

# Rwanda



## Service Provision Assessment Survey 2001



**REPUBLIC OF RWANDA**  
**Ministry of Health**

**Rwanda**  
**Service Provision Assessment Survey**  
**2001**

Ministry of Health  
Kigali, Rwanda

National Population Office  
Kigali, Rwanda

ORC Macro  
Calverton, Maryland, USA

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

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

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## *Preface*

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

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

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

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

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

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

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

Prof. Abel Dushimimana  
Minister of Health



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

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

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

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

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

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

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

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

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

John B. Ruzibuka  
Director of the National Population Office





## ***Key Findings and Recommendations***

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

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

### **Facility Infrastructure and Infection Prevention**

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

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

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

### **Service Availability**

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

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

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

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

## **Facility Management**

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

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

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

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

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

## **Management of Vaccines, Contraceptives, and Medicine Supplies**

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

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

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

## **Service-Specific Findings**

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

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

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

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

## **Child Health Services**

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

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

Disposable syringes for immunization are universally available.

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

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

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

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

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

## **Family Planning Services**

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

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

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

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

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

## **Maternal Health Services**

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

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

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

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

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

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

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

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

## **STIs and HIV/AIDS**

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

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

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

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

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



## *Abbreviations*

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



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

## **1.1 Overview**

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

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

## **1.2 Institutional Framework and Objectives of the Study**

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

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

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

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

## **1.3 Data Collection Instruments**

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

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

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

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

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

## 1.4 Sample

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

### 1.4.1 Sample of Facilities

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

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

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

Table 1.1 Rwanda SPA facility sample, actual and weighted numbers

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

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

<sup>1</sup> All hospitals were surveyed.

<sup>2</sup> Government-assisted health facilities

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

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

#### 1.4.2 Sample of Health Service Providers

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

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

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

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

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

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

### 1.4.3 Sample for Observations

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

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

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

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

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

## **1.5 Study Implementation**

### **1.5.1 Training and Supervision of Data Collectors**

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

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

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

### **1.5.2 Methods for Data Collection**

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

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

### **1.5.3 Data Analysis**

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

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

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

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

## 1.6 Process for Data Management and Report Writing

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

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

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



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

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

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

## **2.1 General Organization of the Health System**

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

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

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

## **2.2 Overview of Operating Authorities for Health Services**

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

### **2.2.1 Public Sector**

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

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

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

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

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

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

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

### **2.2.2 Government-assisted Health Facilities**

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

### **2.2.3 Private Sector**

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

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

## **2.2.4 Traditional Medicine**

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

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

## **2.3 Geographic Distribution and Populations Served by Health Facilities**

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

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

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

## **2.4 Package of Health Services**

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

### **2.4.1 Minimum Package of Activities for the Peripheral Level**

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

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

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

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

### **2.4.2 Complementary Package of Activities for District Hospitals**

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

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

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

### **2.4.3 Complementary Package of Activities for National Referral Hospitals**

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

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

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

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

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

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

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

## 2.6 Use of Curative Consultation Services

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

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

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

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

## 2.7 Issues Related to Quality of Care

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

## 2.8 Supervision

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

## 2.9 System of Supply and Distribution of Medications

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

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

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

## 2.10 Availability of Human Resources

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

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

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

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

## 2.11 Basic Qualifications for Health Personnel

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

## 2.12 Health-sector Financing

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

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

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

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



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

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

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

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

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

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

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

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

### **3.1 Basic Infrastructure and Resources Supportive of Utilization of Services**

#### **3.1.1 Availability of a Range of Services and Qualified Staff**

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

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

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

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

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

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

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

There were notable differences in service availability between types of facilities, with more than 60 percent of health centers and dispensaries offering the full range of services with the defined minimum frequencies, compared with only 24 percent of hospitals (Figure 3.1). Hospitals, geared as they are to providing referrals and complex services, were much less likely to offer preventive and family planning services. Public facilities were more likely than GAHFs to offer the full range of services at the defined minimum frequencies, with the differentiating factor being the availability of family planning services<sup>4</sup> (Appendix Table A-3.1).

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

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

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

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

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

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

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

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

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

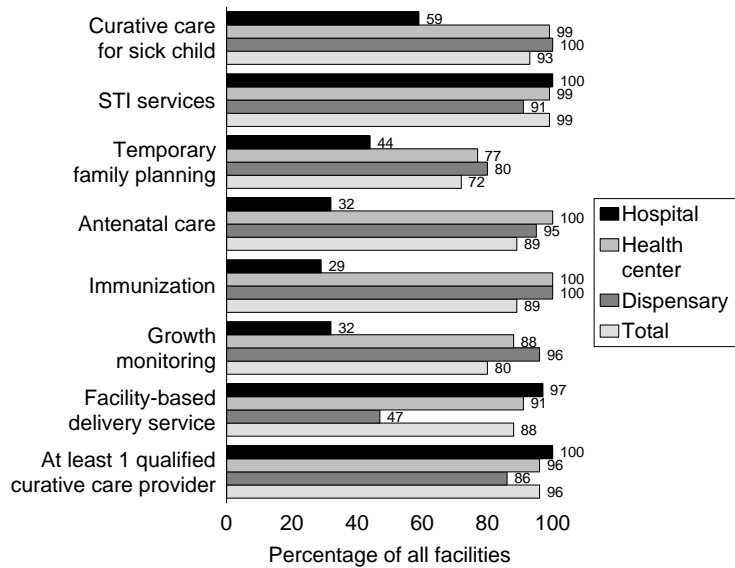
<sup>3</sup> The range of services all available, with each offered at the defined minimum frequency, and facility-based delivery services.

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

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

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

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



Rwanda SPA 2001

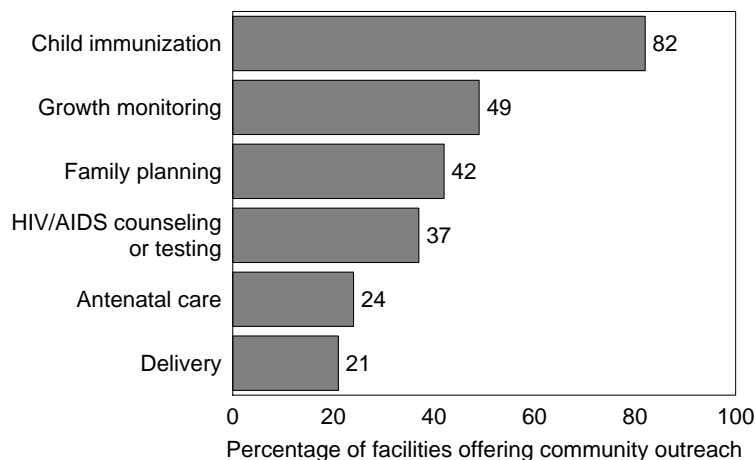
### 3.1.2 Availability of Services through Community Outreach

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

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

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

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



Rwanda SPA 2001

## Key Findings

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

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

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

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

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

### 3.1.3 Facility Infrastructure Supportive of Client Utilization and Quality Services

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

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

- A waiting area that protects clients from sun and rain, a functioning client latrine, and a basic level of cleanliness<sup>5</sup> (basic client comfort amenities).
- Electricity available 24 hours a day, with minimal or no disruption during the period client services are normally provided, or a functioning generator with fuel (regular electric supply).
- An onsite (either inside or within 500 meters of the facility) water source, available year round (regular water supply).

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

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

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

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

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

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

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

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

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

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

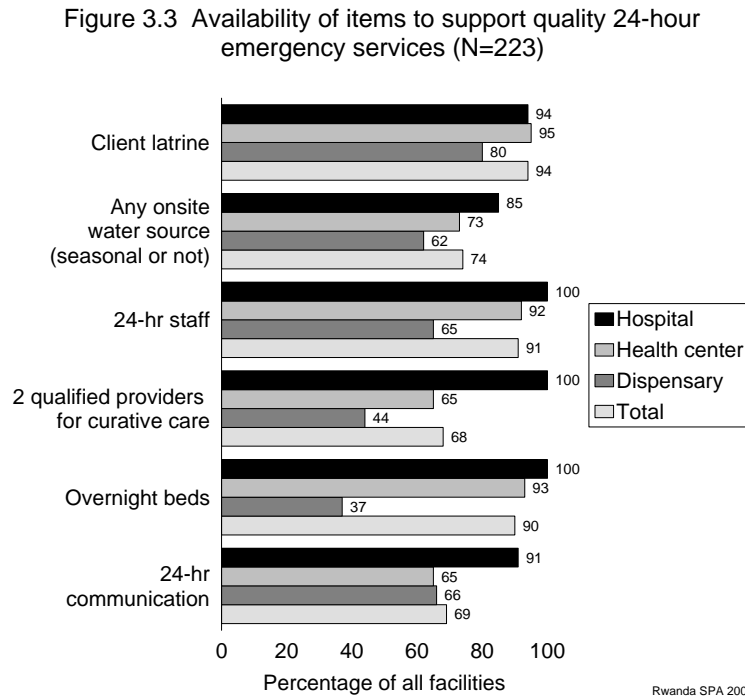
- A minimum of two qualified providers for curative care assigned to the facility;<sup>6</sup>
- 24-hour duty staff (either onsite or on-call);

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

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

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



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



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

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

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

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

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

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

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

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

### **Key Findings**

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

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

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

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

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

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

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

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

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

Information on the first two components (routine management meetings and routine staff development through supervision and in-service education) is summarized in Table 3.4, with additional details presented in Appendix Table A-3.6.<sup>7</sup> Appendix Table A-3.7 provides details on staff development activities from the perspective of the health provider. The third and fourth components are examined in Table 3.5.

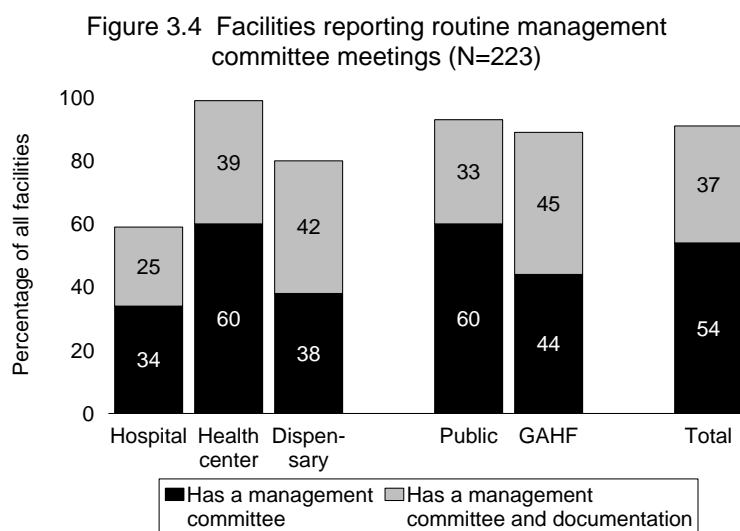
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<sup>7</sup> Additional information on specific in-service topics and staff supervision related to different services is presented in subsequent chapters.

### 3.2.1 Routine Management Meetings

To maintain a well-functioning health facility, a systematic and routine method for addressing management issues is essential. Large facilities may organize internal interdepartmental committees for addressing management issues. Health centers and dispensaries, and occasionally hospitals, however, often form health committees for management<sup>8</sup> that may or may not include community representatives, to meet this need. The RSPA looked for some evidence of continuity in management and follow up on issues, in the form of written notes or records from meetings.

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



Rwanda SPA 2001

### 3.2.2 Supportive Supervision Activities

Supportive supervision activities that were assessed include the following:

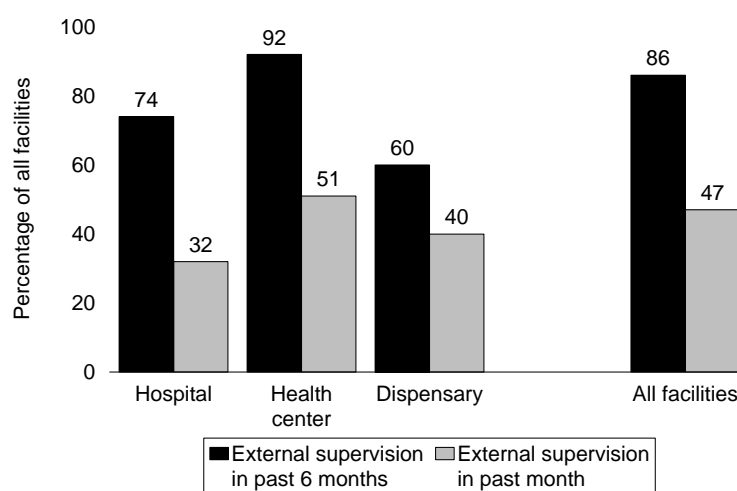
- Supervision by persons external to a facility;
- Personal supervision of service delivery providers; and
- In-service education related to the services of health service providers.

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

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

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

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



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

<sup>9</sup> A facility could provide multiple responses.

