FOR THE PAST 12 MONTHS AND RECORD THE NUMBER OF SESSIONS THAT HAVE BEEN HELD.	YES, ... [ ][ ][ ] NUMBER OF SESSIONS NO RECORDS ON GROUP COUNSELING 995	→ 1811
1810	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA . . . . . [ ][ ]	
1811	Which staff most commonly provide pre test HIV counseling for clients in this clinic/unit? PROBE FOR RESPONSE THAT IS MOST ACCURATE.	VCT/CT COUNSELORS FROM OUTSIDE UNIT . . . . . 1 TRAINED UNIT STAFF PROVIDE COUNSELING . . . . . 2 TRAINED AND UNTRAINED UNIT STAFF , DEPENDING ON TIME AND STAFF AVAILABILITY. 3 BOTH OUTSIDE STAFF AND TRAINED UNIT STAFF PROVIDE COUNSELING, DEPENDING ON TIME AND STAFF AVAILABILITY. 4 CLIENTS ALWAYS SENT TO ANOTHER CLINIC/UNIT FOR PRE-TEST COUNSELING 5	

NO	QUESTIONS	CODING CATEGORIES	GO TO
1812	Which staff most commonly provide post-test HIV counseling for clients in this clinic/unit with negative results? PROBE FOR RESPONSE THAT IS MOST ACCURATE.	VCT/CT COUNSELORS FROM OUTSIDE UNIT . . . . . 1 TRAINED UNIT STAFF PROVIDE COUNSELING . . . . . 2 BOTH OUTSIDE STAFF AND TRAINED UNIT STAFF PROVIDE COUNSELING, DEPENDING ON TIME AND STAFF AVAILABILITY. 3 CLIENTS ALWAYS SENT TO ANOTHER CLINIC/UNIT FOR POST-TEST COUNSELING . . . . . 4 NO POST TEST COUNSELING FOR NEGATIVE RESULTS. 5	
1813	Which staff most commonly provide post-test HIV counseling for clients in this clinic/unit with positive results? PROBE FOR RESPONSE THAT IS MOST ACCURATE.	VCT/CT COUNSELORS FROM OUTSIDE UNIT . . . . . 1 TRAINED UNIT STAFF PROVIDE COUNSELING . . . . . 2 BOTH OUTSIDE STAFF AND TRAINED UNIT STAFF PROVIDE COUNSELING, DEPENDING ON TIME AND STAFF AVAILABILITY. 3 CLIENTS ALWAYS SENT TO ANOTHER CLINIC/UNIT FOR POST-TEST COUNSELING . . . . . 4 NO POST TEST COUNSELING 5	
1814	Are records kept for clients who receive any counseling or testing from this clinic/unit? IF YES, ASK TO SEE THE RECORDS AND INDICATE WHAT TYPE OF INFORMATION IS AVAILABLE.	RECORD AVAILABLE THIS CLINIC/ UNIT . . . . . 1 RECORD IN CLIENT INDIVIDUAL RECORD ONLY . . . . . 2 RECORDS MAINTAINED BY VCT/CT COUNSELORS FROM OUTSIDE CLINIC/UNIT . . . . . 3 NO RECORDS 4	 → 1818 → 1818 → 1818

NO	QUESTIONS	CODING CATEGORIES					GO TO
1815	REVIEW THE COUNSELING AND/OR TESTING RECORDS AVAILABLE ON THIS CLINIC/ UNIT, AND INDICATE WHICH INFORMATION IS AVAILABLE.	(A) RECORD AVAILABILITY			(B) NUMBERS FROM OBSERVED RECORDS		
		OB-SERVED	REPORTED, NOT SEEN	NO RECORD	NUMBER OF CLIENTS	MONTHS OF DATA	
01	RAPID TEST USED BY UNIT AND UNIT ONLY RECORDS CLIENT ID AND TEST RESULT, NO WRITTEN RECORDS OF COUNSELING OR RECEIPT OF TEST RESULTS	1 → b	2 02	3 02			06
02	TOTAL CLIENTS RECEIVING INDIVIDUAL PRE-TEST COUNSELING	1 → b	2 03	3 03			
03	TOTAL CLIENTS RECEIVING POST-TEST COUNSELING	1 → b	2 04	3 04			
04	TOTAL CLIENTS WHO RECEIVED HIV TEST RESULTS	1 → b	2 05	3 05			
05	TOTAL CLIENTS WITH POSITIVE TESTS WHO RECEIVED RESULTS	1 → b	2 06	3 06			
06	TOTAL CLIENTS WITH POSITIVE HIV TEST RESULT	1 → b	2 07	3 07			
07	TOTAL FEMALE CLIENTS RECEIVING HIV TEST	1 → b	2 08	3 08			
08	TOTAL CLIENTS AGE 15-24 YEARS RECEIVING HIV TEST	1 → b	2 09	3 09			
09	TOTAL CLIENTS AGE < 18 YEARS RECEIVING HIV TEST	1 → b	2 10	3 10			
10	TOTAL CLIENTS AGE 18-25 YEARS RECEIVING HIV TEST	1 → b	2 11	3 11			
11	TOTAL CLIENTS AGE > 25 YEARS RECEIVING HIV TEST	1 → b	2 12	3 12			
12	TOTAL CLIENTS AGE < 18 YEARS WITH TEST FOR HIV +	1 → b	2 13	3 13			
13	TOTAL CLIENTS AGE 18-25 YEARS WITH TEST FOR HIV +	1 → b	2 14	3 14			
14	TOTAL CLIENTS AGE > 25 YEARS WITH TEST FOR HIV +	1 → b	2 15	3 15			
15	TOTAL CLIENTS RECEIVING HIV TEST	1 → b	2 1816	3 1816			

NO	QUESTIONS	CODING CATEGORIES	GO TO
1816	What is the most recent date recorded for any counseling?	WITHIN PAST 30 DAYS . . . . . 1 MORE THAN 30 DAYS . . . . . 2 NO DATE RECORDED . . . . . 3 NO RECORD FOR COUNSELING . . 4	→ 1818
1817	Is there a client number or other identifier for clients receiving pre and post test counseling?	YES . . . . . 1 NO 2	
1818	How many days each week are testing services for HIV available in this clinic/unit? This means that a client can receive the HIV test or have their blood drawn for testing either inside or outside the facility.	DAYS PER WEEK . . . . . [ ] NO HIV TESTING SERVICES. 0	→ 1822
1819	How many months have HIV testing services been offered from this clinic/unit? IF EXACT MONTHS ARE UNCERTAIN, PROBE FOR AN ESTIMATE.	MONTHS . . . . . [ ][ ][ ]	
1820	DID YOU OBSERVE RECORDS FOR HIV TESTING AND TEST RESULTS? IF NO, ASK, Where are the records for HIV testing kept? AND RECORD THE CORRECT RESPONSE.	YES, OBSERVED . . . . . 1 RECORDS MAINTAINED ELSEWHERE IN FACILITY 2 ENTER CLINIC/UNIT NUMBER . . . . . [ ][ ][ ][ ] RECORDS IN LAB . . . . . 3 RECORDS IN STATISTICS/ MED REC. OFFICE . . . . . 4 OTHER . . . 6 (SPECIFY) NO HIV TEST RECORDS . . . . . 7 DON'T KNOW 8	
1821	Is there a system where you can link the HIV test result with the client who received pre and post test counseling? IF YES, ASK TO SEE HOW THE SYSTEM WORKS	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . 2 NO 3	
1822	Are reports regularly compiled on the number of clients in this clinic/unit who receive testing or counseling services for HIV/AIDS? IF YES, ASK FOR EACH QUESTION AND CIRCLE LETTER FOR INFORMATION THAT IS COMPILED	YES, NEGATIVE TEST RESULTS . . . A YES, POSITIVE TEST RESULTS . . . . B YES, COUNSELING . . . . . C NO . . . . . Y	→ 1825
1823	How frequently are any of the compiled reports submitted to someone outside of this clinic/unit?	YES, MONTHLY OR MORE OFTEN . 1 YES, EVERY 2-3 MONTHS . . . . . 2 YES, EVERY 4-6 MONTHS . . . . . 3 YES LESS OFTEN THAN EVERY 6 MONTHS . . . . . 4 NEVER 5	→ 1825
1824	To whom are the reports sent? CIRCLE ALL THAT APPLY.	RECORDS CLERK . . . . . A FACILITY DIRECTOR/SUPERVISC. . . . B DISTRICT LEVEL . C PROVINCIAL LEVEL D NATIONAL LEVEL . E DONOR AGENCY . . . . . F OTHER _____ X (SPECIFY)	

NO	QUESTIONS	CODING CATEGORIES	GO TO
1825	When a client agrees to an HIV test, what is the procedure that is followed? AFTER RESPONSE IS PROVIDED, PROBE FOR ANY OTHER PROCEDURES USED FOR PROVIDING THE HIV TEST. CIRCLE ALL THAT APPLY	**TESTING IN THIS FACILITY** RAPID TEST ONSITE-THIS CLINIC/UN . A CLIENT SENT TO (V)CT CLINIC/UNIT . . B CLIENT SENT TO PMTCT CLINIC/UNIT C CLIENT REFERRED OTHER CLINIC/UNIT THIS FACILITY (NON-VCT/PMTCT) D BLOOD DRAWN IN THIS CLINIC/UNIT BY CLINIC/UNIT STAFF, TEST CONDUCTED ELSEWHERE . . . E BLOOD DRAWN IN THIS CLINIC/UNIT BY **EXTERNAL STAFF, TEST** CONDUCTED ELSEWHERE . . . F CLIENT SENT TO LAB THIS FACILITY . . . . . G **TESTING OUTSIDE FACILITY:** CLIENT SENT ELSEWHERE OUTSIDE THIS FACILITY . . . . . H OTHER _____ X (SPECIFY)	
1826	CHECK Q1825 AND CIRCLE CORRECT RESPONSE TO RIGHT	BLOOD DRAWN IN THIS CLINIC/UNIT (A OR E OR F CIRCLED) . . . . . 01 BLOOD FOR HIV TEST DRAWN OUTSIDE **FACILITY (ONLY H OR X CIRCLED)**. 02 ANY OTHER RESPONSE 03	 → 1834 → 1833
1827	ASK TO SEE WHERE BLOOD IS DRAWN FOR THE HIV TEST AND INDICATE IF THE ROOM HAS ALREADY BEEN OBSERVED FOR ITEMS IN Q1828. IF YES, INDICATE WHICH SECTION THE DATA ARE RECORDED IN.	DATA RECORDED IN OPD/IPD QRE 1 ENTER CLINIC/UNIT NUMBER . . . . . [ ][ ][ ][ ] DATA NOT PREVIOUSLY RECORDED 2	→ 1829
1828	ASK TO SEE WHERE BLOOD IS DRAWN FOR THE HIV TEST AND INDICATE IF THE ITEM IS AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED / REPORTED NOT SEEN / NOT AVAILABLE	
01	RUNNING WATER (PIPED)	1 → 04 / 2 / 3	
02	OTHER RUNNING WATER (BUCKET WITH TAP OR POUR PITCHER)	1 → 04 / 2 / 3	
03	WATER IN BUCKET OR BASIN (WATER REUSED)	1 / 2 / 3	
04	HAND-WASHING SOAP	1 / 2 / 3	
05	SINGLE-USE HAND DRYING TOWELS	1 / 2 / 3	
06	WASTE RECEPTACLE WITH LID AND PLASTIC LINER	1 / 2 / 3	
07	SHARPS CONTAINER	1 / 2 / 3	
08	DISPOSABLE LATEX GLOVES	1 → 10 / 2 / 3	
09	DISPOSABLE NON-LATEX GLOVES	1 / 2 / 3	
10	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 12 / 2 / 3	
11	DISINFECTANT (NOT YET MIXED)	1 / 2 / 3	
12	DISPOSABLE NEEDLES	1 / 2 / 3	
13	AUTO-DISABLE SYRINGES	1 / 2 / 3	
14	DISPOSABLE SYRINGES (3 OR 5 ML)	1 / 2 / 3	
15	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 18 / 2 / 3	
16	AUDITORY PRIVACY	1 / 2 / 3	
17	VISUAL PRIVACY	1 / 2 / 3	
18	EXAMINATION TABLE	1 / 2 / 3	
19	CONDOMS	1 / 2 / 3	
20	RAPID TEST FOR HIV	1 / 2 / 3	
1829	ARE ALL SURFACE AREAS IN THE BLOOD DRAWING AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES . . . . . 1 NO 2	
1830	WERE ANY USED NEEDLES OR OTHER SHARPS OBSERVED OUTSIDE OF A SHARPS CONTAINER?	YES . . . . . 1 NO 2	

NO	QUESTIONS	CODING CATEGORIES	GO TO
1831	WAS THE SHARPS CONTAINER OVERFLOWING, OR WAS THE CONTAINER PIERCED/BROKEN?	YES . . . . . 1 NO . . . . . 2 NO SHARPS CONTAINER 3	
1832	WERE ANY BANDAGES OR OTHER NON-SHARP INFECTIOUS WASTE OBSERVED OUTSIDE OF A COVERED TRASH CONTAINER?	YES, ON FLOOR/SURFACES . . 1 YES, IN UNCOVERED CONTAINE . 2 NO 3	
1833	CHECK Q1825. IF RESPONSE IS B,C OR D, ENSURE ELIGIBLE OPD/IPD **AND** VCT/PMTCT QRE, IS COMPLETED FOR INDICATED UNIT PRIOR TO LEAVING. IF RESPONSE IS 'G' ENSURE ELIGIBLE LABORATORY QRE HAS BEEN COMP		
1834	WAS INFORMATION FOR OPD QRE 1221 OR IPD Q1319, AVAILABLE GUIDELINES/PROTOCOLS PREVIOUSLY ASKED FROM THIS RESPONDENT?	YES . . . . . 1 NO 2	→ 1837
1835	Are there any guidelines or protocols for providers working in this unit? Guidelines that are posted on the wall are acceptable. IF YES, ASK: May I see all the guidelines and protocols that are available here?	SOME GUIDELINES/PROTOCOLS AVAILABLE . . . . . 1 SOME GUIDELINES/PROTOCOLS AVAILABLE- NONE SEEN . . . . . 2 NO GUIDELINES OR PROTOCOLS . . . 3	→ 1839

		(a)			(b)
1836	First I would like to ask about national guidelines. Do you have [NAME OF GUIDELINE]? LIST ANY NATIONAL GUIDELINES RELATED TO INDICATED TOPICS	OBSERVED	REPORTED AVAIL. NOT SEEN	NOT AVAIL.	DATE ON OBSERVED MANUAL YEAR
01	Normes et directives nationales pour le conseil et depistage volontaire et la prevention de la transmission du VIH de la mere et de l'enfant (MINISANTE)	1→ b	2 → 02	3 → 02	
02	Directive nationales pour le conseil et depistage volontaire du VIH (MINISANTE)	1→ b	2 → 03	3 → 03	
03	Manual du conseiller en conseil et depistage volontaire du VIH/SIDA (MINISANTE)	1→ b	2 → 04	3 → 04	
04	Guide pour la prise en charge therapeutique du VIH/SIDA (MINISANTE)	1→ b	2 → 05	3 → 05	
05	Protocol HIV sentinel surveillance among women receiving antenatal care in Rwanda	1→ b	2 → 06	3 → 06	
06	Directive pour l'administration des anti-retroviraux chez les femmes enceintes	1→ b	2 → 07	3 → 07	
07	Guide therapeutique standard (MINISANTE)	1→ b	2 → 08	3 → 08	
08	Protocol de la transmission du virus de l'immuno-deficience humaine de la mere a l'enfant au Rwanda	1→ b	2 → 09	3 → 09	
09	Guide d'utilisation des medicament antiretroviraux chez l'adulte andl'enfant	1→ b	2 → 10	3 → 10	
10	Guide national pour le soutien et la prise en charge alimentaire et nutritionnel pour les personnes vivant avec le VIH/SIDA	1→ b	2 → 11	3 → 11	
11	National nutritional policy (MINISANTE)	1→ b	2 → 12	3 → 12	
12	Directive nationales de prise en charge du paludisme au Rwanda	1→ b	2 → 13	3 → 13	
13	Manual technique sur la prise en charge de la tuberculosis	1→ b	2 → 14	3 → 14	
14	Manual therapeutique medecine intern (CHU/CHK)	1→ b	2 → 15	3 → 15	
15	La prise en charge de l'enfant infecte par le VIH	1→ b	2 → 1837	3 → 1837	

NO	QUESTIONS	CODING CATEGORIES	GO TO
1837	**Other than the previously mentioned national** guidelines, are there any other protocols or guidelines for counseling and testing or other related topics?	YES, OTHER PROTOCOLS/ GUIDELINES . . . . . 1 NO OTHER PROTOCOLS/ GUIDELINES . . . . . 2 →	1839

1838	ASK ABOUT ANY GUIDELINES OTHER THAN THOSE PREVIOUSLY RECORDED, THAT COVER THE FOLLOWING TOPICS:	(a) OBSERVED	(a) REPORTED AVAIL. NOT SEEN	(a) NOT AVAIL.	(b) DATE ON OBSERVED MANUAL YEAR
01	Other protocols/guidelines for pretest counseling?	1 → b	2 → 02	3 → 02	
02	Other protocols/guidelines for post test counseling for both positive and negative test results?	1 → b	2 → 03	3 → 03	
03	Is there any written policy that all clients receiving HIV tests must be offered pretest counseling or information, and post test counseling?	1 → b	2 → 04	3 → 04	
04	Is there any policy on HIV testing procedures, that is what test should be done, and when?	1 → b	2 → 05	3 → 05	
05	HIV Laboratory Manual for the Processing of samples, use of HIV test kits, and data management?	1 → b	2 → 06	3 → 06	
06	Is there a written informed consent document for the client to sign or keep?	1 → b	2 → 07	3 → 07	
07	Any other informed consent policy?	1 → b	3 → 08	3 → 08	
08	Is there a written policy on confidentiality provided to the client, that specifies that no one will be told the HIV test result without the permission of the client?	1 → b	2 → 09	3 → 09	
09	Any other confidentiality policy reaffirming that no one will be told the results without the specific permission of the client?	1 → b	2 → 10	3 → 10	
10	Any other guidelines for post-exposure prophylaxis? (PEP)	1 → b	2 → 1839	3 → 1839	

1839	Is an individual client chart/record/card maintained for clients who receive services through this clinic/unit? This refers to any system, where individual information about a client is recorded so that a record of all care and services is available in one document? IF YES, ASK TO SEE A BLANK OR CURRENT CHART/RECORD.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 YES, ONLY AVAILABLE IN OTHER FACILITY AREA . . . . . 3 ENTER CLINIC/UNIT NUMBER . . . . . [ ][ ][ ][ ] YES, ONLY AVAILABLE WITH CENTRAL RECORDS/STATISTICS 4 OTHER _____ . . . . . 6 SPECIFY NO INDIVIDUAL CLIENT CHART/ RECORD 7	

NO	QUESTIONS	CODING CATEGORIES	GO TO
	YOUTH FRIENDLY SERVICES		
1840	Does this clinic/unit have any specific youth friendly services (YFS)?	YES, IN CLINIC UNIT . . . . . 1 YES, OTHER LOCATION IN FACILITY 2 NO 3	 → 1844 → 1844
1841	Are there any written policies or guidelines for the youth friendly services? IF YES, ASK TO SEE THE POLICY/GUIDELINE.	YES, OBSERVED . . . . . 1 YES, REPORTED NOT SEEN 2 NO 3	
1842	Do you have a staff member who has had specific training for providing youth friendly services? IF YES, ASK: Is the staff member present today?	YES, PRESENT TODAY . . . . . 1 YES, NOT PRESENT TODAY . . . . . 2 NO 3	
1843	ASK TO SEE THE LOCATION WHERE YFS ARE PROVIDED. ASK TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT THE YOUTH FRIENDLY SERVICES. What are the key components of the youth friendly services that are offered in this clinic/unit? ASK FOR EACH ITEM. CIRCLE ALL THAT APPLY.	SERVICES IN SEPARATE ROOM . . . . . A DISCOUNT FEES . . . . . B NO FEES . . . . . C EDUCATION/COUNSELING . . . . . D OTHER _____ X (SPECIFY)	
1844	Are family planning services routinely provided for all HIV positive clients?	YES, ALWAYS . . . . . 1 YES, SOMETIMES . . . . . 2 NO 3	 → END
1845	Who most often provides counseling about use and methods of family planning available?	PROVIDER, THIS CLINIC/UNIT . . . . 1 PROVIDER FP CLINIC/UNIT . . . 2 REFERRED OUTSIDE THIS FACILITY 3	 → END → END
1846	Who most often examines the client and provides or prescribes methods of family planning for HIV positive clients?	PROVIDER, THIS CLINIC/UNIT . . . . 1 PROVIDER FP CLINIC/UNIT . . . 2 REFERRED OUTSIDE THIS FACILITY 3	
1847	Please show me any guidelines or protocols on counseling and screening for appropriate family planning methods.	GUIDELINES OBSERVED . . . . . 1 GUIDELINES REPORTED, NOT SEEN 2 NO GUIDELINES AVAILABLE 3	

SECTION 19: ANTIRETROVIRAL THERAPY

Facility Number: [ ][ ][ ]

QRE TYPE **1 9**

Interviewer Code: [ ][ ]

1900	INDICATE THE SERVICE SETTING FOR THIS SECTION	Line # [ ][ ] Unit # [ ][ ]

1901 **MANAGING AUTHORITY**

- GOVERNEMENT PUBLIC 1
- GOVERNEMENT NON PUBLIC (POLICE/MILITAIRE/PRISON) 2
- AGREE 3
- PRIVE 4
- ONG/COMMUNITAIRE 5

ENSURE THAT YOUR RESPONDENT IS THE PERSON PRESENT TODAY WHO IS MOST KNOWLEDGEABLE ABOUT ART SERVICES PROVIDED BY THIS UNIT.

IF THE PROVIDER IS DIFFERENT FROM THE PREVIOUS RESPONDENT, INTRODUCE YOURSELF, BRIEFLY EXPLAIN THE PURPOSE OF YOUR VISIT, AND ASK IF HE/SHE WOULD BE WILLING TO ANSWER A FEW QUESTIONS ABOUT HIV/AIDS RELATED SERVICES IN THE DEPARTMENT. IF IN AGREEMENT, READ THE INTRODUCTORY CONSENT FORM BELOW.

IF THE RESPONDENT HAS ALREADY BEEN INTERVIEWED FOR A PREVIOUS SECTION,CIRCLE NUMBER 1 (YES) IN Q1902 BELOW AND GO ON TO Q1903.

Hello. My name is _____. We are here on behalf of the National Institute of Statistics, Republic of Rwanda to assist the government in knowing more about health services.
Now I will read a statement explaining the survey.

Your facility was randomly selected to participate in this study. We will be asking you questions about various health services and will ask to see patient registers. No patient names from the registers will be reviewed, recorded, or shared. The information about your facility may be used by the MOH and organizations supporting services in your facility, for planning service improvement or further studies of health services. The data collected from your facility may also be provided to researchers for analyses, however, the name of your facility will not be provided, and any reports that use your facility data will only present information in aggregate form so that your facility can not be identified.

We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person.

You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed?

_____ _____
Interviewer's signature Date
SIGNATURE OF INTERVIEWER INDICATING INFORMED CONSENT WAS PROVIDED.

1902	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	→ STOP

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1903	First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technicians) who provide services related to HIV/AIDS, TB, malaria, or STIs, who are assigned to this clinic/unit who are present today. Please give me the names and main service responsibility of the staff assigned to this unit, and present today, who provide any HIV/AIDS care and support services or services for TB, malaria, or STIs. COMPLETE THE STAFF LIST FOR THIS CLINIC/UNIT. DO NOT DUPLICATE SERVICE PROVIDERS WHO ARE LISTED FOR A SERVICE AREA THAT WAS PREVIOUSLY ASSESSED.		
	RESPONDENT MUST BE INTERVIEWED FOR TRAINING AND EXPERIENCE.	STAFF LIST COMPLETED YES . . . . . 1 NO 2	
1904	How many days each week are ART services available in this clinic/unit?	DAYS PER WEEK . . . . . [ ]	
1905	How many months have ART services been offered from this clinic/unit? IF EXACT MONTHS ARE UNCERTAIN, PROBE FOR AN ESTIMATE.	MONTHS . . . . . [ ][ ][ ]	
1906	Is there a person specifically in charge of ART? IF YES, ASK: Is the person in charge of ART assigned to this clinic/unit, or assigned to another clinic/unit?	YES, ASSIGNED THIS CLINIC/UNIT 1 YES, ASSIGNED OTHER CLINIC/UNIT 2 NO ONE PERSON IN CHARGE OF ART 3	→ 1908 → 1908
1907	What is the qualification of the person in charge of ARV services?	MEDICIN SPECIALIST . . . . . 01 MEDICIN GENERALIST . . . . . 02 MEDICAL OFFICER 03 NURSE/MIDWIFE 04 AUXILLIRIER SANTE . . . . . 05 LAB TECHNICIAN 06 ASSISTANT SOCIAL 07 PHARMACIST (ANY QUAL) 08 OTHER _____ 96 (SPECIFY)	
1908	Which ARV drugs are prescribed in this clinic/unit? CIRCLE ALL THAT APPLY. AFTER THE RESPONSE, READ THE NAME OF EACH DRUG THAT IS NOT MENTIONED, TO VERIFY THAT THE DRUG IS NOT PRESCRIBED. BY THIS CLINIC/UNIT IF A COMBINATION DRUG IS USED, CIRCLE THE COMPONENTS THAT ARE INDICATED IN LIST (E.G., FOR **STAVUDINE** + **LAMIVUDINE** & **NEVIRAPINE,** CIRCLE "F, E AND H)	**NsRTI** AZT+3TC . . . . . A ZIDOVUDINE (ZDV, AZT) . . . . . B ABACAVIR (ABC) . . . . . C DIDANOSINE (ddI) . . . . . D LAMIVUDINE (3TC) . . . . . E STAVUDINE (d4T) OR D3T . . . . . F **NtRTI** (TENOFOVIR [DISOPROXIL FUMARATE/VIREAD]) . . . . . G **NNRTI** NEVIRAPINE (NVP) . . . . . H EFAVIRENZ (EFZ) . . . . . I **PROTEASE INHIBITORS** (INDINAVIR [CRIXIVAN], NELFINAVIR [VIRACEPT], RITONAVIR [NORVIR], SAQUINAVIR [INVIRASE]) . . . . . J LOPINAVIR RITONAVIR (LPV/r) K OTHER _____ X (SPECIFY)	
1909	What is the most commonly prescribed first line ART regimen?	STAVUDINE (d4T) + LAMIVUDINE (3TC) *plus* NEVIRAPINE (NVP) . . . . . 1 ZIDOVUDINE (AZT) + LAMIVUDINE (3TC) *plus* NEVIRAPINE (NVP) . . . . . 2 STAVUDINE (d4T) + LAMIVUDINE (3TC) *plus* EFAVIRENZ (EFV) . . . . . 3 ZIDOVUDINE (AZT) + LAMIVUDINE (3TC) *plus* EFAVIRENZ (EFV) . . . . . 4 NO ROUTINE FIRST LINE REGIMEN . . 6	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1910	Now I want to know about any eligibility criteria used for placing clients on ARV Therapy. For each stage of AIDS that I will describe & each criteria I mention please indicate if a client at that stage is eligible for ART from this facility. READ EACH STAGE AND EACH CRITERIA AND CIRCLE ALL THAT APPLY		

	WHO stage 1=No symptoms of illness WHO stage 2 = SOME SYMPTOMS, MOSTLY AMBULATORY WHO STAGE 3 = SOME SYMPTOMS IN BED MORE THAN NORMAL WHO STAGE 4 = SOME SYMPTOMS MOST OF TIME IN BED	ELIGIBILITY CRITERIA					
		CLIENT NOT ELIGIBLE	ADHER. CRITERIA	CD4+ T LYMPH. COUNT	HIV VIRAL LOAD	COMMIT-TEE	DOCTOR OPINION
01	WHO stage 1 No symptoms of illness	A	B	C	D	E	F
02	WHO stage 1 No symptoms and pregnant	A	B	C	D	E	F
03	WHO stage 2 Symptomatic	A	B	C	D	E	F
04	WHO stage 2 Symptomatic and pregnant	A	B	C	D	E	F
05	WHO stage 3 Symptomatic	A	B	C	D	E	F
06	WHO stage 3 Symptomatic and pregnant	A	B	C	D	E	F
07	WHO stage 4 Symptomatic	A	B	C	D	E	F
08	WHO stage 4 Symptomatic and pregnant	A	B	C	D	E	F
09	Current active life threatening OI disease (e.g., TB, meningitis)	A	B	C	D	E	F
10	Newborn of HIV infected mother	A	B	C	D	E	F

1911	Are social or other criteria related to the client's personal situation considered prior to starting ART? IF YES, Tell me which of the following criteria are considered prior to starting ART? READ EACH RESPONSE AND CIRCLE ALL THAT APPLY.	GEOGRAPHIC CRITERIA . . . . . A PROOF OF CAPACITY TO ATTEND CLINIC REGULARLY . . . . . B DISCLOSURE TO SIGNIFICANT OTHER (IF APPLICABLE) C **NO ART IF SOCIAL PROBLEM:** ALCOHOLIC . . . . . D DRUG ADDICT . . . . . E MENTAL ILLNESS . . . . . F HOMELESS . . . . . G ABILITY TO PAY . . . . . H OTHER _____ X (SPECIFY) NO SOCIAL CRITERIA APPLIED . . . Y	
1912	Are adherence criteria considered prior to starting ART? IF YES, Tell me which of the following eligibility criteria are considered prior to starting a client on ART? READ EACH RESPONSE AND CIRCLE ALL THAT APPLY.	CONSISTENT USE OF COTRIM . . . A REQUIRED PRE ART CLINIC VISITS MADE ON TIME . . . . . B TREATMENT ASSISTANT IDENTIFIED . . . . . C OTHER _____ X (SPECIFY) NO ADHERENCE CRITERIA APPLIE . . Y	
1913	Is a total lymphocyte count (TLC) always done prior to starting ART? IF YES, What is the most common practice for providing the test?	YES, CONDUCTED IN THIS FACILIT . . 1 YES, CLIENT GOES ELSEWHERE . . 2 YES, BLOOD SENT ELSEWHERE . . 3 NO 4	→ 1915

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1914	After the initial TLC test, do you retest for a follow up level? IF YES, Is retesting done only if it is indicated by the patient's condition, or is it done periodically. IF PERIODICALLY, ASK: How often is follow up testing done?	ONLY IF INDICATED BY PATIENT CONDITION . . . . . 01 EVERY MONTH . . . . . 02 EVERY 2 3 MONTHS . . . . . 03 EVERY 4 6 MONTHS . . . . . 04 EVERY YEAR . . . . . 05 ONCE ONLY, WITHIN 1 MONTH . . . . . 06 OTHER _____ 96 (SPECIFY) NO FOLLOW UP 95	
1915	Is a CD4 T Cell count always determined prior to starting ART? IF YES, What is the most common practice for providing the test?	YES, CONDUCTED IN THIS FACILITY 1 YES, CLIENT REFERRED OUTSIDE 2 YES, BLOOD SENT OUTSIDE . . . . . 3 NO 4	→ 1917
1916	After the initial CD4 T cell count, do you retest for a follow up level? IF YES, Is retesting done only if it is indicated by the patient's condition, or is it done periodically. IF PERIODICALLY, ASK: How often is follow up testing done?	ONLY IF INDICATED BY PATIENT CONDITION . . . . . 01 EVERY MONTH . . . . . 02 EVERY 2 3 MONTHS . . . . . 03 EVERY 4 6 MONTHS . . . . . 04 EVERY YEAR . . . . . 05 ONCE ONLY, WITHIN 1 MONTH 06 OTHER _____ 96 (SPECIFY) NO FOLLOW UP 95	
1917	Is an HIV RNA Viral load level always done prior to starting ART? IF YES, What is the most common practice for providing the test? READ EACH RESPONSE.	YES, CONDUCTED IN THIS FACILITY 1 YES, CLIENT REFERRED OUTSIDE 2 YES, BLOOD SENT OUTSIDE . . . . . 3 NO 4	→ 1919
1918	After the initial HIV RNA Viral load level, do you retest for a follow up level? IF YES, Is retesting done only if it is indicated by the patient's condition, or is it done periodically. IF PERIODICALLY, ASK: How often is follow up testing done?	ONLY IF INDICATED BY PATIENT CONDITION . . . . . 01 EVERY MONTH . . . . . 02 EVERY 2 3 MONTHS . . . . . 03 EVERY 4 6 MONTHS . . . . . 04 EVERY YEAR . . . . . 05 ONCE ONLY WITHIN 1 MONTH . . . . . 06 OTHER _____ 96 (SPECIFY) NO FOLLOW UP 95	
1919	For each of the following tests, please tell me if the test is conducted routinely, selectively, or never, before starting ART.		