Table 3.4 Supportive management practices at the facility level

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

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

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

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

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

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

### **3.2.3 Management Practices Supporting Community Involvement**

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

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

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

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

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

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

Table 3.5 Management practices supporting community feedback and access to services

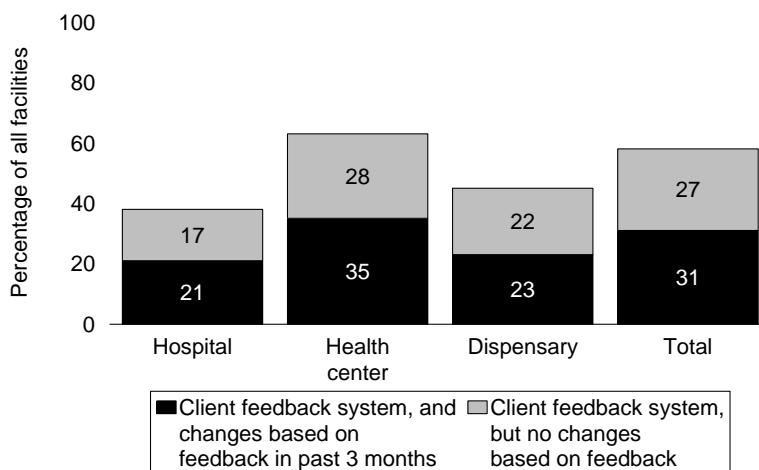
Percentage of facilities that have routine community participation in management meetings, percentage having a system of acquiring client opinion and feedback, percentage with either mechanism for obtaining community input, and percentage that participate in a social health insurance programs (“mutuelle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

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

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

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

Figure 3.6 Client feedback systems (N=223)



Rwanda SPA 2001

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

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

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

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

#### Key Findings

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

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

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

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

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

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

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

- Adequate storage conditions;
- Storage of commodities by expiry date;<sup>10</sup>

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



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

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

### 3.3.1 Storage and Management Systems for Vaccines

Vaccines must be stored at an appropriate temperature to maintain potency. To ensure that storage conditions are monitored for continuous safeguard of temperature, UNICEF policy is to monitor the temperature of a refrigerator (or cold box) at minimum twice daily and to record the temperature on a graph as proof of monitoring (WHO, 1998). For evidence of adequate storage conditions, facilities were assessed for 1) a functioning thermometer in the refrigerator; 2) a temperature of 0-8° centigrade<sup>11</sup> at the time of the survey; and 3) a completed temperature graph (completed twice a day) for the prior 30 days.

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

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

<sup>11</sup> This is the UNICEF recommendation for vaccine storage at the health center level.

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

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

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

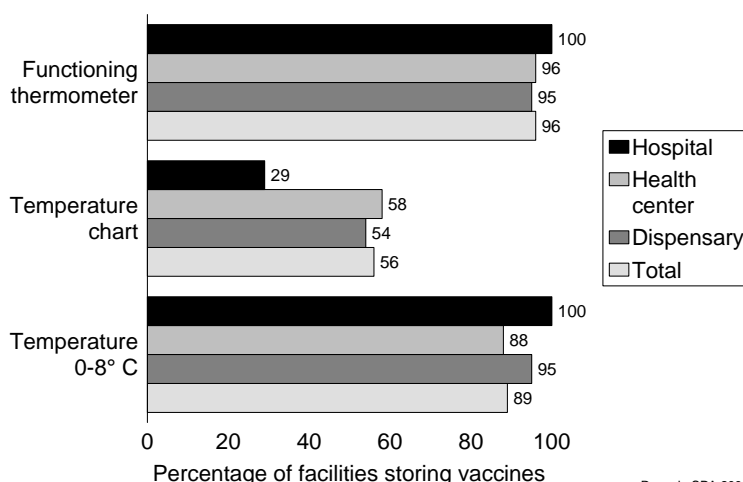
<sup>1</sup> Functioning thermometer in refrigerator, temperature chart up to date, and refrigerator temperature 0-8 degrees Celsius at time of survey.

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

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

<sup>4</sup> Data were missing for 17 facilities providing clinical methods of family planning.

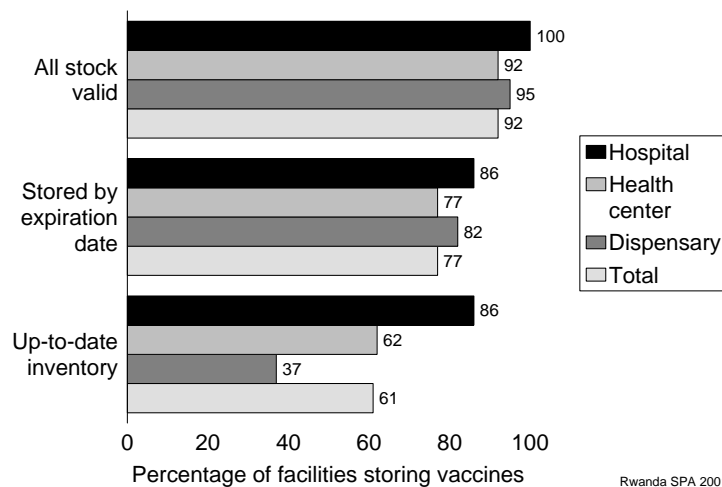
Figure 3.7 Elements for monitoring vaccine storage conditions (N=185)



Rwanda SPA 2001

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

Figure 3.8 Elements for management of vaccine stock (N=185)



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

### 3.3.2 Storage and Management Systems for Contraceptive methods and Medicines

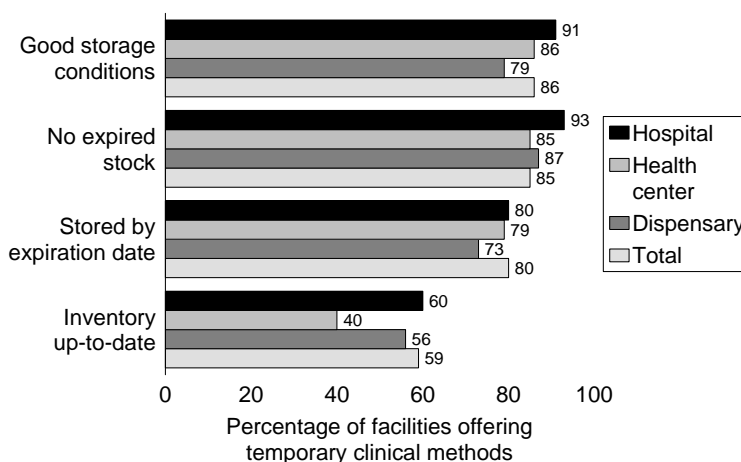
To prevent chemical deterioration and contamination, medications and contraceptives must be stored away from sunlight, under dry conditions, and must be protected from contamination by rodents.

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

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

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

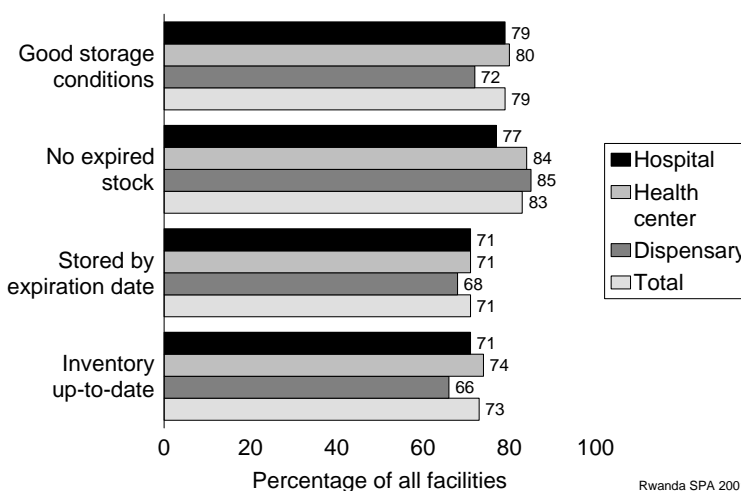
Figure 3.9 Elements for storing and managing contraceptive methods (N=157)



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

Rwanda SPA 2001

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



Rwanda SPA 2001

## Key Findings

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

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

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

### 3.4 Systems for Preventing Transmission of Infection

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

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

- Facility-level capacity to process<sup>12</sup> and maintain the appropriate levels of disinfection of equipment;
- Infection-prevention items in relevant service delivery areas. These included 1) soap and water for hand-washing; 2) chlorine-based decontamination solution for immediate emersion of contaminated equipment that will be reused; 3) puncture-proof, covered containers for disposing of needles, blades, or other sharp items (sharps containers), to prevent injury and possible subsequent infection with HIV or hepatitis; and 4) clean gloves; and
- Safe disposal of contaminated (biohazardous) materials.

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

#### 3.4.1 Capacity for Processing Equipment for Reuse

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

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

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

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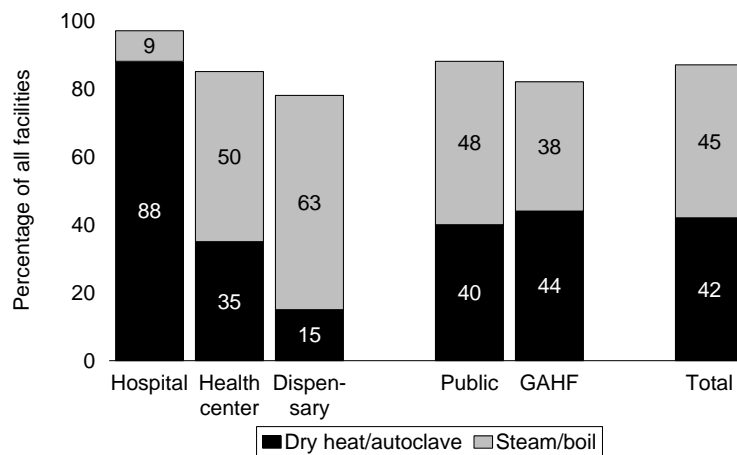
<sup>12</sup> Processing refers to either sterilization or high-level disinfecting procedures.

<sup>13</sup> Formaldehyde or glutaraldehyde (Cydex).

amount of time has elapsed; and 4) a staff member who knows the proper processing time<sup>14</sup> (and temperature, if relevant). In addition, the availability of other means for evaluating the quality of the procedure (such as temperature indicator tape) was assessed. Often, facilities process equipment differently depending on the size of the facility and the functional status of the equipment. Thus, the RSPA assessed the highest level capacity for a facility, rather than its stated “most common method.”

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

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



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

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

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

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

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

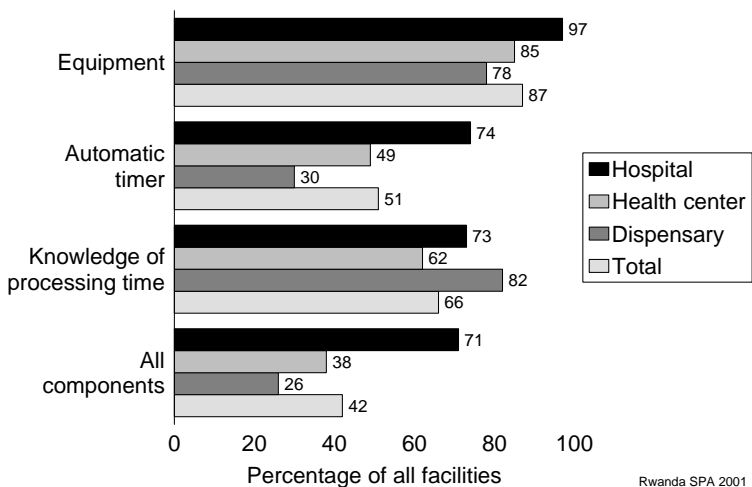
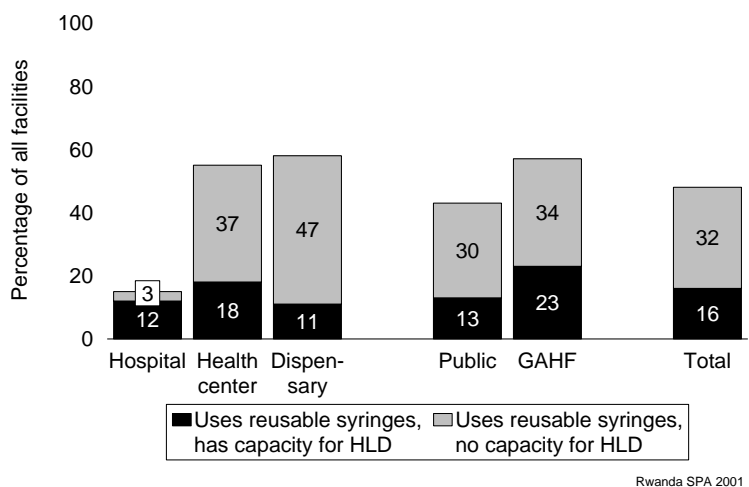


Figure 3.13 Percentage of facilities reporting use of reusable syringes and capacity for appropriate HLD processing (N=223)



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

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

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

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

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

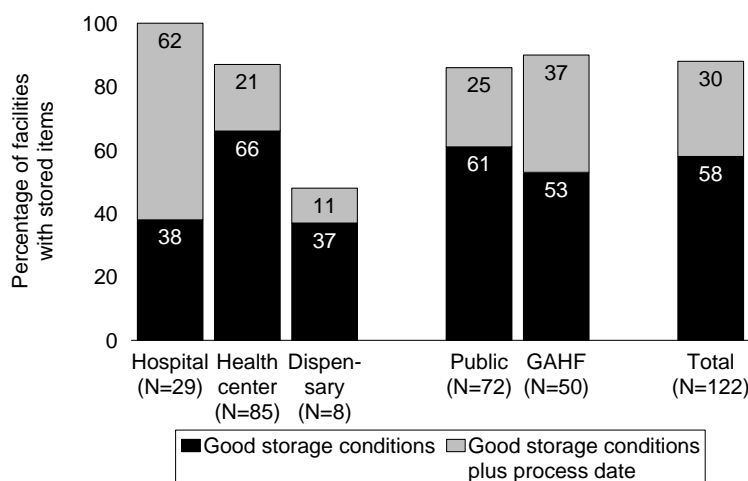
<sup>2</sup> Soap and water in all areas, sharps box in all areas (except consultation for sick child), disinfecting solution and clean gloves in family planning, antenatal care, delivery, and STI service delivery areas.

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

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



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



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### 3.4.2 Infection Prevention and Hazardous Waste Control in Service Delivery Area

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

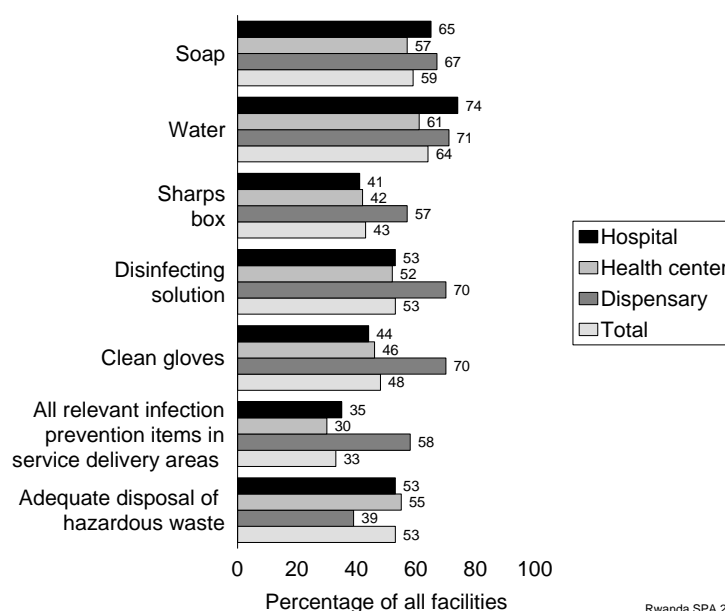
Contaminated waste includes items such as bandages, used cotton balls, needles, syringes, and so forth that may be contaminated by blood or other biological waste that might be infectious if touched. The most effective means for disposal is incineration and subsequent burial of the remains. Burying items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

Only 59 percent of facilities had soap and 64 percent had water in all service delivery areas where maternal, child, or reproductive health services were being provided the day of the survey. All relevant items<sup>16</sup> for basic infection prevention were available in only 23 percent of all facilities. The situation was somewhat better in dispensaries (32 percent) than in hospitals (27 percent) or health centers (21 percent). Except for hazardous waste disposal, dispensaries performed better in all categories for infection prevention (Figure 3.15). One explanation for hospital weakness with regard to infection control measures being instituted in all service delivery areas is that, for large, busy facilities (such as the hospital

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

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

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



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

## Key Findings

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

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

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

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

## 4.1 Background

### 4.1.1 SPA Approach to Collection of Child Health Information

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

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

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

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

### 4.1.2 Health Situation of Children in Rwanda

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

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

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

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

## 4.2 Availability of Child Health Services

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

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

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

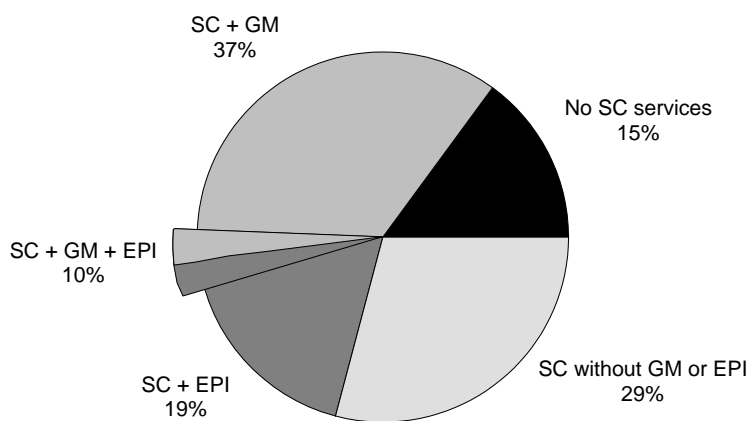
example, 96 percent of dispensaries offer all child health services compared with 27 percent of hospitals. This is because outpatient services are provided primarily by dispensaries and health centers and not by hospitals when they are located adjacent to one another. Almost all dispensaries and health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

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

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

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

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



Rwanda SPA 2001

### 4.3 Capacity to Provide Quality Immunization Services

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

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

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

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

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

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

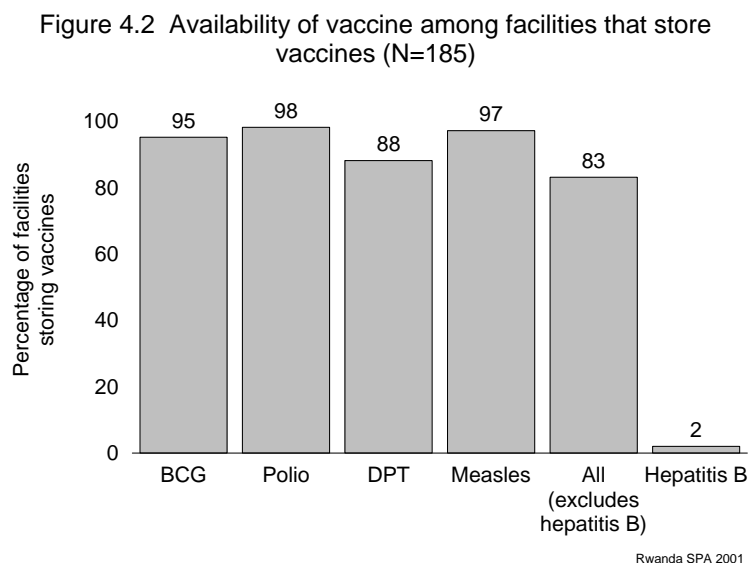
### 4.3.1 Capacity to Maintain the Quality of Vaccines

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

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

### 4.3.2 Availability of Vaccines

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

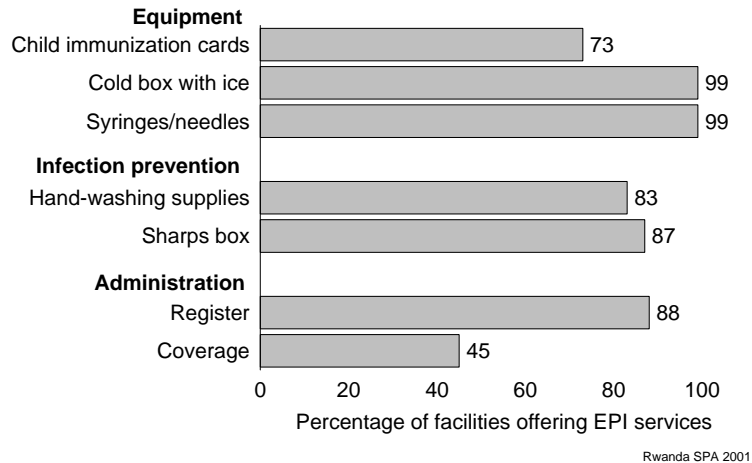


### 4.3.3 Availability of Equipment and Supplies for Vaccination Sessions

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

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

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



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

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

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

#### 4.3.4 Availability of Administrative Components for Monitoring Immunization Activities

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

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



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

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

### **Key Findings**

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

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

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

## **4.4 Capacity to Provide Quality Consultation Services for Sick Children**

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

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

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

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

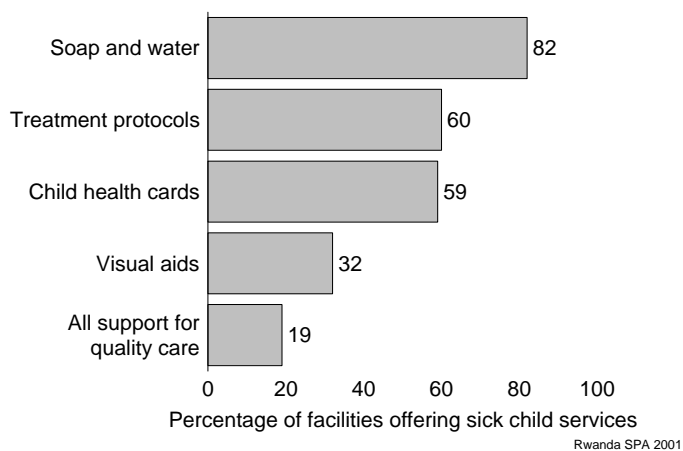
Table 4.3 summarizes key indicators relating to equipment and supplies. Additional detail can be found in Figures 4.4-4.8 and in Appendix Tables A-4.4 and A-4.5.

#### 4.4.1 Infrastructure and Resources to Support Quality of Sick Child Services

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

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

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



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

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

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

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

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

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

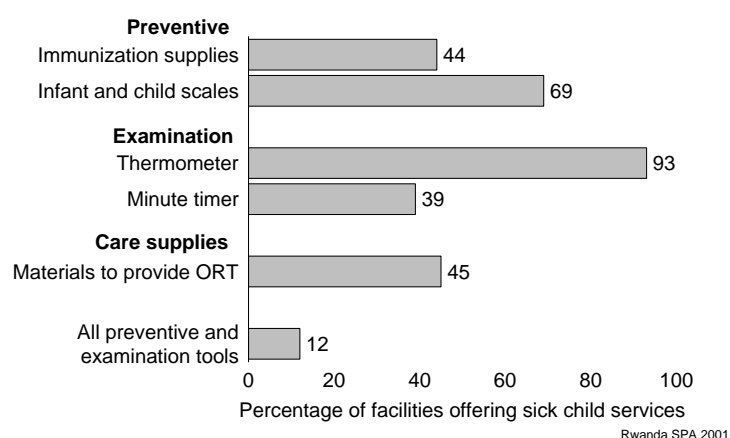
Where there are not enough qualified providers for all child health services, lesser qualified persons can be trained to provide EPI and growth monitoring services, as well as initial consultation services for sick children. For curative care, however, this assumes that seriously ill children, with illnesses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

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

#### 4.4.2 Equipment and Supplies for Assessing the Sick Child

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

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



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

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

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

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

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

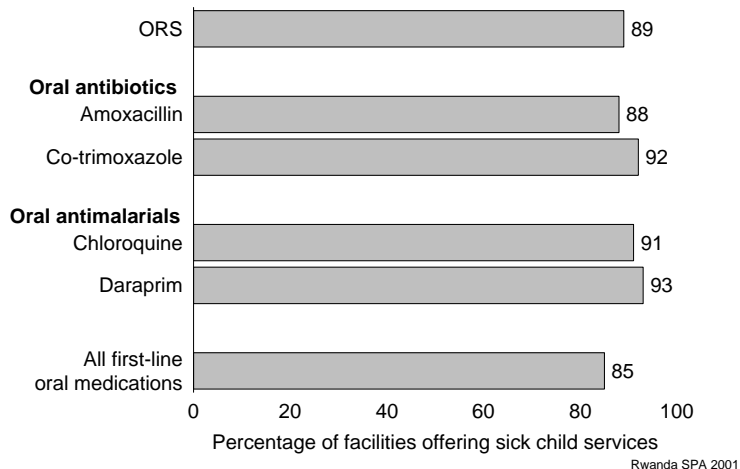
Overall, only 12 percent of facilities had the capacity to provide both child immunizations and growth monitoring, had equipment for examination (thermometer, facility minute timer), and had materials for administering ORT (Figure 4.5). Similar to previous findings, although overall availability of all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

#### 4.4.3 Essential Medicines for Sick Child Services

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

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

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



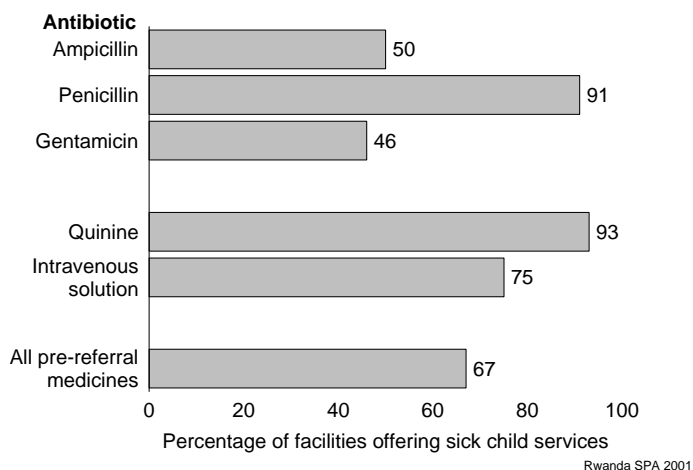
Prereferral medicines include injectable medications for providing urgent treatment before transferring to another facility if necessary. IMCI guidelines define basic prereferral medications as injectable antibiotics for serious infections (ceftriaxone, ampicillin, penicillin, or gentamicin), injectable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

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

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

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

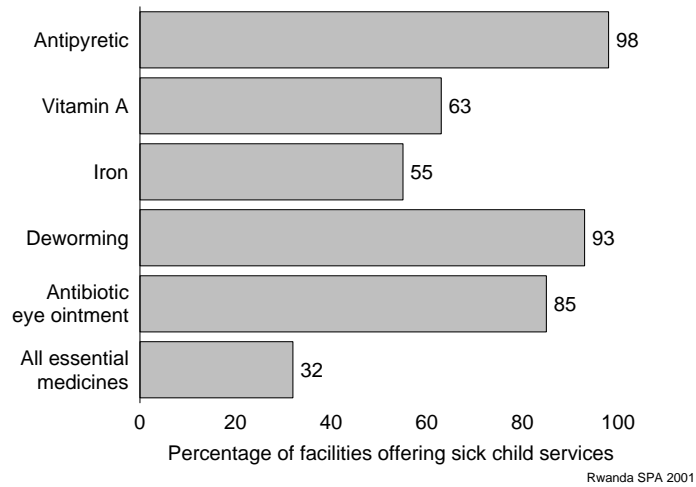
Figure 4.7 Availability of prereferral medicines (injectables) among facilities offering sick child services (N=206)



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

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

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



#### 4.4.4 Management Practices Supportive of Quality Services

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

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

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

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

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

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

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

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

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

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

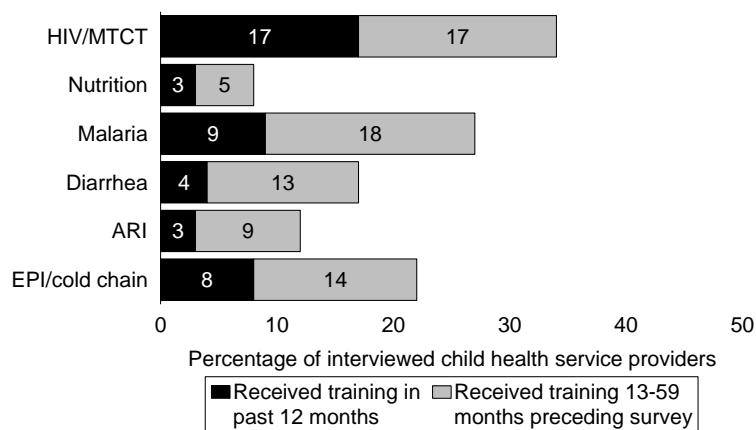
User fees may have a positive effect on utilization of health facilities (augmenting funds to improve services) or a negative effect (detering poor clients from using services). Charges for sick child consultation services were almost universal (99 percent), with the median charge reported by facilities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

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



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

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



Rwanda SPA 2001

## Key Findings

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

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

Lack of visual aids to support health education.