		TEST CONDUCTED			
		ROUTINELY	SELECTIVELY	NEVER	DK
01	Hemoglobin/hematocrit	1	2	3	8
02	Full blood count	1	2	3	8
03	Pregnancy test for women	1	2	3	8
04	Serum electrolytes (including serum creatinine)	1	2	3	8
05	Urinalysis	1	2	3	8
06	Liver function tests (Serum transaminases)	1	2	3	8
07	TB sputum test	1	2	3	8
08	Chest X ray	1	2	3	8
09	Any other routine tests _____ (SPECIFY)	1	2	3	8

NO.	QUESTIONS	CODING CATEGORIES				GO TO
1920	When a client is started on ART, are any of the following types of counseling offered? IF YES, RECORD WHETHER THE COUNSELING IS ALWAYS OR SOMETIMES OFFERED.	ALWAYS	SOMETIMES	NEVER	DON'T KNOW	
01	Pre treatment medication counseling?	1	2	3	8	
02	Follow up counseling to discuss adherence to ART medicines?	1	2	3	8	
03	Follow up counseling to discuss adherence to medication plan in presence of significant others?	1	2	3	8	
04	Prevention counseling	1	2	3	8	
1921	CHECK Q1920 IF THERE IS ANY COUNSELING RELATED TO ART, (01) OR (O2) OR (03) OR (04) = 1 OR 2	YES ..... 1 NO 2				→ 1924
1922	Who provides the counseling for ART medicines? CIRCLE ALL THAT APPLY. IF NONE OF THE RESPONSES IN 1921 ARE CODED '1', CIRCLE 'Y', "NO COUNSELING".	PRESCRIBING MEDICIN OR OTHER MEDICAL OFFICEl ..... A NURSE/MIDWIFE B LAB TEACHNICIAN ..... C ASSISTANT SOCIAL ... C NUTRITIONIST ... D TRAINED COUNSELOR ..... E PHARMACY STAFF ..... F COMMUNITY/PLHA WORKER ..... G OTHER _____ X (SPECIFY) NO COUNSELING ..... Y				→ 1924
1923	Have all of the people you just mentioned, who provide counseling for ART medicines been trained in counseling for adherence to ART?	YES ..... 1 NO ..... 2 DON'T KNOW 8				
1924	Are there any fees assessed for any services or items related to ARV treatment?	YES ..... 1 NO 2				→ 1926
1925	For each of the following items, indicate if there is any routine fee, and if yes, the amount of the fee	(a) FEE YES	NO	NA	(b) AMOUNT IN [RWF]	
01	FEE FOR ART CLIENT CARD/CHART	1→ b	2 → 02	3 → 02		
02	FEE FOR CONSULTATION SERVICE	1→ b	2 → 03	3 → 03		
03	FEE FOR ARV MEDICINE	1→ b	2 → 04	3 → 04		
04	FEE FOR LAB TEST CD4 COUNT	1→ b	2 → 1926	3 → 1926		
1926	WAS INFORMATION FOR OPD QRE 1221 OR IPD Q1319, AVAILABLE GUIDELINES/ PROTOCOLS PREVIOUSLY COLLECTED FOR THIS CLINIC/UNIT?	YES ..... 1 NO 2				→ 1929
1927	Are there any guidelines or protocols for providers working in this unit? Guidelines that are posted on the wall are acceptable. IF YES, ASK: May I see all the guidelines and protocols that are available here?	SOME GUIDELINES/PROTOCOLS AVAILABLE ..... 1 SOME GUIDELINES/PROTOCOLS AVAILABLE NONE SEEN ..... 2 NO GUIDELINES OR PROTOCOLS 3				→ 1931

NO.	QUESTIONS	CODING CATEGORIES				GO TO
1928	First I want to ask about some of the national guidelines. ASK ABOUT EACH GUIDELINE/PROTOCOL Do you have [NAME OF GUIDELINE]? LIST ANY NATIONAL GUIDELINES RELATED TO INDICATED TOPICS	(a)			(b)	
		OBSERVED	REPORTED AVAIL NOT SEEN	NOT AVAIL.	DATE ON OBSERVED MANUAL YEAR	
01	Normes et directives nationales pour le conseil et depistage volontaire et la prevention de la transmission du VIH de la mere et de l'enfant (MINISANTE)	1 → b	2 → 02	3 → 02		
02	Directive nationales pour le conseil et depistage volontaire du VIH (MINISANTE)	1 → b	2 → 02	3 → 02		
03	Manual du conseiller en conseil et depistage volontaire du VIH/SIDA (MINISANTE)	1 → b	2 → 02	3 → 02		
04	Guide pour la prise en charge therapeutique du VIH/SIDA (MINISANTE)	1 → b	2 → 04	3 → 04		
05	Protocol HIV sentinel surveillance among women receiving antenatal care in Rwanda	1 → b	2 → 05	3 → 05		
06	Directive pour l'administration des anti retroviraux chez les femmes enceintes	1 → b	2 → 06	3 → 06		
07	Guide therapeutique standard (MINISANTE)	1 → b	2 → 07	3 → 07		
08	Protocol de la transmission du virus de l'immuno deficience humaine de la mere a l'enfant au Rwanda	1 → b	2 → 08	3 → 08		
09	Guide d'utilisation des medicament antiretroviraux chez l'adulte andl'enfant	1 → b	2 → 09	3 → 09		
10	Guide national pour le soutien et la prise en charge alimentaire et nutritionnel pour les personnes vivant avec le VIH/SIDA	1 → b	2 → 10	3 → 10		
11	National nutritional policy (MINISANTE)	1 → b	2 → 02	3 → 02		
12	Directive nationales de prise en charge du paludisme au Rwanda	1 → b	2 →	3 →		
13	Manual technique sur la prise en charge de la tuberculosis	1 → b	2 → 14	3 → 14		
14	Manual therapeutique medecine intern (CHU/CHK)	1 → b	2 → 15	3 → 15		
15	La prise en charge de l'enfant infecte par le VIH	1 → b	2 → 1929	3 → 1929		

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1929	**Other than the previously mentioned national** guidelines, are there any other protocols or guidelines for counseling and testing or other related topics?	YES, OTHER PROTOCOLS/ GUIDELINES . . . . . 1 NO OTHER PROTOCOLS/ GUIDELINES 2	→ 1931

1930	ASK ABOUT ANY GUIDELINES OTHER THAN THOSE PREVIOUSLY RECORDED, THAT COVER THE FOLLOWING TOPICS:	(a) OBSERVED	(a) REPORTED AVAIL NOT SEEN	(a) NOT AVAIL.	(b) DATE ON MANUAL
01	Other protocols/guidelines for eligibility for ART	1 → b	2 → 02	3 → 02	
02	Other protocols/guidelines for prescribing ART	1 → b	2 → 03	3 → 03	
03	Other protocols/guidelines on adherence counseling for ART	1 → b	2 → 04	3 → 04	
04	Other protocols/guidelines on nutrition for ART clients	1 → b	2 → 05	3 → 05	
05	Other protocols/guidlelines on laboratory follow up for ART	1 → b	2 → 1931	3 → 1931	

1931	Where is information for patients receiving ART through this clinic/unit recorded? CIRCLE ALL THAT APPLY. ASK TO SEE THE REGISTERS USED FOR FOLLOW UP OF ART PROGRAM	GENERAL OPD REGISTER WITH HIV/ AIDS AND NON HIV/AIDS CLIENTS A SPECIFIC REGISTER FOR HIV/AIDS CLIENTS . . . . . B SPECIFIC REGISTER ONLY FOR CLIENTS RECEIVING ART . . . . . C INDIVIDUAL CLIENT CHART/ RECORD . . . . . D COMPUTER . . . . . E NO RECORD KEPT . . . . . Y	→ 1946
1932	SKIM THE REGISTER FOR ALL NEW ENTRIES THE PAST ONE FULL MONTH AND INDICATE WHICH INFORMATION IS COMPLETED FOR ALL CLIENTS STARTED ON ART.	ELIGIBILITY CRITERIA . . . . . A DATE OF ELIGIBILITY . . . . . B NEITHER INFORMATION COMPLETED . . . . . Y	
1933	ASK TO SEE CLIENT INDIVIDUAL RECORDS. RANDOMLY SELECT 10 INDIVIDUAL CLIENT RECORDS/CHARTS/CARDS AND INDICATE WHICH INFORMATION IS PRESENT ON ALL 10 CARDS.	TREATMENT SUPPORTER . . . . . A DATE OF ENROLLMENT IN ART . . . . . B ELIGIBILITY CRITERIA . . . . . C ARV REGIME BEING USED . . . . . D NONE OF ABOVE ITEMS . . . . . Y	
1934	ASK TO SEE THE REGISTER/CLIENT CHART/ COMPUTER RECORDS, AND INDICATE THE DATE OF THE MOST RECENT TIME ART WAS PROVIDED.	WITHIN PAST 30 DAYS . . . . . 1 MORE THAN 30 DAYS AGO . . . . . 2 REGISTER/RECORDS NOT SEEN . . . 3	→ 1946
1935	How many patients are currently receiving ART through this clinic/unit are adult? **ADULTS ARE 15 YEARS AND OLDER**	TOTAL NUMBER OF ADULTS ON ART . . [ ][ ][ ][ ] NONE 0000	
1936	How many patients are currently receiving ART through this clinic are children? **CHILDREN ARE THOSE UNDER 15 YEARS**	TOTAL NUMBER OF CHILDREN ON ART [ ][ ][ ][ ] NONE 0000	
1937	How many female patients are currently receiving ART through this clinic/unit?	TOTAL NUMBER OF FEMALE CLIENTS ON ART . . . . . [ ][ ][ ][ ] NONE . . . . . 0000 DON'T KNOW 9998	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1938	How many women who were identified through testing when pregnant or at delivery, such as PMTCT clients are currently receiving ART through this clinic/unit?	TOTAL NUMBER OF PMTCT CLIENTS ON ART ..... [ ][ ][ ][ ] NONE ..... 0000 DON'T KNOW 9998	
1939	How many children below 18 months of age are currently receiving ART through this clinic/unit?	TOTAL NUMBER OF < 18 MONTH CHILDREN ON ART [ ][ ][ ][ ] NONE ..... 0000 DON'T KNOW 9998	
1940	Since the beginning of the ART services, how many clients have been lost to follow up or are defaulters. This is the number who began ART and no longer receive ART and you do not know their status (transferred or died).	NUMBER ART CLIENTS LOST TO FOLLOW UP [ ][ ][ ][ ] NONE ..... 0000 DON'T KNOW 9998	
1941	Among ART clients who began treatment before January 2007, how many were late to pick up their medicines, to avoid missing a dose, during the past 6 months.	NUMBER OF IRREG ULAR ART CLIENTS [ ][ ][ ][ ] NONE ..... 0000 DON'T KNOW ..... 9998 ART PROGRAM OPERATING < 6M 9995	
1942	During the past 12 full months, how many ART clients have died?	NUMBER OF CLIENTS DIED ..... [ ][ ][ ][ ] NONE ..... 0000 DON'T KNOW 9998	→ 1944
1943	INDICATE MONTHS OF DATA IN PREVIOUS QUESTION.	MONTHS OF DATA ..... [ ][ ]	
1944	During the past 12 full months, how many ART clients have been lost to follow up?	NUMBER OF CLIENTS LOST TO FOLLOW UP [ ][ ][ ][ ] NONE ..... 0000 DON'T KNOW 9998	→ 1946
1945	INDICATE MONTHS OF DATA IN PREVIOUS QUESTION.	MONTHS OF DATA ..... [ ][ ]	
1946	Are reports regularly compiled on the numbers of clients receiving ART?	YES ..... 1 NO 2	→ 1949
1947	How frequently are the compiled reports submitted to someone outside of this clinic/unit?	YES, MONTHLY OR MORE OFTEN ... 1 YES, EVERY 2 3 MONTHS ..... 2 YES, EVERY 4 6 MONTHS ..... 3 YES LESS OFTEN THAN EVERY 6 MONTHS ..... 4 NEVER 5	→ 1949
1948	To whom do you send these reports? CIRCLE ALL THAT APPLY.	RECORDS CLERK ..... A FACILITY DIRECTOR/SUPERVISOR B DISTRICT LEVEL C REGIONAL LEVEL D NATIONAL LEVEL E DONOR AGENCY ..... F OTHER _____ X (SPECIFY)	
1949	Is an individual client chart/record/card where information on an individual client is recorded, and which provides information on previous visits of this client maintained? IF YES, ASK TO SEE A BLANK OR CURRENT CHART/RECORD.	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 YES, CHART/RECORD AVAILABLE IN OTHER CLINIC/UNIT, THIS FACILITY 3 ENTER CLINIC/UNIT NUMBER ..... [ ][ ][ ][ ] NO 4	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
1950	Do you have a system for making individual client appointments for follow up? IF YES, ASK TO SEE ANY RECORD INDICATING THE SYSTEM FUNCTIONS.	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO 3	→ 1952
1951	Does the appointment system indicate if the client kept the appointment or not?	YES ..... 1 NO 2	
1952a	Does this facility provide nutrition rehabilitation services for HIV/AIDS patients? NUTRITIONAL REHABILITATION REFERS TO EDUCATION ABOUT EATING WELL, EARLY IDENTIFICATION OF DEFICIENCIES, PROVID ING FORTIFIED PROTEIN SUPPLEMENT (FPS). IF YES, ASK: Which of the following are routine components of nutritional rehabilitation services? READ EACH RESPONSE AND CIRCLE ALL THAT APPLY.	NUTRITIONAL COUNSELING ..... A TEACH EARLY IDENTIFICATION OF DEFICIENCIES ..... B PROVIDE VITAMINS ..... C PROVIDE FORTIFIED PROT. SUPP. D PROVIDE HIGH PROTEIN FOODS E PROVIDE OTHER DIET SUPPLEMENT _____ X (SPECIFY) NO SERVICES ..... Y	
1952b	Do provider in this clinic/unit facilitate obtaining an ITN for the ART clients?	ROUTINELY TO ALL CLIENT..... 1 SOMETIME TO SELECTED CLIENTS... 2 REFER ALL CLIENTS ..... 3 REFER SELECTED CLIENTS..... 4 NEVER 5	
1952c	Do provider in this clinic/unit provide counseling on importnant of ITN usage to prevent malaria?	ROUTINELY TO ALL CLIENT..... 1 SOMETIME TO SELECTED CLIENTS... 2 REFER ALL CLIENTS ..... 3 REFER SELECTED CLIENTS..... 4 NEVER 5	

SECTION J: PREVENTION OF MOTHER-TO-CHILD TRANSMISSION SERVICES

Facility Number: [ ][ ][ ]

QRE TYPE **2 0**

Interviewer Code: [ ][ ]

2000	INDICATE THE SERVICE SETTING FOR THIS SECTION	Line # [ ][ ] Unit # [ ][ ]	
2001	**MANAGING AUTHORITY** GOVERNEMENT PUBLIC . . . . . 1 GOVERNEMENT NON PUBLIC (POLICE/MILITAIRE/PRISON) . . . . . 2 AGREES . . . . . 3 PRIVE . . . . . 4 ONG/COMMUNITAIRE 5		
2002	HOW ARE THE PMTCT SERVICES FOR THIS CLINIC/UNIT PROVIDED?	SEPARATE PMTCT SERVICES . . . . . 1 PMTCT AND VCT SERVICES TOGETHER 2 PMTCT WITH ANC SERVICES . . . . . 3 PMTCT WITH ANC AND DELIVERY (ONE SYSTEM) . . . . . 4 PMTCT WITH DELIVERY 5	

ENSURE THAT YOUR RESPONDENT IS THE PERSON PRESENT TODAY WHO IS MOST KNOWLEDGEABLE ABOUT PMTCT SERVICES PROVIDED IN THIS CLINIC/UNIT.

IF THE PROVIDER IS DIFFERENT FROM THE PREVIOUS RESPONDENT, INTRODUCE YOURSELF, BRIEFLY EXPLAIN THE PURPOSE OF YOUR VISIT, AND ASK IF HE/SHE WOULD BE WILLING TO ANSWER A FEW QUESTIONS ABOUT HIV/AIDS RELATED SERVICES IN THE DEPARTMENT. IF IN AGREEMENT, READ THE INTRODUCTORY CONSENT FORM BELOW

IF THE RESPONDENT HAS ALREADY BEEN INTERVIEWED FOR A PREVIOUS SECTION, CIRCLE NUMBER 1 (YES) IN Q2003 BELOW AND GO ON TO Q2004.

Now I will read a statement explaining the survey and asking your consent for responding to survey questions.

Hello. My name is . We are here on behalf of the **National Institute of Statistics, Republic of Rwanda** to assist the government in knowing more about health services.
Now I will read a statement explaining the survey.

Your facility was randomly selected to participate in this study. We will be asking you questions about various health services and will ask to see patient registers. No patient names from the registers will be reviewed, recorded, or shared. The information about your facility may be used by the MOH and organizations supporting services in your facility, for planning service improvement or further studies of health services. The data collected from your facility may also be provided to researchers for analyses, however, the name of your facility will not be provided, and any reports that use your facility data will only present information in aggregate form so that your facility can not be identified.

We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person.

You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed?

Interviewer's signature _____ Date _____

SIGNATURE OF INTERVIEWER INDICATING INFORMED CONSENT WAS PROVIDED.

2003	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	→ STOP

NO.	QUESTIONS	CODING CATEGORIES	GO TO
2004	First, I would like to identify clinical staff (such as nurses or doctors) or other staff (such as counselors, social workers, and laboratory technicians) who provide services related to HIV/AIDS, TB, malaria, or STIs, who are assigned to this clinic/unit who are present today. Please give me the names and main service responsibility of the staff assigned to this unit, and present today, who provide any HIV/AIDS care and support services or services for TB, malaria, or STIs. COMPLETE THE STAFF LIST FOR THIS CLINIC/UNIT. DO NOT DUPLICATE SERVICE PROVIDERS WHO ARE LISTED FOR A SERVICE AREA THAT WAS PREVIOUSLY ASSESSED.		
	RESPONDENT MUST BE INTERVIEWED FOR TRAINING AND EXPERIENCE.	STAFF LIST COMPLETED YES . . . . . 1 NO 2	
2005	How many months have PMTCT services been offered from this clinic/unit? IF EXACT MONTHS ARE UNCERTAIN, PROBE FOR AN ESTIMATE.	MONTHS . . . . . [ ][ ][ ]	
2006	For each service I will mention, please tell me if providers in this clinic/unit offer the service or refer the client for the service, either in this facility or outside, for prevention of mother to child transmission of HIV.		

	SERVICE	SERVICE OFFERED IN THIS FACILITY: OUTPATIENT: OFFERED THIS CLINIC/UNIT	SERVICE OFFERED IN THIS FACILITY: OUTPATIENT: REFER TO OTHER CLINIC/UNIT THIS FACILITY	SERVICE OFFERED IN THIS FACILITY: INPATIENT SERVICE ONLY	REFER CLIENTS OUTSIDE FACILITY	NO SERVICE OR REFERRAL
01	Offer HIV testing	1	2	3	4	5
02	Offer group pretest information or counseling	1	2	3	4	5
03	Offer individual HIV pretest information or counseling	1	2	3	4	5
04	Offer individual HIV post test counseling	1	2	3	4	5
05	Offer couple counseling for women who are HIV positive	1	2	3	4	5
06	Offer counseling on infant feeding to HIV positive women	1	2	3	4	5
07	Offer counseling on maternal nutrition to HIV positive women	1	2	3	4	5
08	Offer counseling on family planning	1	2	3	4	5
09	Offer family planning services	1	2	3	4	5
10	Offer counseling on condom use for dual protection	1	2	3	4	5
11	Distribute condoms to PMTCT clients	1	2	3	4	5
12	Offer ARV prophylaxis for pregnant women	1	2	3	4	5
13	Offer ARV prophylaxis for newborn	1	2	3	4	5
14	Provide breast milk substitutes for newborns of HIV positive women	1	2	3	4	5
15	Offer follow up counseling for HIV positive women	1	2	3	4	5
16	Offer ARV therapy (long term treatment) for HIV positive women	1	2	3	4	5
17	Offer ARV therapy for family members of HIV positive women	1	2	3	4	5
18	Offer women to women support groups	1	2	3	4	5
19	Offer PMTCT services with delivery services	1	2	3	4	5
20	Provide or faciltate obtaining an ITN?	1	2	3	4	5
21	Counsel on importance of ITN usage to prevent malaria?	1	2	3	4	5
22	Do you provide IPT of malaria in pregnancy for women who are not on cotrimoxazole?	1	2	3	4	5

NO.	QUESTIONS	CODING CATEGORIES	GO TO
2007	When the various services offered for PMTCT are provided, is this recorded anywhere so that you can see what services a pregnant woman has received? IF YES, AS TO SEE WHERE THIS INFORMATION IS RECORDED AND ANSWER THE FOLLOWING QUESTIONS.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 RECORDED IN INDIVIDUAL CLIENT CHART/RECORD, NOT COMPILED FOR REPORTING . . . . . 3 NO 4	→ 2009 → 2009 → 2009

2008	RECORD THE FOLLOWING INFORMATION FOR ANC CLIENTS. IT MAY BE NECESSARY TO REVIEW ANC AS WELL AS PMTCT RECORDS TO COLLECT THE INFORMATION.	(a) RECORD/REGISTER			(b) NUMBERS FROM OBSERVED RECORDS	
		OBSERVED	REPORTED NOT SEEN	NOT AVAIL	NUMBER OF CLIENTS	MONTHS OF DATA
01	TOTAL ANC CLIENTS RECEIVING PRIMARY PREVENTIVE COUNSELING (EITHER GROUP OR INDIVIDUAL) PAST 12 MONTHS	1 → b	2 → 02	3 → 02		
02	TOTAL HIV POSITIVE WOMEN RECEIVING PRIMARY PREVENTIVE COUNSELING PAST 12 MONTHS	1 → b	2 → 03	3 → 03		
03	TOTAL HIV POSITIVE WOMEN RECEIVING COUNSELING ON FAMILY PLANNING PAST 12 MONTHS	1 → b	2 → 04	3 → 04		
04	TOTAL HIV POSITIVE WOMEN RECEIVING INFANT FEEDING COUNSELING PAST 12 MONTHS	1 → b	2 → 05	3 → 05		
05	TOTAL HIV POSITIVE WOMEN RECEIVING COUPLES COUNSELING PAST 12 MONTHS	1 → b	2 → 06	3 → 06		
06	TOTAL HIV POSITIVE WOMEN AND PARTNER RECEIVING COUNSELING ON FAMILY PLANNING PAST 12 MONTHS	1 → b	2 → 2009	3 → 2009		

2009	Does this clinic/unit have any specific youth friendly services (YFS)?	YES, IN CLINIC UNIT . . . . . 1 YES, OTHER LOCATION IN FACILITY 2 NO 3	→ 2013 → 2013
2010	Are there any written policies or guidelines for the youth friendly services? IF YES, ASK TO SEE THE POLICY/GUIDELINE.	YES, OBSERVED . . . . . 1 YES, REPORTED NOT SEEN . . . . . 2 NO 3	
2011	Do you have a staff member who has had specific training for providing youth friendly services? IF YES, ASK: Is the staff member present today?	YES, PRESENT TODAY . . . . . 1 YES, NOT PRESENT TODAY . . . . . 2 NO 3	
2012	ASK TO SEE THE LOCATION WHERE YFS ARE PROVIDED. ASK TO SPEAK WITH THE PERSON MOST KNOWLEDGEABLE ABOUT THE YOUTH FRIENDLY SERVICES. What are the key components of the youth friendly services that are offered in this clinic/unit? ASK FOR EACH ITEM. CIRCLE ALL THAT APPLY.	SERVICES IN SEPARATE ROOM . . . . . A DISCOUNT FEES . . . . . B NO FEES . . . . . C EDUCATION/COUNSELING . . . . . D OTHER _____ X (SPECIFY)	
2013	WAS INFORMATION FOR OPD QRE 1221 OR IPD Q1319, AVAILABLE GUIDELINES/ PROTOCOLS PREVIOUSLY ASKED FROM THIS RESPONDENT?	YES . . . . . 1 NO 2	→ 2016
2014	Are there any guidelines or protocols for providers working in this unit? Guidelines that are posted on the wall are acceptable. IF YES, ASK: May I see all the guidelines and protocols that are available here?	SOME GUIDELINES/PROTOCOLS AVAILABLE . . . . . 1 SOME GUIDELINES/PROTOCOLS AVAILABLE NONE SEEN . . . . . 2 NO GUIDELINES OR PROTOCOLS . . 3	 → 2018

NO.	QUESTIONS	CODING CATEGORIES				GO TO
2015	First I would like to ask about national guidelines. ASK ABOUT EACH GUIDELINE/PROTOCOL Do you have [NAME OF GUIDELINE]? LIST ANY NATIONAL GUIDELINES RELATED TO INDICATED TOPICS	(a) OBSERVED	(a) REPORTED AVAIL. NOT SEEN	(a) NOT AVAIL.	(b) DATE ON OBSERVED MANUAL YEAR	
01	Normes et directives nationales pour le conseil et depistage volontaire et la prevention de la transmission du VIH de la mere et de l'enfant (MINISANTE)	1 → b	2 → 02	3 → 02		
02	Directive nationales pour le conseil et depistage volontaire du VIH (MINISANTE)	1 → b	2 → 03	3 → 03		
03	Manual du conseiller en conseil et depistage volontaire du VIH/SIDA (MINISANTE)	1 → b	2 → 04	3 → 04		
04	Guide pour la prise en charge therapeutique du VIH/SIDA (MINISANTE)	1 → b	2 → 05	3 → 05		
05	Protocol HIV sentinel surveillance among women receiving antenatal care in Rwanda	1 → b	2 → 06	3 → 06		
06	Directive pour l'administration des anti retroviraux chez les femmes enceintes	1 → b	2 → 07	3 → 07		
07	Guide therapeutique standard (MINISANTE)	1 → b	2 → 08	3 → 08		
08	Protocol de la transmission du virus de l'immuno deficience humaine de la mere a l'enfant au Rwanda	1 → b	2 → 09	3 → 09		
09	Guide d'utilisation des medicament antiretroviraux chez l'adulte andl'enfant	1 → b	2 → 10	3 → 10		
10	Guide national pour le soutien et la prise en charge alimentaire et nutritionnel pour les personnes vivant avec le VIH/SIDA	1 → b	2 → 11	3 → 11		
11	National nutritional policy (MINISANTE)	1 → b	2 → 12	3 → 12		
12	Directive nationales de prise en charge du paludisme au Rwanda	1 → b	2 → 13	3 → 13		
13	Manual technique sur la prise en charge de la tuberculosis	1 → b	2 → 14	3 → 14		
14	Manual therapeutique medecine intern (CHU/CHK)	1 → b	2 → 15	3 → 15		
15	La prise en charge de l'enfant infecte par le VIH	1 → b	2 → 2016	3 → 2016		
2016	**Other than the previously mentioned national** guidelines, are there any other protocols or guidelines for counseling and testing or other related topics?	YES, OTHER PROTOCOLS/ GUIDELINES . . . . . 1 NO OTHER PROTOCOLS/ GUIDELINES 2				→ 2018

NO.	QUESTIONS	CODING CATEGORIES			GO TO
		(a)			(b)
2017	ASK ABOUT ANY GUIDELINES OTHER THAN THOSE PREVIOUSLY RECORDED, THAT COVER THE FOLLOWING TOPICS:	OBSERVED	REPORTED AVAIL. NOT SEEN	NOT AVAIL.	DATE ON MANUAL YEAR
01	Other protocols/guidelines for pretest counseling?	1 → b	2 → 02	3 → 02	
02	Other protocols/guidelines for post test counseling for both positive and negative test results?	1 → b	2 → 03	3 → 03	
03	Is there any written policy that all clients receiving HIV tests must be offered pretest counseling or information, and post test counseling?	1 → b	2 → 04	3 → 04	
04	Is there any policy on HIV testing procedures, that is what test should be done, and when?	1 → b	2 → 05	3 → 05	
05	HIV Laboratory Manual for the Processing of samples, use of HIV test kits, and data management?	1 → b	2 → 06	3 → 06	
06	Is there a written informed consent document for the client to sign or keep?	1 → b	2 → 07	3 → 07	
07	Any other informed consent policy?	1 → b	2 → 08	3 → 08	
08	Is there a written policy on confidentiality provided to the client, that specifies that no one will be told the HIV test result without the permission of the client?	1 → b	2 → 09	3 → 09	
09	Any other confidentiality policy reaffirming that no one will be told the results without the specific permission of the client?	1 → b	2 → 10	3 → 10	
10	Any other guidelines on how to prescribe the ART for the HIV postive woman?	1 → b	2 → 11	3 → 11	
11	Any other guidelines on storage and stock management for the ARVs?	1 → b	2 → 12	3 → 12	
12	Any other guidelines specifying counseling on family planning for the HIV positive woman?	1 → b	2 → 13	3 → 13	
13	Any other guidelines specifying counseling on infant feeding for the HIV positive woman?	1 → b	2 → 14	3 → 14	
14	Any other guidelines specifying general nutrition counseling for people living with HIV/AIDS?	1 → b	2 → 15	3 → 15	
15	Any other guidelines for Post Exposure Prophylaxis? (PEP)	1 → b	2 → 2018	3 → 2018	
2018	Does this clinic/unit have a counselor who has been trained for both pretest and post test counseling? IF YES, ASK IF THE PERSON IS PRESENT TODAY AND ENSURE THAT PERSON IS INTERVIEWED FOR THE HEALTH WORKER INTERVIEW	YES, PRESENT TODAY . . . . . 1 YES, NOT PRESENT TODAY . . . . . 2 NO 3			
2019	DESCRIBE THE SETTING WHERE CLIENT COUNSELING RELATED TO HIV/AIDS IS PROVIDED	PRIVATE ROOM WITH VISUAL AND AUDITORY PRIVACY . . . . . 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY 2 VISUAL PRIVACY ONLY . . . . . 3 NO PRIVACY 4			
2020	How is pretest counseling or information provided?	INDIVIDUAL ONLY . . . . . 1 GROUP ONLY . . . . . 2 BOTH INDIVIDUAL AND GROUP . . . 3 NO PRETEST COUNSELING 4			→ 2023 → 2024

NO.	QUESTIONS	CODING CATEGORIES	GO TO
2021	Are there records of the group pretest information sessions? IF YES, ASK TO SEE THE RECORDS FOR THE PAST 12 MONTHS AND RECORD THE NUMBER OF SESSIONS THAT HAVE BEEN HELD.	YES, ... NUMBER OF SESSIONS [ ][ ][ ] NO RECORDS ON GROUP COUNSELING 995	→ 2023
2022	RECORD THE NUMBER OF MONTHS OF DATA REPRESENTED IN PREVIOUS QUESTION	MONTHS OF DATA . . . . . [ ][ ]	
2023	Which staff most commonly provide pre test HIV counseling for clients in this clinic/unit? PROBE FOR RESPONSE THAT IS MOST ACCURATE.	VCT/CT COUNSELORS FROM OUTSIDE UNIT . . . . . 1 TRAINED UNIT STAFF PROVIDE COUNSELING . . . . . 2 TRAINED AND UNTRAINED UNIT STAFF , DEPENDING ON TIME AND STAFF AVAILABILITY . 3 BOTH OUTSIDE STAFF AND TRAINED UNIT STAFF PROVIDE COUNSELING, DEPENDING ON TIME AND STAFF AVAILABILITY . 4 CLIENTS ALWAYS SENT TO ANOTHER CLINIC/UNIT FOR PRE TEST COUNSELING 5	
2024	Which staff most commonly provide post test HIV counseling for clients in this clinic/unit with negative results? PROBE FOR RESPONSE THAT IS MOST ACCURATE.	VCT/CT COUNSELORS FROM OUTSIDE UNIT . . . . . 1 TRAINED UNIT STAFF PROVIDE COUNSELING . . . . . 2 BOTH OUTSIDE STAFF AND TRAINED UNIT STAFF PROVIDE COUNSELING, DEPENDING ON TIME AND STAFF AVAILABILITY . 3 CLIENTS ALWAYS SENT TO ANOTHER CLINIC/UNIT FOR POST TEST COUNSELING . . . . . 4 NO POST TEST COUNSELING FOR NEGATIVE RESULTS. 5	
2025	Which staff most commonly provide post test HIV counseling for clients in this clinic/unit with positive results? PROBE FOR RESPONSE THAT IS MOST ACCURATE.	VCT/CT COUNSELORS FROM OUTSIDE UNIT . . . . . 1 TRAINED UNIT STAFF PROVIDE COUNSELING . . . . . 2 BOTH OUTSIDE STAFF AND TRAINED UNIT STAFF PROVIDE COUNSELING, DEPENDING ON TIME AND STAFF AVAILABILITY . 3 CLIENTS ALWAYS SENT TO ANOTHER CLINIC/UNIT FOR POST TEST COUNSELING . . . . . 4 NO POST TEST COUNSELING . . . 5	
2026	When a client agrees to an HIV test, what is the procedure that is followed? AFTER RESPONSE IS PROVIDED, PROBE FOR ANY OTHER PROCEDURES USED FOR PROVIDING THE HIV TEST. CIRCLE ALL THAT APPLY	**TESTING IN THIS FACILITY** RAPID TEST ONSITE THIS CLINIC/UNIT A CLIENT SENT TO (V)CT CLINIC/UNIT . . B CLIENT SENT TO PMTCT CLINIC/UNIT C CLIENT REFERRED OTHER CLINIC/UNIT THIS FACILITY (NON VCT/PMTCT) D BLOOD DRAWN IN THIS CLINIC/UNIT BY CLINIC/UNIT STAFF, TEST CONDUCTED ELSEWHERE . . . . . E BLOOD DRAWN IN THIS CLINIC/UNIT BY **EXTERNAL STAFF, TEST** CONDUCTED ELSEWHERE . . . . . F CLIENT SENT TO LAB THIS FACILITY . . . . . G **TESTING OUTSIDE FACILITY:** CLIENT SENT ELSEWHERE OUTSIDE THIS FACILITY . . . . . H OTHER _____ X (SPECIFY) CLIENT NEVER OFFERED HIV TEST Y	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
2027	CHECK Q2026 AND CIRCLE CORRECT RESPONSE TO RIGHT	BLOOD DRAWN IN THIS CLINIC/UNIT (A OR E OR F CIRCLED) 01 BLOOD FOR HIV TEST DRAWN OUTSIDE **FACILITY (ONLY H OR X CIRCLED)** 02 ANY OTHER RESPONSE 03	→ 2035 → 2034
2028	ASK TO SEE WHERE BLOOD IS DRAWN FOR THE HIV TEST AND INDICATE IF THE ROOM HAS ALREADY BEEN OBSERVED FOR ITEMS IN Q2028. IF YES, INDICATE WHICH SECTION THE DATA ARE RECORDED IN.	DATA RECORDED IN OPD/IPD QRE 1 ENTER CLINIC/UNIT NUMBER . . . . . [ ][ ][ ][ ] DATA NOT PREVIOUSLY RECORDED 2	→ 2030