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

## 4.5 Adherence to IMCI Guidelines for Sick Child Service Provision

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

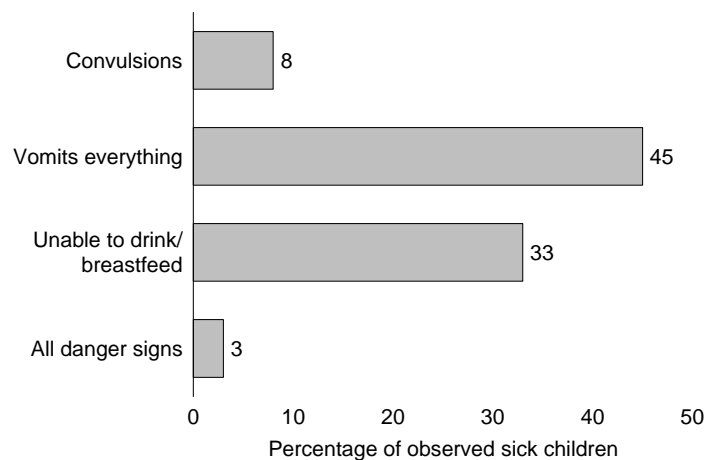
- Full assessment of the child's illness, including a physical examination, following IMCI guidelines;
- Assessment of immunization and nutritional status;
- Instruction about preventive measures and how to provide any prescribed treatment;
- Adherence to practices to support continuity of care; and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

### 4.5.1 Full Assessment of Illness

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

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

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

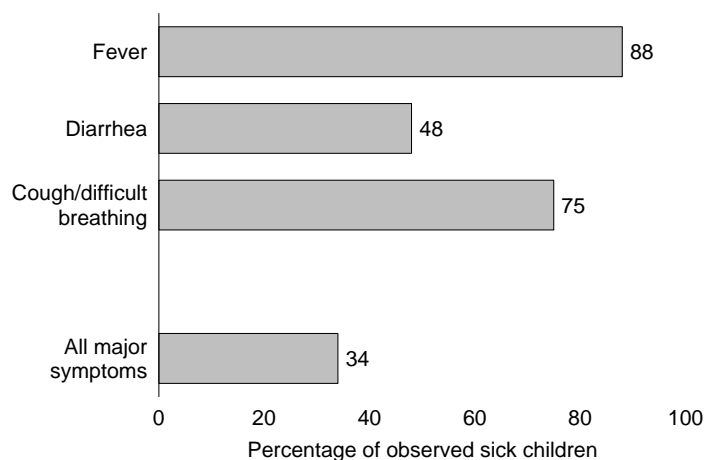


Rwanda SPA 2001

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

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

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

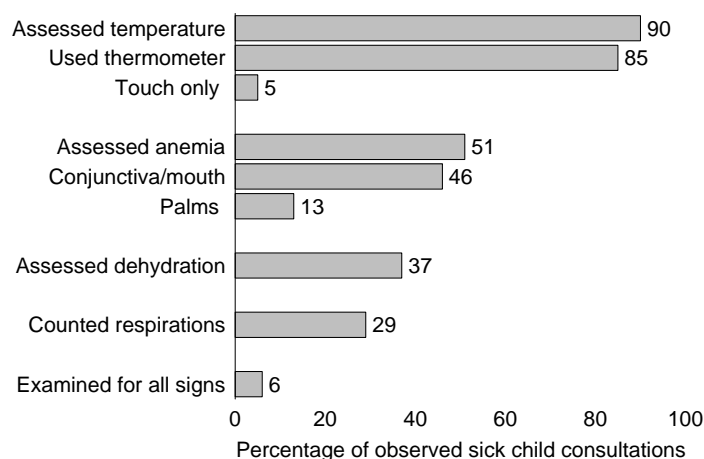


Rwanda SPA 2001

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

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

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

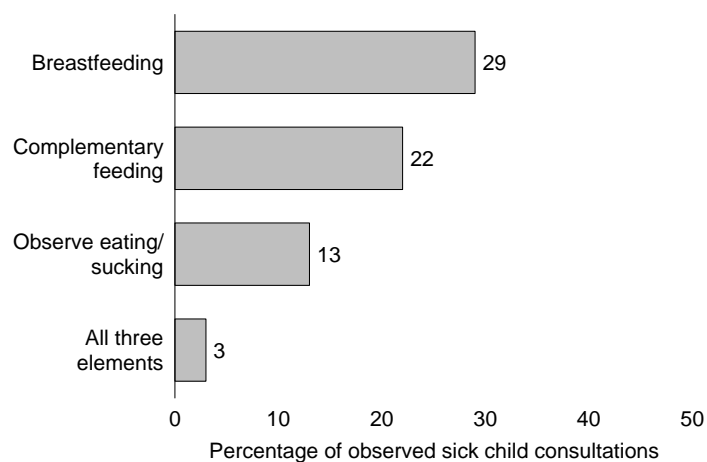


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There is a direct relationship between nutritional status and health. It is not uncommon for a child to be caught in a cycle of malnutrition and illness, where malnutrition makes a child more susceptible to illness, and illness contributes to malnutrition.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

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

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



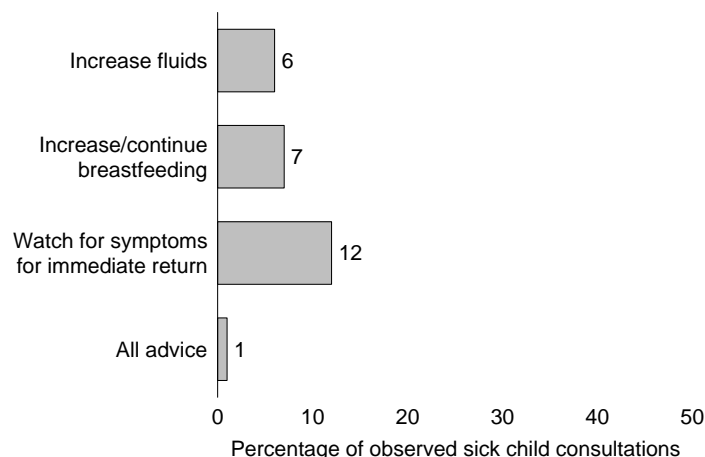
Rwanda SPA 2001

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

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

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

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



Rwanda SPA 2001

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

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

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

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

<sup>2</sup> Children with severe fever and cough are classified under severe fever and not under this category.

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

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

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

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

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

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

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

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

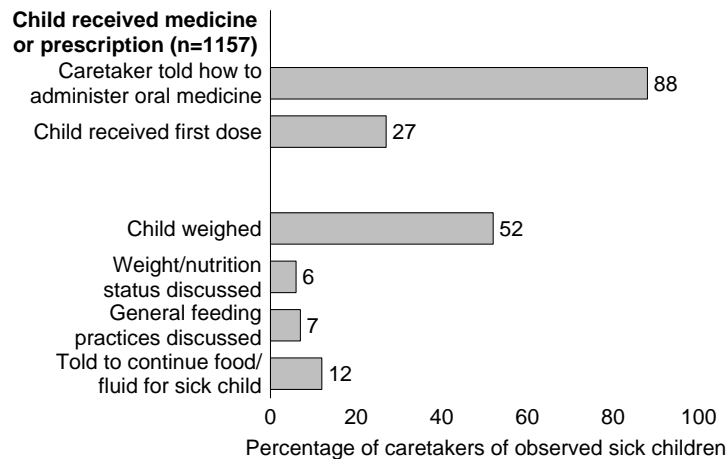
For children with severe febrile illness, IMCI guidelines recommend the use of antibiotics followed by referral. In general, this procedure was not practiced. In the RSPA, the number of children with a severe febrile disease that was not malaria or severe complicated measles made up only a small proportion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

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

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

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

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



Rwanda SPA 2001

## Key Findings

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

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

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

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

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

### 4.5.2 Reducing Missed Opportunities for Promoting Child Health Care

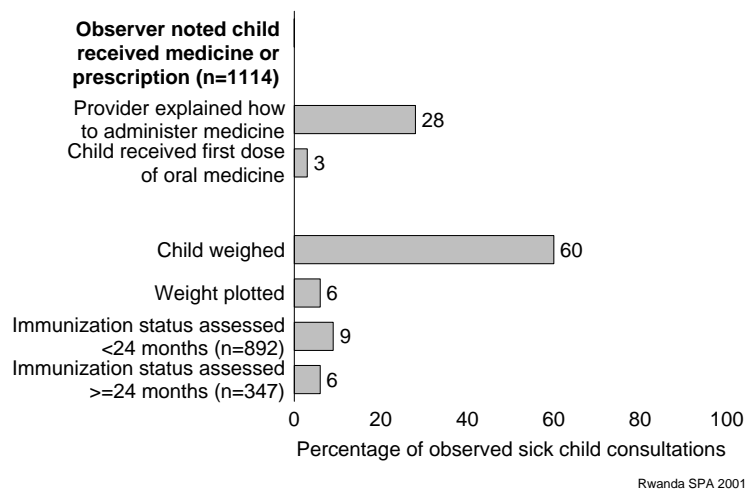
According to the IMCI approach, an evaluation of a child's growth is recommended to provide an objective evaluation of the current nutritional status and to detect any chronic latent nutritional problems. Growth monitoring includes comparing the child's current weight with a standard (based on either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

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

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

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

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



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

## Key Findings

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



### 4.5.3 Counseling on Child Health Issues

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

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

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

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

### 4.5.4 Supporting Continuity of Care

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

#### Key Findings

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

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

#### 4.5.5 Caretaker Opinion from Exit Interviews

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

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

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

#### **Key Findings**

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

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

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

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

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

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

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

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

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

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

**5.1.2 Family Planning Services in Rwanda**

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

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

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

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

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

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

## **5.2 Availability of Family Planning Services**

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

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

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

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

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

The most commonly offered temporary methods are as follows:

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

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

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

**Table 5.2 Frequency of availability of temporary family planning services**

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

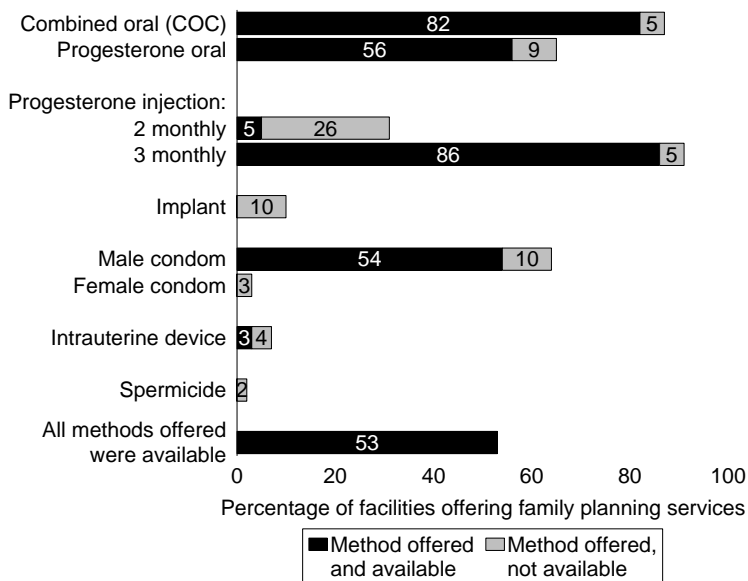
Background characteristic	Percentage of facilities offering temporary family planning methods		Number of facilities offering FP services
	1-2 days per week	5 or more days per week	
<b>Type of facility</b>			
Hospital	20	67	15
Health center	35	60	131
Dispensary	36	50	15
<b>Operating authority</b>			
Public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

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

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

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

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



Rwanda SPA 2001

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

## Key Findings

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

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

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

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

## 5.3 Components Supporting Quality Family Planning Services

### 5.3.1 Infrastructure and Resources for Quality Counseling<sup>1</sup>

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

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

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

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

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



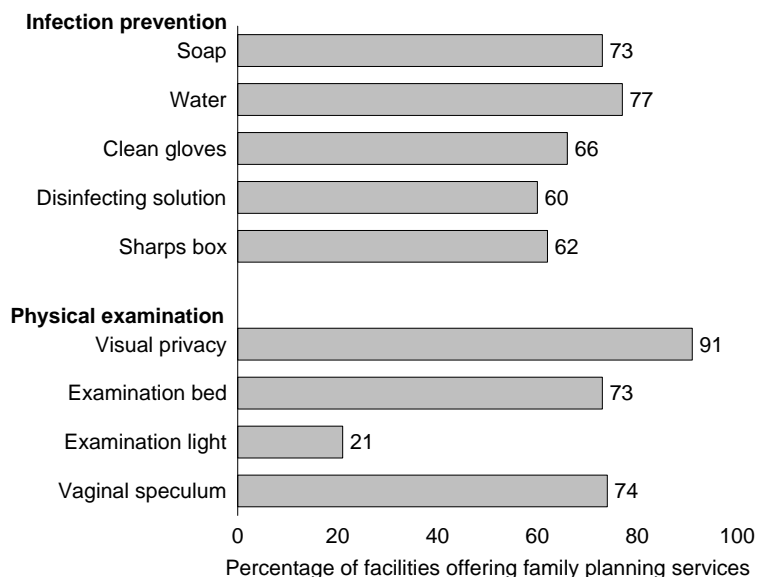
were more often available at public facilities (11 percent) than GAHFs (6 percent). Individual cards or records for family planning clients are important for monitoring clients over time, and for ensuring continuity of care. Because facilities often do not store client records, but rather, give them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

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

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

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

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



Rwanda SPA 2001

## Key Findings

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

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

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

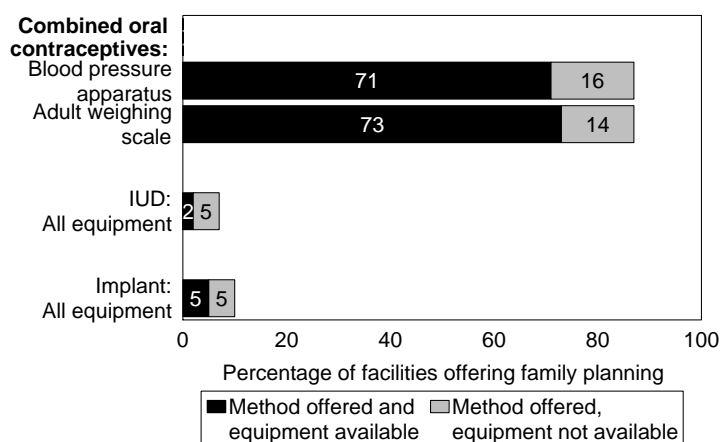
Facilities rarely had all items for infection prevention (37 percent) in the service area where family planning clients are examined.

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

### 5.3.2 Equipment and Resources for Quality Family Planning Services

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

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



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

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

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

### **Key Findings**

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

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

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

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

### **5.3.3 Management Practices Supportive of Quality Services**

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

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

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

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

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

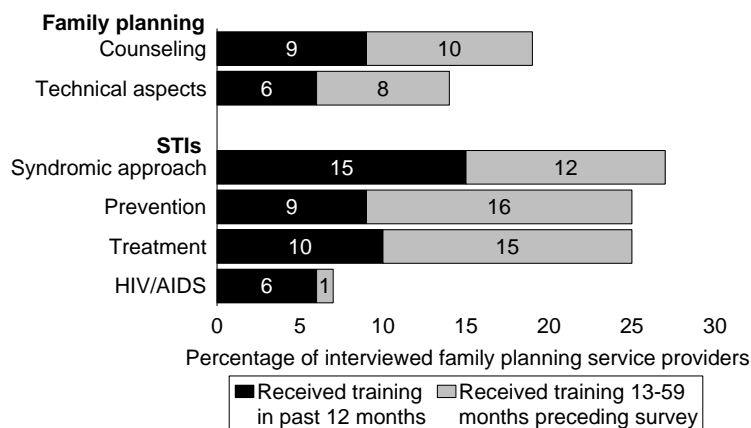
Background characteristic	Among facilities offering family planning services, Percentage where at least half of the interviewed family planning service providers:					Number of facilities offering FP services
	Percentage with up-to-date register <sup>1</sup>	Were personally supervised in past 6 months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

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

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

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

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



Rwanda SPA 2001

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

## Key Findings

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

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

## 5.4 Family Planning Programs for Special Groups

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

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

**Table 5.5 Family planning activities targeted toward special groups**

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

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

## Key Findings

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

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

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

## 6.1 Background

### 6.1.1 SPA Approach to Collection of Maternal Health Information

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

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

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

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

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

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

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

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

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

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

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

### **6.1.2 Maternal Health and the Utilization of Services in Rwanda**

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

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

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



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

## 6.2 Availability of ANC Services

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

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

**Table 6.1 Availability of antenatal care and tetanus toxoid vaccinations**

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

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

<sup>1</sup> 17 of facilities offering ANC reported they provided no tetanus toxoid immunization services.

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

### **Key Findings**

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

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

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

## **6.3 Capacity to Provide Quality ANC**

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

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

### **6.3.1 Infrastructure and Resources to Support Quality Counseling for ANC**

The following items were assessed for supporting quality ANC counseling:

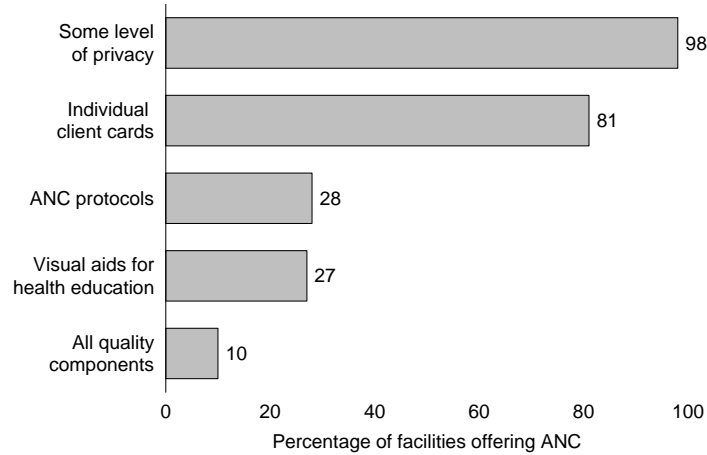
- Degree of privacy for counseling;
- Individual client cards;
- Guidelines or protocols for ANC; and
- Visual aids for client education.

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

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

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

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

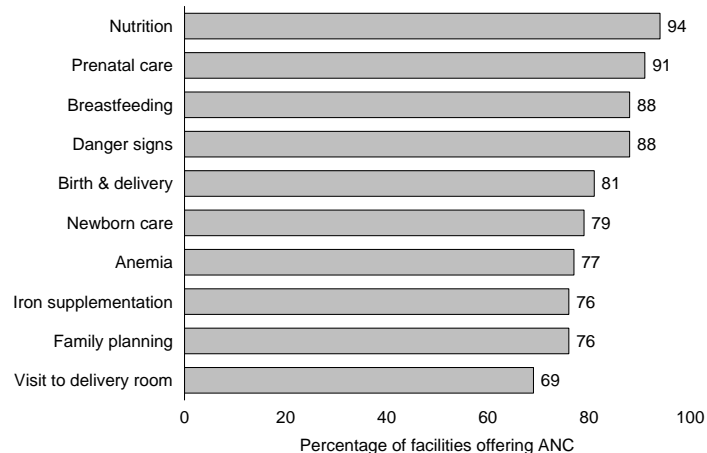


Rwanda SPA 2001

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

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

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



Rwanda SPA 2001

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

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

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

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

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

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

<sup>2</sup> Visual privacy, clean gloves, soap and water, disinfecting solution, examination light, and examination table.

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

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

<sup>5</sup> Clinistix or other urine test (usually flame and acetic acid).

<sup>6</sup> Any test (e.g., hemoglobinometer, centrifuge, or filter paper methods).

<sup>7</sup> VDRL kit and functioning microscope or RPR (rapid plasma reagin) kit.

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

### 6.3.2 Equipment and Resources for Quality ANC and PNC Examinations

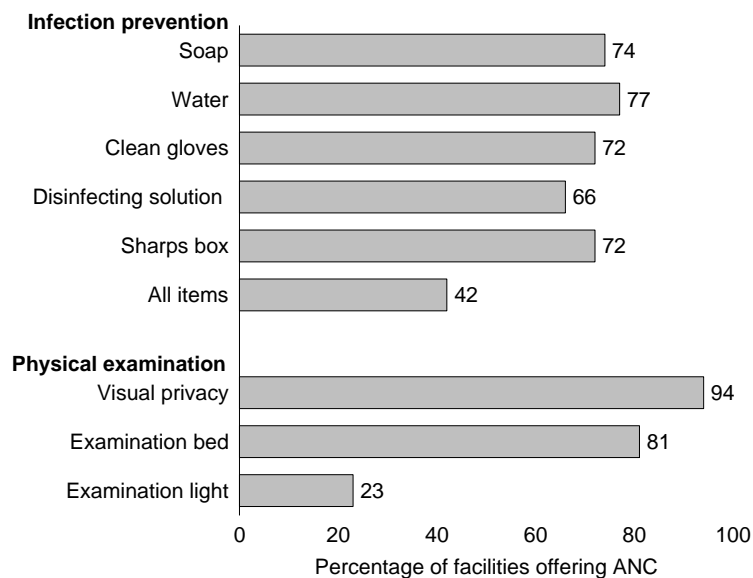
Items assessed for quality examinations were as follows:

- Items for infection prevention and
- Conditions for examinations.

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

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

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



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

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

## Key Findings

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

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

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

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

### 6.3.3 Equipment and Resources for Quality ANC and PNC Services

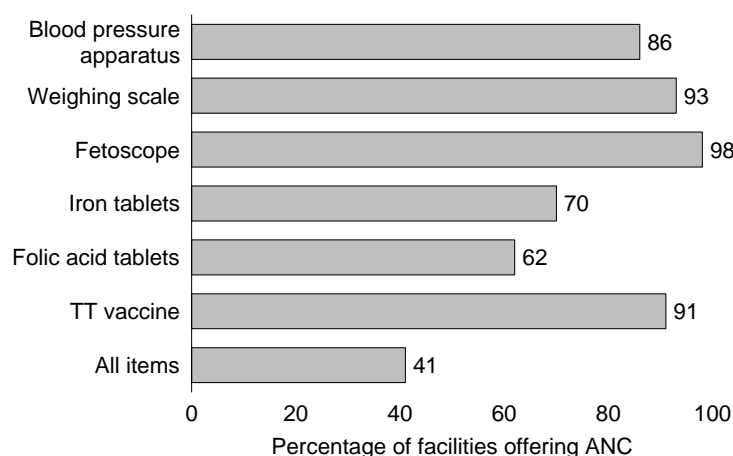
Items assessed for quality services were:

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

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

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

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

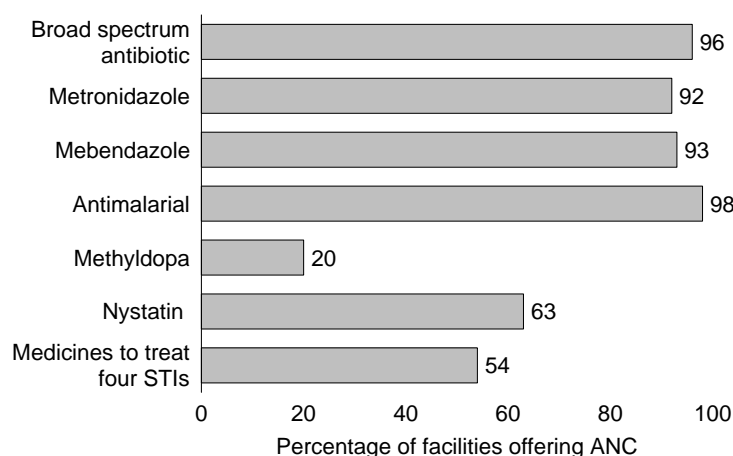


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Hypertensive disorder of pregnancy (pre-eclampsia), anemia, malaria, STIs, and worms or vaginal infections are conditions that are directly related to both maternal and newborn health. BEOC requires that a facility is able to provide early treatment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

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

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



Rwanda SPA 2001

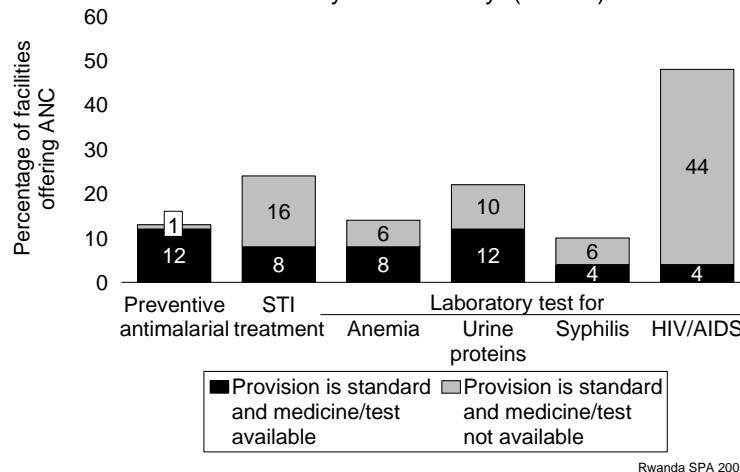
Provision of prophylactic antimalaria medicine was a routine component of ANC for 13 percent of facilities (Figure 6.6). The standard to provide prophylactic antimalaria medicine and the medicine were both available in 12 percent of the facilities the day of the survey. Among all facilities providing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

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

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



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



Rwanda SPA 2001

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

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

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

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

## Key Findings

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

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

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

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

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

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

### 6.3.4 Management Practices Supportive of Quality ANC Services

Management practices that were assessed included the following:

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

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

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

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

Table 6.3 Management support for quality antenatal care services

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

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

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

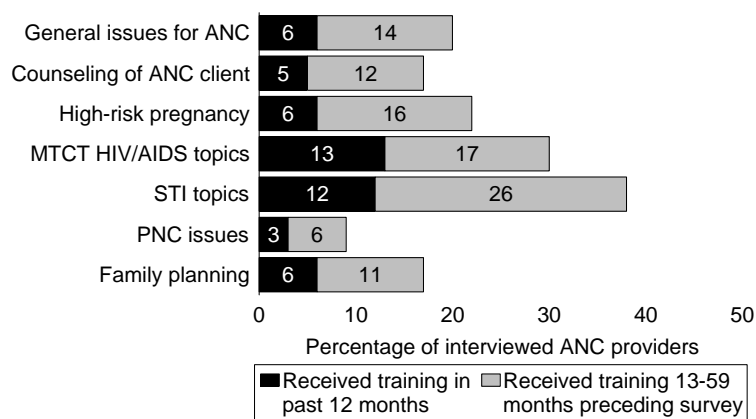
Facility level, routine supervision of individual staff was defined as at least half of the interviewed ANC service providers in a facility having been personally supervised during the six months before the survey. This was found for around two-thirds (67 percent) of the facilities. Routine provision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

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

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

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

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



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

There were small differences in charging for ANC by public facilities (86 percent) and GAHFs (80 percent). Routine charges for PNC outpatient services (frequently provided by ANC providers) were less common. In all, only one facility in ten (11 percent) charged such a fee (data not shown). Information on out-of-pocket payments by observed ANC clients showed that the fees are collected primarily for a first visit (not a follow-up visit) and that the median fee was about 100 RFR for clients with insurance<sup>1</sup> (only 6 percent of all interviewed first-visit ANC clients) and about 200 RFR for clients without insurance (Appendix Table A-6.6). Follow-up fees ranged from 50 to 1500 RFR (data not shown), presumably for specific treatments due to postpartum illness.