2029	ASK TO SEE WHERE BLOOD IS DRAWN FOR THE HIV TEST AND INDICATE IF THE ITEM IS AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED)	1 → 04	2	3
02	OTHER RUNNING WATER (BUCKET WITH TAP OR POUR PITCHER)	1 → 04	2	3
03	WATER IN BUCKET OR BASIN (WATER REUSED)	1	2	3
04	HAND WASHING SOAP	1	2	3
05	SINGLE USE HAND DRYING TOWELS	1	2	3
06	WASTE RECEPTACLE WITH LID AND PLASTIC LINER	1	2	3
07	SHARPS CONTAINER	1	2	3
08	DISPOSABLE LATEX GLOVES	1 → 10	2	3
09	DISPOSABLE NON LATEX GLOVES	1	2	3
10	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 12	2	3
11	DISINFECTANT (NOT YET MIXED)	1	2	3
12	DISPOSABLE NEEDLES	1	2	3
13	AUTO DISABLE SYRINGES	1	2	3
14	DISPOSABLE SYRINGES (3 OR 5 ML)	1	2	3
15	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → 18	2	3
16	AUDITORY PRIVACY	1	2	3
17	VISUAL PRIVACY	1	2	3
18	EXAMINATION TABLE	1	2	3
19	CONDOMS	1	2	3
20	RAPID TEST FOR HIV	1	2	3

2030	ARE ALL SURFACE AREAS IN THE BLOOD DRAWING AREA CLEAN OF BLOOD OR OTHER BODY FLUIDS?	YES . . . . . 1 NO 2	
2031	WERE ANY USED NEEDLES OR OTHER SHARPS OBSERVED OUTSIDE OF A SHARPS CONTAINER?	YES . . . . . 1 NO 2	
2032	WAS THE SHARPS CONTAINER OVERFLOWING, OR WAS THE CONTAINER PIERCED/BROKEN?	YES . . . . . 1 NO . . . . . 2 NO SHARPS CONTAINER 3	
2033	WERE ANY BANDAGES OR OTHER NON SHARP INFECTIOUS WASTE OBSERVED OUTSIDE OF A COVERED TRASH CONTAINER?	YES, ON FLOOR/SURFACES . . . . 1 YES, IN UNCOVERED CONTAINER . 2 NO 3	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
2034	How many days each week are HIV tests available in this facility for pregnant women?	DAYS PER WEEK . . . . . [ ] DON'T KNOW 8	
2035	What is the most common procedure followed, for offering HIV testing to pregnant women? RECORD THE RESPONSE THAT BEST REFLECTS THE PRACTICE. PROBE IF NECESSARY.	OFFERED WHEN VOLUNTARILY REQUESTED BY PREGNANT WOMAN . . . . . 1 OFFERED TO ALL ANC CLIENTS AT FIRST VISIT . . . . . 2 OFFERED SELECTIVELY TO ANC CLIENTS AT FIRST VISIT, BASED ON SOCIAL/MEDICAL HISTORY . . . 3 OTHER _____ 6 (SPECIFY)	
2036	Are all HIV positive women instructed to bring the child for an HIV test? IF YES, ASK WHETHER ALL PMTCT CLIENTS ARE INSTRUCTED OR ONLY THOSE DELIVERING AT THE FACILITY.	YES, FOR ALL HIV POSITIVE WOMEN 1 YES, FOR FACILITY DELIVERIES ONLY . . . . . 2 NO 3	→ 2038
2037	At what age are the women instructed to bring the child for HIV testing? INDICATE AGE IN MONTHS	AGE (IN MONTHS) INFANT TO BE BROUGHT FOR HIV TESTING [ ][ ] DON'T KNOW 98	
2038	Does this clinic/unit actually prescribe or provide the antiretroviral medicine to HIV positive women for PMTCT? IF YES, ASK: What is the ARV regime used? CIRCLE ALL THAT APPLY.	NEVIRAPINE ALONE . . . . . A ZIDOVUDINE ALONE . . . . . B ZIDOVUDINE AND LAMIVUDIN . . . . . C ZIDOVUDINE AND NEVIRAPIN . . . . . D OTHER _____ X SPECIFY NO ARV AVAILABLE FROM THIS CLINIC/UNIT FOR PMTCT . . . . . Y	→ 2043
2039	What is the practice for providing the ARV prophylaxis to the HIV positive woman?	GIVE TO ANC WOMAN FOR SELF ADMINISTRATION AT TIME OF LABOUR. . . . . A GIVEN TO HEALTH WORKER TO GIVE TO WOMAN AT HOME DURING LABOUR . . . . . B **ONLY** PROVIDE TO WOMEN WHO DELIVER IN FACILITY, AT TIME OF DELIVERY . . . . . C OTHER _____ X (SPECIFY)	→ 2041
2040	What is the most common practice for when the ARV is provided to the HIV positive client or to the health worker?	FOLLOW NATIONAL PROTOCOL . . . . . 1 FIRST SEEN 28-34WK GIVE AZT DAILY. GIVE 1 DOSE OF NVP AT BIRTH AND AZT+3TC TWICE DAILY 1 WEEK AFTER BIRTH FIRST SEEN AFTER 34 WEEKS GIVE TRITHERAPY (AZT+3TC+NVP) IN ARV SITE AND AS ABOVE IN NON-ARV SITE GIVE NVP ONLY STARTING FROM . . . . . 2 28 WEEKS PREGNANCY OTHER . . . . . 6 (SPECIFY)	
2041	Which ARV is used for the newborn for PMTCT?	NEVIRAPINE . . . . . 1 ZIDOVUDINE (or AZT) . . . . . 2 NEVIRAPINE + ZIDOVUDINE 3 OTHER 6 (SPECIFY)	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
2042	What is the practice for providing the ARV prophylaxis to the newborn of the HIV positive woman?	GIVE TO ANC WOMAN FOR SELF ADMINISTRATION TO NEWBORN AFTER BIRTH ..... A GIVEN TO HEALTH WORKER TO GIVE AT HOME AFTER BIRTH ..... B INSTRUCT MOTHER TO BRING CHILD TO FACILITY FOR ARV AROUND 72 HOURS AFTER BIRTH ..... C GIVEN IMMEDIATELY TO BABY BEFORE DISCHARGE ..... D OTHER _____ X (SPECIFY) NO ARV PROPHYLAXIS FOR NEWBORN ..... Y	
2043	Now I would like to look at ANC records, including those that provide information on any PMTCT counseling and testing services		
	Do you have a record or register of the total number of first visit ANC clients over the past 12 months? IF YES, ASK TO SEE THE RECORD/REGISTER.	YES, OBSERVED ..... 1 YES, REPORTED, NOT SEEN ..... 2 NO 3	 → 2046 → 2046
2044	RECORD THE TOTAL NUMBER OF FIRST VISIT ANC CLIENTS DURING THE PAST 12 MONTHS.	NUMBER OF FIRST VISIT ANC CLIENTS [ ][ ][ ][ ]	
2045	INDICATE NUMBER OF MONTHS OF DATA AVAILABLE IN PREVIOUS QUESTION.	MONTHS OF DATA ..... [ ][ ]	
2046	Are there any records or registers that provide numbers of ANC clients receiving pre or post test counseling or HIV testing? GO TO WHERE PMTCT RECORDS ARE MAINTAINED FOR THE FOLLOWING INFORMATION. THE INFORMATION MAY BE KEPT IN ANC AND DELIVERY UNITS.	YES ..... 1 YES, IN VCT STATISTICS BUT NOT SPECIFIC FOR ANC ..... 2 NO 3	 → 2049 → 2049

2047	ASK TO SEE ANY RECORD OR REGISTER OF ANC CLIENTS WHO RECEIVED ANY HIV TEST OR COUNSELING SERVICES DURING THE PAST 12 MONTHS, AND RECORD THE CORRECT RESPONSE.	(a) RECORD/REGISTER			(b) NUMBERS FROM OBSERVED RECORDS	
		OBSERVED	REPORTED NOT SEEN	NOT AVAIL	NUMBER OF CLIENTS	MONTHS OF DATA
01	RAPID TEST USED BY UNIT AND UNIT ONLY RECORDS CLIENT ID AND TEST RESULT, NO WRITTEN RECORDS OF COUNSELING OR RECEIPT OF TEST RESULTS	1 → b	2 → 02	3 → 02	[ ][ ][ ][ ]	[ ][ ] → 06
02	TOTAL ANC CLIENTS RECEIVING INDIVIDUAL PRE TEST COUNSELING	1 → b	2 → 03	3 → 03	[ ][ ][ ][ ]	[ ][ ]
03	TOTAL ANC CLIENTS RECEIVING POST TEST COUNSELING	1 → b	2 → 04	3 → 04	[ ][ ][ ][ ]	[ ][ ]
04	TOTAL ANC CLIENTS WHO RECEIVED HIV TEST RESULTS	1 → b	2 → 05	3 → 05	[ ][ ][ ][ ]	[ ][ ]
05	TOTAL ANC CLIENTS WITH POSITIVE HIV TESTS WHO RECEIVED TEST RESULTS	1 → b	2 → 06	3 → 06	[ ][ ][ ][ ]	[ ][ ]
06	TOTAL ANC CLIENTS WITH POSITIVE HIV TEST	1 → b	2 → 07	3 → 07	[ ][ ][ ][ ]	[ ][ ]
07	TOTAL ANC CLIENTS WHO RECEIVED HIV TEST	1 → b	2 → 2048	3 → 2048	[ ][ ][ ][ ]	[ ][ ]

NO.	QUESTIONS	CODING CATEGORIES	GO TO
2048	WHAT IS THE MOST RECENT DATE RECORDED FOR HIV TEST COUNSELING?	WITHIN PAST 30 DAYS . . . . . 1 MORE THAN 30 DAYS . . . . . 2 NO DATE RECORDED . . . . . 3 NO COUNSELING RECORDED 4	→ 2051
2049	Is there a system where you can link the HIV test result with the client who received pre and post test counseling? IF YES, ASK TO SEE HOW THE SYSTEM WORKS	YES, OBSERVED . . . . . 1 YES, REPORTED NOT SEEN . . . . . 2 NO . . . . . 3 SEROSTATUS NOT ASSESSED 4	→ 2054
2050	Is there a system for linking the counseling and test results with the receipt of ARV for the mother and the newborn? IF YES, ASK TO SEE THE RECORDS.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO RECORD 3	

2051	AMONG THE WOMEN FOR WHOM TESTING INFORMATION WAS AVAILABLE **(Q2047)** COLLECT INFORMATION FROM OUTPATIENT AREA ONLY. IF INFORMATION ONLY AVAILABLE IN DELIVERY AREA CIRCLE '2' AND INFORMATION WILL BE COLLECTED IN Q2070.	(a) RECORD/REGISTER			(b) NUMBERS FROM OBSERVED RECORDS	
		OBSERVED	REPORTED NOT SEEN	NOT AVAIL	NUMBER OF CLIENTS	MONTHS OF DATA
01	NUMBER OF HIV POSITIVE WOMEN WHO WERE PROVIDED ARV FOR PMTCT	1 → b	2 → 02	3 → 02		
02	NUMBER OF NEWBORNS OF HIV POSITIVE WOMEN WHO WERE PROVIDED ARV COLLECT INFORMATION FROM OUTPATIENT SITE WHERE THIS IS RECORDED	1 → b	2 → 03	3 → 03		
03	NUMBER OF INFANTS BORN TO HIV POSITIVE WOMEN	1 → b	2 → 04	3 → 04		
04	NUMBER OF HIV POSITIVE INFANTS.	1 → b	2 → 05	3 → 05		
05	TOTAL NUMBER OF BIRTHS FOR ALL WOMEN	1 → b	2 → 2051a	3 → 2051a		

2051a	What is the practice regarding providing cotrimoxazole for the newborn of the HIV+ woman? IF NEEDED, GO TO WHERE THE NEWBORN FOLLOW UP SERVICES ARE PROVIDED TO ASK THE QUESTION.	GIVE TO ALL NEWBORNS OF + WOMEN AFTER 6 WKS OF AGE . . . . . 1 DO NOT PROVIDE ROUTINELY . . . . . 2 OTHER . . . . . 6 (SPECIFY)	
2052	Is there any record of HIV positive pregnant women who were referred for ARV treatment? IF YES, ASKI TO SEE THE RECORD.	YES, OBSERVED . . . . . 1 YES REPORTED NOT SEEN . . . . . 2 NO 3	
2053	Is there any record of HIV positive pregnant women who started ARV treatment? IF YES, ASK TO SEE THE RECORD/REGISTER	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 WOMEN REFERRED TO ART OUTSIDE THIS CLINIC/UNIT NO FURTHER FOLLOW UP THIS CLINIC/UNIT . . . . . 3 NO . . . . . 4 ART TREATMENT NOT AVAILABLE . 5	
2054	Are any reports regularly compiled on the pregnant women or infants in this clinic who receive testing or counseling services related to HIV/AIDS? IF YES, CLARIFY WHETHER THE REPORTS PROVIDE INFORMATION ON PREGNANT WOMEN AND CIRCLE THE RESPONSE THAT BEST REFLECTS THE PRACTICE.	YES, REPORTS COMBINE PREGNANT AND NON PREGNANT CLIENTS . . . 1 YES, PREGNANT CLIENTS REPORTED SEPARATELY . . . . . 2 YES, FOR CONFIRMED HIV/AIDS ONLY PREGNANT CLIENTS SPECIFIED . 3 YES, FOR CONFIRMED HIV/AIDS ONLY PREGNANCY STATUS NOT SPECIFIED 4 NO 5	→ 2058

NO.	QUESTIONS	CODING CATEGORIES	GO TO
2055	Which statistics do you submit for pregnant women receiving PMTCT services? CIRCLE ALL THAT APPLY	**NUMBER OF PREGNANT WOMEN** RECEIVING PRETEST COUNSELING . . A RECEIVING POSTTEST COUNSELING B TESTED FOR HIV . . . . . C SERO POSITIVE FOR HIV . . . . . D RECEIVING ARV FOR PMTCT . . . . . E **INFANTS OF HIV POSITIVE WOMEN** WHO ARE TESTED FOR HIV F RECEIVING ARV FOR PMTCT G	
2056	How frequently are any of the compiled reports submitted to someone outside of this clinic/unit?	MONTHLY OR MORE OFTEN . . . . . 1 EVERY 2 3 MONTHS . . . . . 2 EVERY 4 6 MONTHS . . . . . 3 LESS OFTEN THAN EVERY 6 MONTHS . 4 NEVER 5	→ 2058
2057	To whom are the reports sent? CIRCLE ALL THAT APPLY.	RECORDS CLERK . . . . . A FACILITY DIRECTOR/SUPERVISOR . . . . B DISTRICT LEVEL . . . . . C REGIONAL LEVEL . . . . . D NATIONAL LEVEL . . . . . E DONOR AGENCY . . . . . F OTHER _____ X (SPECIFY)	
2058	Are there any fees assessed (charged) for any services or items related to PMTCT services?	YES . . . . . 1 NO 2	→ 2060

2059	For each of the following items, indicate if there is any routine fee, and if yes, the amount of the fee	(a) FEE YES	(a) FEE NO	(a) FEE NA	(b) AMOUNT IN RWF
01	Fee for HIV test	1→b	2 → 02	3 → 02	
02	Fee for antiretroviral prophylaxis for mother	1→b	2 → 03	3 → 03	
03	Fee for antiretroviral prophylaxis for newborn	1→b	2 → 2060	3 → 2060	

2060	Is an individual client chart/record/card maintained for clients who receive services through this clinic/unit? This refers to any system, where individual information about a client is recorded so that a record of all care and services is available in one document? IF YES, ASK TO SEE A BLANK OR CURRENT CHART/RECORD.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 YES, ONLY AVAILABLE IN OTHER FACILITY AREA . . . . . 3 ENTER CLINIC/UNIT NUMBER . . . . . [ ][ ][ ][ ] YES, ONLY AVAILABLE WITH CENTRAL RECORDS/STATISTICS 4 OTHER _____ . . . . . 6 SPECIFY NO INDIVIDUAL CLIENT CHART/ RECORD 7	
2061	Are there delivery services in this facility, where PMTCT clients can receive services? IF YES ASK: Is there any system for linking the PMTCT clients from ANC to women who deliver in this facility and receive PMTCT? PROBE TO DECIDE IF PMTCT SERVICES IN THE DELIVERY UNIT ARE LINKED WITH PMTCT SERVICES FROM ANC, OR WHETHER THE DELIVERY UNIT PROVIDES PMTCT AS A SEPARATE PROGRAM.	YES, DELIVERY SERVICES LINKED WITH PMTCT FROM ANC 1 DELIVERY SERVICES PROVIDE PMTCT SERVICES UNDER DIFFERENT SYSTEM REQUIRES SEPARATE IPD AND PMTCT QRE 2 NO DELIVERY SERVICES 3	→ GO TO DELIVERY UNIT & CONT. QRE → **END** → **END**
2062	Is the HIV serostatus routinely assessed for all women who deliver in the facility? IF YES, RECORD ALL ACCEPTED METHODS FOR ASSESSING SEROSTATUS	CLIENT HISTORY . . . . . A CLIENT ANC RECORD . . . . . B ROUTINE TESTING . . . . . C OFFERED TO ALL/TEST ONLY IF WOMAN GIVES CONSENT . . . . . D OFFER ONLY IF SUSPECT HIV . . . . . E OTHER _____ X SPECIFY SEROSTATUS NOT ROUTINELY ASSESSED . . . . . Y	
2063	Is pretest counseling routinely offered to women in labour whose HIV status is unknown?	YES . . . . . 1 NO 2	→ 2066

NO.	QUESTIONS	CODING CATEGORIES	GO TO
2064	Who provides the pretest counseling for women in labour. CIRCLE ALL THAT APPLY.	TRAINED PMTCT COUNSELOR COMES TO UNIT . . . . . A TRAINED UNIT STAFF PROVIDE COUNSELING . . . . . B NOT ALWAYS COUNSELED BY TRAINED STAFF . . . . . C PRETEST COUNSELING NOT ROUTINE . . D	
2065	What is the most common practice for providing post test counseling to HIV positive women who were tested when admitted for delivery?	TRAINED PMTCT COUNSELOR COMES TO UNIT . . . . . A TRAINED UNIT STAFF PROVIDE COUNSELING . . . . . B NOT ALWAYS COUNSELED BY TRAINED STAFF . . . . . C POST TEST COUNSELING NOT ROUTINE D	
2066	Are there any guidelines for HIV test counseling in the delivery unit? IF YES, ASK TO SEE THE GUIDELINES AND INDICATE IF THEY SPECIFY BOTH PRE AND POST TEST COUNSELING.	YES, NATIONAL PMTCT GUIDELINES OBSERVED . . . . . 1 YES, NATIONAL VCT GUIDELINES OBSERVED . . . . . 2 YES, OTHER GUIDELINES REPORTED NOT SEEN . . . . . 3 NO, GUIDELINES NOT AVAILABLE 4	
2067	Are records on HIV test counseling available in this clinic/unit? IF YES, ASK TO SEE RECORDS AND VERIFY IF BOTH PRETEST AND POST TEST ARE RECORDED.	YES, OBSERVED RECORD OF PRE AND POST TEST COUNSELING . . . . . 1 REPORTED RECORDS KEPT WITH PMTCT/VCT CLINIC/UNIT . . . . . 2 RECORDED IN CLIENT INDIVIDUAL CHART/RECORD ONLY . . . . . 3 COUNSELING NOT ROUTINELY RECORDED 4	
2068	Is there a written protocol/guideline for providing ARV prophylaxis for PMTCT to HIV positive women who deliver in this facility? IF YES, ASK TO SEE THE GUIDELINE	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	
2069	Is there a register or record where the HIV positive women who deliver in the facility and receive the ARV at the time of delivery are recorded? IF YES, ASK TO SEE THE REGISTER (THIS MAY BE THE SAME REGISTER KEPT FOR ANC PMTCT RECIPIENTS)	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	 → 2071 → 2071

2070	ASK TO SEE RELEVANT RECORDS FOR THE DATA REQUESTED BELOW FOR THE PAST 12 MONTHS AND RECORD THE CORRECT RESPONSE.	(a) RECORD/REGISTER			(b) NUMBERS FROM OBSERVED RECORDS	
		OBSERVED	REPORTED NOT SEEN	NOT AVAIL	NUMBER OF CLIENTS	MONTHS OF DATA
01	TOTAL DELIVERIES IN THE FACILITY	1 → b	2 → 02	3 → 02		
02	TOTAL HIV POSITIVE WOMEN DELIVERING IN THE FACILITY	1 → b	2 → 03	3 → 03		
03	TOTAL HIV POSITIVE WOMEN DELIVERING IN THE FACILITY AND RECEIVING ARV PROPHYLAXIS	1 → b	2 → 04	3 → 04		
04	TOTAL NEWBORNS OF HIV POSITIVE WOMEN WHO WHERE PROVIDED ARVS	1 → b	2 → 2071	3 → 2071		

2071	Other than previously observed guidelines, do you have any guidelines or protocols for delivery to prevent mother to child transmission of HIV/AIDS? IF YES, ASK TO SEE THEM.	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . . . . 2 NO 3	

NO.	QUESTIONS	CODING CATEGORIES	GO TO
2072	What delivery practices are implemented in this unit, to decrease mother to child transmission of HIV/AIDS? DO NOT READ RESPONSES. PROMPT THE RESPONDENT BY ASKING: For example, have you changed any delivery practices because of the risk of HIV/AIDS? CIRCLE ALL THAT ARE MENTIONED.	NO ROUTINE EPISIOTOMY . . . . . A MINIMIZE INSTRUMENT DELIVERY . . . . B HIBITANE VAGINAL CLEANSING . . . . . C MINIMIZE VAGINAL EXAM . . . . . D MINIMIZE ARTIFICIAL RUPTURE MEMBRANES . . . . . E CAESAREAN SECTION . . . . . F ARV PROPHYLAXIS IF HIV POSITIVE . . G AVOID MILKING CORD/IMMEDIATE CLAMP CORD . . . . . H AVOID SUCTION . . . . . I ENCOURAGE EXCLUSIVE BREAST FEEDING J OTHER _____ X (SPECIFY) NONE . . . . . Y DON'T KNOW . . . . . Z	
	IF DELIVERY MODULE HAS BEEN COMPLETED SKIP TO END OF THIS MODULE.		
2073	ASK TO SEE THE DELIVERY ROOM AND INDICATE IF THE ITEMS LISTED BELOW ARE AVAILABLE IN THE ROOM OR IN AN IMMEDIATELY ADJACENT AREA	OBSERVED / REPORTED, NOT SEEN / NOT AVAILABLE	
01	RUNNING WATER	1 → 03 / 2 / 3	
02	WATER IN BUCKET OR BASIN (WITHOUT TAP)	1 / 2 / 3	
03	HAND WASHING SOAP	1 / 2 / 3	
04	SINGLE USE HAND DRYING TOWELS	1 / 2 / 3	
05	SHARPS CONTAINER	1 / 2 / 3	
06	DISPOSABLE LATEX GLOVES	1 → 08 / 2 / 3	
07	DISPOSABLE NON LATEX GLOVES	1 / 2 / 3	
08	ALREADY MIXED DECONTAMINATION SOLUTION	1 → 10 / 2 / 3	
09	DISINFECTANT (NOT YET MIXED)	1 / 2 / 3	
10	CONDOMS	1 / 2 / 3	
11	RAPID TEST FOR HIV	1 / 2 / 3	
12	DISPOSABLE NEEDLES	1 / 2 / 3	
13	DISPOSABLE SYRINGES	1 / 2 / 3	
14	EXAMINATION TABLE	1 / 2 / 3	
15	PRIVATE ROOM (AUDITORY AND VISUAL PRIVACY)	1 → **END** / 2 / 3	
16	AUDITORY PRIVACY	1 / 2 / 3	
17	VISUAL PRIVACY	1 / 2 / 3	
	THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE		

MEASURE *DHS*+ SERVICE PROVISION ASSESSMENT
Observation of Injection Safety

1. Facility Identification

QTYPE . . . . . [O] [I] [N]

Name of the facility: _____

Location of the facility: _____

FACILITY NUMBER . . . . . [ ][ ][ ]

2. Provider Information

Provider category:

01	GYNECO-OBSTETRICIAN	**08**	INFERMIER A1	**15**	NUTRITIONIST A1		
02	PEDIATRICIAN	**09**	INFERMIER A2	**16**	NUTRITIONIST A2		
03	SURGEON	**10**	INFERMIER A3	**17**	ASSISTANT SOCIAL A0		
04	OTHER MEDECIN SPECIALIST	**11**	AUXILLIERE SANTE	**18**	ASSISTANT SOCIAL A1		
05	MEDECIN GENERALIST	**12**	LAB TECHNICIAN A1	**19**	ASSISTANT SOCIAL A2		
06	MEDICAL OFFICER	**13**	LAB TECHNICIAN A2	**20**	PHARMACIST A0		
07	MIDWIFE A1	**14**	LAB TECHNICIAN A3	**21**	PHARMACIST A1		
				30	Other _____ (SPECIFY)		

PROVIDER CATEGORY [ ][ ]

Sex of provider: (1=Male; 2=Female)

SEX OF PROVIDER . . . . . [ ]

SERIAL (SL) NUMBER FROM STAFF LISTING SHOULD BE USED.
USE SAME NUMBER FOR STAFF INTERVIEW AND OBSERVATION

PROVIDER SL NUMBER . . . . . [ ][ ]

3. Information About Observation

Date: _____

DAY . . . . . [ ][ ]

MONTH . . . . . [ ][ ]

YEAR . . . . . [ ][ ][ ][ ]

Name of the observer: _____

OBSERVER CODE . . . . . [ ][ ]

OBSERVATIONS SAFETY INJECTION

NO		CLIENT 1			CLIENT 2			CLIENT 3			CLIENT 4			CLIENT 5		
		YES	NO	DK	YES	NO	DK	YES	NO	DK	YES	NO	DK	YES	NO	DK
1	S CL ENT < 5 YEARS OLD?	1	2	5	1	2	5	1	2	5	1	2	5	1	2	5
2	NJECT ON S FOR MMUN ZAT ON	1	2	5	1	2	5	1	2	5	1	2	5	1	2	5
3	NJECT ON S THERAPEUT C	1	2	5	1	2	5	1	2	5	1	2	5	1	2	5
4	FAC L TY PROV DED SYR NGE	1	2	5	1	2	5	1	2	5	1	2	5	1	2	5
5	CL ENT PROV DED SYR NGE	1	2	5	1	2	5	1	2	5	1	2	5	1	2	5
6	WHEN G V NG THE NJECT ON D D THE PROV DER WASH HANDS BEFORE NJECT ON W TH SOAP AND WATER?	1	2	5	1	2	5	1	2	5	1	2	5	1	2	5
7	PREPARE NJECT ON N AREA W TH CLEAN TABLE OR TRAY TO SET TEMS ON?	1	2	5	1	2	5	1	2	5	1	2	5	1	2	5
8	USE NEW SYR NGE AND NEEDLE FROM A STER LE SEALED PACKET?	1	2	5	1	2	5	1	2	5	1	2	5	1	2	5
9	D D YOU SEE THE PROV DER OPEN THE NEW PACKET W TH SYR NGE AND NEEDLE?	1	2	5	1	2	5	1	2	5	1	2	5	1	2	5
10	REMOVE NEEDLE FROM MULT PLE DOSE V AL EACH T ME?	1	2	5	1	2	5	1	2	5	1	2	5	1	2	5
11	CLEAN SK N W TH ANT SEPT C?	1	2	5	1	2	5	1	2	5	1	2	5	1	2	5
12	DRAW BACK PLUNGER BEFORE NJECT ON	1	2	5	1	2	5	1	2	5	1	2	5	1	2	5
13	USE SCOOP TECHN QUE TO RECAP NEEDLE ?	1	2	5	1	2	5	1	2	5	1	2	5	1	2	5
14	RECAP NEEDLE US NG TWO HANDS?	1	2	5	1	2	5	1	2	5	1	2	5	1	2	5
15	D D NOT RECAP NEEDLE	1	2	5	1	2	5	1	2	5	1	2	5	1	2	5
16	MMED ATELY D SPOSE OF NEEDLE W TH SYR NGE N PUNCTURE RES STANT SAFETY CONTA NER OR REMOVE NEEDLE W TH NEEDLE CUTTER/PULLER AND D SPOSE OF SYR NGE N SAFETY CONTA NER THAT S NOT OVERFLOW NG OR P ERCED OR BROKEN	1	2	5	1	2	5	1	2	5	1	2	5	1	2	5
17	WAS A AUTO-D SABLE SYR NGE USED?	1	2	5	1	2	5	1	2	5	1	2	5	1	2	5
18	NTRAMUSCULAR NJECT ON?	1	2	5	1	2	5	1	2	5	1	2	5	1	2	5
19	SUBCUTANEOUS NJECT ON?	1	2	5	1	2	5	1	2	5	1	2	5	1	2	5
20	NTRAVENOUS NJECT ON?	1	2	5	1	2	5	1	2	5	1	2	5	1	2	5

MEASURE *DHS*+ SERVICE PROVISION ASSESSMENT
Observation of Antenatal-Care Consultation

1. Facility Identification

QTYPE | O | A | N |

Name of the facility: _____

Location of the facility: _____

FACILITY NUMBER . . . . . [ ][ ][ ]

2. Provider Information

Category du prestataire

01	GYNECO-OBSTETRICIAN	**08**	INFERMIER A1	**15**	NUTRITIONIST A1	**PROVIDER CATEGORY**	[ ][ ]
02	PEDIATRICIAN	**09**	INFERMIER A2	**16**	NUTRITIONIST A2		
03	SURGEON	**10**	INFERMIER A3	**17**	ASSISTANT SOCIAL A0		
04	OTHER MEDECIN SPECIALIST	**11**	AUXILLIERE SANTE	**18**	ASSISTANT SOCIAL A1		
05	MEDECIN GENERALIST	**12**	LAB TECHNICIAN A1	**19**	ASSISTANT SOCIAL A2		
06	MEDICAL OFFICER	**13**	LAB TECHNICIAN A2	**20**	PHARMACIST A0		
07	MIDWIFE A1	**14**	LAB TECHNICIAN A3	**21**	PHARMACIST A1		
				30	Other _____ (SPECIFY)		

Sex of provider: (1=Male; 2=Female) — SEX OF PROVIDER . . . . . [ ]

SERIAL (SL) NUMBER FROM STAFF LISTING SHOULD BE USED.
USE SAME NUMBER FOR STAFF INTERVIEW AND OBSERV. — PROVIDER SL NUMBER . . . . . [ ][ ]

3. Information About Observation

Date: _____

DAY . . . . . [ ][ ]

MONTH . . . . . [ ][ ]

YEAR . . . . . [ ][ ][ ][ ]

Name of the observer: _____ — OBSERVER CODE . . . . . [ ][ ]

Client code: _____ — CLIENT CODE . . . . . [ ][ ]

4. Observation of Antenatal-Care Consultation

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	BEFORE OBSERVING THE CONSULTATION, OBTAIN PERMISSION FROM BOTH THE SERVICE PROVIDER AND THE CLIENT. MAKE SURE THAT THE PROVIDER KNOWS THAT YOU ARE NOT THERE TO EVALUATE HIM OR HER, AND THAT YOU ARE NOT AN "EXPERT" TO BE CONSULTED DURING THE SESSION. **READ TO PROVIDER:** Hello. I am [NAME OF OBSERVER]. I am representing the National Institute of Statistics, Republic of Rwanda. We are doing a survey of health facilities with the goal of finding ways to improve the delivery of services. I would like to observe your consultation with this client in order to understand how ANC services are provided in this facility. Information from this observation is confidential. Neither your name or that of the client will be recorded. The information acquired during this observation, however, may be used by the MOH or organizations supporting services in this facility, for planning service improvements or further studies of health services. Information from this observation may be provided to researchers for analyses, however, the information will be provided in such a way that neither you, this facility, nor the client can be identified. Any reports that use information from this observation will only present information in aggregate form as an additional safeguard for confidentiality. Do you have any questions for me? Do you understand that if, at any point you feel uncomfortable, you can ask me to leave? Do I have your permission to be present at this consultation? Interviewer's signature Date (Indicates respondent's willingness to participate)		
100	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER.	YES . . . . . 1 NO 2	→ STOP
	READ TO CLIENT: Hello, I am_____. I am representing the Ministry of Health and the National Bureau of Statistics. We are doing a survey of health services in health facilities. I would like to be present while you are receiving services today, in order to better understand how health care is provided. We are not evaluating the [NURSE/DOCTOR/PROVIDER] or the facility in particular, but rather are trying to gain a picture of the overall situation in order to improve services. Information from this observation may be provided to researchers for analyses, but neither your name nor the date of services will be provided on any shared data, so your identity and any information about you will remain completely confidential. Please know that whether you decide to allow me to observe your visit is completely voluntary and that whether you agree to participate or not will not affect the services you receive. If, at any point, you would prefer I leave please feel free to tell me. After the consultation, my colleague would like to talk with you about your experience here today. Do you have any questions for me? Do you understand that if, at any point you feel uncomfortable, you can ask me to leave? Do I have your permission to be present at this consultation? Interviewer's signature Date (Indicates respondent's willingness to participate)		
101	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE CLIENT.	YES . . . . . 1 NO 2	→ STOP
102	RECORD THE TIME THE OBSERVATION STARTED	[ ][ ] : [ ][ ]	
103	CLIENT STATUS. (OBSERVER TO COMPLETE)	YES NO DK	
01	RECORD WHETHER THIS IS CLIENT'S FIRST VISIT FOR ANTENATAL CARE **AT THIS FACILITY** FOR THIS PREGNANCY.	1 2 8	
02	RECORD WHETHER THIS IS THE CLIENT'S FIRST PREGNANCY.	1 2 8	

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
104	RECORD WHETHER THE PROVIDER ASKED ABOUT OR THE CLIENT MENTIONED ANY OF THE FOLLOWING FACTS:	YES	NO	DK	
01	Client's age	1	2	8	
02	Medications the client is taking	1	2	8	
03	Date client's last menstrual period began	1	2	8	
04	Number of prior pregnancies client has had	1	2	8	
105	RECORD WHETHER THE PROVIDER OR THE CLIENT DISCUSSED ANY OF THE FOLLOWING ASPECTS OF THE CLIENT'S PRIOR PREGNANCIES:				
01	Prior stillbirth(s)	1	2	8	
02	Infant(s) who died in the first week of life	1	2	8	
03	Heavy bleeding, during or after delivery	1	2	8	
04	Previous assisted delivery (caesarean section, ventouse, or forceps)	1	2	8	
05	Previous spontaneous abortions	1	2	8	
06	Previous induced abortions	1	2	8	
106	RECORD WHETHER THE PROVIDER ASKED ABOUT OR THE CLIENT MENTIONED ANY OF THE FOLLOWING FOR CURRENT PREGNANCY:				
01	Bleeding	1	2	8	
02	Fever	1	2	8	
03	Headache or blurred vision	1	2	8	
04	Swollen face or hands	1	2	8	
05	Tiredness or breathlessness	1	2	8	
06	Whether the client has felt the baby move	1	2	8	
07	Whether there are any other symptoms or problems the client thinks might be related to this pregnancy	1	2	8	
107	RECORD WHETHER THE PROVIDER PERFORMED THE FOLLOWING PROCEDURES:	YES	NO	DK	
01	Take the client's blood pressure	1	2	8	
02	Weigh the client				
03	Palpate the client's abdomen for fetal presentation (or conduct ultrasound)	1	2	8	
04	Palpate the client's abdomen for fundal height (or conduct ultrasound)	1	2	8	
05	Listen to the client's abdomen for fetal heartbeat	1	2	8	
06	Examination the client's breasts	1	2	8	
07	Conduct vaginal examination/exam of perineal area	1	2	8	
08	Perform or refer for anemia test	1	2	8	
09	Perform or refer for urine test	1	2	8	
10	Perform or refer the client for a syphilis test	1	2	8	
11	Perform or refer for HIV test	1	2	8	
12	Provide or refer for counseling related to HIV test	1	2	8	
13	Look at the client's health card (either before beginning the consultation or while collecting information or examining the client)	1	2	8	
14	Discuss any aspect related to having ever received a tetanus toxoid injection	1	2	8	
15	Examine conjuctiva/palm for anemia	1	2	8	
16	Examine for edema	1	2	8	

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
108	RECORD WHETHER THE PROVIDER GAVE THE CLIENT ANY OF THE FOLLOWING TREATMENTS OR COUNSELING:	YES	NO	DK	
01	Prescribe or give iron pills or folic acid (IFA) or both	1	2 → 05	8 → 05	
02	Explain the purpose of iron or folic acid	1	2	8	
03	Explain how to take iron or folic acid pills	1	2	8	
04	Explain side effects of iron pills	1	2	8	
05	Prescribe or give a tetanus toxoid (TT) injection	1	2 → 07	8 → 07	
06	Explain the purpose of the TT injection	1	2	8	
07	Prescribe or give IPT 1 or IPT 2	1	2 → 13	8 → 13	
08	Explain the purpose of the preventive treatment with malaria medications	1	2	8	
09	Explain how to take the anti malarial medications	1	2	8	
10	Explain possible side effects of malaria pills	1	2	8	
	DIRECT OBSERVATION:				
11	Observed that the client swallowed the IPT medicines under the observation of the provider	1	2	8	
12	Importance of a second dose of IPT explained	1	2	8	
13	Importance of using ITN explained explicitly	1	2	8	
14	Client given an ITN free of charge	1	2	8	
15	Client purchased ITN from provider	1	2	8	
16	Explanation is given about using the ITN	1	2	8	
109	RECORD WHETHER THE PROVIDER GAVE THE CLIENT ANY OF THE FOLLOWING ADVICE OR COUNSEL ABOUT PREPARATIONS:	YES	NO	DK	
01	Discuss quantity or quality of food to eat during pregnancy	1	2	8	
	Mention the following signs and symptoms as risk factors for which the woman should return to the facility:	YES	NO	DK	
02	Vaginal bleeding	1	2	8	
03	Fever	1	2	8	
04	Excessive tiredness or breathlessness	1	2	8	
05	Swollen hands and face	1	2	8	
06	Severe headache or blurred vision	1	2	8	
07	Inform the client about the progress of the pregnancy	1	2	8	

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
110	RECORD WHETHER THE PROVIDER ADVISED OR COUNSELED ABOUT DELIVERY IN ANY OF THE FOLLOWING WAYS:	YES	NO	DK	
01	Ask the client where she will deliver	1	2	8	
02	Client indicated that she plans to deliver in a facility				
03	Advise the client to use a skilled health worker during delivery	1	2	8	
04	Discuss with client what items to have on hand at home for delivery (including for delivery at home), e.g., sterile blades	1	2	8	
05	Mention planning for transportation during labor (either to place of delivery or for emergency care during home delivery	1	2	8	
06	Mention setting aside money for emergencies at time of delivery	1	2	8	
07	Discussed importance of immunization for the newborn	1	2	8	
111	RECORD WHETHER THE PROVIDER ADVISED EXCLUSIVELY BREASTFEEDING THE INFANT FOR UP TO 6 MONTHS.	1	2	8	
112	RECORD WHETHER THE PROVIDER DISCUSSED FAMILY PLANNING (OR BIRTH CONTROL) FOR USE AFTER DELIVERY.	1	2	8	
113	RECORD WHETHER THE PROVIDER ASKED WHETHER THE CLIENT HAD ANY QUESTIONS AND ENCOURAGED QUESTIONS.	1	2	8	
114	RECORD WHETHER THE PROVIDER USED ANY VISUAL AIDS FOR HEALTH EDUCATION OR COUNSELING DURING THE CONSULTATION.	1	2	8	
115	RECORD WHETHER THE PROVIDER WROTE ON THE CLIENT'S HEALTH CARD.	YES . . . . . 1 NO . . . . . 2 NO HEALTH CARD USED . . . . 3 DON'T KNOW 8			
116	ASK THE PROVIDER HOW MANY WEEKS PREGNANT THE CLIENT IS.	WEEK OF PREGNANCY . . . . . [ ][ ] DON'T KNOW 98			
117	RECORD THE OUTCOME OF THE CONSULTATION. [RECORD THE OUTCOME AT THE TIME THE OBSERVATION CONCLUDED]	CLIENT SENT HOME . . . . . 1 CLIENT REFERRED (TO LABORATORY OR OTHER PROVIDER) AT SAME FACILITY . . . . . 2 CLIENT ADMITTED TO SAME FACILITY . . . . . 3 CLIENT REFERRED TO OTHER FACILITY . . . . . 4 DON'T KNOW 8			
118	RECORD THE TIME THE OBSERVATION ENDED. . . . . [ ][ ] : [ ][ ]				
119	**Observer's comments:**				

MEASURE *DHS*+ SERVICE PROVISION ASSESSMENT
Exit Interview for Antenatal-Care Client

1. Facility Identification

QTYPE | X | A | N |

Name of the facility: _____

Location of the facility: _____

FACILITY NUMBER . . . . . .

2. Information About Interview

Date: _____	DAY . . . . . . MONTH . . . . . . YEAR . . . . . .
Name of the interviewer: _____	INTERVIEWER CODE . . . . .
Client code:	CLIENT CODE . . . . .

3. Information About Visit

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	READ TO CLIENT: Hello, I am_____. As my colleague mentioned, we are representing the National Institute of Statistics, Republic of Rwanda doing a survey of health services in health facilities. In order to improve the services this facility offers, we would like to ask you some questions about your experience here today. Please know that whether you decide to allow this interview or not is completely voluntary and will not affect services you receive during any future visit. You may refuse to answer any question, and you may stop the interview at any time. Information from this interview may be provided to researchers for analyses, but neither your name nor the date of services will be on any shared information, so your identity will remain completely confidential. If, at any point, you would prefer I leave please feel free to tell me Do you have any questions for me? Do I have your permission to continue with the interview? _____ Interviewer's signature Date (Indicates respondent's willingness to participate)		
100	May I begin the interview now?	CLIENT AGREES . . . . . 1 CLIENT REFUSES 2	 → STOP
101	RECORD THE TIME THE INTERVIEW STARTED.	[ ][ ] : [ ][ ]	
102	Do you have an antenatal care card/book, or an immunization card with you today? IF YES: ASK TO SEE THE CARD/BOOK.	YES . . . . . 1 NO, CARD KEPT WITH FACILITY . . . . . 2 NO CARD/BOOK USED 3	 → 106 → 106
102a	Is the space for recording the information about IPT, iron, mebendazole, and ITN?	YES ALL . . . . . 1 YES SOME . . . . . 2 NONE 3	
103	CHECK ANTENATAL CARE CARD/BOOK, OR IMMUNIZATION CARD. INDICATE WHETHER THERE IS ANY NOTE OR RECORD OF THE CLIENT HAVING RECEIVED TETANUS TOXOID.	YES, 1 TIME . . . . . 1 YES, 2 4 TIMES . . . . 2 YES, 5 OR MORE TIMES 3 NO . . . . . 4 DON'T KNOW 8	
104	HOW MANY WEEKS PREGNANT IS THE CLIENT, ACCORDING TO THE ANC CARD?	WEEKS . . . . . [ ][ ]	→ 107
105	DOES THE CARD INDICATE THE CLIENT HAS RECEIVED IPT?	YES, 1 DOSE . . . . . 1 YES, 2 DOSES . . . . . 2 NO . . . . . 3 DON'T KNOW 8	
105a	DOES THE CARD INDICATE THE CLIENT HAS RECEIVED IRON; FOLIC ACID TABLETS?	YES, THIS VISIT . . . . . 1 YES, ALL PREVIOUS VISITS AFTER 3 M PREGNANCY . . 2 YES, SOME PREVIOUS VISITS AFTER 3 M PREGNANCY . . 3 NO 4	
105b	DOES THE CARD INDICATE THE CLIENT HAS RECEIVED MEBENDAZOLE?	YES, THIS VISIT . . . . . 1 YES, PREVIOUS VISIT . . . . 2 NO 3	
105c	DOES THE CARD INDICATE THE CLIENT HAS RECEIVED ITN?	YES, THIS VISIT . . . . . 1 YES, PREVIOUS VISIT . . . . 2 NO 3	
106	How many weeks pregnant do you think you are? IF RESPONSE IS IN MONTHS, CALCULATE WEEKS, USING 4 WEEKS PER MONTH.	WEEKS . . . . . [ ][ ]	
107	Is this your first pregnancy?	YES . . . . . 1 NO 2	
108	Is this your first antenatal visit at this facility for this pregnancy?	YES . . . . . 1 NO 2	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
109	During this visit, or previous visits, did the provider give you iron pills, folic acid or iron with folic acid, or give you a prescription for them? SHOW THE CLIENT AN IRON PILL, A FOLIC ACID PILL, OR A COMBINED PILL.	YES, THIS VISIT . . . . . A YES, ALL PREVIOUS VISIT . . B YES, SOME PREVIOUS VISITS . . . . . C NO . . . . . Y DON'T KNOW . . . . . Z	 → 111 → 111 → 114 → 114
110	ASK TO SEE THE CLIENT'S IRON/FOLIC ACID/IRON WITH FOLIC ACID PILLS.	SAW PILLS . . . . . 1 SAW PRESCRIPTION . . . . . 2 NO PILLS OR PRESCRIPTION SEEN 3	
111	During this visit or previous visits, has a provider explained to you how to take the iron pills?	YES, THIS VISIT . . . . . A YES, PREVIOUS VISIT . . . . . B NO . . . . . Y DON'T KNOW . . . . . Z	
112	During this or previous visits, has a provider discussed with you the side effects of the iron pill?	YES, THIS VISIT . . . . . A YES, PREVIOUS VISIT . . . . . B NO . . . . . Y DON'T KNOW . . . . . Z	
113	Please tell me any side effects of the iron pill that you know of.	NAUSEA . . . . . A BLACK STOOLS . . . . . B CONSTIPATION . . . . . C OTHER_____X (SPECIFY) DON'T KNOW . . . . . Z	
114	During this or previous visits, has a provider given or prescribed any anti malarial pills for you? SHOW THE CLIENT TABLETS OF FANSIDAR (OR OTHER APPROPRIATE MED).	YES, THIS VISIT . . . . . A YES, PREVIOUS VISIT . . . . . B NO . . . . . Y DON'T KNOW . . . . . Z	 → 116 → 117 → 117
115	Did provider ask you to take the pill in front of him or her and you took it?	YES, I TOOK IT . . . . . 1 YES, BUT I DID NOT TAKE . . 2 NO, PROVIDER DID NOT ASK 3	
116	ASK TO SEE THE CLIENT'S ANTI MALARIAL PILLS, PRESCRIPTION OR CLIENT CARD.	SAW PILLS . . . . . 1 SAW PRESCRIPTION . . . . . 2 NO PILLS OR PRESCRIPTION SEEN 3	
116a	Did a provider explain to you how to take the anti malarial pills?	YES, THIS VISIT . . . . . A YES, PREVIOUS VISIT . . . . . B NO . . . . . Y DON'T KNOW . . . . . Z	
117	Do you own an ITN?	YES 1 NO 2	
118	Did your sleep under a bednet last night? IF NO ASK WHY NOT?	YES . . . . . 1 NO, NOT COMFORTABLE . . 2 NO, NOT HUNG . . . . . 3 NO, DID NOT SLEEP IN MY BED . . . . . 4 NO, SOMEONE ELSE USED MY NET . . . . . 5 OTHER _____ 6	
119	During this or a previous visit, did a provider give you an ITN free of charge or did you purchase one? IF THERE IS AN INDICATION THAT THE CLIENT WILL PICK UP OR BUY THE ITN ELSEWHERE WITHIN THE FACILITY, THAT COUNTS AS PROVIDER GIVING OR CLIENT PURCHASING FROM PROVIDER	YES, GIVEN FREE THIS VISIT . . . . . 1 YES GIVEN FREE PREVIOUS VISIT . . . . . 2 YES, PURCHASED THIS VISIT . . . . . 3 YES, PURCHASED PREVIOUS VISIT . . . . . 4 NO, NOT GIVEN AND NOT PURCHASED 5	 → 120 → 120 → 120
119a	How much did you pay for ITN?	[ ][ ][ ][ ] Franc DON'T KNOW 9998	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
120	During this visit or previous visits, has a provider asked you whether you had ever received a tetanus toxoid (TT) injection?	YES, THIS VISIT . . . . . A YES, PREVIOUS VISIT . . . . . B NO . . . . . Y DON'T KNOW . . . . . Z	
121	Have you ever received a tetanus toxoid (TT) injection, including one you may have received today? IF YES: Including any TT injection you received today, how many times in total during your lifetime have received a tetanus toxoid injection? (INJECTION MAY HAVE BEEN RECEIVED EITHER AT THIS FACILITY OR ELSEWHERE.)	NUMBER OF TETANUS INJECTIONS RECEIVED [ ][ ] NEVER . . . . . 96 DON'T KNOW 98	
122	During this visit or previous visits, has a provider discussed things you should have in preparation for your delivery? This may include planning in case of emergency, things you should bring to a facility, or things you should prepare at home for home delivery.	YES . . . . . 1 NO 2	
123	Please tell me any things you know of that you should have in preparation for your delivery. CIRCLE ALL RESPONSES YOU MAY PROBE WITHOUT USING SPECIFIC ANSWERS GIVEN ON RIGHT	EMERGENCY TRANSPORT . A MONEY . . . . . B DISINFECTANT . . . . . C STERILE BLADE/SCISSORS TO CUT CORD . . . . . D OTHER_____X (SPECIFY) DON'T KNOW . . . . . Z	
124	Do you have money set aside for the delivery? IF YES, PROBE	YES, ENOUGH . . . . . 1 YES, BUT NOT ENOUGH . . . . 2 NO 3	
125	During this visit or previous visits, has a provider talked with you about any signs of complications (danger signs) that should warn you of problems with the pregnancy?	YES, THIS VISIT . . . . . A YES, PREVIOUS VISIT . . . . . B NO . . . . . Y → 129 DON'T KNOW . . . . . Z → 129	
126	Please tell me any signs of complications (danger signs) that you know of. CIRCLE ALL RESPONSES YOU MAY PROBE WITHOUT USING SPECIFIC ANSWERS GIVEN ON RIGHT	ANY VAGINAL BLEEDING . . A FEVER . . . . . B SWOLLEN FACE OR HAND . . C TIREDNESS OR BREATHLESSNESS . . . . . D HEADACHE OR BLURRED VISION . . . . . E CONVULSIONS . . . . . F BABY STOPS MOVING OR REDUCED FETAL MOVEMENT . . . . . G OTHER_____X (SPECIFY) DON'T KNOW . . . . . Z	
127	What did the provider advise you to do if you experienced any of the warning signs? CIRCLE LETTER FOR ALL COURSES OF ACTION THE CLIENT MENTIONS. PROBE WITHOUT USING SPECIFIC ANSWERS.	SEEK CARE AT A FACILITY . A DECREASE ACTIVITY . . . . . B CHANGE DIET . . . . . C OTHER_____X (SPECIFY)	
128	Do you know any danger signs during/after delivery? IF YES: What danger signs do you know?	BLEEDING . . . . . A FEVER . . . . . B GENITAL INJURIES . . . . . C NONE . . . . . Y	
129	During this visit or previous visits, has a provider talked to you about what you should eat during your pregnancy?	YES, THIS VISIT . . . . . A YES, PREVIOUS VISIT . . . . . B NO . . . . . Y DON'T KNOW . . . . . Z	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
130	During this visit or previous visits, has a provider given you advice on the importance of exclusively breastfeeding that is, about giving your baby nothing apart from breast milk?	YES, THIS VISIT . . . . . A YES, PREVIOUS VISIT . . . . . B NO . . . . . Y DON'T KNOW . . . . . Z	 → 132 → 132
131	For how many months did the provider recommend that you exclusively breastfeed, that is, that you do not give your baby liquid or food in addition to your breast milk?	MONTHS . . . . . [ ][ ] DON'T KNOW 98	
132	During this visit or previous visits, did the provider talk to you about where you plan to deliver your baby?	YES, THIS VISIT . . . . . A YES, PREVIOUS VISIT . . . . B NO . . . . . Y DON'T KNOW . . . . . Z	
133	Have you decided where you will go for the delivery of your baby? IF YES: PROBE FOR WHETHER THE PLAN IS TO DELIVER IN A FACILITY OR AT HOME.	AT THIS HEALTH FACILITY . . 1 AT OTHER HEALTH FACILITY 2 IN A PRIVATE HOME . . . . . 3 OTHER _____ 6 (SPECIFY)(SPECIFY) DON'T KNOW 8	
134	During this or previous visits, did a provider talk with you about using family planning after the birth of your baby?	YES, THIS VISIT . . . . . A YES, PREVIOUS VISIT . . . . B NO . . . . . Y DON'T KNOW . . . . . Z	

4. Information About Client's Satisfaction

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	Now I am going to ask you some questions about the services you received today. I would like to have your honest opinion about the things that we will talk about. This information will help us to improve services.		
200	What time did you arrived?	[ ][ ] HOURS [ ][ ] MINS	
201	How long did you wait between the time you arrived at this facility and the time you were able to see a provider for the consultation?	MINUTES . . . . . [ ][ ][ ] SAW PROVIDER IMMEDIATELY . . . . . 000 DON'T KNOW 998	
202	Now I am going to ask about some common problems clients have at health facilities. As I mention each one, please tell me whether any of these were problems for you today, and if so, whether they were large or small problems for you.		

			LARGE	SMALL	NO PROB LEM	DK
01	Time you waited	WAIT	1	2	3	8
02	Ability to discuss problems or concerns about your pregnancy with the provider	DISCUSS PROBLEMS	1	2	3	8
03	Amount of explanation you received about your pregnancy or any problems	EXPLAIN PROB. OR PREGNANCY	1	2	3	8
04	Quality of the examination and treatment provided	QUALITY	1	2	3	8
05	Privacy from having others see the examination	VISUAL PRIVACY	1	2	3	8
06	Privacy from having others hear your consultation discussion	AUDITORY PRIVACY	1	2	3	8
07	Availability of medicines at this facility	MEDICINES	1	2	3	8
08	The hours of service at this facility	HOURS OF SERVICE	1	2	3	8
09	The number of days services are available to you	DAYS OF SERVICE	1	2	3	8
10	The cleanliness of the facility	CLEAN	1	2	3	8
11	How the staff treated you	HOW TREATED	1	2	3	8
12	Cost for services or treatment	COST	1	2	3	8
13	Any problem you had today that I did not mention	_____ (SPECIFY)	1	2	3	8

203	Are you a part of any prepayment plan (such as insurance or a similar program) or institutional arrangement that pays for some or all of the services you receive at this facility?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
204	Were you charged, or did you pay anything for any services provided today?	YES . . . . . 1 NO 2	→ 206

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
205	What is the total amount you paid for all services or treatments you received at this facility today? Please include any money you paid for services, laboratory tests, or medicines.	1) TOTAL AMOUNT [ ][ ][ ][ ][ ][ ] PAID NO MONEY . . . . . 000000 DON'T KNOW . . . . . 999998 2) LAB [ ][ ][ ][ ][ ][ ] 3) MEDI-CINE [ ][ ][ ][ ][ ][ ] 4) CON-SULT [ ][ ][ ][ ][ ][ ] 5) OTHER [ ][ ][ ][ ][ ][ ]	
206	Is this the closest health facility to your home?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 208 → 208
207	What was the main reason you did not go to the nearest facility?	INCONVENIENT OPERATING HOURS . . . . . 01 BAD REPUTATION . . . . . 02 DON'T LIKE PERSONNEL . . . 03 NO MEDICINE . . . . . 04 PREFERS TO REMAIN ANONYMOUS . . . . . 05 IT IS MORE EXPENSIVE . . . . 06 REFERRAL . . . . . 07 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
208	Have you ever visited this facility before (either as a patient or visiting or accompanying a patient)?	YES . . . . . 1 NO 2	

5. Personal Characteristics of Client

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	Now I am going to ask you some questions about yourself. I would like to have your honest responses as this information will help us to improve services.		
301	How old were you at your last birthday?	AGE IN YEARS . . . . . [ ][ ]	
302	Do you know how to read or how to write?	YES, READ ONLY . . . . . 1 YES, READ AND WRITE . . . . 2 NO 3	
303	Have you ever attended school, either formal or informal?	YES . . . . . 1 NO 2	→ 306
304	What is the highest level of school you attended?	INFORMAL . . . . . 1 PRIMARY . . . . . 2 SECONDARY . . . . . 3 HIGHER . . . . . 4 TERTIARY 5	→ 306
305	What is the highest grade you completed at that level?	GRADE . . . . . [ ][ ]	
	Thank you very much for taking the time to answer my questions. Once again, any information you have given will be kept completely confidential. Have a good day!		
306	RECORD THE TIME WHEN THE INTERVIEW ENDED	[ ][ ] : [ ][ ]	
307	**Interviewer's comments:**		

MEASURE *DHS*+ SERVICE PROVISION ASSESSMENT
Observation of Family Planning Consultation

1. Facility Identification

QTYPE . . . . . O | F | P

Name of the facility: _____

Location of the facility: _____

FACILITY NUMBER . . . . [ ][ ][ ]

2. Provider Information

Provider category:

01	GYNECO-OBSTETRICIAN	**08**	INFERMIER A1	**15**	NUTRITIONIST A1	**PROVIDER CATEGORY**	[ ][ ]
02	PEDIATRICIAN	**09**	INFERMIER A2	**16**	NUTRITIONIST A2		
03	SURGEON	**10**	INFERMIER A3	**17**	ASSISTANT SOCIAL A0		
04	OTHER MEDECIN SPECIALIST	**11**	AUXILLIERE SANTE	**18**	ASSISTANT SOCIAL A1		
05	MEDECIN GENERALIST	**12**	LAB TECHNICIAN A1	**19**	ASSISTANT SOCIAL A2		
06	MEDICAL OFFICER	**13**	LAB TECHNICIAN A2	**20**	PHARMACIST A0		
07	MIDWIFE A1	**14**	LAB TECHNICIAN A3	**21**	PHARMACIST A1		
				30	Other _____ (SPECIFY)		

Sex of provider: (1=Male; 2=Female) — SEX OF PROVIDER . . . . . [ ]

SERIAL (SL) NUMBER FROM STAFF LISTING SHOULD BE USED.
USE SAME NUMBER FOR STAFF INTERVIEW AND OBSERVATION — PROVIDER SL NUMBER . . . . . [ ][ ]

3. Information About Observation

Date: _____

DAY . . . . . [ ][ ]

MONTH . . . . . [ ][ ]

YEAR . . . . . [ ][ ][ ][ ]

Name of the observer: _____ — OBSERVER CODE . . . . . [ ][ ]

Client code: — CLIENT CODE . . . . . [ ][ ]

4. Observation of Family Planning Consultation

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	BEFORE OBSERVING THE CONSULTATION, OBTAIN PERMISSION FROM BOTH THE SERVICE PROVIDER AND THE CLIENT. MAKE SURE THAT THE PROVIDER KNOWS THAT YOU ARE NOT THERE TO EVALUATE HIM OR HER, AND THAT YOU ARE NOT AN "EXPERT" TO BE CONSULTED DURING THE SESSION. **READ TO PROVIDER:** Hello. I am [NAME OF OBSERVER]. I am representing the National Institute of Statistics, Republic of Rwanda. We are doing a survey of health facilities with the goal of finding ways to improve the delivery of services. I would like to observe your consultation with this client in order to understand how family planning services are provided in this facility. Information from this observation is confidential. Neither your name or that of the client will be recorded. The information acquired during this observation, however, may be used by the MOH or organizations supporting services in this facility, for planning service improvements or further studies of health services. Information from this observation may be provided to researchers for analyses, however, the information will be provided in such a way that neither you, this facility, nor the client can be identified. Any reports that use information from this observation will only present information in aggregate form as an additional safeguard for confidentiality. Do you have any questions for me? Do you understand that if, at any point you feel uncomfortable, you can ask me to leave? Do I have your permission to be present at this consultation? Interviewer's signature Date (Indicates respondent's willingness to participate)		
100	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER.	YES . . . . . 1 NO 2	→ STOP
	READ TO CLIENT: Hello, I am_____. I am representing the National Institute of Statistics, Republic of Rwanda. We are doing a survey of health services in health facilities. I would like to be present while you are receiving services today, in order to better understand how health care is provided. We are not evaluating the [NURSE/DOCTOR/PROVIDER] or the facility in particular, but rather are trying to gain a picture of the overall situation in order to improve services. Information from this observation may be provided to researchers for analyses, but neither your name nor the date of services will be provided on any shared data, so your identity and any information about you will remain completely confidential. Please know that whether you decide to allow me to observe your visit is completely voluntary and that whether you agree to participate or not will not affect the services you receive If, at any point, you would prefer I leave please feel free to tell me. After the consultation, my colleague would like to talk with you about your experience here today. Do you have any questions for me? Do you understand that if, at any point you feel uncomfortable, you can ask me to leave? Do I have your permission to be present at this consultation? Interviewer's signature Date (Indicates respondent's willingness to participate)		
101	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE CLIENT.	YES . . . . . 1 NO 2	→ STOP
102	RECORD THE TIME THE OBSERVATION STARTED	[ ][ ] : [ ][ ]	

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
103	RECORD THE SEX OF CLIENT.	MALE . . . . . 1 FEMALE 2				
104	CLIENT STATUS. (OBSERVER TO COMPLETE)	YES	NO	DK	NA	
01	INDICATE WHETHER THE CLIENT HAS HAD ANY PREVIOUS CONTACT WITH A PROVIDER AT THIS FAMILY PLANNING CLINIC.	1	2	8		
02	INDICATE WHETHER THE CLIENT HAS EVER BEEN PREGNANT.	1	2	8	5	
105	CLIENT'S PERSONAL INFORMATION AND REPRODUCTIVE HISTORY. INDICATE BELOW WHETHER THE PROVIDER ASKED ABOUT OR THE CLIENT VOLUNTEERED INFORMATION ON THE FOLLOWING ITEMS:					
01	Age of client	1	2	8		
02	Number of living children	1	2	8		
03	Last delivery date or age of youngest child	1	2	8	5	
04	History of complications with pregnancy	1	2	8	5	
05	Current pregnancy status	1	2	8	5	
06	Desire for a child or more children	1	2	8		
07	Desired timing for birth of next child	1	2	8		
08	Breastfeeding status	1	2	8	5	
09	Regularity of menstrual cycle	1	2	8	5	
106	RECORD WHETHER THE PROVIDER PERFORMED ANY OF THE FOLLOWING PHYSICAL EXAMINATIONS OR ASKED ANY OF THE FOLLOWING HEALTH QUESTIONS.	YES	NO	DK		
01	Take the client's blood pressure	1	2	8		
02	Weigh the client	1	2	8		
03	Ask the client about smoking	1	2	8		
04	Ask the client about symptoms of STIs (e.g., abnormal discharge)	1	2	8		
05	Ask the client about chronic illnesses (heart disease, diabetes, hypertension, liver or jaundice problem, breast cancer)	1	2	8		
06	Look at the client's health card (either before beginning the consultation or while collecting information or examining the client)	1	2	8		

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
107	RECORD WHETHER THE PROVIDER TOOK ANY OF THE FOLLOWING STEPS TO ASSURE THE CLIENT OF PRIVACY.	YES	NO	DK	
01	Ensure visual privacy	1	2	8	
02	Ensure auditory privacy	1	2	8	
03	Assure the client orally of confidentiality	1	2	8	
04	Ask the client about questions or concerns regarding methods currently used	1	2	8	
05	DID THE CLIENT SAY SHE HAD ANY CONCERNS, OR ASK ANY QUESTIONS ABOUT SIDE-EFFECTS OR ABOUT THE METHOD?	1	2	8	
108	RECORD WHETHER THE PROVIDER DISCUSSED ANY OF THESE ISSUES RELATED TO SEXUAL PARTNERS AND CHOICE OF FAMILY PLANNING METHOD.				
01	Partner's attitude toward family planning	1	2	8	
02	Partner status (number of partners for client or for client's partner; partner's absence)	1	2	8	
03	Risk of STIs	1	2	8	
04	Use of condoms to prevent STIs	1	2	8	
05	Using condoms as well as or along with another method (dual method) to attempt to prevent STIs	1	2	8	
109	INDICATE WHICH METHOD(S) WERE **PROVIDED OR PRESCRIBED** DURING THIS VISIT. IF CONDOMS WERE PRESCRIBED FOR USE ALONG WITH ANOTHER METHOD, CIRCLE BOTH METHODS. [IF CLIENT IS CONTINUING CLIENT WHO RECEIVED REFILLS FOR PILLS, REPEAT INJECTION, OR REPLACEMENT FOR IUD DURING THIS VISIT, CIRCLE THE METHOD THAT WAS REPLENISHED]	COMBINED PILL A PROGESTIN-ONLY PILL B PILL (TYPE UNSPECIFIED) C MALE CONDOM D FEMALE CONDOM E IUD F SPERMICIDE G DIAPHRAGM H INJECTABLE DEPO PROVERA I INJECTABLE NORIGYNON J IMPLANT . . . . . K NATURAL METHODS (RHYTHM) . . . . . L BREASTFEEDING/LAM . . . . . M VASECTOMY . . . . . N FEMALE STERILIZATION . . . O EMERGENCY CONTRACEPTION . . . . . P OTHER_____ X (SPECIFY) NO METHOD . . . . . Y			→ 111

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
110	FOR THE METHOD(S) IN QUESTION 109, INDICATE WHETHER THE RELEVANT INFORMATION INDICATED WAS ASSESSED OR DISCUSSED.	YES	NO	DK	NA
	PILLS OR INJECTIONS				5 → 05
01	When to take (pill daily; injection either every month or every 3 months)	1	2	8	
02	Changes that may occur with menstruation (decreased flow, spotting)	1	2	8	
03	Initial side effects that may occur (such as nausea, weight gain, and breast tenderness)	1	2	8	
04	What to do if forget pill or do not get injection on time	1	2	8	
	CONDOMS				5 → 10
05	Client cannot use if allergic to latex	1	2	8	
06	Can be used only one time	1	2	8	
07	Some lubricants may be used (male condom—water soluble only; female condom—any lubricant)	1	2	8	
08	Use as backup if client fears other method will fail	1	2	8	
09	Dual protection (from pregnancy and against STI)	1	2	8	
	IUD				5 → 14
10	Good for up to 12 years				
11	Should return to the clinic 3-6 weeks post insertion or after first menses				
12	Common side effects that may occur (heavy bleeding for first few months post insertion, spotting, or mild abdominal cramps)	1	2	8	
13	Should return to clinic if side effectss continue	1	2	8	
	SPERMICIDE/FOAM				5 → 16
14	May cause irritation	1	2	8	
15	Insert before each occurrence of intercourse	1	2	8	
	IMPLANT				5 → 20
16	Good for 3-5 years (Implanon-3 yrs, Jadelle-5 yrs)	1	2	8	
17	Changes that may occur with menstruation (irregular bleeding, spotting)	1	2	8	
18	Initial side effects that may occur (nausea, weight gain, and breast tenderness)	1	2	8	
19	Should return to clinic if side effectss continue	1	2	8	
	RHYTHM METHOD or PERIODIC ABSTINENCE				5 → 22
20	How to identify a woman's fertile period	1	2	8	
21	No intercourse during woman's fertile period without alternative method (condom/spermicide)	1	2	8	