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

## Key Findings

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

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

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

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

### 6.4 Adherence to Standards for Providing Quality ANC Service

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

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

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

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

#### 6.4.1 Assessment for Early Identification of Risk Signs or Symptoms

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

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

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

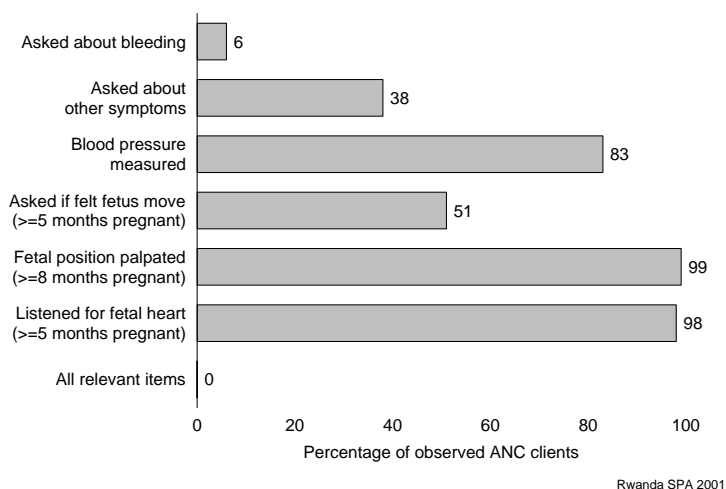
Component	Percentage of ANC clients with component					Total
	Type of facility			Operating authority		
	Hospital	Health center	Dispensary	Public	GAHF	
<b>Client questioned regarding:</b>						
Occurrence of vaginal bleeding	7	6	6	4	9	6
Fetal movement (at least 5 months pregnant)	40	53	45	48	56	51
Any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

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

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

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

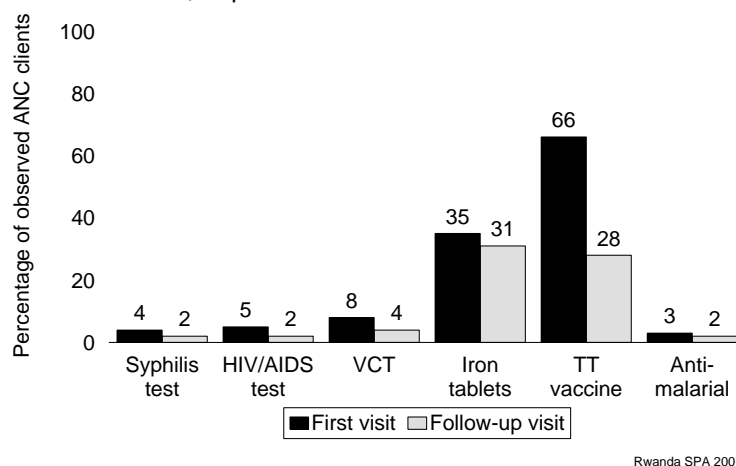
Figure 6.8 Percentage of observed ANC clients for whom indicated assessment was component of ANC (N=2942)



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

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

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



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

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

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

### **Key Findings**

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

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

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

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

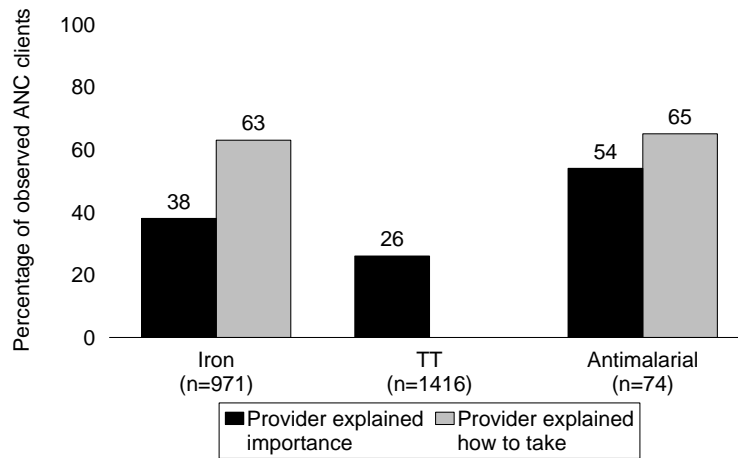
### **6.4.2 Counseling to Promote Healthy Outcome**

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

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



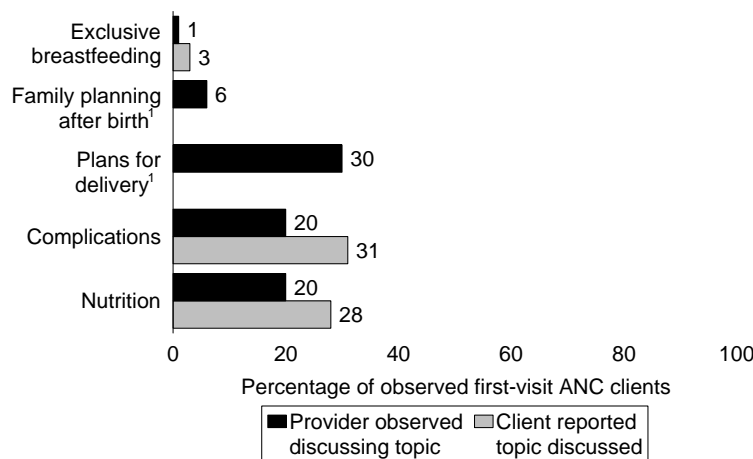
Figure 6.10 Health education provided to observed ANC client who received indicated interventions



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

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



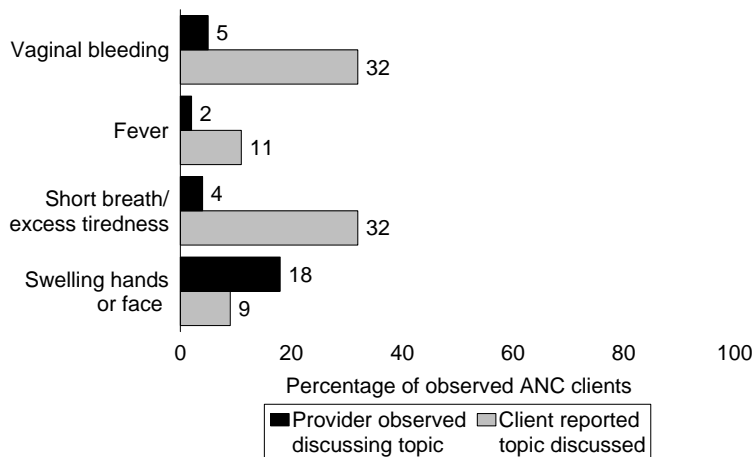
<sup>1</sup> Client was not asked if this issue had been discussed.

Rwanda SPA 2001

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

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

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



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

### 6.4.3 Supporting Continuity of Care

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

## Key Findings

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

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

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

Use of individual client health cards is universal.

### 6.4.4 Identification of Areas for Improvement in Service Delivery

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

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

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

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

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

#### 6.5.1 Availability of Components of CEOC Services

Availability of the following components was assessed for CEOC:

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

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

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

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

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

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

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

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

## **6.5.2 Support for Safe Home Deliveries**

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

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

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

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

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

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

### 6.5.3 Infrastructure and Resources to Support Quality Delivery Services

Items assessed for quality delivery services include the following:

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

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

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

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

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

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

Table 6.6 Availability of elements for quality delivery services

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

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

<sup>1</sup> Soap, water, sharps box, disinfecting solution, and clean gloves.

<sup>2</sup> Partographs, protocols, 24-hour delivery provider.

<sup>3</sup> Bed, examination light, visual and auditory privacy.

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

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

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

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

<sup>8</sup> All items for normal delivery plus emergency medications.

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

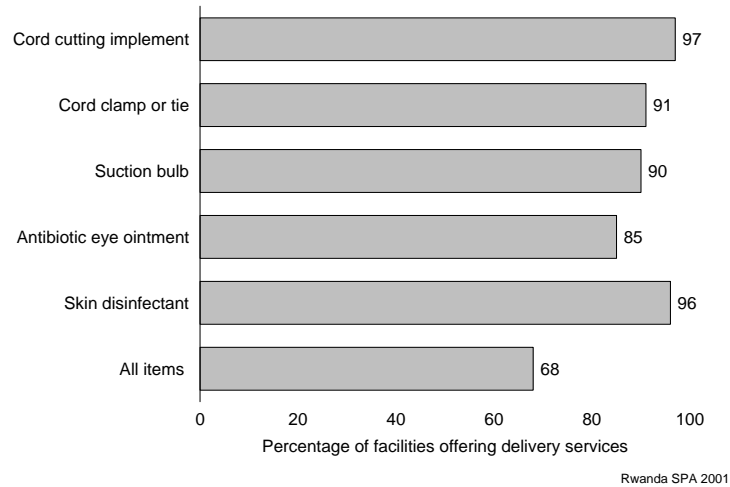
The delivery area in most facilities provided visual privacy (93 percent) and auditory privacy (91 percent) (Appendix Table A-6.13). Most facilities had a bed for delivery (83 percent); however, only two of three dispensaries (66 percent) had a bed. A smaller proportion of facilities had an examination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

#### 6.5.4 Equipment and Resources to Allow Quality Delivery Services

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

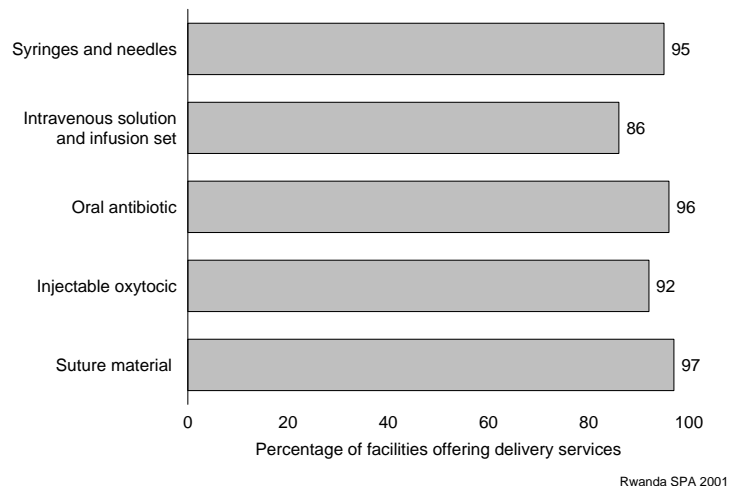
newborn (90 percent); an antibiotic ointment for the eyes of the newborn (85 percent); and a disinfectant for cleaning the perineal area (96 percent) (Figure 6.13). All items were available in 82 percent of hospitals (68 percent of all facilities). Appendix Table A-6.14 provides details by facility type.

Figure 6.13 Basic supplies for delivery (N=197)



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

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



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



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

## Key Findings

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

Partographs are widely available (78 percent of facilities).

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

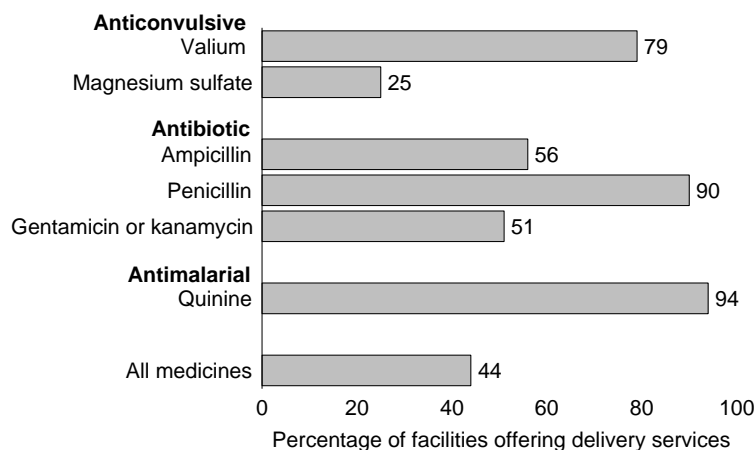
Protocols for managing complications of labor and delivery are lacking in the delivery service area for more than 70 percent of facilities.