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
		YES	NO	DK	NA
	LAM				5 → 25
22	Slight risk of pregnancy during the time shortly before menstruation resumes	1	2	8	
23	Most effective with exclusive breastfeeding without menstruation	1	2	8	
24	Not effective after menstruation begins again	1	2	8	
	VASECTOMY				5 → 30
25	Partner is protected from pregnancy after 3 months	1	2	8	
26	Use of a back-up method for the next 3 months	1	2	8	
27	Procedure intended to be permanent; slight risk of failure	1	2	8	
28	Warning signs that may occur after surgery (severe pain, tenderness, bleeding)	1	2	8	
29	Should return to clinic if experience warning signs	1	2	8	
	FEMALE STERILIZATION				5 → 34
30	Protect from pregnancy immediately	1	2	8	
31	Procedure intended to be permanent, slight risk of failure	1	2	8	
32	Warning signs that may occur after surgery (severe pain, light-headedness, fever, bleeding, missed periods)	1	2	8	
33	Should return to clinic if experience warning sign	1	2	8	
	EMERGENCY CONTRACEPTION				5 →111
34	If vomit within 2 hours, need another dose	1	2	8	
35	If next period is unusually light or fails to occur within 4 weeks, return for pregnancy check	1	2	8	
36	First dose to be taken within 72 hours of contact	1	2	8	
37	Second dose should be taken 12 hours after first dose	1	2	8	
38	Regimen not to be repeated/taken more than three times in any one month	1	2	8	
111	RECORD WHETHER THE PROVIDER WROTE ON THE CLIENT'S HEALTH CARD.	YES . . . . . 1 NO . . . . . 2 NO HEALTH CARD USED . . . 3 DON'T KNOW 8			
112	RECORD WHETHER THE PROVIDER USED ANY VISUAL AIDS FOR HEALTH EDUCATION OR COUNSELING ABOUT FAMILY PLANNING METHODS.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8			
113	RECORD WHETHER THE PROVIDER DISCUSSED A RETURN VISIT.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8			

5. Clinical Observation

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
201	INDICATE WHETHER ANY CLINICAL PROCEDURE WAS CONDUCTED DURING THIS VISIT. CLINICAL PROCEDURES INCLUDE PELVIC EXAMINATIONS, OR PROVIDING THE IUD, INJECTABLE METHOD, IMPLANT OR MALE OR FEMALE STERILIZATION.	YES . . . . . 1 NO 2	→ 301
202	INDICATE WHETHER CLINICAL PROVIDER IS PERSON WHO PROVIDED COUNSELING.	YES . . . . . 1 NO 2	→ 206
	READ TO PROVIDER: Hello, I am representing the National Institute of Statistic. We are carrying out a survey of health facilities, with the goal of finding ways to improve the delivery of services. I would like to observe the procedure you will conduct with this client. [Mrs. ___] has agreed that she has no objection to my presence. Observing all components of the services provided to [Mrs. ___] will help us to better understand how health services are provided. Any information relating to this procedure will be completely confidential. If, at any point, you would prefer I leave, please feel free to tell me. Do you have any questions for me? Do I have your permission to be present during this procedure? _____ _____ Interviewer's signature Date (Indicates respondent's willingness to participate)		
203	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER.	YES . . . . . 1 NO 2	→ STOP
204	RECORD THE TYPE OF PROVIDER PERFORMING MOST OF THE CLINICAL EXAMINATION.	GYNECO-OBSTETRICIAN **01** OTHER MEDECIN SPECIALIST **04** MEDECIN GENERALIST **05** MEDICAL OFFICER **06** MIDWIFE A1 . . . . . **07** INFERMIER A1 . . . . . **08** INFERMIER A2 **09** INFERMIER A3 . . . . **10** AUXILLIERE SANTE **11** OTHER_____ **96** (SPECIFY)	
205	RECORD THE SEX OF THE PROVIDER CONDUCTING THE CLINICAL EXAMINATION OR PROCEDURE.	MALE . . . . . 1 FEMALE 2	
206	INDICATE CLINICAL PROCEDURE (S) CONDUCTED DURING THIS VISIT.	PELVIC EXAM . . . . . A IUD INSERTED/REMOVED . . B INJECTABLE GIVEN . . . . . C IMPLANT INSERTED/ REMOVED . . . . . D MALE STERILIZATION . . . . E FEMALE STERILIZATION . . . . F	

6. Pelvic Examination

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
207A	CHECK Q206: WAS A PELVIC EXAMINATION CONDUCTED?	YES . . . . . 1 NO 2			→ 208A
207	RECORD WHETHER THE FOLLOWING OCCURRED DURING OR AFTER THE EXAMINATION		YES	NO	NA
01	ENSURE THAT CLIENT HAD VISUAL PRIVACY	VISUAL PRIVACY	1	2	
02	ENSURE THAT CLIENT HAD AUDITORY PRIVACY	AUDITORY PRIVACY	1	2	
03	EXPLAIN PROCEDURE BEFORE STARTING	EXPLAIN PROCEDURE BEFOREHAND	1	2	
04	PREPARE ALL INSTRUMENTS BEFORE STARTING PROCEDURE	PREPARED INSTRUMENTS	1	2	5
05	USE STERILIZED OR HIGH LEVEL DISINFECTED INSTRUMENTS	STERILIZED/HLD INSTRUMENTS	1	2	5
06	WASH HIS/HER HANDS WITH SOAP AND RUNNING WATER BEFORE PUTTING ON GLOVES	WASHED HANDS	1	2	
07	PUT ON NEW OR DISINFECTED LATEX GLOVES BEFORE STARTING PROCEDURE	PUT ON GLOVES	1	2	
08	ASK THE CLIENT TO TAKE SLOW DEEP BREATHS AND RELAX MUSCLES	ASK CLIENT TO RELAX MUSCLES	1	2	
09	INSPECT THE EXTERNAL GENITALIA	INSPECT GENITALIA	1	2	
10	EXPLAIN SPECULUM PROCEDURE (IF USED)	EXPLAIN SPECULUM	1	2	5
11	INSPECT THE CERVIX AND VAGINAL MUCOSA (USE SPECULUM AND LIGHT)	INSPECT CERVIX	1	2	5
12	PERFORM A BIMANUAL EXAMINATION (ONE HAND IN VAGINA OTHER PALPATING ABDOMEN)	BIMANUAL EXAM	1	2	
13	WASH HANDS WITH SOAP AND RUNNING WATER AFTER REMOVING GLOVES	WASH HANDS AFTER	1	2	
14	WIPE CONTAMINATED SURFACES WITH DISINFECTANT	DISINFECT AREA	1	2	
15	PLACE REUSABLE GLOVES OR INSTRUMENTS IN CHLORINE SOLUTION IMMEDIATELY AFTER THE PROCEDURE.	DECONTAMINATE GLOVES OR INSTRUMENTS	1	2	

7. IUD Insertion and/or Removal

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
208A	CHECK 206: WAS AN IUD EITHER INSERTED OR REMOVED?	YES . . . . . 1 NO 2			→ 210A
208	INDICATE PROCEDURE CONDUCTED.	IUD INSERTION . . . . . A IUD REMOVAL . . . . . B			
209	RECORD WHETHER THE FOLLOWING OCCURRED DURING OR AFTER THE EXAMINATION		YES	NO	NA
01	ENSURE THAT CLIENT HAD VISUAL PRIVACY	VISUAL PRIVACY	1	2	
02	ENSURE THAT CLIENT HAD AUDITORY PRIVACY	AUDITORY PRIVACY	1	2	
03	EXPLAIN PROCEDURE BEFORE STARTING	EXPLAIN PROCEDURE BEFOREHAND	1	2	
04	(FOR NEW CLIENT) RECONFIRM CLIENT CHOICE OF METHOD	RECONFIRM CHOICE	1	2	5
05	(FOR NEW CLIENT, CONFIRM CLIENT NOT PREGNANT	CONFIRM CLIENT NOT PREGNANT	1	2	5
06	PREPARE ALL INSTRUMENTS BEFORE STARTING PROCEDURE	PREPARED INSTRUMENTS	1	2	
07	USE STERILIZED OR HIGH LEVEL DISINFECTED INSTRUMENTS	STERILIZED/HLD INSTRUMENTS	1	2	
08	WASH HIS/HER HANDS WITH SOAP AND RUNNING WATER BEFORE PUTTING ON GLOVES	WASHED HANDS	1	2	
09	PUT ON NEW OR DISINFECTED LATEX GLOVES BEFORE STARTING PROCEDURE	PUT ON GLOVES	1	2	
10	PERFORM A SPECULUM EXAM (FOR RTI OR STI) BEFORE CONDUCTING BIMANUAL EXAMINATION	SPECULUM EXAM	1	2	5
11	PERFORM A BIMANUAL EXAMINATION (ONE HAND IN VAGINA OTHER PALPATING ABDOMEN)	BIMANUAL EXAM	1	2	5
12	INSPECT THE CERVIX AND VAGINAL MUCOSA (USE SPECULUM AND LIGHT)	VISUALIZE CERVIX	1	2	5
13	USE A TENACULUM	USE TENACULUM	1	2	5
14	SOUND THE UTERUS BEFORE INSERTING IUD	SOUND UTERUS	1	2	5
15	USE THE NO TOUCH TECHNIQUE FOR INSERTION	NO TOUCH TECHNIQUE	1	2	5
16	WASH HANDS WITH SOAP AND RUNNING WATER AFTER REMOVING GLOVES	WASH HANDS AFTER	1	2	
17	ASK CLIENT TO WAIT AND REST FOR 15 MINUTES AFTER INSERTION OF IUD	ASK CLIENT TO WAIT	1	2	
18	WIPE CONTAMINATED SURFACES WITH DISINFECTANT	DISINFECT AREA	1	2	
19	PLACE REUSABLE GLOVES OR INSTRUMENTS IN CHLORINE SOLUTION IMMEDIATELY AFTER THE PROCEDURE.	DECONTAMINATE GLOVES OR INSTRUMENTS	1	2	
20	WAS CLIENT TOLD THAT IUD IS GOOD FOR UP TO 12 YEARS?	GOOD FOR UP TO 12 YEARS	1	2	5

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
21	WAS CLIENT INSTRUCTED TO RETURN TO THE CLINIC 3 TO 6 WEEKS POST INSERTION OR AFTER FIRST MENSES?	INSTRUCTED TO RETURN IN 3 TO 6 WEEKS	1	2	5
22	WAS THE CLIENT INSTRUCTED TO REGULARLY CHECK THE STRING AFTER MENSTRUATION?	INSTRUCTED CHECK STRING	1	2	5
23	WAS THE CLIENT TOLD THAT SHE MAY EXPERIENCE SIDE EFFECTS? (HEAVY BLEEDING FOR 1ST FEW MONTHS, SPOTTING, OR MILD ABDOMINAL CRAMPS?)	TOLD ABOUT SIDE EFFECTS	1	2	5
24	WAS THE CLIENT INSTRUCTED TO RETURN TO THE CLINIC IF SIDE EFFECTS CONTINUED?	RETURN TO CLINIC	1	2	5
25	WAS THE CLIENT PROVIDED WITH A CARD STATING THE DATE IUD WAS INSERTED AND THE FOLLOW UP DATE?	CARD PROVIDED	1	2	5

8. Injectable Contraceptive

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
210A	CHECK Q206: WAS A CONTRACEPTIVE INJECTION GIVEN?	YES . . . . . 1 NO 2				→ 212A
210	RECORD WHETHER THE PROVIDER DID THE FOLLOWING:		YES	NO	NA	
01	(With a **new client**) Reconfirm the client's choice of method	RECONFIRM CHOICE	1	2	5	
02	(With a **new client**) Verify that client was not pregnant	CONFIRM CLIENT NOT PREGNANT	1	2	5	
03	(**Continuing client**) Check the client's card to ensure giving injection at correct time	ENSURE CORRECT TIMING	1	2	5	
04	Wash his or her hands with soap and running water before giving the injection	WASHED HANDS	1	2		
05	Prepare injection in area with clean table or tray to set items on		1	2		
06	(**If using reusables**) Use newly reprocessed needle and syringe	USE NEW/CLEAN NEEDLE	1	2	5	
07	**(If using disposables)** Use new syringe and needle from a sterile sealed pack	USE NEW/CLEAN NEEDLE	1	2	5	
08	Saw the provider open the new packet with syringe and needle	SAW OPEN PACKET	1	2	5	
09	Remove needle from multiple dose vial each time	REMOVE NEEDLE	1	2	5	
10	Stir or mix the bottle *before* drawing dose (DEPO)	STIR BOTTLE	1	2	5	
11	Clean and air-dry the injection site *before* injection	CLEAN AND AIR-DRY THE SITE	1	2		
12	Draw back plunger *before* giving injection	DRAW BACK PLUNGER	1	2		
13	Allow dose to self-disperse instead of massaging the site	NO MASSAGE	1	2		
14	Use scoop technique to recap needle	SCOOP TECHNIQUE	1	2		
15	Recap needle using two hands	TWO-HAND RECAP	1	2		
16	Did not recap needle	NO RECAP	1	2		
17	Immediately dispose of sharps in puncture-resistant safety container or remove needle with needle cutter/puller and dispose of syringe in safety container that is not overflowing or pierced or broken	DISPOSE OF SHARPS	1	2		
211	INDICATE WHETHER THE NEEDLE AND SYRINGE WERE PROVIDED BY THE FACILITY OR PROVIDED BY THE CLIENT.	PROVIDED BY FACILITY . . . . 1 PROVIDED BY CLIENT . . . . 2 DON'T KNOW 8				

9. Implant Insertion or Removal

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
212A	CHECK 206: WERE IMPLANTS EITHER INSERTED OR REMOVED?	YES . . . . . 1 NO 2				→ 301
212	INDICATE PROCEDURE CONDUCTED.	INSERTION . . . . . A REMOVAL . . . . . B				
213	RECORD WHETHER THE PROVIDER DID THE FOLLOWING:		YES	NO	NA	
01	Reconfirm the client's choice of method	RECONFIRM CHOICE	1	2	5	
02	Verify that client was not pregnant	CONFIRM CLIENT NOT PREGNANT	1	2	5	
03	Ensure that the client had visual privacy	VISUAL PRIVACY	1	2		
04	Ensure that the client had auditory privacy	AUDITORY PRIVACY	1	2		
05	Explain the procedure before starting it	EXPLAIN PROCEDURE BEFOREHAND	1	2		
06	Prepare all instruments before the procedure	PREPARED INSTRUMENTS	1	2		
07	Use sterilized or high-level disinfected instruments	STERILIZED/HLD INSTRUMENTS	1	2		
08	Wash his or her hands with soap and running, water before wearing gloves	WASHED HANDS	1	2		
09	Put on sterile gloves and maintain sterility during insertion	GLOVES AND STERILITY	1	2		
10	Clean skin where incision will be made with antiseptic	USE ANTISEPTIC	1	2		
11	Use sterile towel to protect area	USE STERILE TOWEL	1	2		
12	Use new or sterilized needle and syringe for local anesthetic	USE STERILE NEEDLE	1	2		
13	Allow time for local anesthetic to take effect prior to making incision	ALLOW TIME FOR ANESTHETIC TO WORK	1	2		
14	Dispose of sharps in puncture-resistant containers	DISPOSE OF SHARPS	1	2		
15	Wipe contaminated surfaces with disinfectant	DISINFECT AREA	1	2		
16	Place reusable gloves and instruments in a chlorine solution immediately after completing the procedure	DECONTAMINATE GLOVES OR INSTRUMENTS	1	2		
17	Wash hands soap and running water *after* removing gloves	WASH HANDS AFTER	1	2		
18	Explain care of incision area and removal of the bandage	EXPLAIN INCISION CARE	1	2		

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
			YES	NO	NA
19	Discuss return visit to remove plaster	DISCUSS RETURN	1	2	
20	Provide woman with card stating date implant was inserted and date when 5 years of implant would be completed	PROVIDE CARD	1	2	5
21	WAS THE CLIENT INSTRUCTED THAT THE IMPLANT IS GOOD FOR 3-5 YEARS?	TOLD IMPLANT GOOD 3-5 YEARS	1	2	5
22	WAS THE CLIENT TOLD ABOUT POSSIBLE MENSTRUAL CHANGES (SIDE EFFECTS)?	TOLD MENSTRUAL CHANGES	1	2	5
23	WAS THE CLIENT TOLD ABOUT OTHER (NON-MENSTRUAL) SIDE-EFFECTS SUCH AS NAUSEA, WEIGHT GAIN, OR BREAST TENDERNESS?	TOLD OTHER SIDE-EFFECTS	1	2	5
24	WAS THE CLIENT INSTRUCTED TO RETURN TO THE CLINIC IF SIDE EFFECTS CONTINUED?	RETURN TO CLINIC	1	2	5
214	Did the provider show each implant stick removed to the client and reassure her that all were removed?	SHOW REMOVED IMPLANT	1	2	5
215	INDICATE WHETHER THE NEEDLE AND SYRINGE WERE PROVIDED BY THE FACILITY OR PROVIDED BY THE CLIENT.	PROVIDED BY FACILITY . . . . 1 PROVIDED BY CLIENT . . . . . 2 DON'T KNOW 8			

10. Client's Family Planning Status

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	AFTER THE CONSULTATION, COMPLETE THE FOLLOWING INFORMATION		
301	RECORD THE CLIENT'S FAMILY PLANNING STATUS AT THE BEGINNING OF THE CONSULTATION.	CURRENT USER . . . . . 1 NONUSER, USED IN PAST . . 2 NONUSER, NO PAST USE . . 3 NOT DETERMINED 8	 → 304 → 306 → 306
302	RECORD THE CLIENT'S PRINCIPAL REASON FOR THE VISIT.	RESUPPLY/ROUTINE FOLLOW UP . . . . . 1 DISCUSS PROBLEM WITH METHOD . . . . . 2 DESIRE TO CHANGE METHOD (NO PROBLEM) 3 DESIRE TO DISCONTINUE FP (NO PROBLEM) 4 DISCUSS OTHER PHYSICAL PROBLEM 5	
303	RECORD THE OUTCOME OF THE VISIT. (FOR CURRENT USER)	CONTINUED WITH CURRENT METHOD . . . . . 1 SWITCHED METHOD . . . . . 2 PLANNED METHOD SWITCH, NOT RECEIVED TODAY, CONTINUED USE OF CURRENT METHOD . . . . . 3 PLANNED METHOD SWITCH, NOT RECEIVED TODAY, DISCONTINUED CURRENT METHOD . . . . . 4 DECIDED TO STOP USING FAMILY PLANNING 5	→ 307 → 307 → 307 → 307 → 308
304	RECORD THE CLIENT'S MOST RECENT USE OF CONTRACEPTION. (NON USER, USED IN THE PAST)	WITHIN PAST 6 MONTHS. . . . 1 SIX MONTHS OR MORE AGO. . 2 NOT DETERMINED 8	
305	RECORD THE OUTCOME OF THE VISIT. (NON USER, USED IN THE PAST)	RESTARTED PRIOR METHOD 1 ADOPTED DIFFERENT METHOD . . . . . 2 PLANNED DIFFERENT METHOD, NOT RECEIVED TODAY . . . 3 RECEIVED INFORMATION/ COUNSELING ONLY . . . . . 4 NOT DETERMINED 8	→ 307 → 307 → 307 → 308 → 308
306	RECORD THE OUTCOME OF THE VISIT. (NON USER, NO PAST USE)	ACCEPTED TO START METHOD . . . . . 1 DID NOT DECIDE ON METHOD 2	 → 308
307	DID CLIENT LEAVE FACILITY WITH METHOD? IF NO: RECORD THE REASON THE CLIENT DID NOT RECEIVE METHOD.	YES, LEFT WITH METHOD . . 1 NO, METHOD NOT IN STOCK. . 2 NO, REQUIRES APPOINTMENT . . . . . 3 NO, DELAY RECEIVING DUE TO HEALTH PROBLEM . . . 4 NO, PREGNANCY STATUS UNCERTAIN . . . . . 5 OTHER_____ 6 (SPECIFY)	
308	INDICATE WHETHER THE PROVIDER WROTE IN OR ON AN INDIVIDUAL CLIENT'S RECORD OR CARD AFTER THE CONSULTATION.	YES . . . . . 1 NO . . . . . 2 NO INDIVIDUAL CARD USED . . 3 DON'T KNOW 8	
309	RECORD THE TIME THE OBSERVATION ENDED	[ ][ ] : [ ][ ]	
310	**Observer's comments:**		

MEASURE *DHS* + SERVICE PROVISION ASSESSMENT
Exit Interview for Family Planning Client

1. Facility Identification

QTYPE . . . . . X F P

Name of the facility: _____

Location of the facility: _____

FACILITY NUMBER . . . . . .

2. Information About Interview

Date: _____	DAY . . . . . . MONTH . . . . . . YEAR . . . . .
Name of the interviewer: _____	INTERVIEWER CODE . . . . .
Client code:	CLIENT CODE: . . . . .

3. Information About Visit

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	READ TO CLIENT: Hello, I am_____. As my colleague mentioned, we are representing the National Institute of Statistics, Republic of Rwanda. We are doing a survey of health services in health facilities. In order to improve the services this facility offers, we would like to ask you some questions about your experience here today. Please know that whether you decide to allow this interview or not is completely voluntary and will not affect services you receive during any future visit. You may refuse to answer any question, and you may stop the interview at any time. Information from this interview may be provided to researchers for analyses, but neither you name nor the date of services will be on any shared information, so your identity will remain completely confidential. If, at any point, you would prefer I leave please feel free to tell me Do you have any questions for me? Do I have your permission to continue with the interview? _____ Interviewer's signature Date (Indicates respondent's willingness to participate)		
100	May I begin the interview?	CLIENT AGREES . . . . . 1 CLIENT REFUSES 2	 → STOP
101	RECORD THE TIME THE INTERVIEW STARTED	[ ][ ] : [ ][ ]	
102	Have you ever been to this clinic before for family planning services?	YES (FEMALE CLIENT) . . . . . 1 NO (FEMALE CLIENT) . . . . . 2 YES (MALE CLIENT) . . . . . 3 NO (MALE CLIENT) 4	 → 104 → 104
103	Have you ever been pregnant?	YES . . . . . 1 NO 2	
104	Were you doing anything to prevent pregnancy when you came today?	YES . . . . . 1 NO 2	→ 106
105	Have you used a family planning method or taken any steps to prevent pregnancy at any time during the past 6 months?	YES . . . . . 1 NO 2	 → 112
106	What method were you (last) using? IF CONDOMS WERE PRESCRIBED FOR USE ALONG WITH ANOTHER METHOD, CIRCLE BOTH METHODS.	COMBINED PILL . . . . . A PROGESTIN-ONLY PILL . . . . . B PILL (TYPE UNSPECIFIED) . C MALE CONDOM . . . . . D FEMALE CONDOM . . . . . E IUD . . . . . F SPERMICIDE . . . . . G DIAPHRAGM . . . . . H INJECTABLE DEPO-PROVERA I INJECTABLE NORIGYNON . . . . J IMPLANT . . . . . K NATURAL METHODS (RHYTHM/ PERIODIC ABSTINENCE) . L BREASTFEEDING/LAM . . . . . M VASECTOMY . . . . . N FEMALE STERILIZATION . . . . . O EMERGENCY CONTRACEPTION . . . . . P OTHER_____ X (SPECIFY)	
107	Did the provider ask you today whether you were having (or had had) a problem with the method?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
108	Have you been having (did you have) a problem with the method?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 111 → 111
109	Did the provider suggest any action(s) you should take to resolve the problem?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
110	What was the outcome of this visit did you decide to continue (restart) the same method or to switch methods?	CONTINUE WITH OR RESTART SAME METHOD . . 1 SWITCH METHOD . . . . . 2 STOP USING METHOD (DUE TO PROBLEMS) . . . . . 3 STOP USING METHOD (ELECTIVE-NO PROBLEMS) 4	 → 201
111	Had you thought about switching methods, and which method to switch to, before you came here today?	YES . . . . . 1 NO 2	→ 113 → 115
112	Had you thought about what family planning method you wanted to use before you came here today?	YES . . . . . 1 NO 2	 → 115
113	What method was that? IF CLIENT MENTIONS CONDOMS ALONG WITH ANOTHER METHOD, CIRCLE BOTH METHODS.	COMBINED PILL . . . . . A PROGESTIN-ONLY PILL . . . . . B PILL (TYPE UNSPECIFIED) . C MALE CONDOM . . . . . D FEMALE CONDOM . . . . . E IUD . . . . . F SPERMICIDE . . . . . G DIAPHRAGM . . . . . H INJ PROGESTERONE (2-3M) I INJ NORIGYNON (1M) . . . . J IMPLANT . . . . . K NATURAL METHODS (RHYTHM/ PERIODIC ABSTINENCE) . L BREASTFEEDING/LAM . . . . . M VASECTOMY . . . . . N FEMALE STERILIZATION . . . . . O EMERGENCY CONTRACEPTION . . . . . P OTHER_____X (SPECIFY)	
114	Did the provider talk to you about any of the method(s) you just mentioned?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
115	What (other) family planning methods did the provider talk with you about? CIRCLE ALL METHODS MENTIONED.	COMBINED PILL . . . . . A PROGESTIN-ONLY PILL . . . . . B PILL (TYPE UNSPECIFIED) . C MALE CONDOM . . . . . D FEMALE CONDOM . . . . . E IUD . . . . . F SPERMICIDE . . . . . G DIAPHRAGM . . . . . H INJ PROGESTERONE (2-3M) I INJ NORIGYNON (1M) . . . . J IMPLANT . . . . . K NATURAL METHODS (RHYTHM/ PERIODIC ABSTINENCE) . L BREASTFEEDING/LAM . . . . . M VASECTOMY . . . . . N FEMALE STERILIZATION . . . . . O EMERGENCY CONTRACEPTION . . . . . P OTHER_____ X (SPECIFY) NONE . . . . . Y	
116	What family planning method did you either receive or get a prescription or referral for? CIRCLE ALL METHODS THE CLIENT HAS RECEIVED (REC) OR HAS A PRESCRIPTION OR A REFERRAL (PRES) FOR. IF THE CLIENT IS CONTINUING USING A PRIOR METHOD AND DID NOT RECEIVE ANY METHOD, PRESCRIPTION, OR REFERRAL ON THIS VISIT, CIRCLE Y. CHECK PACKET OR PRESCRIPTION TO CONFIRM TYPE OF PILL OR INJECTION	REC / PRES COMBINED PILL . . . . . A / A PROGESTIN-ONLY PILL . . . . . B / B PILL (TYPE UNSPECIFIED) . C / C MALE CONDOM . . . . . D / D FEMALE CONDOM . . . . . E / E IUD . . . . . F / F SPERMICIDE . . . . . G / G DIAPHRAGM . . . . . H / H INJ PROGESTERONE (2-3M) I / I INJ NORIGYNON (1M) . . . . J / J IMPLANT . . . . . K / K NATURAL METHODS (RHYTHM/ PERIODIC ABSTINENCE) . L / L BREASTFEEDING/LAM . . . . . M / M VASECTOMY . . . . . N / N FEMALE STERILIZATION . . . . . O / O EMERGENCY CONTRACEPTION . . . . . P / P CONTINUING WITH METHOD IN QUESTION 104 . . . . . Y / Y OTHER_____ X / X (SPECIFY) NO METHOD . . . . . Z → 201 / Z → 201 ***[ONLY SKIP TO 201 IF BOTH "Z" ARE CIRCLED, IE, NO METHOD EITHER RECEIVED OR PRESCRIBED]. OTHEWISE CONTINUE TO Q117***	
117	Does your method protect against Sexually Transmitted Infections (STIs) and HIV/AIDS?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

118	During your consultation, did the provider		YES	NO	DK
01	Explain how to use the method?	HOW TO USE	1	2	8
02	Talk about possible side effects?	TELL SIDE EFFECTS . .	1	2	8
03	Tell you what to do if you have any problems?	TELL PROBLEMS	1	2	8
04	Tell you when to return for follow-up?	TELL WHEN RETURN . .	1	2	8

NO.	QUESTIONS		CODING CLASSIFICATION	GO TO
119	MARK BELOW THE METHOD THAT IS CIRCLED IN QUESTION 116. THEN, ASK THE CLIENT THE QUESTION RELATED TO THAT METHOD			
01	Pill (Any pill)	How often do you take the pill?	ONCE A DAY . . . . . 1 OTHER . . . . . 2 DON'T KNOW 8	
02	Condom (both male and female)	How many times can you use a condom?	ONCE . . . . . 1 OTHER . . . . . 2 DON'T KNOW 8	
03	Condom (female)	What type of lubricant can you use with the female condom?	ANY OIL OR LUBRICANT . . . . . 1 OTHER . . . . . 2 DON'T KNOW 8	
04	IUD	What are the common side effects of an IUD?	HEAVY BLEEDING 1ST FEW MONTHS, SPOTTING OR CRAMPING . . . . . 1 OTHER . . . . . 2 DON'T KNOW 8	
05	Spermicide	Approximately how long before intercourse should you insert the vaginal tablet?	BETWEEN 15 MINUTES AND 1 HOUR . . . . . 1 OTHER . . . . . 2 DON'T KNOW 8	
06	Diaphragm	Approximately how long after intercourse should the diaphragm remain in place?	AT LEAST 6 HOURS (BUT NO LONGER THAN 24 HOURS) . . 1 OTHER . . . . . 2 DON'T KNOW 8	
07	Injectable (e.g., Depo-Provera 2-3 months)	How long does the injection provide protection from pregnancy?	2-3 MONTHS . . . . . 1 OTHER . . . . . 2 DON'T KNOW 8	
08	Injectable (Norigynon) (monthly)	How long does the Norigynon injection provide protection from pregnancy?	1 MONTH . . . . . 1 OTHER . . . . . 2 DON'T KNOW 8	
09	Implant	How long does your implant provide protection against pregnancy?	3-5 YEARS . . . . . 1 OTHER . . . . . 2 DON'T KNOW 8	
10	Natural method (RHYTHM)	How do you recognize the days on which you should not have sexual intercourse?	BODY TEMPERATURE RISES A MUCUS IN VAGINA . . . . . B DAYS 12 16 OF THE MENSTRUAL CYCLE . . . . . C OTHER . . . . . X DON'T KNOW . . . . . Z	
11	Breastfeeding/LAM	Can you use this method if your menstrual period has returned?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
12	Male sterilization (Vasectomy)	At what point is your partner protected against pregnancy?	AFTER 3 MONTHS 1 OTHER 2 DON'T KNOW 8	
13	Female sterilization	After you have been sterilized, for how long are you protected against pregnancy?	Intended to be permanent; only slight risk or failure 1 OTHER 2 DON'T KNOW 8	

4. Information About Client's Satisfaction

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	Now I am going to ask you some questions about the services you received today. I would like to have your honest opinion about the things that we will talk about. This information will help improve family planning services.		
200	What time did you arrived?	☐☐ HOURS ☐☐ MINS	
201	How long did you wait between the time you arrived at this facility and the time you were able to see a provider for the consultation?	MINUTES . . . . . ☐☐☐ SAW PROVIDER IMMEDIATELY . . . . . .000 DON'T KNOW 998	
202	Now I am going to ask about some common problems clients have at health facilities. As I mention each one, please tell me whether any of these were problems for you today, and if so, whether they were large or small problems for you.		

			LARGE	SMALL	NO PROB LEM	DK
01	Time you waited	WAIT	1	2	3	8
02	Ability to discuss problems or concerns about your health with the provider	DISCUSS PROBLEMS	1	2	3	8
03	Amount of explanation you received about any problem or method of family planning	EXPLAIN PROB. OR TREATMENT	1	2	3	8
04	Quality of the examination and treatment provided	QUALITY	1	2	3	8
05	Privacy from having others see the examination	VISUAL PRIVACY	1	2	3	8
06	Privacy from having others hear your consultation discussion	AUDITORY PRIVACY	1	2	3	8
07	Availability of medicines or methods at this facility	MEDICINES	1	2	3	8
08	The hours of service at this facility	HOURS OF SERVICE	1	2	3	8
09	The number of days services are available to you	DAYS OF SERVICE	1	2	3	8
10	The cleanliness of the facility	CLEAN	1	2	3	8
11	How the staff treated you	HOW TREATED	1	2	3	8
12	Cost for services or treatment	COST	1	2	3	8
13	Any problem you had today that I did not mention	_____ (SPECIFY)	1	2	3	8

203	Are you a part of any prepayment plan (such as insurance or a similar program) or institutional arrangement that pays for some or all of the services you receive at this facility?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
204	Were you charged, or did you pay anything for any services provided today?	YES . . . . . 1 NO 2	→ 206

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
205	What is the total amount you paid for all services or treatments you received at this facility today? Please include any money you paid for services, laboratory tests, or medicines.	1) TOTAL AMOUNT [ ][ ][ ][ ][ ][ ] PAID NO MONEY . . . . 000000 DON'T KNOW . . . . . 999998 2) LAB [ ][ ][ ][ ][ ][ ] 3) MEDI-CINE [ ][ ][ ][ ][ ][ ] 4) CON-SULT [ ][ ][ ][ ][ ][ ] 5) OTHER [ ][ ][ ][ ][ ][ ]	
206	Is this the closest health facility to your home?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 208 → 208
207	What was the main reason you did not go to the nearest facility?	INCONVENIENT OPERATING HOURS . . . . . .01 BAD REPUTATION . . . . . 02 DON'T LIKE PERSONNEL . . . . 03 NO MEDICINE . . . . . 04 PREFERS TO REMAIN ANONYMOUS . . . . . 05 IT IS MORE EXPENSIVE . . . . 06 REFERRAL . . . . . .07 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
208	Have you ever visited this facility before (either as a patient or visiting or accompanying a patient)?	YES . . . . . 1 NO 2	

5. Personal Characteristics of Client

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	Now I am going to ask you some questions about yourself. I would like to have your honest responses as this information will help us to improve services.		
301	How old were you at your last birthday?	AGE IN YEARS . . . . . [ ][ ]	
302	Do you know how to read or how to write?	YES, READ ONLY . . . . . 1 YES, READ AND WRITE . . . . 2 NO 3	
303	Have you ever attended school, either formal or informal?	YES . . . . . 1 NO 2	→ 306
304	What is the highest level of school you attended?	INFORMAL . . . . . 1 PRIMARY . . . . . 2 SECONDARY . . . . . 3 HIGHER . . . . . 4 TERTIARY 5	→ 306
305	What is the highest grade you completed at that level?	GRADE . . . . . [ ][ ]	
	Thank you very much for taking the time to answer my questions. Once again, any information you have given will be kept completely confidential. Have a good day!		
306	RECORD THE TIME WHEN THE INTERVIEW ENDED	[ ][ ] : [ ][ ]	
307	**Interviewer's comments:**		

MEASURE *DHS*+ SERVICE PROVISION ASSESSMENT
Observation of Sick-Child Consultation

1. Facility Identification

QTYPE . . . . . O S C

Name of the facility: _____

Location of the facility: _____

FACILITY NUMBER . . . . . .

2. Provider Information

Provider category:

01	GYNECO-OBSTETRICIAN	**08**	INFERMIER A1	**15**	NUTRITIONIST A1		
02	PEDIATRICIAN	**09**	INFERMIER A2	**16**	NUTRITIONIST A2		
03	SURGEON	**10**	INFERMIER A3	**17**	ASSISTANT SOCIAL A0		
04	OTHER MEDECIN SPECIALIST	**11**	AUXILLIERE SANTE	**18**	ASSISTANT SOCIAL A1		
05	MEDECIN GENERALIST	**12**	LAB TECHNICIAN A1	**19**	ASSISTANT SOCIAL A2		
06	MEDICAL OFFICER	**13**	LAB TECHNICIAN A2	**20**	PHARMACIST A0		
07	MIDWIFE A1	**14**	LAB TECHNICIAN A3	**21**	PHARMACIST A1		
				30	Other _____ (SPECIFY)		

PROVIDER CATEGORY

Sex of provider: (1=Male; 2=Female)

SEX OF PROVIDER . . . . . .

SERIAL (SL) NUMBER FROM STAFF LISTING SHOULD BE USED.
USE SAME NUMBER FOR STAFF INTERVIEW AND OBSERVATION

PROVIDER SL NUMBER . . . . . .

3. Information About Observation

Date: _____

DAY . . . . . .

MONTH . . . . . .

YEAR . . . . . .

Name of the observer: _____

OBSERVER CODE . . . . . .

Client code:

CLIENT CODE . . . . . .

4. Observation of Sick-Child Consultation

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	BEFORE OBSERVING THE CONSULTATION, OBTAIN PERMISSION FROM BOTH THE SERVICE PROVIDER AND THE CHILD'S CARETAKER. MAKE SURE THAT THE PROVIDER KNOWS THAT YOU ARE NOT THERE TO EVALUATE HIM OR HER, AND THAT YOU ARE NOT AN "EXPERT" TO BE CONSULTED DURING THE SESSION. **READ TO PROVIDER:** Hello. I am [NAME OF OBSERVER]. I am representing the National Institute of Statistics. We are doing a survey of health facilities with the goal of finding ways to improve the delivery of services. I would like to observe your consultation with this client in order to understand how health care for sick children is provided in this facility. Information from this observation is confidential. Neither your name or that of the client will be recorded. The information acquired during this observation, however, may be used by the MOH or organizations supporting services in this facility, for planning service improvements or further studies of health services. Information from this observation may be provided to researchers for analyses, however, the information will be provided in such a way that neither you, this facility, nor the client can be identified. Any reports that use information from this observation will only present information in aggregate form as an additional safeguard for confidentiality. Do you have any questions for me? Do you understand that if, at any point you feel uncomfortable you can ask me to leave? Do I have your permission to be present at this consultation? Interviewer's signature Date (Indicates respondent's willingness to participate)		
100	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER.	YES . . . . . 1 NO 2	→ STOP
	READ TO CARETAKER: Hello, I am_____. I am representing the National Institute of Statistics. We are doing a survey of health services in health facilities. I would like to be present while you are receiving services today, in order to better understand how health care is provided. We are not evaluating the [NURSE/DOCTOR/PROVIDER] or the facility in particular, but rather are trying to gain a picture of the overall situation in order to improve services. Information from this observation may be provided to researchers for analyses, but neither your name nor the date of services will be provided on any shared data, so your identity and any information about you will remain completely confidential. Please know that whether you decide to allow me to observe your visit is completely voluntary and that whether you agree to participate or not will not affect the services you receive. If, at any point, you would prefer I leave please feel free to tell me. After the consultation, my colleague would like to talk with you about your experience here today. Do you have any questions for me? Do you understand that if, at any point you feel uncomfortable, you can ask me to leave? Do I have your permission to be present at this consultation? Interviewer's signature Date (Indicates respondent's willingness to participate)		
101	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE CARETAKER.	YES . . . . . 1 NO 2	→ STOP
102	RECORD THE TIME THE OBSERVATION STARTED	[ ][ ] : [ ][ ][ ]	
103	RECORD SEX OF THE CHILD.	MALE . . . . . 1 FEMALE 2	
104	RECORD THE VISIT TYPE (THIS REFERS TO THIS SICKNESS).	FIRST VISIT . . . . . 1 FOLLOW-UP . . . . . 2 DON'T KNOW 8	

5. Provider's Interaction With Caretaker and Child

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
105	RECORD WHETHER A PROVIDER ASKED ABOUT OR WHETHER THE CARETAKER MENTIONED THAT THE CHILD HAD ANY OF THE FOLLOWING **MAJOR SYMPTOMS**.	YES	NO	DK	
01	Cough or difficult breathing (e.g. fast breathing)	1	2	8	
02	Diarrhea	1	2	8	
03	Fever or body hotness	1	2	8	
04	Ear pain or discharge	1	2	8	
106	RECORD WHETHER A PROVIDER ASKED ABOUT OR WHETHER THE CARETAKER MENTIONED ANY OF THE FOLLOWING.				
01	Whether the child is unable to drink or breastfeed at all	1	2	8	
02	Whether the child vomits everything	1	2	8	
03	Whether the child has had convulsions with this sickness	1	2	8	
107	RECORD WHETHER A PROVIDER PERFORMED ANY OF THE FOLLOWING **PHYSICAL EXAMINATIONS**.				
01	Take child's temperature by thermometer	1	2	8	
02	Feel the child for fever or body hotness	1	2	8	
03	Count respiration (breaths) using a timer	1	2	8	
04	Auscultate child (listen to chest with sthethoscope)	1	2	8	
05	Check skin turgor for dehydration (pinch abdominal skin)	1	2	8	
06	Check for pallor by looking at palms	1	2	8	
07	Check for pallor by looking at conjunctiva or mouth	1	2	8	
08	Look in child's ear	1	2	8	
09	Feel behind child's ear	1	2	8	
10	Undress child to examine (up to shoulders/ down to ankles)	1	2	8	
11	Press both feet to check for edema	1	2	8	
12	Assessed for suspected symptomatic HIV infection	1	2	8	
13	Weigh the child IF YES:	1	2 → 108	8 → 108	
14	Plot weight on growth chart	1 → 108	2	8	
15	Compare child's weight to standard weight	1	2	8	

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
108	RECORD WHETHER A PROVIDER ASKED ABOUT OR PERFORMED OTHER ASSESSMENTS OF THE CHILD'S HEALTH **BY DOING ANY OF THE FOLLOWING.**	YES	NO	DK		
01	Offer the child something to drink or ask the mother to put the child to the breast (IF CHILD DRINKS OR FEEDS AT BREAST DURING VISIT, THIS COUNTS AS "YES")	1	2	8		
02	Ask about normal feeding practices when the child is not ill	1	2	8		
03	Ask about normal breastfeeding practices when the child is not ill	1	2	8		
04	Ask about feeding or breastfeeding practices for the child during this illness	1	2	8		
05	Mention the child's weight or growth to the caretaker, or discuss the growth chart with the caretaker	1	2	8		
06	Look at the child's immunization card or ask the caretaker about child's vaccination history	1	2	8		
07	Ask if child received Vitamin A	1	2	8		
08	Look at the child's health card either before beginning the consultation, or while collecting information from the caretaker, or when examining the child (THIS ITEM MAY BE EITHER THE VACCINATION CARD OR ANOTHER HEALTH CARD).	1	2	8		
109	RECORD WHETHER A PROVIDER DID ANY OF THE FOLLOWING WHEN COUNSELING THE CARETAKER.	YES	NO	DK	NA	
01	Provide general information about feeding or breast-feeding the child even when not sick	1	2	8		
02	Tell the caretaker to give extra fluids to the child during this sickness	1	2	8		
03	Tell the caretaker to continue feeding the child during this sickness	1	2	8		
04	Tell the caretaker what illness(es) the child has	1	2	8		
05	Describe signs or symptoms in the child for which the caretaker should immediately bring the child back	1	2	8		

NO.	QUESTIONS	CODING CLASSIFICATION				GO TO
110	RECORD WHETHER THE CHILD WAS REFERRED TO ANOTHER PROVIDER OR FOR A LABORATORY TEST	1	2 → 111	8 → 111		
01	WAS CHILD REFERRED TO ANOTHER PROVIDER?	1	2	8		
02	WAS CHILD REFERRED FOR A LABORATORY TEST?	1	2	8		
03	DID THE PROVIDER EXPLAIN THE REASON FOR THE REFERRAL?	1	2	8		
04	WAS A REFERRAL SLIP GIVEN?	1	2	8		
05	DID THE PROVIDER EXPLAIN WHERE/ WHOM TO GO?	1	2	8		
06	DID THE PROVIDER EXPLAIN WHEN TO GO FOR REFERRAL?	1	2	8		
111	THIS QUESTION REFERS TO MEDICINES THE CARETAKER WILL GIVE TO THE CHILD AT HOME, AND DOES NOT INCLUDE PARACETAMOL OR ORS PROVIDED FOR IMMEDIATE TREATMENT BUT NOT PRESCRIBED FOR HOME TREATMENT TREATMENT.	YES	NO	DK		
01	Give written prescription consultation	1	2	8		
02	Provide oral medications during consultation	1	2 → 112	8 → 112		
	DID THE PROVIDER EXPLAIN:					
03	How much of the medicine to take each time [DOSE]	1	2	8		
04	How many times each day the medicine should be taken [FREQUENCY]	1	2	8		
05	How many days the medicine should be taken [DURATION]	1	2	8		
06	Ask the caretaker to repeat the instructions for the medications	1	2	8		
07	Give the first dose of the oral treatment	1	2	8		
08	Observed client given an ITN free of charge	1	2	8		
09	Observed client purchased ITN from provider	1	2	8		
10	Explanation is given about using the ITN	1	2	8		

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
112	RECORD WHETHER A PROVIDER USED ANY VISUAL AIDS WHEN PROVIDING INDIVIDUAL HEALTH EDUCATION OR COUNSELING TO THE CARETAKER ABOUT THE CHILD.	YES NO DK 1 2 8	
113	RECORD WHETHER THE MAIN PROVIDER REFERRED TO THE CHILD'S HEALTH CARD/ BOOK BEFORE OR DURING THE CONSULTATION.	YES . . . . . 1 NO . . . . . 2 NO HEALTH CARD/BOOK USED . . . . . 3 DON'T KNOW 8	→ 115
114	RECORD WHETHER THE MAIN PROVIDER WROTE ON THE CHILD'S HEALTH CARD/ BOOK.	YES . . . . . 1 NO . . . . . 2 NO HEALTH CARD/BOOK USED . . . . . 3 DON'T KNOW 8	
115	RECORD WHETHER ANYONE DISCUSSED A FOLLOW-UP VISIT FOR THE CHILD	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
116	RECORD THE OUTCOME OF THE CONSULTATION. [THIS IS THE POINT WHEN THE OBSERVATION IS CONCLUDED]	CHILD SENT HOME . . . . . 1 CHILD REFERRED TO PROVIDER AT SAME FACILITY . . . . . 2 CHILD ADMITTED TO SAME FACILITY . . . . . 3 CHILD SENT TO LAB . . . . . .4 CHILD REFERRED TO OTHER FACILITY 5	
117	RECORD THE TIME WHEN THE CONSULTATION ENDED.	[ ][ ] : [ ][ ]	

6. Diagnosis and Classification and Treatment

ASK THE PROVIDER TO TELL YOU THE DIAGNOSIS. EXPLAIN THAT FOR ANY DIAGNOSIS OR SYMPTOM YOU WANT TO KNOW IF THE PROBLEM WAS SEVERE, MODERATE, OR MINOR. THEN ASK ABOUT THE TREATMENT PRESCRIBED OR PROVIDED. PROMPT IF NECESSARY.

	DIAGNOSIS OR MAIN SYMPTOMS (IF NO DIAGNOSIS)	1 SEVERE	2 MOD-ERATE	3 MILD	4 NO	8 DON'T KNOW
201	**RESPIRATORY SYSTEM**					
	1) PNEUMONIA	1	2		4	8
	2) BRONCHO-PNEUMONIA	1	2		4	8
	3) BRONCHIAL SPASM/ASTHMA	1	2	3	4	8
	4) UPPER RESPIRATORY INFECTION (URI)	1	2	3	4	8
	5) RESPIRATORY ILLNESS, DIAGNOSIS UNCERTAIN	1	2	3	4	8
	6) COUGH, DIAGNOSIS UNCERTAIN	1	2	3	4	8
202	**DIGESTIVE SYSTEM**					
	1) PERSISTENT DIARRHEA	1	2	3	4	8
	2) DIARRHEA	1	2	3	4	8
	3) DYSENTERY	1	2	3	4	8
	4) AMEBIASIS	1	2	3	4	8
	5) OTHER DIARRHEA _____ (SPECIFY)	1	2	3	4	8
203	**DEHYDRATION**					
	1) DEHYDRATION	1	2	3	4	8
204	**MALARIA**					
	1) MALARIA (DIAGNOSED BY SYMPTOMS)	1	2	3	4	8
	2) MALARIA (DIAGNOSED BY MICROSCOPIC TEST)	1	2	3	4	8
	3) MALARIA (DIAGNOSED BY RAPID TEST)	1	2	3	4	8
	4) PROBABLE MALARIA (BY SYMPTOMS)	1	2	3	4	8
205	**FEVER**					
	1) FEVER	1	2	3	4	8
	2) MEASLES	1	2	3	4	8
	3) MEASLES WITH COMPLICATIONS	1	2	3	4	8
206	**EAR**					
	1) MASTOIDITIS	1	2	3	4	8
	2) ACUTE EAR INFECTION	1	2	3	4	8
	3) CHRONIC EAR INFECTION	1	2	3	4	8
207	**THROAT**					
	1) STREPTOCOCCAL SORE THROAT	1	2	3	4	8
	2) NON-STREPTOCOCCAL SORE THROAT	1	2	3	4	8
	3) OTHER THROAT OR EAR DIAGNOSIS _____ (SPECIFY)	1	2	3	4	8
208	**OTHER**					
	1) OTHER DIAGNOSIS _____ (SPECIFY)	1	2	3	4	8

209	CHECK RESPIRATORY ILLNESSES IN 201. IF CODES 1, 2 OR 3 ARE CIRCLED, CLARIFY WITH THE PROVIDER IF THERE WAS WHEEZING OR NOT.	YES, WHEEZING . . . . . 1 NO WHEEZING . . . . . 2 NOT APPLICABLE . . . . . 5 NOT CERTAIN 8			
	ASK ABOUT PRESCRIPTION, TREATMENT AND ACTIONS TAKEN FOR ILLNESS AND PROBE "ANYTHING ELSE?"	YES	NO	DK	
210	1 NO TREATMENT	1 → 217	2	8	
211	**TREATMENT FOR VARIOUS ILLNESSES**				
	1) BENZATHINE PENICILLIN INJECTION	1	2	8	
	2) OTHER ANTIBIOTIC INJECTION	1	2	8	
	3) OTHER INJECTION	1	2	8	
	4) ANTIBIOTIC TABLET/SYRUP	1	2	8	
	5) CO-TRIMOXAZOLE/AMOXICILLIN	1	2	8	
	6) PARACETAMOL	1	2	8	
	7) ZINC (for Diarrhea) (SPECIFY DOSE in mg) [ ][ ][ ][ ]	1	2	8	
	8) VITAMINS	1	2	8	
	9) COUGH SYRUPS/OTHER MEDICATION FOR SYMPTOMATIC TREATMENT	1	2	8	
212	**RESPIRATORY**				
	1) NEBULIZED OR INHALER	1	2	8	
	2) INJECTABLE BRONCHODILATOR (ADRENALINE)	1	2	8	
	3) ORAL BRONCHODILATOR	1	2	8	
	4) DRY EAR BY WICKING	1	2	8	
213	**MALARIA**				
	1) INJECTABLE QUININE, FANSIDAR (SP) OR ARTEMETHER	1	2	8	
	2) INJECTABLE CHLOROQUINE	1	2	8	
	3) OTHER INJECTABLE ANTIMALARIAL	1	2	8	
	4) ORAL ARTEMETHER + LUMEFANTRINE (COARTEM)	1	2	8	
	5) ORAL ARTESUNATE + AMODIAQUINE	1	2	8	
	6) ORAL ARTESUNATE + FANSIDAR (SP)	1	2	8	
	7) ORAL ARTESUNATE + MEFLOQUINE	1	2	8	
	8) ORAL AMODIAQUINE + FANSIDAR (SP)	1	2	8	
	9) ORAL ARTESUNATE	1	2	8	
	10) ORAL FANSIDAR	1	2	8	
	11 ORAL AMODIAQUINE	1	2	8	
	12) ORAL CHLOROQUINE	1	2	8	
	13) OTHER ORAL ANTIMALARIAL _____ (SPECIFY)	1	2	8	

214	**DEHYDRATION**		
	1) HOME ORT	1 2 8	
	2) INITIAL ORT IN FACILITY (4 HOURS)	1 2 8	
	3) INTRAVENOUS FLUIDS	1 2 8	
215	**MEASLES**	YES NO DK	
	1) VITAMIN A	1 2 8	
	2) FEEDING SOLID FOODS	1 2 8	
	3) FEEDING EXTRA LIQUIDS	1 2 8	
	4) FEEDING BREAST MILK	1 2 8	
216	1 OTHER TREATMENT _____ (SPECIFY)	1 2 8	
217	Did you give or refer the child for an immunization? IF NO: Why not?	PROVIDER GAVE . . . . . 1 PROVIDER REFERRED . . . . . 2 NOT DUE FOR IMMUNIZATION/ COMPLETED IMMUNIZATIC . . . . 3 VACCINE NOT AVAILABLE . . . . 4 CHILD TOO SICK . . . . . 5 NOT DAY FOR IMMUNIZATION . . . . . 6 DID NOT CHECK FOR IMMUNIZATION 7	
218	RECORD THE TIME THE OBSERVATION ENDED.	[ ][ ] : [ ][ ]	

Observer's comments:

MEASURE *DHS*+ SERVICE PROVISION ASSESSMENT
Exit Interview for Caretaker of Sick Child

1. Facility Identification

QTYPE . . . . . | X | S | C |

Name of the facility: _____

Location of the facility: _____

FACILITY NUMBER . . . . . | | | |

2. Information About Interview

Date: _____	DAY . . . . .
	MONTH . . . . .
	YEAR . . . . .
Name of the interviewer: _____	INTERVIEWER CODE . . . . .
Client code [USE SAME NUMBER FROM OBSERVATION]	CLIENT CODE: . . . . .
Sex of caretaker (1=Male; 2=Female)	SEX OF CARETAKER . . . . .

3. Information About Visit

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	READ TO CARETAKER: Hello, I am_____. As my colleague mentioned, we are representing the National Institute of Statistics. We are doing a survey of health services in health facilities. In order to improve the services this facility offers, we would like to ask you some questions about your experience here today. Please know that whether you decide to allow this interview or not is completely voluntary and will not affect services you receive during any future visit. You may refuse to answer any question, and you may stop the interview at any time. Information from this interview may be provided to researchers for analyses, but neither your name nor the date of services will be on any shared information, so your identity will remain completely confidential. If, at any point, you would prefer I leave please feel free to tell me. Do you have any questions for me? Do I have your permission to continue with the interview? _____ Interviewer's signature Date (Indicates respondent's willingness to participate)		
100	May I begin the interview?	CLIENT AGREES . . . . . 1 CLIENT REFUSES 2	→ STOP
101	RECORD THE TIME THE INTERVIEW STARTED	[ ][ ] : [ ][ ]	
102	What is the name of the sick child?	NAME _____	
103	What month and year was [NAME] born?	MONTH . . . . . [ ][ ] DON'T KNOW MONTH . . . . . 9 8 YEAR . . . . . [ ][ ][ ][ ] DON'T KNOW YEAR 9 9 9 8	
104	WERE YOU ABLE TO ASCERTAIN THE COMPLETE BIRTH DATE OF THE CHILD?	YES . . . . . 1 NO 2	
105	How old is [NAME] in completed months?	AGE IN MONTHS . . . . . [ ][ ]	
106	Did you bring [NAME] to the facility today because he or she had any of the following problems?	YES NO	
01	Cough or difficult breathing	COUGH/DIFF. BREATH. 1 2	
02	Diarrhea	DIARRHEA 1 2	
03	Fever/body hotness at home	FEVER/BODY HOTNESS 1 2	
04	Vomiting everything	VOMITING EVERYTHING 1 2	
05	Feeding problems	FEEDING PROBLEMS 1 2	
06	Convulsions	CONVULSIONS 1 2	
07	Excessive sleepiness	SLEEPINESS 1 2	
107	For what other reason(s) did you bring [NAME] to this health facility today? CIRCLE ALL ITEMS THE RESPONDENT MENTIONS. PROBE: Anything else?	EYE PROBLEMS . . . . . A SKIN SORE/PROBLEMS . . . . . B INJURY . . . . . C OTHER NON SERIOUS . . . . . W OTHER SERIOUS _____ X (SPECIFY) NO OTHER REASON . . . . . Y	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
108	Has [NAME] been brought to this facility before for this same sickness?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 110 → 110
109	IF YES: How long ago was that?	WITHIN THE PAST WEEK . . . 1 WITHIN THE PAST 2 4 WEEKS 2 MORE THAN 4 WEEKS AGO . 3 DON'T KNOW 8	
110	How many days ago did the illness for which you brought [NAME] here begin? IF LESS THAN 1 DAY, WRITE 00 IN THE BOXED CELLS.	DAYS AGO . . . . . [ ][ ] DON'T KNOW 98	
111	Did the provider tell you what illness [NAME] has?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
112	What will you do if [NAME] does not get completely better or becomes worse?	RETURN TO FACILITY . . . . . 1 GO TO OTHER FACILITY . . . 2 GO TO OTHER HEALTH WORKER/PHARMACY . . . . . 3 GO TO TRADITIONAL HEALER . . . . . 4 WAIT . . . . . 5 DON'T KNOW 8	
113	Did the provider tell you about any signs or symptoms you may see for which you must immediately bring the child back? IF NECESSARY, PROBE: Were there any serious symptoms or danger signs for which you were told to bring [NAME] back immediately? CIRCLE THE SYMPTOM LISTED IF THE CARETAKER UNDERSTANDS THAT THE CHILD SHOULD BE BROUGHT BACK IF THE SYMPTOM EITHER FAILS TO GO AWAY OR BECOMES WORSE.	FEVER . . . . . A BREATHING PROBLEMS . . . . . B BECOMES SICKER . . . . . C BLOOD IN STOOL . . . . . D VOMITING . . . . . E POOR/NOT EATING . . . . . F POOR/NOT DRINKING . . . . . G OTHER_____ X (SPECIFY) NO, NONE . . . . . Y DON'T KNOW . . . . . Z	
114	Did the provider tell you anything about bringing [NAME] back to the health facility for follow up or non emergency reasons? IF YES: Why were you to return?	MORE MEDICINES . . . . . A IF SYMPTOMS INCREASE OR BECOME WORSE . . . . . B FOLLOW UP APPOINTMENT C CHILD ADMITTED . . . . . D ROUTINE IMMUNIZATION . . . . . E OTHER_____ X (SPECIFY) NO . . . . . Y DON'T KNOW . . . . . Z	
114a	During this or a previous visit, did a provider give you an ITN free of charge or did you purchase one? IF THERE IS AN INDICATION THAT THE CLIENT WILL PICK UP OR BUY THE ITN ELSEWHERE WITHIN THE FACILITY, THAT COUNTS AS PROVIDER GIVING OR CLIENT PURCHASING FROM PROVIDER	YES, GIVEN FREE THIS VISIT . . . . . 1 YES GIVEN FREE PREVIOUS VISIT . . . . . 2 YES, PURCHASED THIS VISIT . . . . . 3 YES, PURCHASED PREVIOUS VISIT . . . . . 4 NO, NOT GIVEN AND NOT PURCHASED 5	 → 115 → 115 → 115
114b	How much did you pay for ITN?	[ ][ ][ ][ ] Franc DON'T KNOW 9998	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
115	Did the provider give or prescribe any medicines for [NAME] to take at home?	YES, GAVE MEDS . . . . . 1 YES, GAVE PRESCRIPTION . 2 GAVE MEDS AND PRESCRIPTION . . . . . 3 NO 8	→ 126
116	ASK TO SEE ALL MEDICATIONS THAT THE CARETAKER RECEIVED AND ANY PRESCRIPTIONS THAT HAVE NOT YET BEEN FILLED. CIRCLE THE RESPONSE DESCRIBING THE MEDICATIONS AND PRESCRIPTIONS YOU SEE.	HAS ALL MEDS . . . . . 1 HAS SOME MEDS, SOME UNFILLED PRESCRIPTIONS 2 NO MEDICATIONS SEEN, HAS PRESCRIPTIONS ONLY . . . 3	
117	DOES THE CARETAKER HAVE OBSERVED ANTIMALARIA MEDICATIONS? IF YES, INDICATE IF LEAVING WITH FULL TREATMENT	YES, FULL TREATMENT . . . 1 YES, PARTIAL TREATMENT . 2 NO 3	→ 120
118	EXPLAIN: I want to ask you specifically about this medicine (SHOW ANTIMALARIAL DRUG). Do you know what this medicine is for?	MENTIONS MALARIA . . . . . 1 MENTIONS FEVER . . . . . 2 MENTIONS BOTH FOR MALARIA AND FEVER 3 NO (OR WRONG) RESPONSE 4	
119a	DID THE CLIENT RECEIVE COARTEM? IF YES ASK TO SEE THE SIZE OF OF THE BLISTER PACK	NO . . . . . 0 YES, 1 TABLET PACK . . . . . 1 YES, 2 TABLET PACK . . . . . 2 YES, 3 TABLET PACK . . . . . 3 YES, 4 TABLET PACK 4	→ 120
119b	HOW MANY BLISTER PACKS DOES THIS CAREGIVER HAVE?	NUMBER OF BLISTER PACKS .. .. .. [ ][ ]	
119c	How many times each day were you told to give this medicine to your children?	NUMBER OF TIMES [ ][ ] DON'T KNOW 98	
119d	How many tablets each time were you told to give this medicine to your children?	NUMBER OF TABLETS [ ][ ] DON'T KNOW 98	
119e	How many day you were told to give this medicine to your children?	NUMBER OF DAYS [ ][ ] DON'T KNOW 98	
119f	Did your child received a dose of this medicine during this visit?	YES . . . . . 1 NO 2	
119g	IF ANY RESPONSE TO 199c 199d OR 199e IS DON'T KNOW (98) SEND THE CHILD BACK TO THE PROVIDER		
120	DOES THE CARETAKER HAVE OTHER MEDICINES THAT THE CHILD IS TO TAKE AT HOME?	YES . . . . . 1 NO 2	→ 126
121	Did a provider at the facility explain to you how to give these medicines to [NAME] at home? IF “2” OR “8” SEND CLIENT BACK TO PROVIDER	YES . . . . . 1 NO . . . . . 2 DON’T KNOW 8	
122	Do you feel confident that you know ***how much*** of each medication to give [NAME] each day? IF “2” OR “8” SEND CLIENT BACK TO PROVIDER	YES . . . . . 1 NO . . . . . 2 DON’T KNOW 8	
123	Do you feel confident that you know ***how many times each day (or how often)*** to give each medicine? IF “2” OR “8” SEND CLIENT BACK TO PROVIDER	YES . . . . . 1 NO . . . . . 2 DON’T KNOW 8	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
124	Do you feel comfortable or confident that you know ***for how many days*** to give each medicine? IF "2" OR "8" SEND CLIENT BACK TO PROVIDER	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
125	Has [NAME] been given a dose of any of these medications here at the facility already?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
126	Did [NAME] receive an injection for treating the sickness here at the facility today? IF NO, CHECK PRESCRIPTIONS AND RECORD IF THERE IS A PRESCRIPTION FOR AN INJECTION.	YES, RECEIVED INJ . . . . . 1 YES, RECEIVED PRESC. FOR INJ. . . . . 2 NO . . . . . 3 DON'T KNOW 8	
	CHECK THE ABOVE QUESTIONS (119, 121, 122, 123 AND 124). IF THE CARETAKER DID NOT KNOW HOW TO GIVE THE MEDICINES (RESPONSE '2' OR '8') SUGGEST THE CARETAKER RETURN TO THE PROVIDER OR THE PHARMACY FOR CLARIFICATION ON HOW TO GIVE THE MEDICINES.		
127	Now I want to ask you some questions about [NAME]. When not sick, what types of food or fluid does [NAME] normally take?	ONLY BREASTMILK . . . . . 1 OTHER MILKS . . . . . 2 BREASTMILK AND LIQUIDS . 3 BREASTMILK AND OTHER FOODS AND LIQUIDS . . . . . 4 NO BREASTMILK . . . . . 5 DON'T KNOW 8	
128	Did any provider ask you today about the types of foods and amounts that you normally feed [NAME] when [NAME] is not sick?	YES . . . . . 1 NO . . . . . 2 CANNOT REMEMBER 8	
129	Did anyone at the health facility weigh [NAME] today?	YES . . . . . 1 NO 2	
130	Did anyone talk to you today about [NAME]'s weight and how [NAME] is growing?	YES . . . . . 1 NO 2	
131	Since becoming ill, has the way that [NAME] drinks changed from normal? IF YES: CLARIFY WHETHER THE CHILD IS CONSUMING MORE OR LESS THAN NORMAL.	MORE THAN NORMAL . . . . . 1 SAME AS NORMAL . . . . . 2 LESS THAN NORMAL . . . . . 3 NOT DRINKING . . . . . 4 NOT CERTAIN 8	
132	Since becoming ill, has the way that [NAME] eats changed from normal? IF YES: CLARIFY WHETHER THE CHILD IS CONSUMING MORE OR LESS THAN NORMAL.	MORE THAN NORMAL . . . . . 1 SAME AS NORMAL . . . . . 2 LESS THAN NORMAL . . . . . 3 NOT EATING . . . . . 4 HAS NOT BEGUN SOLIDS . . . 5 NOT CERTAIN 8	
133	What did the provider tell you about feeding solid foods to [NAME] during this illness?	GIVE LESS THAN USUAL . . . . . 1 GIVE SAME AS USUAL . . . . . 2 GIVE MORE THAN USUAL . . . 3 GIVE NOTHING/DON'T FEED . . 4 DIDN'T DISCUSS . . . . . 6 NOT CERTAIN 8	
134	What did the provider tell you about giving fluids (or breast milk, if the child is breastfed) to [NAME] during this illness?	GIVE LESS THAN USUAL . . . . . 1 GIVE SAME AS USUAL . . . . . 2 GIVE MORE THAN USUAL . . . 3 GIVE NOTHING/DON'T FEED . . 4 DIDN'T DISCUSS . . . . . 6 DON'T KNOW 8	
135	Was [NAME] given a vaccination today?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
136	Do you have [NAME]'s vaccination card with you?	YES . . . . . 1 NO 2	→ 139
137	ASK TO SEE THE CHILD'S VACCINATION CARD. INDICATE WHETHER THE RECORD SHOWS THAT THE CHILD WAS VACCINATED TODAY.	YES . . . . . 1 NO 2	

138 CHECK THE CHILD'S HEALTH CARD AND INDICATE IN COLUMN "A" WHETHER THE CHILD HAS EVER RECEIVED ANY OF THE FOLLOWING VACCINATIONS. ALSO CHECK THE DATE THAT EACH OF THE VACCINATIONS WAS GIVEN AND WRITE THE DATE IN COLUMN "B". IF NO DATE IS RECORDED ON THE CARD, ENTER 66 FOR THE DAY AND MONTH AND 6666 FOR THE YEAR.