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

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

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

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



Rwanda SPA 2001

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

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

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

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

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

## Key Findings

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

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

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

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

## 6.6 Newborn Care Practices

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

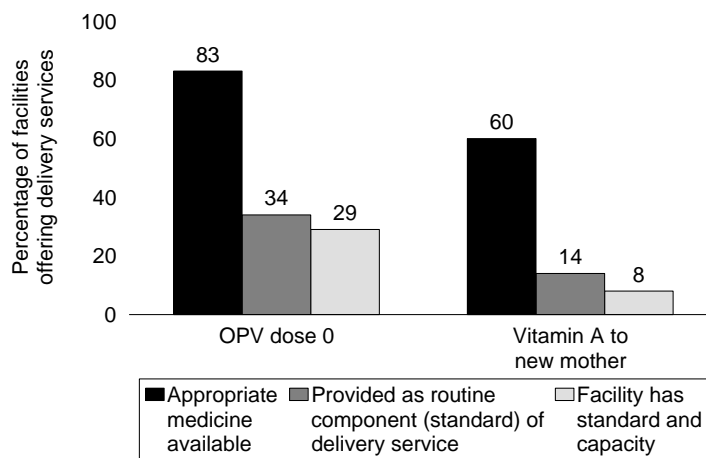
Using catheter suction to stimulate respirations in newborns who are not breathing is not an uncommon practice; however, this should not be a routine practice for the normal newborn. Suctioning using a catheter, however, was reported as a routine procedure by 83 percent of facilities, with almost all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

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

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

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

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



Rwanda SPA 2001

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

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

### Key Findings

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

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

## 6.7 Management Practices Supportive of Quality Delivery Services

Practices assessed for supporting quality delivery services were as follows:

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

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

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

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

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

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

Table 6.7 Management support for quality delivery services

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

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

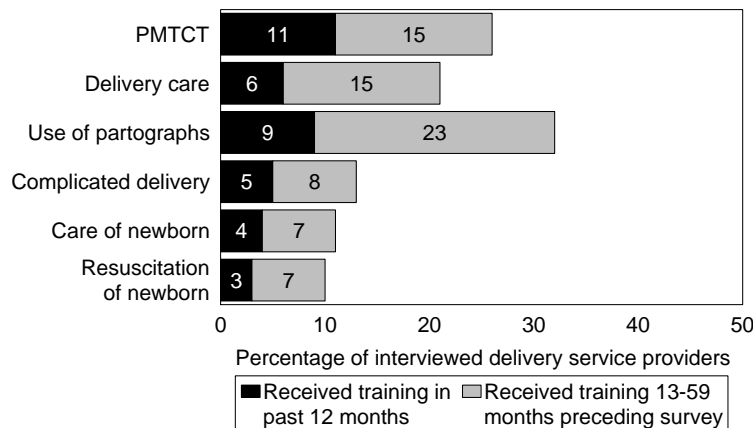
<sup>1</sup> Register has an entry in the past 30 days; entry indicates delivery outcome.

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

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

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

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



Rwanda SPA 2001

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

## **Chapter 7 Services for Sexually Transmitted Infections and HIV/AIDS**

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### **7.1 Background**

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

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

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

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

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

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

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

According to the EDSR-II:

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

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

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

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

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

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

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

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

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



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

## 7.2 Availability of STI Services

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

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

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

<sup>1</sup> This may be diagnosis and treatment, testing, or only counseling.

<sup>2</sup> Services may be available at multiple sites in the same facility if they are integrated. In small facilities, one service site and one provider may provide services for general outpatients, ANC, and family planning clients.

service at least five days per week. Eighty-five percent of facilities provide STI treatment through their OPD and 5 percent through a special clinic. Ten percent counsel or provide laboratory diagnosis, but do not routinely provide treatment. In addition, 32 percent of facilities offer STI services to family planning clients when they come for family planning services, and 22 percent offer STI services to ANC clients when they come for routine ANC services. Hospitals are least likely to allow ANC or family planning providers to diagnose and treat STIs. Information on STI services offered specifically for family planning and ANC clients is discussed in the chapters related to those services.

### **Key Findings**

STI services are widely available, and one-third of facilities have integrated treatment with family planning services.

There is scope to increase case detection and treatment through expanded integration of ANC and family planning services.

## **7.3 Components Supporting Quality STI Services**

### **7.3.1 System Components to Support Utilization of Services**

System components that were assessed included confidentiality policies and partner notification practices.

Special efforts should be made to encourage clients with STIs to seek modern medical help, because of the stigma that is frequently associated with having an STI, and because many people with STIs have no symptoms and don't know they need treatment. The RSPA assessed the presence of program strategies and service delivery components that contribute to the availability and improved utilization of STI services.

One essential condition for encouraging the use of services is to ensure client confidentiality. Adherence to confidentiality standards is supported when a facility has an official written confidentiality policy that is shared with all staff. The RSPA found that only 7 percent of facilities, 12 percent of hospitals, and 6 percent of health centers and dispensaries were able to show a written confidentiality policy (Appendix Table A-7.1). This document was much more likely to be available in GAHFs (16 percent) than public facilities (1 percent).

For effective interruption of STI transmission, sexual partners of STI patients must also be tested and, if they are found to be infected, they also need to be treated. The client with an STI is usually asked to notify his or her sexual partners and to ask them to be examined. This is classified as passive followup. If the clients feel uncomfortable or ashamed to inform their partners that they may be infected, the clients may allow local health authorities to contact the partner to inform the partner of the risk of infection and advise him or her to seek care. This is called active followup. One in three facilities (32 percent) reported practicing active followup (along with passive followup) and 61 percent included passive followup as components of STI services. Public facilities were more likely than GAHFs to report active followup (36 percent compared with 25 percent). On the other hand, passive follow up was reported more often in GAHFs than public facilities (70 percent compared with 56 percent). Six percent of facilities (8 percent in the public sector and 3 percent in GAHFs) reported that they did not have any partner followup system.

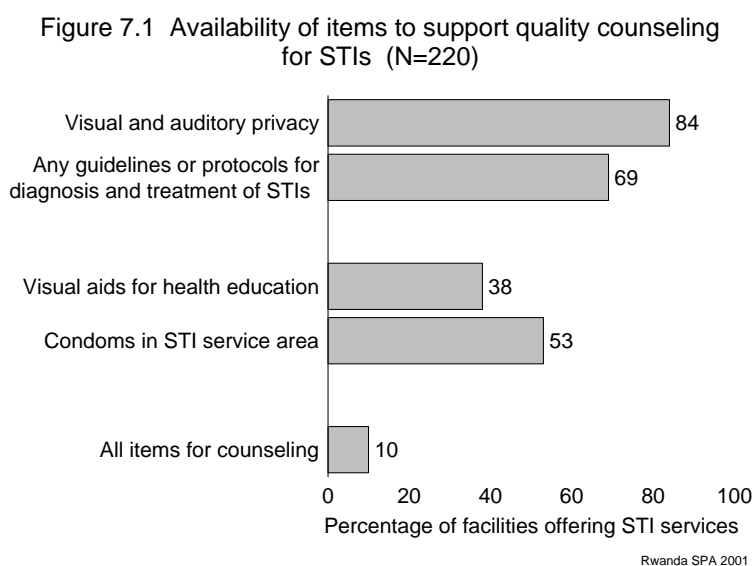
### 7.3.2 Infrastructure and Resources for Quality Counseling

The RSPA assessed the availability of the following items for quality counseling and general examination for STI clients:

- Privacy for counseling;
- Written guidelines or protocols;
- Visual aids or written information for client education;
- Condoms in the service area and in the facility;
- Items for infection prevention; and
- Equipment and conditions for examinations.

Figure 7.1 describes items for quality counseling, and Figure 7.2 describes items for quality physical examination. Table 7.2 provides information on an aggregate of these items, by type of facility, operating authority, and province. Appendix Table A-7.1 provides details for each individual item by facility type and operating authority.

Conditions to support quality counseling for STIs require complete privacy to facilitate open communication between the provider and the client. Because counseling for diagnosis and prevention of STIs often takes place in a different location than the physical examination, the conditions for counseling are assessed separately from those for physical examinations. Complete privacy is necessary when taking client history because of the discomfort many clients feel when talking about issues related to their partners and sexual practices. Ensuring auditory and visual privacy is expected to encourage the utilization of services by the client and adherence to protocols and standards by the provider. Without these conditions, the provider may not ask the appropriate questions or make the appropriate examinations. Eighty-four percent of facilities had a private room for counseling (Figure 7.1). The same proportion is shown for GAHFs and public facilities (Appendix Table A-7.1). Five percent of facilities had a barrier in a room that did not ensure privacy for STI counseling because other clients or staff were nearby and could overhear discussions (data not shown).



Guidelines or protocols for diagnosis and treatment of STIs were available in the STI service delivery area in 69 percent of facilities (Figure 7.1), with 67 percent having syndromic approach guidelines and 61 percent having other guidelines or protocols (Appendix Table A-7.1). Visual aids related to STIs were

available in 38 percent of facilities, 36 percent of facilities had information that specifically addressed HIV/AIDS, and 13 percent had materials that specifically addressed the use of condoms. Contrary to findings for other services, educational materials related to STIs were found more often in hospitals (62 percent) than in health centers (34 percent) or dispensaries (35 percent).

The availability of condoms at the service delivery site allows providers to demonstrate how to use them and to ensure that the client leaves with them. This is consistent with the proposed reproductive health policy of Rwanda which requires providers to make condoms available to clients and to demonstrate how to use them. Fifty-three percent of facilities had condoms available at the STI service delivery site. In 1 percent of facilities condoms were not in the service area but were in the facility (either in the pharmacy or in the family planning service area (data not shown). Condoms were not available in 46 percent of all facilities. There were no substantial differences in the availability of condoms by facility type (Appendix Tables A-7.1). Government facilities, however, were more likely to have condoms than GAHFs (65 percent compared with 34 percent). All items for quality counseling (complete privacy, protocols, visual aids, and condoms in the service area) were available in 10 percent of facilities, with little difference between facility types and operating authorities (Table 7.2).

**Table 7.2 Availability of infrastructure and resources to support quality counseling and examinations for sexually transmitted infections**

Among facilities offering services for sexually transmitted infections (STIs), percentage with all items assessed for quality counseling for STI clients, percentage with all infection prevention and conditions for quality physical examination, percentage using etiologic methods for diagnosis, percentage using syndromic methods for diagnosis, percentage with medicines to treat four major STIs, and percentage with laboratory capacity to conduct syphilis, gonorrhea, wet-mount examination, and HIV/AIDS tests, by type of facility, operating authority, and province, Rwanda SPA 2001

Background characteristic	Percentage of facilities offering STI services with:									
	All items for quality counseling <sup>1</sup>	All infection prevention and conditions for quality physical examination <sup>2</sup>	Specific methods for diagnosing STIs		All medicines for STIs <sup>3</sup>	Testing capacity for:				Number of facilities offering STI services
			Etiologic	Syndromic		Syphilis <sup>4</sup>	Gonorrhea <sup>5</sup>	Wet mount <sup>6</sup>	HIV/AIDS <sup>7</sup>	
<b>Type of facility</b>										
Hospital	15	18	50	44	65	56	82	91	29	34
Health center	8	14	16	80	51	6	26	65	4	169
Dispensary	12	6	23	64	57	13	43	70	13	17
<b>Operating authority</b>										
Public	9	14	17	79	49	10	27	65	7	141
GAHF	10	14	30	63	62	21	50	78	13	79
<b>Province</b>										
Butare	7	28	32	68	42	7	42	79	7	25
Byumba	10	0	16	75	52	12	18	55	4	16
Cyangugu	4	0	15	72	19	18	63	68	7	14
Gikongoro	0	21	15	85	72	8	16	86	0	12
Gisenyi	7	10	34	54	27	5	9	51	5	21
Gitarama	8	25	4	96	76	12	40	75	4	27
Kibungo	20	5	0	100	51	14	20	86	0	19
Kibuye	24	12	24	70	58	6	48	82	12	16
Kigali City	0	33	36	64	65	21	80	100	28	17
Kigali Ngali	27	27	7	88	93	26	40	60	19	17
Ruhengeri	0	0	21	67	21	10	21	34	5	19
Umutara	6	0	63	29	71	34	35	63	21	16
<b>Total</b>	<b>10</b>	<b>14</b>	<b>22</b>	<b>73</b>	<b>53</b>	<b>14</b>	<b>36</b>	<b>70</b>	<b>9</b>	<b>220</b>

<sup>1</sup> Visual and auditory privacy, diagnostic and treatment protocols, visual aids, and condoms in service delivery site.

<sup>2</sup> All infection prevention items (soap, water, gloves, disinfecting solution, and sharps box), visual privacy, examination bed, and examination light).

<sup>3</sup> At least one medicine that treats each of the following STIs: syphilis, gonorrhea, trichomoniasis, and chlamydia.

<sup>4</sup> Either VDRL test and functioning microscope or RPR test kit.

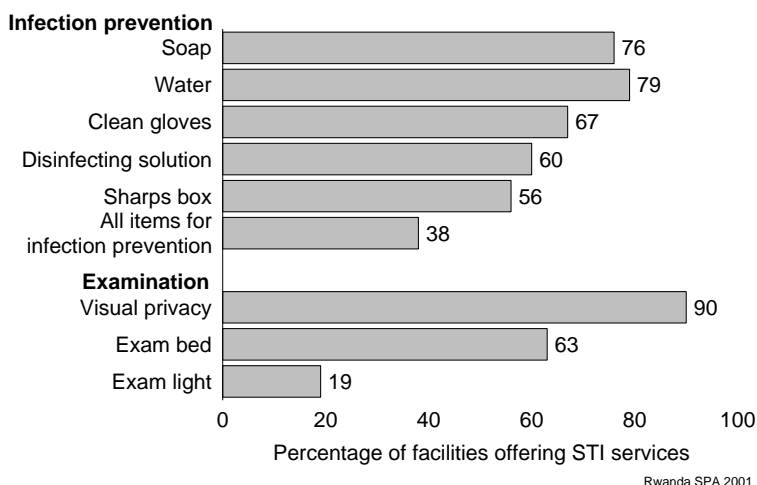
<sup>5</sup> Gram stain reagents and functioning microscope or culture capacity.