		HAS CHILD **EVER** RECEIVED VACCINATION?	DATE DAY MONTH YEAR
		a	b
01	POLIO 0	YES . . . . . 1 NO OR NO RECORD . . 2→ 02	
02	BCG	YES . . . . . 1 NO OR NO RECORD . . 2→ 03	
03	POLIO 1	YES . . . . . 1 NO OR NO RECORD . . 2→ 04	
04	POLIO 2	YES . . . . . 1 NO OR NO RECORD . . 2→ 05	
05	POLIO 3	YES . . . . . 1 NO OR NO RECORD . . 2→ 06	
06	PENTAVALENT 1	YES . . . . . 1 NO OR NO RECORD . . 2→ 07	
07	PENTAVALENT 2	YES . . . . . 1 NO OR NO RECORD . . 2→ 08	
08	PENTAVALENT 3	YES . . . . . 1 NO OR NO RECORD . . 2→ 09	
09	MEASLES	YES . . . . . 1 NO OR NO RECORD . . 2→ 139	

139	Did the provider instruct you to go to another facility, another provider, or for a laboratory test for further care for your child?	YES . . . . . 1 NO 2	→ 141

140		YES	NO	DK
01	Were you given any paper or record to take with you for the referral?	1	2	8
02	Were you told where to go for the referral?	1	2	8
03	Were you told who to see for the referral?	1	2	8
04	Were you told why you were to go for the referral?	1	2	8

141	Did you see another health provider or traditional healer before coming here? CIRCLE ALL THAT APPLY	YES, OTHER PROVIDER . . . . . A YES, TRADITIONAL HEALER . B NO . . . . . Y	

4. Information About Caregiver's Satisfaction

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	Now I am going to ask you some questions about the services you received today. I woulc like to have your honest opinion about the things that we will talk about. This information wil help improve family planning services.		
200	What time did you arrived?	☐☐ HOURS ☐☐ MINS	
201	How long did you wait between the time you arrived at this facility and the time you were able to see a provider for the consultation?	MINUTES . . . . . ☐☐☐ SAW PROVIDER IMMEDIATELY . . . . . .000 DON'T KNOW 998	
202	Now I am going to ask about some common problems clients have at health facilities. As I mentior each one, please tell me whether any of these were problems for you today, and if so, whether they were large or small problems for you.		

			LARGE	SMALL	NO PROB LEM	DK
01	Time you waited	WAIT	1	2	3	8
02	Ability to discuss problems or concerns about your child's health with the provider	DISCUSS PROBLEMS	1	2	3	8
03	Amount of explanation you received about the problem or treatment	EXPLAIN PROB. OR TREATMENT	1	2	3	8
04	Quality of the examination and treatment provided	QUALITY	1	2	3	8
05	Privacy from having others see the examination	VISUAL PRIVACY	1	2	3	8
06	Privacy from having others hear your consultation discussion	AUDITORY PRIVACY	1	2	3	8
07	Availability of medicines at this facility	MEDICINES	1	2	3	8
08	The hours of service at this facility	HOURS OF SERVICE	1	2	3	8
09	The number of days services are available to you	DAYS OF SERVICE	1	2	3	8
10	The cleanliness of the facility	CLEAN	1	2	3	8
11	How the staff treated you	HOW TREATED	1	2	3	8
12	Cost for services or treatments	COST	1	2	3	8
13	Any problem you had today that I did not mention	_____ (SPECIFY)	1	2	3	8

203	Are you a part of any prepayment plan (such as insurance or a similar program) or institutional arrangement that pays for some or all of the services you receive at this facility?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
204	Were you charged, or did you pay anything for any services provided today?	YES . . . . . 1 NO 2	→ 206

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
205	What is the total amount you paid for all services or treatments you received at this facility today? Please include any money you paid for services, laboratory tests, or medicines.	1) TOTAL AMOUNT [ ][ ][ ][ ][ ][ ] PAID NO MONEY . . . . . 000000 DON'T KNOW . . . . . 999998 2) LAB [ ][ ][ ][ ][ ][ ] 3) MEDI-CINE [ ][ ][ ][ ][ ][ ] 4) CON-SULT [ ][ ][ ][ ][ ][ ] 5) OTHER [ ][ ][ ][ ][ ][ ]	
206	Is this the closest health facility to your home?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 208 → 208
207	What was the main reason you did not go to the nearest facility? IF CARETAKER MENTIONS SEVERAL REASONS, PROBE FOR THE MOST IMPORTANT, OR MAIN REASON.	INCONVENIENT OPERATING HOURS . . . . . .01 BAD REPUTATION . . . . . 02 DON'T LIKE PERSONNEL . . 03 NO MEDICINE . . . . . 04 PREFERS TO REMAIN ANONYMOUS . . . . . .05 IT IS MORE EXPENSIVE . . . . 06 REFERRAL . . . . . .07 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
208	Have you ever visited this facility before (either as a patient or visiting or accompanying a patient)?	YES . . . . . 1 NO 2	

5. Personal Characteristics of Client

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	Now I am going to ask you some questions about yourself. I would like to have your honest responses as this information will help us to improve services.		
300	What is your relationship to [NAME]?	MOTHER . . . . . 1 FATHER . . . . . 2 SIBLING . . . . . 3 AUNT OR UNCLE . . . . . 4 OTHER _____ 6 (SPECIFY)	
301	How old were you at your last birthday?	AGE IN YEARS . . . . . [ ][ ]	
302	Do you know how to read or how to write?	YES, READ ONLY . . . . . 1 YES, READ AND WRITE . . . . 2 NO 3	
303	Have you ever attended school, either formal or informal?	YES . . . . . 1 NO 2	→ 305a
304	What is the highest level of school you attended?	INFORMAL . . . . . 1 PRIMARY . . . . . 2 SECONDARY . . . . . 3 HIGHER . . . . . 4 TERTIARY 5	→ 305a
305	What is the highest grade you completed at that level?	GRADE . . . . . [ ][ ]	
305a	Did your child sleep under a bednet last night? IF NO ASK WHY NOT?	YES . . . . . 1 NO, NOT COMFORTABLE . . 2 NO, NOT HUNG . . . . . 3 NO, DID NOT SLEEP IN HIS BED . . . . . 4 NO, SOMEONE ELSE USED HIS NET . . . . . 5 OTHER _____ 6 SPECIFY	
	Thank you very much for taking the time to answer my questions. Once again, any information you have given will be kept completely confidential. Have a good day!		
306	RECORD THE TIME WHEN THE INTERVIEW ENDED	[ ][ ] : [ ][ ]	
307	**Interviewer's comments:**		

MEASURE *DHS*+ SERVICE PROVISION ASSESSMENT
Observation of STI Consultation

1. Facility Identification

QTYPE . . . . . O | S | I

Name of the facility: _____

Location of the facility: _____

FACILITY NUMBER . . . . [ ][ ][ ]

2. Provider Information

Provider category:

01	GYNECO-OBSTETRICIAN	**08**	INFERMIER A1	**15**	NUTRITIONIST A1		
02	PEDIATRICIAN	**09**	INFERMIER A2	**16**	NUTRITIONIST A2		
03	SURGEON	**10**	INFERMIER A3	**17**	ASSISTANT SOCIAL A0		
04	OTHER MEDECIN SPECIALIST	**11**	AUXILLIERE SANTE	**18**	ASSISTANT SOCIAL A1		
05	MEDECIN GENERALIST	**12**	LAB TECHNICIAN A1	**19**	ASSISTANT SOCIAL A2		
06	MEDICAL OFFICER	**13**	LAB TECHNICIAN A2	**20**	PHARMACIST A0		
07	MIDWIFE A1	**14**	LAB TECHNICIAN A3	**21**	PHARMACIST A1		
				30	Other _____ (SPECIFY)		

PROVIDER CATEGORY [ ][ ]

Sex of provider: (1=Male; 2=Female)

SEX OF PROVIDER . . . . . [ ]

SERIAL (SL) NUMBER FROM STAFF LISTING SHOULD BE USED.
USE SAME NUMBER FOR STAFF INTERVIEW AND OBSERV.

PROVIDER SL NUMBER . . . . . [ ][ ]

3. Information About Observation

Date: _____

DAY . . . . . [ ][ ]

MONTH . . . . . [ ][ ]

YEAR . . . . . [ ][ ][ ][ ]

Name of the observer: _____

OBSERVER CODE . . . . . [ ][ ]

Service where client is observed

ANC . . . . . 1 SC 3
FP . . . . . 2 STI 4

SERVICE WHERE OBSERVATION OCCURRED . . . . . [ ]

Client code:

CLIENT CODE . . . . . [ ][ ]

4. Observation of STI Client Consultation

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	BEFORE OBSERVING THE CONSULTATION, OBTAIN PERMISSION FROM BOTH THE SERVICE PROVIDER AND THE CLIENT. MAKE SURE THAT THE PROVIDER KNOWS THAT YOU ARE NOT THERE TO EVALUATE HIM OR HER, AND THAT YOU ARE NOT AN "EXPERT" TO BE CONSULTED DURING THE SESSION. BE AS DISCREET AS POSSIBLE DURING THE ASSESSMENT. DO NOT TAKE PART IN THE INTERACTION BETWEEN THE PROVIDER AND THE CLIENT. TRY TO SIT BEHIND THE CLIENT AND TO ONE SIDE, SO YOU WILL NOT BE SITTING DIRECTLY IN FRONT OF THE PROVIDER. FOR EACH OF THE ITEMS BELOW, CIRCLE THE ANSWER THAT BEST EXPRESSES YOUR ASSESSMENT OF WHAT HAPPENED DURING THE INTERACTION. **READ TO PROVIDER:** Hello. I am [NAME OF OBSERVER]. I am representing the National Institute of Statistics. We are doing a survey of health facilities with the goal of finding ways to improve the delivery of services. I would like to observe your consultation with this client in order to understand how services are provided in this facility. Information from this observation is confidential. Neither your name or that of the client will be recorded. The information acquired during this observation, however, may be used by the MOH or organizations supporting services in this facility, for planning service improvements or further studies of health services. Information from this observation may be provided to researchers for analyses, however, the information will be provided in such a way that neither you, this facility, nor the client can be identified. Any reports that use information from this observation will only present information in aggregate form as an additional safeguard for confidentiality. Do you have any questions for me? Do I have your permission to be present at this consultation? _____ _____ Interviewer's signature Date (Indicates respondent's willingness to participate)		
100	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER.	YES . . . . . 1 NO 2	→ STOP
	READ TO CLIENT: Hello, I am_____. I am representing the National Institute of Statistics. We are doing a survey of health services in health facilities. I would like to be present while you are receiving services today, in order to better understand how health care is provided. We are not evaluating the [NURSE/DOCTOR/PROVIDER] or the facility in particular, but rather are trying to gain a picture of the overall situation in order to improve services. Information from this observation may be provided to researchers for analyses, but neither your name nor the date of services will be provided on any shared data, so your identity and any information about you will remain completely confidential. Please know that whether you decide to allow me to observe your visit is completely voluntary and that whether you agree to participate or not will not affect the services you. receive. If, at any point, you would prefer I leave please feel free to tell me. Do you have any questions for me? Do I have your permission to be present at this consultation? _____ _____ Interviewer's signature Date (Indicates respondent's willingness to participate)		
101	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE CLIENT.	YES . . . . . 1 NO 2	→ STOP
102	RECORD THE TIME THE OBSERVATION STARTED [ ][ ] : [ ][ ]		

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
		YES	NO	DK	
103	RECORD WHETHER THE PROVIDER ADVICED THE CLIENT THAT ANY INFORMATION SHARED DURING THE CONSULTATION IS CONFIDENTIAL	1	2	8	
104	RECORD WHETHER THE PROVIDER ASKED ABOUT OR WHETHER THE CLIENT GAVE ANY OF THE FOLLOWING INFORMATION ABOUT MEDICAL SYMPTOMS AND TYPES OF RELATIONSHIPS:				
01	Symptoms the client is having	1	2	8	
02	How long the client has had the present symptoms	1	2	8	
03	The client's recent history of sexual contacts	1	2	8	
04	Symptoms in sexual partners	1	2	8	
05	The client's current sexual relationship status (monogamous; multiple partners; nonmonogamous partners)	1	2	8	
105	RECORD IF THE CLIENT IS MALE OR FEMALE	MALE . . . . . 1 FEMALE 2			
106	RECORD WHETHER THE PROVIDER EXAMINED THE CLIENT'S GENITALIA	YES, MALE CLIENT . . . . . 1 YES, FEMALE CLIENT . . . . . 2 NO . . . . . 3 DON'T KNOW 8			 → 109 → 110 → 110
107	RECORD WHETHER THE PROVIDER PERFORMED ANY OF THE FOLLOWING ACTIONS IN REGARD TO PRIVACY AND HYGIENE (FOR MALE CLIENTS)		YES	NO	DK	NA
01	Ensure the client's visual privacy	VISUAL PRIVACY	1	2	8	
02	Ensure the client's auditory privacy	AUDITORY PRIVACY	1	2	8	
03	Explain the procedure to the client before beginning	EXPLAIN PROCEDURE FIRST	1	2	8	
04	Wash hands with soap before conducting the examination	WASH HANDS BEFORE	1	2	8	
05	Wear clean latex gloves	WEAR GLOVES	1	2	8	
06	Make sure the client's genitalia were fully exposed	FULLY EXPOSED	1	2	8	
07	FOR MALE CLIENTS NOT CIRCUMCISED: Retract foreskin to inspect for lesions or discharge	RETRACT FORESKIN	1	2	8	5
08	Place reusable gloves and instruments in a disinfectant solution immediately after complete procedure	DECONTAMINATE GLOVES AND INSTRUMENTS	1	2	8	5
09	Wash hands with soap after removing his/her gloves.	WASH HANDS AFTER	1	2	8	
10	Obtain client's consent for examination prior to conducting examination.	OBTAIN CONSENT	1	2	8	

NO.	QUESTIONS	CODING CLASSIFICATION					GO TO
108	SKIP Q110 IF CLIENT IS MALE ☐						→ 110
109	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING DURING THE PHYSICAL EXAMINATION FOR THE FEMALE CLIENT:		YES	NO	DK	NA	
01	Ensure the client's visual privacy	VISUAL PRIVACY	1	2	8		
02	Ensure the client's auditory privacy	AUDITORY PRIVACY	1	2	8		
03	Explain the procedure to the client before beginning	EXPLAIN PROCEDURE FIRST	1	2	8		
04	Wash his/her hands with soap before the examination.	WASH HANDS BEFORE	1	2	8		
05	Put on new or disinfected latex gloves before the examination	PUT ON GLOVES	1	2	8		
06	Have client lie down during the examination	HAVE CLIENT LIE DOWN	1	2	8		
07	Separate and inspect labia for lesions or discharge	SEPARATE AND INSPECT LABIA	1	2	8		
08	Explain the speculum procedure (if pertinent)	EXPLAIN SPECULUM	1	2	8	5	
09	Prepare all instruments before the examination	PREPARE INSTRUMENTS	1	2	8	5	
10	Use sterilized (or high level disinfected) instruments	DISINFECT INSTRUMENTS	1	2	8	5	
11	Ask the client to take slow, deep breaths and relax all muscles	ASK CLIENT TO RELAX MUSCLES	1	2	8		
12	Inspect the cervix and vaginal mucosa (by aiming a light inside the inserted speculum)	INSPECT CERVIX	1	2	8		
13	Perform a bimanual exam (one hand inside the vagina and the other palpating the uterus through the abdomen)	BIMANUAL EXAMINATION	1	2	8		
14	Wash hands with soap after removing his/her gloves.	WASH HANDS AFTER	1	2	8		
15	Wash contaminated surface with disinfectant	DISINFECT AREA	1	2	8		
16	Place reusable gloves and instruments in a disinfectant solution immediately after complete procedure	DECONTAMINATE GLOVES AND INSTRUMENTS	1	2	8	5	
17	Obtain client's consent for examination prior to conducting examination.	OBTAIN CONSENT	1	2	8		
18	Have an assistant of the same sex as client present during examination	SAME SEX ASSISTANT	1	2	8		
110	RECORD WHETHER A SPECIMEN WAS TAKEN OR A LABORATORY EXAMINATION WAS ORDERED FOR THE CLIENT.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8					 → 113 → 113
111	RECORD WHETHER ANY OF THE FOLLOWING TYPES OF TESTS WERE MENTIONED:		YES	NO	DK		
01	Blood not specifying for HIV/AIDS	BLOOD TEST	1	2	8		
02	Microscopic examination of specimen of vaginal or urethral discharge	DISCHARGE MICROSCOPY	1	2	8		
03	Test for HIV or AIDS	HIV/AIDS	1	2	8		

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
112	DID THE PROVIDER AT ANY TIME ASK THE CLIENT FOR PERMISSION TO TEST FOR AN INFECTION THAT MIGHT BE SEXUALLY TRANSMITTED OR ASK TO TEST FOR A SPECIFIC STI SUCH AS SYPHILIS OR HIV/AIDS?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
113	RECORD WHETHER THE PROVIDER MENTIONED TO OR DISCUSSED WITH THE CLIENT THE FOLLOWING TOPICS:		
01	The diagnosis	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
02	Any relationship between the infection and sexual activity	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
114	RECORD WHETHER THE PROVIDER PERFORMED ANY OF THE FOLLOWING ACTIONS WITH REGARD TO PRESCRIPTIONS OR MEDICATIONS		
01	Give the client a prescription or medication(s)	YES . . . . . 1 NO . . . . . 2 → 116 DON'T KNOW . . . . . 8 → 116	
02	Give the client a prescription or medication(s) for the client's sexual partner	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
115	RECORD WHETHER THE PROVIDER INSTRUCTED THE CLIENT ON THE IMPORTANCE OF COMPLETING THE FULL COURSE OF TREATMENT	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
116	RECORD WHETHER THE CLIENT WAS ENCOURAGED TO REFER HIS/HER SEXUAL PARTNER(S) FOR TREATMENT	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
117	RECORD WHETHER THE PROVIDER GAVE THE CLIENT A FOLLOW UP DATE ON WHICH TO RETURN FOR A REEXAMINATION	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
118	RECORD WHETHER ANY VISUAL AIDS WERE USED FOR CLIENT EDUCATION ABOUT STIs OR HIV/AIDS	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
119	RECORD WHETHER THE RISK OF HIV/AIDS WAS MENTIONED	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
120	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING IN REGARD TO STIs AND PROPHYLACTICS	YES NO DK	
01	Talk about the role of condoms in preventing STIs and HIV/AIDS transmission	DISCUSS CONDOMS 1 2 8	
02	Instruct the client on how to use condoms	INSTRUCT 1 2 8	
03	Demonstrate how to put on a condom	DEMONS TRATE 1 2 8	
04	Offer condoms to the client	OFFER 1 2 8	
121	RECORD WHETHER THE PROVIDER WROTE ON THE CLIENT'S HEALTH CARD	YES . . . . . 1 NO . . . . . 2 NO HEALTH CARD . . . . . 3 DON'T KNOW 8	

DIAGNOSIS AND CLASSIFICATION AND TREATMENT

NO.	QUESTIONS	CODING CLASSIFICATION			GO TO
201	EXPLAIN TO THE PROVIDER THAT YOU WANT TO ASK A FEW QUESTIONS ABOUT THE DIAGNOSIS AND THE TREATMENT PROVIDED/PRESCRIBED FOR THE CLIENT.				
	Which of the following best describes the diagnosis you made for this client? READ EACH RESPONSE AND CIRCLE A RESPONSE FOR EACH CATEGORY THAT APPLIES.	**YES**	**NO**	**DK**	
01	Bacterial vaginosis	1	2	8	
02	Cervicitis	1	2	8	
03	Candidiasis	1	2	8	
04	Trichomoniasis	1	2	8	
05	Chlamydia	1	2	8	
06	Genital ulcers	1	2	8	
08	Genital herpes	1	2	8	
09	Gonorrhea	1	2	8	
10	Syphilis	1	2	8	
11	Chancroid	1	2	8	
12	Non-specific vaginal discharge	1	2	8	
13	Non-specific urethral discharge/urethritis	1	2	8	
14	Other _____ (SPECIFY)	1	2	8	
202	Which treatment did you prescribe or give the client? DO NOT READ RESPONSES. ACCEPT EITHER ORAL RESPONSE OR WRITTEN PRESCRIPTIONS OF PROVIDER.	YES	IF YES, WRITE DOSE: MG/DAY AND NO. DAYS	NO	
01	ACYCLOVIR, ORAL	1	☐☐☐☐☐☐☐ ☐☐	2	
02	AMOXICILLIN, ORAL	1	☐☐☐☐☐☐☐ ☐☐	2	
03	CEFTRIAXONE, INJ	1	☐☐☐☐☐☐☐ ☐☐	2	
04	CIPROFLOXACIN, ORAL	1	☐☐☐☐☐☐☐ ☐☐	2	
05	CLOTRIMAZOLE, SUPP.	1	☐☐☐☐☐☐☐ ☐☐	2	
06	DOXYCYCLINE, ORAL	1	☐☐☐☐☐☐☐ ☐☐	2	
07	ERYTHROMYCIN, ORAL	1	☐☐☐☐☐☐☐ ☐☐	2	
08	FAMCICLOVIR, ORAL	1	☐☐☐☐☐☐☐ ☐☐	2	
09	METRONIDAZOLE, ORAL	1	☐☐☐☐☐☐☐ ☐☐	2	
10	MICONAZOLE, SUPP	1	☐☐☐☐☐☐☐ ☐☐	2	
11	NYSTATIN, SUPP	1	☐☐☐☐☐☐☐ ☐☐	2	
12	NYSTATIN, ORAL	1	☐☐☐☐☐☐☐ ☐☐	2	
13	PENICILLIN, BENZATHINE INJ	1	☐☐☐☐☐☐☐ ☐☐	2	
14	SPECTINOMYCIN, INJ	1	☐☐☐☐☐☐☐ ☐☐	2	
15	OTHER _____ SPECIFY ALL OTHER TREATMENTS	1	☐☐☐☐☐☐☐ ☐☐	2	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
203	WAS A PRESCRIPTION WRITTEN FOR CONDOMS?	YES . . . . . 1 NO 2	
204	RECORD THE TIME WHEN THE OBSERVATION ENDED	[ ][ ] : [ ][ ]	
	Observer's comments:		

MEASURE *DHS*+ SERVICE PROVISION ASSESSMENT
Exit Interview for STI Client

1. Facility Identification

QTYPE . . . . . | X | S | I |

Name of the facility: _____

Location of the facility: _____

FACILITY NUMBER . . . . . | | | |

2. Information About Interview

Date: _____	DAY		| MONTH		| YEAR				
Name of the interviewer: _____	INTERVIEWER CODE		
Client Code: _____	CLIENT CODE:		

3. Information About Visit

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	READ TO CLIENT: Hello, I am_____. As my colleague mentioned, we are representing the National Institute of Statistics. We are doing a survey of health services in health facilities. In order to improve the services this facility offers, we would like to ask you some questions about your experience here today. Please know that whether you decide to allow this interview or not is completely voluntary and will not affect services you receive during any future visit. You may refuse to answer any question, and you may stop the interview at any time. Information from this interview may be provided to researchers for analyses, but neither your name nor the date of services will be on any shared information, so your identity will remain completely confidential. If, at any point, you would prefer I leave please feel free to tell me Do you have any questions for me? Do I have your permission to continue with the interview? _____ _____ Interviewer's signature Date (Indicates respondent's willingness to participate)		
100	May I begin the interview now?	CLIENT AGREES . . . . . 1 CLIENT REFUSES 2	→ STOP
101	RECORD THE TIME THE INTERVIEW STARTED [ ][ ] : [ ][ ]		
102	Did the health worker give you a diagnosis of your medical problem today that is, did he or she tell you what is causing it?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
103	Were you given a prescription or medications today?	YES . . . . . 1 RECEIVED INJECTION BUT NO OTHER MEDICATIONS OR PRESCRIPTIONS . . . . . 2 NO 3	 → 106 → 106
104	ASK TO SEE ALL MEDICATIONS THAT THE CLIENT RECEIVED AND ANY PRESCRIPTIONS NOT YET FILLED CIRCLE THE RESPONSE THAT BEST DESCRIBES THE MEDICATIONS OR PRESCRIPTIONS SEEN	HAS ALL MEDS . . . . . 1 HAS SOME MEDS; SOME PRESCRIPTION NOT SUPPLIED 2 NO MEDS SEEN; HAS PRESCRIPTION ONLY 3	
105	How long do you plan to take these medications?	UNTIL SYMPTOMS DISAPPEAR . 1 UNTIL MEDICATION IS COMPLETED . . . . . 2 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
106	Did a health worker talk to you about how to protect yourself against sexually transmitted infections or HIV/AIDS?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
107	What are some ways you can protect yourself from infections transmitted by sexual activity?	USE CONDOMS . . . . . A HAVE ONLY ONE SEXUAL PARTNER . . . . . B OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
108	Did the health worker offer you an HIV/AIDS test or ask you to have one done, or did you ask to have an HIV/AIDS test?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
109	Did you receive a blood test today or did the health worker take a specimen from you for a laboratory examination?	YES . . . . . 1 NO 2	→ 111
110	Did the health worker explain to you what the laboratory test was for? IF YES: What was the test for?	YES, INFECTION OR STI . . . . . A YES, HIV OR AIDS . . . . . B YES, OTHER . . . . . X NO . . . . . Y DON'T KNOW . . . . . Z	
111	Have you ever used condoms?	YES . . . . . 1 NO 2	
112	I want to ask your opinion of some reasons people might not use a condom. As I mention each please tell me if you think that it might be, or has been, a reason you might not use condoms. Tell me if you think it has been or could be a large problem, a small problem, or not a problem for you to decide whether to use condoms.		

	How great a problem is each of the following about condoms		LARGE	SMALL	NO PROB LEM	DK
01	Embarrassing to purchase or obtain condoms	EMBARRASSING TO OBTAIN	1	2	3	8
02	Difficult to dispose of	PROBLEM WITH DISPOSAL	1	2	3	8
03	Embarrassing to discuss with your sex partner	EMBARRASSING TO DISCUSS	1	2	3	8
04	Reduces your own sexual satisfaction	REDUCES OWN	1	2	3	8
05	Reduces your partner's sexual satisfaction	REDUCES PARTNER'S	1	2	3	8

113	Did you discuss with the health worker any of the issues related to using condoms that we just referred to?	YES . . . . . 1 NO 2	
114	Did the health worker talk to you about condoms or mention condoms today?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
115	Were you given any condoms today?	YES . . . . . 1 NO 2	

4. Information About Client's Satisfaction

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	Now I am going to ask you some questions about the services you received today. I would like to have your honest opinion about the things that we will talk about. This information will help us to improve services.		
200	What time did you arrived?	☐☐ HOURS ☐☐ MINS	
201	How long did you wait between the time you arrived at this facility and the time you were able to see a provider for the consultation?	MINUTES . . . . . ☐☐☐ SAW PROVIDER IMMEDIATELY . . . . . 000 DON'T KNOW 998	
202	Now I am going to ask about some common problems clients have at health facilities. As I mention each one, please tell me whether any of these were problems for you today, and if so, whether they were large or small problems for you.		

			LARGE	SMALL	NO PROB LEM	DK
01	Time you waited	WAIT	1	2	3	8
02	Ability to discuss problems or concerns about your illness with the provider	DISCUSS PROBLEMS	1	2	3	8
03	Amount of explanation you received about your sickness or any problems	EXPLAIN PROB. OR TREATMENT	1	2	3	8
04	Quality of the examination and treatment provided	QUALITY	1	2	3	8
05	Privacy from having others see the examination	VISUAL PRIVACY	1	2	3	8
06	Privacy from having others hear your consultation discussion	AUDITORY PRIVACY	1	2	3	8
07	Availability of medicines at this facility	MEDICINES	1	2	3	8
08	The hours of service at this facility	HOURS OF SERVICE	1	2	3	8
09	The number of days services are available to you	DAYS OF SERVICE	1	2	3	8
10	The cleanliness of the facility	CLEAN	1	2	3	8
11	How the staff treated you	HOW TREATED	1	2	3	8
12	Cost for services or treatment	COST	1	2	3	8
13	Any problem you had today that I did not mention	_____ (SPECIFY)	1	2	3	8

203	Are you a part of any prepayment plan (such as insurance or a similar program) or institutional arrangement that pays for some or all of the services you receive at this facility?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
204	Were you charged, or did you pay anything for any services provided today?	YES . . . . . 1 NO 2	→ 206

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
205	What is the total amount you paid for all services as treatments you received at this facility today? Please include any money you paid for services, laboratory tests, or medicines.	1) TOTAL AMOUNT [ ][ ][ ][ ][ ][ ] PAID NO MONEY . . . . 000000 DON'T KNOW . . . . . 999998 2) LAB [ ][ ][ ][ ][ ][ ] 3) MEDICINE [ ][ ][ ][ ][ ][ ] 4) CONSULT [ ][ ][ ][ ][ ][ ] 5) OTHER [ ][ ][ ][ ][ ][ ]	
206	Is this the closest health facility to your home?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 208 → 208
207	What was the main reason you did not go to the nearest facility?	INCONVENIENT OPERATING HOURS . . . . . .01 BAD REPUTATION . . . . . 02 DON'T LIKE THE PERSONNEL 03 NO MEDICINE . . . . . 04 PREFERS TO REMAIN ANONYMOUS . . . . . 05 IT IS MORE EXPENSIVE . . .06 REFERRAL . . . . . .07 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
208	Have you ever visited this facility before (either as a patient or visiting or accompanying a patient)?	YES . . . . . 1 NO 2	

5. Personal Characteristics of Client

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	Now I am going to ask you some questions about yourself. I would like to have your honest responses as this information will help us to improve services.		
301	How old were you at your last birthday?	AGE IN YEARS . . . . . [ ][ ]	
302	Do you know how to read or how to write?	YES, READ ONLY . . . . . 1 YES, READ AND WRITE . . . . 2 NO 3	
303	Have you ever attended school, either formal or informal?	YES . . . . . 1 NO 2	→ 306
304	What is the highest level of school you attended?	INFORMAL . . . . . 1 PRIMARY . . . . . 2 SECONDARY . . . . . 3 HIGHER . . . . . 4 TERTIARY 5	→ 306
305	What is the highest grade you completed at that level?	GRADE . . . . . [ ][ ]	
	Thank you very much for taking the time to answer my questions. Once again, any information you have given will be kept completely confidential. Have a good day!		
306	RECORD THE TIME WHEN THE INTERVIEW ENDED	[ ][ ] : [ ][ ]	
307	**Interviewer's comments:**		

HEALTH WORKER INTERVIEW

QRE **K**

Facility Number: ☐☐☐

CLINIC/UNIT CODE ☐☐ ☐☐ (Line # / Unit #)

Interviewer Code: ☐☐

Provider SL Number: ☐☐

DATE: ☐☐ (DAY) ☐☐ (MONTH) ☐☐☐☐ (YEAR)

Provider Sex: (1=MALE; 2=FEMALE) ☐

Provider Status: (1=Assigned; 2=Seconded) ☐

Number of ANC Observations Associated with Provider . . . . . ☐

Number of FP Observations Associated with Provider . . . . . ☐

Number of Sick Child Observations Associated with Provider . . . . . ☐

Number of STI Observations Associated with Provider . . . . . ☐

INDICATE IF PROVIDER WAS PREVIOUSLY INTERVIEWED IN OTHER FACILITY IF YES, RECORD NAME AND CODE OF WHERE HE/SHE WAS INTERVIEWED

YES, PREVIOUSLY INTERVIEWED . . . . . **1** STOP

☐☐ **Provider SL Number** ☐☐☐ **Facility Number**

NO, NOT PREVIOUSLY INTERVIEWED **2**

READ THE FOLLOWING CONSENT FORM

Hello. My name is _____. We are here on behalf of the the National Institute of Statistics, Republic of Rwanda to assist the government in knowing more about how services are provided in health facilities.
Now I will read a statement explaining the survey.

Your facility was randomly selected to participate in this study. We will be asking you several questions about the types of services that you personally provide, as well as questions about training you have received. The information you provide us may be used by the MOH and organizations supporting services in your facility, for planning service improvements or further studies of services. The information you share may also be provided to researchers for analyses, however, any reports that use your data will only present information in aggregate form so that neither you nor your facility can be identified.

You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey? Do I have your agreement to proceed?

_____
Interviewer's signature Date
SIGNATURE OF INTERVIEWER INDICATES INFORMED CONSENT WAS PROVIDED.

100	Do I have your agreement to participate? Thank you. Let's begin now.	YES . . . . . 1 NO 2	→ STOP

1. Education and Experience

NO.	QUESTIONS	CODING CLASSIFICATION	
102	May I begin the interview now?	YES . . . . . 1 NO 2	→ STOP
103	What year did you start working in this facility?	YEAR ☐☐☐☐	
104	Now I would like to ask you some questions about your educational background. How many years of primary and secondary education did you complete in total?	YEARS . . . . . ☐☐	

NO.	QUESTIONS	CODING CLASSIFICATION
105	What is your current technical qualification?	GYNECO-OBSTETRICIAN ..... 01 PEDIATRICIAN ..... 02 SURGEON ..... 03 OTHER MEDECIN SPECIALIST ..... 04 MEDECIN GENERALIST ..... 05 MEDICAL OFFICER ..... 06 MIDWIFE A1 ..... 07 INFERMIER A1 ..... 08 INFERMIER A2 ..... 09 INFERMIER A3 ..... 10 AUXILLIERE SAN ..... 11 LAB TECHNICIAN A1 ..... 12 LAB TECHNICIAN A2 ..... 13 LAB TECHNICIAN A3 ..... 14 NUTRITIONIST A1 ..... 15 NUTRITIONIST A2 ..... 16 ASSISTANT SOCIAL A0 ..... 17 ASSISTANT SOCIAL A1 ..... 18 ASSISTANT SOCIAL A2 ..... 19 PHARMACIST A0 ..... 20 PHARMACIST A1 ..... 21 RADIOLOGIST ..... 22 ANESTHETIST A1 ..... 23 DENTIST A1 ..... 24 HYGIENE & ASSAINISSEMENT A1 25 PHYSIOTHERAPIST 26 MANAGEMENT PERSONNEL 27 TECH. SUPPORTING STAFF 28 MANAG. SUPPORTING STAFF 29 OTHER STAFF PROVIDING CLIENT SERVICES _____ 96 SPECIFY
106	What year did you graduate with this qualification? IF NO TECHNICAL QUALIFICATION, ASK: What year did you complete any basic training for your current position?	YEAR [ ][ ][ ][ ] NO BASIC TRANING 0000
107	How many years of study were required for this qualification (AFTER COMPLETING THE BASIC EDUCATION DESCRIBED IN Q104)? IF LESS THAN 1 YEAR, WRITE 00 IN THE BOXED CELLS FOR YEARS AND INDICATE THE NUMBER OF MONTHS.	YEARS ..... [ ][ ] MONTHS ..... [ ][ ]
108	In what year did you start working in your current position in this facility? IF YEAR IS NOT KNOWN, PROBE AND MAKE THE BEST ESTIMATE	YEAR .... [ ][ ][ ][ ]
109	What was your age at your last birthday?	AGE AT LAST BIRTHDAY (YRS) . [ ][ ]

2. GENERAL TRAINING AND SERVICES PROVIDED IN CURRENT POSITION IN THIS FACILITY

200	First I want to ask you about some general training courses. During the past 3 years, have you received any pre or in-service training on: [READ TOPIC]. IF YES, ASK: Was that training within the past 1 year? IF NOT WITHIN THE PAST 1 YEAR, ASK: Was that training within the past 3 years?	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO TRAINING WITHIN PAST 3 YEARS
01	Universal precautions?	1	2	3
02	Waste management-that is disposal of sharps and contaminated waste?	1	2	3
03	Any other training related to infection prevention?	1	2	3
04	Health Information Systems (HIS) or reporting requirements for any service?	1	2	3 3
05	Confidentiality and rights to non-discrimination practices for People Living with HIV/AIDS (PLHA)?	1	2	3

NO.	QUESTIONS	CODING CLASSIFICATION	
201	Are you a manager or in-charge for any clinical services?	YES . . . . . 1 NO 2	
202	Do you provide any client services other than conducting laboratory tests?	YES . . . . . 1 ONLY LAB TESTS . . . 2 NO CLIENT SERVICES OR LAB TESTS . . . 3	→ 701 →STOP

203a	Now I want to ask you about services you personally provide. For each service I mention, tell me if you provide the service, and then I want to know if you have received any pre or in-service training related to the topic and during the past 3 years, even if you don't currently provide the service. Remember, I am asking about service provided as a part of your current position for this facility.		
	Do you ever provide services for [READ TOPIC]. IF INDICATED, ASK: How long have you provided this service, either in this facility or in another service setting? IF LESS THAN 1 YEAR WRITE '00'.	a YES NO	b DURATION
01	Diagnosis and/or treatment of STIs?	1 →b 2 ↓ 02	
02	Diagnosis and/or treatment of malaria ?	1 2	
03	Diagnosis, treatment, or follow-up for tuberculosis? IF YES, ASK: do you [READ FOLLOWING LIST OF SERVICES]	1 →b 2 ↓ 09	
04	Diagnose tuberculosis based on clinical symptoms?	1 2	
05	Diagnose tuberculosis based on sputum?	1 2	
06	Prescribe treatment for tuberculosis?	1 2	
07	Provide follow-up treatment for tuberculosis?	1 2	
08	Participate in the Direct Observation Treatment Short-course (DOTS) strategy?	1 2	
09	Do you provide any services that are designed to be Youth Friendly, that is, that have a specific aim to encourage adolescent utilization?	1 2	

		CLINICAL ONLY	LABORATORY ONLY	BOTH CLINICAL & LABORATORY	NO METHOD
203c	What is the routine method you use to diagnose and treat malaria in children over 5 years and adults?	1	2 → 204	3 →204	4 →204
203d	Why don't you use laboratory methods?	NO LAB OR TEST KIT FOR DIAGNOSING MALARIA ... . 1 DO NOT TRUST LAB RESULTS ... 2 DO NOT NEED LAB RESULTS … 3 IT TAKES TOO LONG/DIFFICULT TO GET LAB RESULTS …… 4 TOO MANY PATIENTS/MUCH WORK TO DO … ..... 5 OTHER_____ 6			

NO.	QUESTIONS	CODING CLASSIFICATION		
204	Now I want to ask about any in-service or preservice training you have received during the past 3 years on any of the topics I have just mentioned. During the past three years have you received any preservice or in-service training on [READ TOPIC]? IF YES, ASK: Was this during the past 1 year?	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO TRAINING WITHIN PAST 3 YEARS
01	Diagnosing and treating sexually transmitted infections (STIs)?	1	2	3
02	The WHO syndromic management for STIs?	1	2	3
03	Drug resistance to STI treatment medications	1	2	3
04	Any topic related to malaria? IF YES, ASK: Did the training cover any of the following topics?	1	2	3 → 08
05	Diagnosis and treatment of malaria?	1	2	3
06	Specifically diagnosing and treating malaria in children?	1	2	3
07	Intermittent Preventive Treatment (IPT) of malaria for pregnant women?	1	2	3
08	Any topic related to tuberculosis? IF YES, ASK: Did the training cover any of the following topics?	1	2	3 → 14
09	Diagnosing tuberculosis (TB) using sputum test?	1	2	3
10	Diagnosing TB using clinical symptoms?	1	2	3
11	Prescribing treatment for TB?	1	2	3
12	The DOTS (Direct observed treatment-short-course) strategy?	1	2	3
13	Follow-up treatment for TB clients?	1	2	3
14	Prescribing Artemisinin Combonation Therapies (ACTs) for the treatment of malaria?	1	2	3
15	Formation en prise en charge global des personnes infectee par le VIH (10 jours)	1	2	3
16	Formation en prise en charge global des infants infectee par le VIH (5 jours)	1	2	3
17	Formation en prise en charge psychosocial (5 jours)	1	2	3
18	Formation en prise en charge nutritionell des perssones infectee par le VIH (5 jours)	1	2	3
19	Formation en gestion des medicament (5 jours)	1	2	3
205	Any topic specific to youth friendly services? This includes addressing psychological or health issues of particular relevance to adolescents?	1	2	3

NO.	QUESTIONS	CODING CLASSIFICATION	
	3. Child Health Services		
301	In your **current** position, and as a part of your work for this facility, do you ever personally provide any child health services?	YES . . . . . 1 NO 2	→ 303
302	How many years in total have you provided such services (Service may have been in another facility)? IF LESS THAN 1 YEAR, WRITE 00 IN THE BOXED CELLS.	YEARS . . . . . [ ][ ]	
303	During the past three years have you received any pre-service or in-service training on subjects related to child health or illness?	YES . . . . . 1 NO 2	→ 401

304	Did you receive the training in any topic related to (READ SPECIFIC TOPIC)? IF YES, when was the most recent training? [ADD COUNTRY SPECIFIC TRAINING]	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO TRAINING WITHIN PAST 3 YEARS
01	EPI/cold chain	1	2	3
02	ARI treatment	1	2	3
03	Diarrhea treatment	1	2	3
04	Malaria treatment for children	1	2	3
05	Nutrition/micronutrient deficiencies	1	2	3
06	Breast feeding (including exclusive breast-feeding)	1	2	3
07	Complementary feeding of infant	1	2	3
08	Integrated Management of Childhood Illness (IMCI)	1	2	3
09	Other training specific to child health: _____ (SPECIFY)	1	2	3

	4. Family Planning		
401	In your **current** position, and as a part of your work for this facility, do you ever personally provide any family planning services?	YES . . . . . 1 NO 2	→ 403
402	How many years in total have you provided such services (Service may have been in another facility)? IF LESS THAN 1 YEAR, WRITE 00 IN THE BOXED CELLS.	YEARS . . . . . [ ][ ]	
403	During the past three years have you received any pre-service or in-service training on subjects related to family planning?	YES . . . . . 1 NO 2	→ 501

404	Did you receive the training in any topic related to (READ SPECIFIC TOPIC)? IF YES, when was the most recent training? [ADD COUNTRY SPECIFIC TRAINING]	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO TRAINING WITHIN PAST 3 YEARS
01	General counseling for family planning?	1	2	3
02	Clinical issues related to providing family planning methods?	1	2	3
03	Symptom updates related to family planning methods	1	2	3
04	Symptom management for family planning methods	1	2	3
05	Topics specific for family planning for HIV infected women?	1	2	3
06	Other family planning topics? _____	1	2	3

NO.	QUESTIONS	CODING CLASSIFICATION			
	5. Maternal Health				
501	During the past three years have you received any pre-service or in-service training on subjects related to maternal or newborn health and HIV/AIDS?	YES . . . . . 1 NO 2			→503
502	Did you receive the training in any topic related to (READ SPECIFIC TOPIC)? IF YES, when was the most recent training? [ADD COUNTRY SPECIFIC TRAINING]	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO TRAINING WITHIN PAST 3 YEARS	
01	Prevention of mother to child transmission for HIV/AIDS	1	2	3	
02	Nutrition counseling for newborn of mother with HIV/AIDS	1	2	3	
03	Optimal obstetric practices as relates to HIV	1	2	3	
503	In your **current** position, and as a part of your work for this facility, do you ever personally provide any antenatal or postpartum care? IF YES, INDICATE WHICH SERVICE IS PROVIDED.	YES, ANTENATAL . . . . . 1 YES, POSTPARTUM . . . . . 2 YES, BOTH . . . . . 3 NO, NEITHER 4			→504a
504	How many years in total have you provided such services (Service may have been in another facility)? IF LESS THAN 1 YEAR, WRITE 00 IN THE BOXED CELLS.	YEARS . . . . . [ ][ ]			
504a	Do you provide any PMTCT services? IF YES, INDICATE WHICH SERVICES ARE PROVIDED	PREVENTIVE COUNSELING . . A HIV TEST COUNSELING . . B CONDUCT HIV TEST . . . . . C PROVIDE ARV TO MOTHER . . . D PROVIDE ARV TO/FOR INFANT . E NO PMTCT SERVICES . . . . . Y			
505	During the past three years have you received any pre-service or in-service training on subjects related to antenatal or postpartum care?	YES . . . . . 1 NO 2			→507
506	Did you receive the training in any topic related to (READ SPECIFIC TOPIC)? IF YES, when was the most recent training? [ADD COUNTRY SPECIFIC TRAINING]	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO TRAINING WITHIN PAST 3 YEARS	
01	ANC counseling (preventive or symptomatic management)	1	2	3	
02	ANC services or screening	1	2	3	
03	Complications of pregnancy	1	2	3	
04	Symptom management for pregnancy	1	2	3	
05	Management of risk pregnancies	1	2	3	
06	Postpartum care	1	2	3	
07	Any topic related to pregnancy and AIDS or PMTCT?	1	2	3	→507
08	Counseling for prevention of mother to child transmission of HIV?	1	2	3	
09	Antiretroviral treatment for prevention of mother to child transmission (PMTCT) of HIV?	1	2	3	
10	Nutritional counseling for the newborn of mothers with HIV/AIDS?	1	2	3	
11	Guidelines to follow when dispensing the preventive ARV to HIV positive women?	1	2	3	
12	Record keeping, or other management of the ARVs for PMTCT?	1	2	3	
13	Nutrition counseling for the pregnant woman with HIV/AIDS?	1	2	3	
507	In your **current** position, and as a part of your work for this facility, do you ever personally provide delivery services? By that I mean conducting the actual deliveries of newborns.	YES . . . . . 1 NO 2			→ 511

NO.	QUESTIONS	CODING CLASSIFICATION	
508	How many years in total have you provided such services (Service may have been in another facility)? IF LESS THAN 1 YEAR, WRITE 00 IN THE BOXED CELLS.	YEARS . . . . . [ ][ ]	
509	During the past 6 months, approximately how many deliveries have you conducted as the principal provider (include deliveries conducted for private practice and for facility)?	TOTAL DELIVERIES [ ][ ][ ][ ]	
510	When was the last time you used a partograph?	NEVER . . . . . 1 IN PAST WEEK . . . . . 2 IN PAST MONTH . . . . . 3 IN PAST 6 MONTHS . . . . . 4 OVER 6 MONTHS AGO . . . . . 5 DON'T KNOW 8	
511	During the past three years have you received any pre-service or in-service training on subjects related to delivery care?	YES . . . . . 1 NO 2	→ 513

512	Did you receive the training in any topic related to (READ SPECIFIC TOPIC)? IF YES, when was the most recent training?	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO TRAINING WITHIN PAST 3 YEARS
01	Care during labor or delivery	1	2	3
02	Use of partograph	1	2	3
03	Essential obstetric care/Life saving skills	1	2	3
04	Lifesaving skills/emergency complications	1	2	3
05	Post abortion care	1	2	3
06	Optimal delivery care for preventing maternal to child transmission (PMTCT) of HIV/AIDS?	1	2	3
07	Other training related to delivery services _____ (SPECIFY)	1	2	3

513	In your **current** position, and as a part of your work for this facility, do you ever personally provide care for the newborn?	YES . . . . . 1 NO 2	→ 515
514	How many years in total have you provided such services (Service may have been in another facility)? IF LESS THAN 1 YEAR, WRITE 00 IN THE BOXED CELLS.	YEARS . . . . . [ ][ ]	
515	During the past three years have you received any pre-service or in-service training on subjects related to newborn care?	YES . . . . . 1 NO 2	→ 601

516	Did you receive the training in any topic related to (READ SPECIFIC TOPIC)? IF YES, when was the most recent training?	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO TRAINING WITHIN PAST 3 YEARS
01	Care of the normal newborn/neonatal care	1	2	3
02	Neonatal resuscitation	1	2	3
03	Exclusive breastfeeding	1	2	3
04	Nutrition for the newborn of the HIV infected woman	1	2	3
05	Other training related to newborn health: _____ (SPECIFY)	1	2	3

NO.	QUESTIONS	CODING CLASSIFICATION		
	6. HIV/AIDS SERVICES			
601	Now I want to ask you about services specifically related to HIV/AIDS. IF INDICATED, ASK HOW LONG THE PROVIDER HAS BEEN PROVIDING THE SERVICE. IF LESS THAN ONE YEAR, WRITE '00'.	**a** YES	**a** NO	**b** DURATION
01	Do you provide any counseling related to HIV testing? IF YES, ASK: How long? Now, do you provide:	1 → b	2 → 602	
02	Pre-test counseling?	1	2	
03	Post-test counseling for HIV positive clients?	1	2	
04	Follow-up counseling for HIV, after the initial post-test counseling or emotional support?	1	2	
602 01	Do you provide education to patients and families on prevention of HIV/AIDS?	1	2	
02	Do you provide counseling on care and support of the HIV/AIDS infected person who is seriously ill?	1	2	
03	Do you provide nutrition counseling to HIV/AIDS infected clients?	1	2	
04	Do you yourself actually prescribe the HIV test for clients?	1	2	
603 01	Do you provide any services related to prevention of mother to child transmission of HIV/AIDS? IF YES: How long?	1 → b	2 → 604	
02	Do you provide nutrition counseling for the newborn of the HIV infected woman?	1	2	
03	Do you counsel HIV positive women about family planning?	1	2	
04	Do you ever provide or prescribe the preventive antiretroviral therapy for prevention of mother to child transmission?	1	2	
604 01	Do you ever provide any follow-up services for HIV positive clients? This includes providing preventive treatments, treatment for opportunistic infections, ART, and palliative care, that is providing treatment for pain and symptoms of the seriously ill HIV/AIDS clients? IF YES, ASK: How long? Now, do you provide:	**a** YES 1 → b	**a** NO 2 → 605	**b** DURATION
02	Clinical management of HIV/AID-related neurological disorders?	1	2	
03	Diagnosis and/or treatment of opportunistic infections?	1 → b	2 → 04	
04	Prescribe antiretroviral therapy (ART)?	1 → b	2 → 05	
05	Provide medical follow-up for clients on antiretroviral therapy?	1	2	
06	Provide adherence counseling for ART?	1	2	
07	Provide or prescribe preventive treatment for TB (INH)?	1	2	
08	Provide or prescribe preventive treatment for other opportunistic infections (OIs) such as cotrimoxazole preventive therapy (CPT)?	1	2	
09	Prescribe, counsel, or provide nutritional rehabilitation for HIV/AIDS patients?	1	2	
10	Provide pediatric AIDS care?	1	2	
11	Provide nursing care, or train caregivers and patients in how to care for someone with HIV/AIDS? This includes providing palliative, or symptomatic care and support services?	1 → b	2 → 12	
12	Do you either provide home based care, or provide training or support for others who provide home based care?	1	2	
13	Do you provide or faciltate obtaining an ITN?	1	2	
14	Do you counsel on important of ITN usage to prevent malaria?	1	2	

NO.	QUESTIONS	CODING CLASSIFICATION		
605	Do you ever provide counseling or prescriptions for post-exposure prophylaxis (PEP)?	1	2	
606	Now I want to know about preservice or in-service training you have received during the past 3 years on any of the topics I have just mentioned. First I want to know about specific trainings, then, I want to know if your received any other training on the topics I mention. Did you attend [READ TRAINING COURSE] IF YES, ASK: Was this during the past 1 year?	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO TRAINING WITHIN PAST 3 YEARS
01	La formation des prestataire sur le nouveau protocole PMTCT (2 weeks)	1	2	3
02	La formation de la sero-surveillance de l'infection a VIH a l'intention du personnel des centers de sante et des superviseurs des districts	1	2	3
03	Prescribing Artemisinin Combonation Therapies (ACTs) for the treatment of malaria?	1	2	3
04	Formation en prise en charge global des personnes infectee par le VIH (10 jours)	1	2	3
05	Formation en prise en charge global des infants infectee par le VIH (5 jours)	1	2	3
06	Formation en prise en charge psychosocial (5 jours)	1	2	3
07	Formation en prise en charge nutritionell des perssones infectee par le VIH (5 jours)	1	2	3
08	Formation en gestion des medicament (5 jours)	1	2	3
09	Other official/formal training in counseling and testing for HIV	1	2	3
10	Other official/formal training in Care and Treatment for PLHIV	1	2	3
11	Other official/formal training for Home/community Based Provider	1	2	3
12	Other official/formal training for ART	1	2	3
13	Other official/formal training for PMTCT	1	2	3
14	Other official/formal training for youth friendly services	1	2	3
15	Other official/formal training for HMIS	1	2	3
16	Other official/formal training for syndromic STI care management	1	2	3

NO.	QUESTIONS	CODING CLASSIFICATION		
607	**Other than any previously mentioned trainings**, during the past 3 years, have you received any training related to any aspect of HIV/AIDS prevention, counseling, or care and support?	YES . . . . . 1 NO . . . . . 2 → 701		
608	IF YES, Ask: Did any other pre or in-service education provide information about [READ TOPIC]? IF YES, ASK: was this during the past 1 year? MULTIPLE TOPICS MAY HAVE BEEN COVERED IN ONE TRAINING. MAKE SURE RESPONDENT ONLY REPORTS ON TRAINING THAT WAS A NOT A PART OF PREVIOUSLY RECORDED TRAINING COURSES.	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO TRAINING WITHIN PAST 3 YEARS
01	HIV pre-test counseling?	1	2	3
02	HIV post-test counseling?	1	2	3
03	HIV testing procedures, that is, which tests to order, and when?	1	2	3
04	Follow-up counseling, after the initial post-test counseling or emotional support for HIV/AIDS clients?	1	2	3
05	Educational needs of patients and families about HIV/AIDS care?	1	2	3
06	General nutritional counseling for HIV/AIDS clients?	1	2	3
07	Primary prevention of HIV, such as behavior change education, partner counseling, condom promotion and distribution?	1	2	3
08	Tuberculosis INH preventive therapy for HIV/AIDS clients?	1	2	3
09	Cotrim preventive therapy (CPT) for HIV/AIDS clients for pneumonia?	1	2	3
10	Clinical management of HIV/AIDS-related neurological disorders?	1	2	3
11	Diagnosis and treatment of opportunistic infections?	1	2	3
12	Prescribing antiretroviral therapy (ART)?	1	2	3
13	Ordering or prescribing laboratory tests for monitoring of ART?	1	2	3
14	Nutritional rehabilitation for HIV/AIDS patients?	1	2	3
15	Any topic specific to pediatric AIDS care?	1	2	3
16	Training on provision of palliative care, to manage symptoms of the seriously ill HIV/AIDS client?	1	2	3
17	Ordering or prescribing Post-exposure prophylaxis (PEP)?	1	2	3
18	Training on nursing care or training caregivers to provide care for HIV/AIDS patients? This might include training related to home-based care.	1	2	3

NO.	QUESTIONS	CODING CLASSIFICATION			
	7. Laboratory services				
701	In your **current** position, and as a part of your work for this facility, do you ever personally actually conduct laboratory tests for tuberculosis or HIV/AIDS? CIRCLE 'NO' IF THE PROVIDER ONLY COLLECTS SPECIMENS.	YES . . . . . 1 NO 2			→800
702	Do you conduct any of the following laboratory tests?	a PROVIDES SERVICE			
		YES	NO		
01	Checking sputum for tuberculosis?	1	2		
02	Any of the blood tests for HIV?	1	2		
03	Any of the laboratory tests for monitoring antiretroviral therapy?	1	2		
04	Microscopy for malaria diagnosis?	1	2		
05	Rapid diagnosis test (RDT) for malaria diagnosis?	1	2		
703	During the past three years have you received any pre-service or in-service training related to different laboratory tests for tuberculosis, HIV or for screening blood prior to transfusion?	YES . . . . . 1 NO 2			→800
704	Did you receive preservice or in-service training for [READ TOPIC] during the past 3 years? IF YES, ASK: Was this during the past 1 year?	YES, IN PAST 1 YEAR	YES, IN PAST 2-3 YEARS	NO TRAINING WITHIN PAST 3 YEARS	
01	Microscopic examination of sputum for diagnosing tuberculosis?	1	2	3	
02	HIV testing?	1	2	3	
03	CD4 testing?	1	2	3	
04	Blood screening for HIV or hepatitis prior to transfusion?	1	2	3	
05	Tests for monitoring ART	1	2	3	
06	In microscopy for malaria diagnosis?	1	2	3	
800	Now I want to ask you a few more questions about your work in this facility. In an average week, how many hours do you work in this facility? IF WEEKS ARE NOT CONSISTENT, ASK THE RESPONDENT TO AVERAGE OUT HOW MANY HOURS PER MONTH AND THEN DIVIDE THIS BY 4.	AVERAGE HOURS PER WEEK WORKING IN THIS FACILITY [ ][ ]			
801	I want to know if you can estimate how much of your time each week is spent providing services or performing tasks related to HIV/AIDS. This includes such services as counseling, testing, providing clinical care and support, providing social support services, as well as record keeping and documentation related to HIV/AIDS. When you add up all the time you spend, on average, during a normal week either providing services or performing tasks related to HIV/AIDS, what percent of your time do you estimate this is? IF NO HIV/AIDS-RELATED SERVICES CODE "000"	AVERAGE WEEKLY PERCENTAGE OF WORK TIME . [ ][ ][ ]			

NO.	QUESTIONS	CODING CLASSIFICATION	
802	During the past 12 months, if you add together all of the formal training you have received related to HIV/AIDS, how many days is this? By formal training I mean training where there was a structured session. This may have been conducted by this facility or external to the facility. I am interested in actual days of training. For example, a one week training usually entails 5 actual days of training, a four week training usually entails 20 days of training. IF THE TRAINING WAS LESS THAN ONE FULL DAY, ENTER 001. PROBE IF NECESSARY. IF NO DAYS OF TRAINING, ENTER 000	NUMBER OF DAYS OF HIV/AIDS RELATED TRAINING . . . . . [ ][ ][ ]	
803	Now I would like to ask you some questions about supervision you have personally received. This supervision may have been from a supervisor either in this facility, or from outside the facility. Do you receive technical support or supervision in your work? IF YES, ASK: When was the most recent time?	YES, IN THE PAST 3 MONTHS . . . . 1 YES, IN THE PAST 4-6 MONTHS . . . . 2 YES, IN THE PAST 7-12 MONTHS . . . . 3 → 806 YES, MORE THAN 12 MONTHS AGO . . 4 → 806 NO . . . . . 5 → 806	
804	How many times in the past six months has your work been supervised?	NUMBER OF TIMES . . . . . [ ][ ]	
805	The last time you were personally supervised, did your supervisor do any of the following:	YES NO DK	
01	Deliver supplies	DELIVERED SUPPLIES 1 2 8	
02	Check your records or reports	CHECKED RECORD 1 2 8	
03	Observe your work	OBSERVED 1 2 8	
04	Provide any feedback (either positive or negative) on your performance	FEEDBACK 1 2 8 → 07	
05	Give you verbal feedback that you were doing your work well	VERBAL PRAISE 1 2 8	
06	Provide any written comment that you were doing your work well	WRITTEN PRAISE 1 2 8	
07	Provide updates on administrative or technical issues related to your work	UPDATES 1 2 8	
08	Discuss problems you have encountered	DISCUSS 1 2 8	
806	Do you have a written job description of your current job or position in this facility? IF YES, ASK: May I see it?	YES, OBSERVED . . . . . 1 YES, REPORTED, NOT SEEN . . 2 NO 3	
807	Are there any opportunities for promotion in your current job?	YES . . . . . 1 NO . . . . . 2 UNCERTAIN/DON'T KNOW 8	

NO.	QUESTIONS	CODING CLASSIFICATION	
808	Do you personally receive any salary supplement, that is, money outside of your routine salary, that is related to your work in this facility?	YES . . . . . 1 NO 2	→ 810
809	Which type of salary supplement do you receive?	MONTHLY OR DAILY SALARY SUPPLEMENT . . . . . A PERDIEM WHEN ATTENDING TRAINING . . . . . B DUTY ALLOWANCE . . . . . C PAYMENT FOR EXTRA ACTIVITIES (NOT ROUTINELY PROVIDED) . . D OTHER _____ X (SPECIFY)	
810	In your current position, have you ever received any non-monetary incentives for the work you do? This might include such things as discounts for medicines or other items, uniforms or other clothing, food, training, or other things like this.	YES . . . . . 1 NO 2	→ 812
811	Describe any incentives that you have received. CIRCLE ALL THAT APPLY.	UNIFORMS, BACKPACKS, CAPS ETC. . . . . A DISCOUNT MEDICINES, FREE TICKETS FOR CARE, VOUCHERS, etc. . . . . B TRAINING . . . . . C FOOD RATION . . . . . D SUBSIDIZED HOUSING . . . . . E MONETARY BONUS (IRREGULAR) F OTHER _____ X (SPECIFY)(SPECIFY)	
812	Among the various things related to your working situation that you would like to see improved, can you tell me the three that you think would most improve your ability to provide care and support services for HIV/AIDS? CIRCLE ONLY THREE ITEMS. IF THE PROVIDER MENTIONS MORE THAN THREE ITEMS, ASK THE PROVIDER TO PRIORITIZE TO ONLY THREE. IF THE PROVIDER DOES NOT MENTION THREE ITEMS, PROBE FOR ANY OTHERS IN AN ATTEMPT TO HAVE THREE ANSWERS.	MORE SUPPORT FROM SUPERVISOR . . . . . A MORE KNOWLEDGE/ TRAINING . . . . . B MORE SUPPLIES/STOCK . . . . . C BETTER QUALITY EQUIPMENT/ SUPPLIES . . . . . D LESS WORKLOAD (i.e. MORE STAFF) . . . . . E BETTER WORKING HOURS . . . F MORE INCENTIVES (SALARY, PROMOTION, HOLIDAYS) . . . . . G TRANSPORTATION FOR PATIENTS WHO ARE REFERRED . . . . . H PROVIDING ART . . . . . I INCREASED SECURITY . . . . . J BETTER FACILITY INFRASTRUCTURE . . . . . K MORE AUTONOMY /INDEPENDENCE . . . . . L EMOTIONAL SUPPORT FOR STAFF (COUNSELING/ GROUP SOCIAL ACTIVITIES) . . M OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY)	

NO.	QUESTIONS	CODING CLASSIFICATION	
	Finally, I would like to ask you a few additional questions about HIV/AIDS and working with clients who may have HIV/AIDS		
900	What should you do if you got a needle stick injury? PROBE: Anything else? CIRCLE ALL THAT ARE MENTIONED.	SQUEEZE FINGER . . . . . A WASH/SOAK IN DISINFECTANT (BLEACH, IODINE, ALCOHOL) . . B WASH WITH SOAP AND WATER . . C REPORT TO MANAGER . . . . . D LEARN PATIENT HIV STATUS . . . E GET AN HIV TEST IMMEDIATELY . . F GET AN HIV TEST AFTER SOME TIME . . . . . G GET HIV TEST DEPENDING ON HIV STATUS OF PATIENT . . H GET ANTIRETROVIRAL OR REFERRAL FOR ARVs . . . . . I OTHER _____ X (SPECIFY) NOTHING . . . . . Y DON'T KNOW . . . . . Z	
901	Do you think that a health care worker who has HIV but is not sick, should be allowed to continue to work?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
902	In the past 12 months, have you seen or observed the following happen in this health care facility because a client was known or suspected of having HIV/AIDS? READ EACH SCENARIO BELOW		

		YES	NO	NA	DK
01	Testing a client for HIV infection without their consent	1	2	5	8
02	Requiring some clients to be tested for HIV before scheduling surgery	1	2	5	8
03	Using latex gloves for performing noninvasive exams on clients suspected of HIV	1	2	5	8
04	Extra precautions been taken in the sterilization of instruments used on HIV-positive patients	1	2	5	8
05	Health providers gossiping about a client's HIV status	1	2	5	8
06	Because a patient is HIV-positive a senior health provider pushing the client to a junior provider	1	2	5	8
07	An HIV-positive patient receiving less care/attention than other patients	1	2	5	8

903	Have you ever heard the word "unyanyapaa" (stigma)?	YES . . . . . 1 NO 2	 →910
904	Does stigma occur **in** health facilities?	YES . . . . . 1 NO . . . . . 2 UNCERTAIN/DON'T KNOW 8	 →906 →906

NO.	QUESTIONS	CODING CLASSIFICATION	
905	Please give me some examples of stigma in the health facility PROBE BY ASKING: Any other examples?	USING LATEX GLOVES FOR NON-INVASIVE PROCEDURE ON SUSPECT/HIV+ CLIENTS . . A EXTRA PRECAUTION IN THE STERILIZATION OF EQUIP USED ON HIV+ CLIENTS . . . . . B PROVIDERS GOSSIPING ABOUT A CLIENT'S HIV STATUS . . . . . C LESS CARE/ ATTENTION GIVEN TO HIV+ CLIENTS . . . . D SENIOR STAFF PUSHING HIV+ CLIENT TO JUNIOR STAFF . . . . E STAFF UNWILLING TO SHAKE HANDS WITH HIV+ CLIENTS . . . . F OTHER _____ X (SPECIFY)	
906	Does stigma occur **outside** health facilities?	YES . . . . . 1 NO . . . . . 2 UNCERTAIN/DON'T KNOW 8	 → 910 → 910
907	Where have you observed or heard stigma occur?	HOUSEHOLD/FAMILY . . . . . A COMMUNITY . . . . . B WORKPLACE . . . . . C PLACES OF WORSHIP . . . . . D PLACES OF ENTERTAINMENT . . . . E OTHER _____ X (SPECIFY)	
908	Please give me some examples of stigma that occur **outside** health facility	SEPARATION/DIVORCE WHEN ONE PARTNER BECOMES HIV+ . . . . A NEIGHBORS/FAMILY GOSSIPING ABOUT CLIENT'S HIV STATUS B NOT BUYING FROM OR PATRONIZING HIV+ PERSON'S BUSINESS . . . . . C FAMILIES/NEIGHBORS RELUCTANT TO PROVIDE MONEY TOWARDS CARE FOR HIV+ PERSONS . . . . . D FAMILY MEMBERS UNWILLING TO SHARE BED/UTENSILS WITH HIV+ PERSONS . . . . . E OTHER _____ X (SPECIFY)	
909	If you ever saw any of the above types of stigma happening to a client because s/he is a PLHA, would you be willing to report to higher authorities?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
910	I don't want to know the result, but have you ever had an HIV test?	YES . . . . . 1 NO 2	 → 912
911	The last time you had an HIV test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASK SELF . . . . . 1 WAS OFFERED . . . . . 2 WAS REQUIRED 8	
912	Finally, please tell me: In your opinion, how effective are condoms in preventing HIV infections when used correctly? Are they completely effective (100 percent) or not at all effective (0 percent) or somewhere between? HELP THE RESPONDENT TO ESTIMATE A PERCENTAGE.	CONDOM [ ][ ][ ] DON'T KNOW 998	
913	In your **current** position, and as a part of your work in this facility, do you ever personally provide delivery services? By that I mean conducting the actual deliveries of newborns.	YES . . . . . 1 NO 2	→ **Q(Ka)** → END
	Thank you for taking the time to talk with me and to answer these questions. As I mentioned at the beginning, all of your responses will remain confidential.		