<sup>6</sup> Functioning microscope.

<sup>7</sup> ELISA, Western Blot, or Rapid test.

Quality conditions for physical examinations for STI clients require the presence of infection prevention measures, a bed and an examination light for pelvic examinations, and visual privacy. All infection prevention materials were available in only 38 percent of facilities, with each item missing in at least one in five facilities. Only 76 percent of facilities had soap and 79 percent had water in the service delivery area (Figure 7.2). Visual privacy was available in 90 percent of facilities (either a private room or a room with a visual barrier). In addition, 63 percent of facilities had an examination bed and 19 percent had an examination light. Overall, 14 percent of facilities had all items for preventing infection and for physical examinations. These findings may indicate that a physical examination for assessing STI clients is not routine in most facilities (Table 7.2).

Figure 7.2 Availability of items to support quality physical examination for STIs (N=220)



## Key Findings

STI service availability and partner followup are almost universal.

Complete privacy for counseling and for examination is available in 84 percent of facilities.

Written confidentiality policies are almost nonexistent in government facilities (1 percent) and weak in GAHFs (16 percent).

Although half (53 percent) of facilities had condoms available in STI service delivery areas, 46 percent of facilities had no condoms available.

An examination light to allow a quality pelvic examination was lacking in almost all (86 percent) facilities, indicating that pelvic examination may not be a routine practice when assessing STI clients.

### 7.3.3 Availability of Equipment and Resources to Permit Quality Diagnosis and Treatment for STIs

The RSPA assessed the indicated equipment and resources for quality diagnosis and treatment for STIs:

- Diagnostic methods used;
- Equipment for examination and taking specimens;

- Laboratory testing capacity; and
- Availability of medicines for treating STIs.

Figure 7.3 describes overall facility practices and capacity for conducting laboratory tests for STIs. Figure 7.4 provides details on overall treatment capacity for specific STIs. Table 7.2 provides information on diagnostic methods used, availability of all medicines, and availability of specific diagnostic tests, by type of facility, operating authority, and province. Appendix Table A-7.2 provides details for each assessed item, by type of facility and operating authority.

The World Health Organization (WHO) recommends the use of two approaches in providing STI services at primary care facilities: etiologic and syndromic approaches (WHO, 2001b). The etiologic approach uses laboratory tests for diagnosing STIs. This method is more accurate than syndromic diagnosis; however, laboratory facilities are often scarce. The syndromic approach is recommended for facilities with no laboratory. The syndromic approach assesses the presence of specific symptoms and then uses an algorithm to determine treatments to be provided. Where neither an etiologic nor a syndromic approach is used, providers often diagnose and prescribe medication based on their clinical judgment and symptoms (often referred to as clinical diagnosis). Studies have shown that when providers do not have a specific protocol (such as the syndromic approach) or laboratory results to use when diagnosing and prescribing for STIs, mistreatment is common (Lande, 1993).

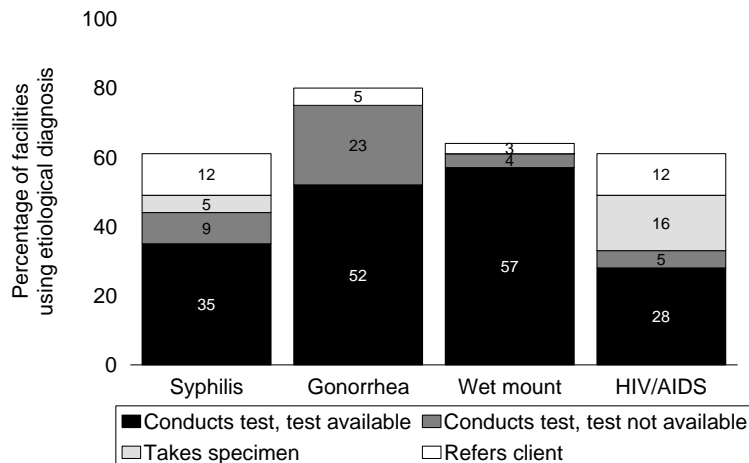
When asked the procedure used for diagnosing STIs, 73 percent of facilities reported using the syndromic approach, 22 percent used the etiologic approach, and 5 percent had no specific method (Table 7.2). Hospitals were less likely than health centers and dispensaries to use the syndromic approach (44 percent compared to 80 percent of health centers and 64 percent of dispensaries). Hospitals are much more likely than HCs and dispensaries to use the etiologic approach (50 percent compared to 16 percent of health centers and 23 percent of dispensaries). The higher percentage of dispensaries using the etiologic approach most likely reflects the geographic location of dispensaries, which often are adjacent to hospitals, and subsequent access to laboratory facilities and support from the hospital.

In addition to general conditions for quality counseling and examination of an STI client, the RSPA assessed the capacity of facilities to provide an etiologic diagnosis for STIs. Among all facilities providing STI services, 67 percent had a speculum and 16 percent had a swab stick, both necessary for taking a specimen, in the STI service area (Appendix Table A-7.2). Common STI tests include Gram stain or culture for gonorrhea, Rapid Plasma Reagin (RPR) or VDRL for syphilis; wet-mount microscopy (saline and potassium hydroxide, KOH) for diagnosing vaginitis, trichomoniasis, and candidiasis, and the ELISA, rapid, or Western Blot test for HIV/AIDS. The testing capacity for syphilis, gonorrhea, and HIV/AIDS was limited (14 percent, 36 percent, and 9 percent, respectively) (Table 7.2). The capacity to conduct a basic microscopic assessment of a specimen (wet-mount) was more available, with 70 percent of facilities having a functioning microscope required for this test. As expected, hospitals were more likely to have the capacity to do the tests, with 24 percent of hospitals able to conduct all four tests (Appendix Table A-7.2).

The most reliable means to ensure that clients receive the laboratory test is for the facility to conduct the test in-house. Another alternative is to take the specimen and send it to another facility for testing. The least reliable means is to refer the client to another facility to receive the laboratory test, because the client may decide not to take the test at all. Figure 7.3 provides information on the use of laboratory tests for diagnosing specific STIs, in facilities that indicate they sometimes provide etiological diagnoses. Practices related to each test (if the facility ever uses the test and, if so, whether it conducts the test itself, collects the specimen and sends it elsewhere, or whether it refers the client) are described. Among the facilities that use laboratory testing, tests were not routinely used for all four STIs assessed by the RSPA, and clients were not often referred elsewhere for tests. Thirty-nine percent of facilities that reported they

diagnosed STIs etiologically reported they neither tested nor sent clients elsewhere for syphilis testing, 20 percent reported they did not use a test for gonorrhea, 36 percent reported they did not use the wet-mount test, and 39 percent did not use an HIV/AIDS test.

Figure 7.3 Laboratory testing among facilities reporting the use of etiologi­cal diagnosis (N=48)



Note: No facilities reported taking specimens for gonorrhea or wet mount testing.

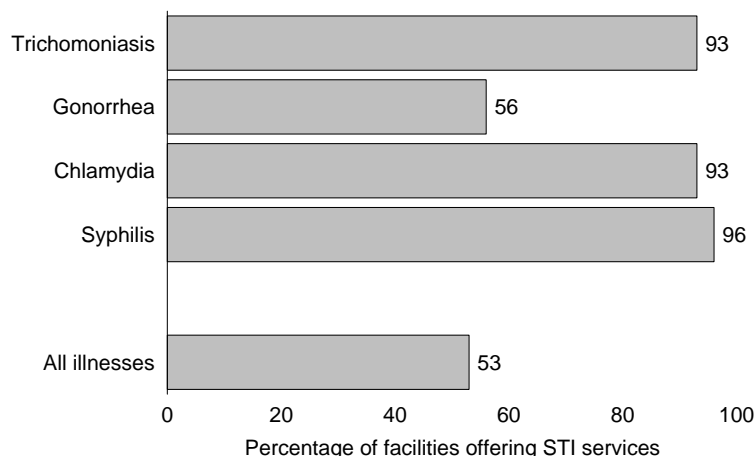
Rwanda SPA 2001

The RSPA assessed the availability of medicines to treat STIs in each facility. In Rwanda, the presence of at least one of the following medicines for treating STIs was considered essential to providing good quality STI treatment.

- Trichomoniasis: Metronidazole
- Gonorrhea: Ceftriaxone, ciprofloxacin, or spectinomycin
- Chlamydia: Doxycycline, tetracycline, or erythromycin
- Syphilis: Doxycycline, tetracycline, erythromycin, benzathine penicillin, or procaine penicillin

At least one medicine to treat all of the above infections was available in 53 percent of all facilities, with the treatment for gonorrhea most commonly lacking (Figure 7.4). All treatments were available in 65 percent of hospitals, 57 percent of dispensaries, and 51 percent of health centers and were more available in GAHFs than in public facilities (62 percent compared with 49 percent) (Appendix Table A-7.2).

Figure 7.4 Availability of at least one medicine to treat indicated STI (N=220)



Rwanda SPA 2001

## Key Findings

Capacity to conduct basic laboratory tests for STIs is primarily found in hospitals (82 percent had gram stain or culture capacity for laboratory diagnosis of gonorrhea, 56 percent had kits for syphilis testing, 91 percent had capacity for wet-mount examination).

Although more facilities have capacity to conduct laboratory tests for STIs than indicate they routinely use the tests, capacity remains low outside hospitals.

A medicine for treating each of the main STIs (syphilis, gonorrhea, candidiasis, and trichomoniasis) was available in over half of all facilities. Medicines for treating gonorrhea were those most often missing (40-50 percent of facilities).

Diagnostic and treatment protocols were widely available (69 percent).

### 7.3.4 Management Practices Supportive of Quality Services for STIs

Practices assessed for supporting quality STI services were as follows:

- Maintenance of up-to-date STI service records;
- Reporting of specific STIs to authorities; and
- Supervision and in-service education for staff.

Table 7.3 provides information on each of these items, by type of facility, operating authority, and province. Figure 7.5 provides information on in-service education received by providers of STI services. Appendix Table A-7.3 provides service statistics from the facilities covered by the RSPA, Appendix Table A-7.4 provides information on supervision and in-service education from the provider perspective, and Appendix Table A-7.5 provides information on facility practices for user fees.

WHO considers record keeping and reporting of STIs and STI service utilization to be key elements in STI surveillance and necessary for improving STI program management (WHO, 1999a). The RSPA assessed the availability of an up-to-date register where STI service statistics were maintained. An STI



register was considered up to date if there was an entry within the preceding seven days and if symptoms or a diagnosis consistent with STI were written. Because most STI services were provided in outpatient departments, these records were checked for STI client entries. Although 61 percent of facilities had a register (data not in tables), only 40 percent had a register with a probable STI client within the preceding seven days (Table 7.3). The median average monthly number of STI clients seen in the reporting facilities (50 percent of facilities providing STI services) was four, reflecting the fact that the formal health sector is either not seeing STI cases or that the service records are not capturing data on the clients (Appendix Table A-7.3).

**Table 7.3 Management support for quality services for sexually transmitted infections**

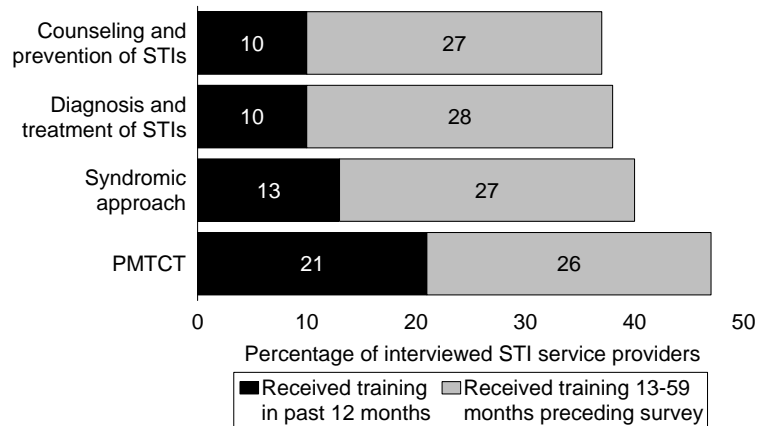
Among facilities providing services for sexually transmitted infections (STIs), percentage with an up-to-date register where STI clients are recorded, percentage that report diagnoses for venereal diseases, percentage where at least half of the interviewed STI service providers were personally supervised during the prior 6 months, received related in-service education during the prior 12 months, and were both supervised in the prior 6 months and received in-service education related to STI services during the prior 12 months, and percentage of facilities having a routine charge for STI services, by type of facility, operating authority, and province, Rwanda SPA 2001

Background characteristic	Percentage of facilities:							
	With up-to-date register <sup>1</sup>	That report venereal diseases <sup>2</sup>	Where at least half of the interviewed STI service providers:				That charge any routine fee for STI treatment	Number of facilities offering STI services
			Were personally supervised in past 6 months	Received in-service education in past 12 months	Were both personally supervised in past 6 months and received in-service education in past 12 months			
<b>Type of facility</b>								
Hospital	46	74	35	18	3	41	34	
Health center	37	51	73	34	19	26	169	
Dispensary	46	53	61	52	22	28	17	
<b>Operating authority</b>								
Public	33	53	74	29	17	25	141	
GAHF	52	56	52	40	17	34	79	
<b>Province</b>								
Butare	58	45	65	31	24	24	25	
Byumba	25	30	87	49	39	55	16	
Cyangugu	49	8	86	36	30	38	14	
Gikongoro	79	50	49	7	7	37	12	
Gisenyi	19	40	84	24	17	50	21	
Gitarama	37	88	57	44	20	8	27	
Kibungo	40	96	91	19	11	4	19	
Kibuye	30	68	46	70	14	38	16	
Kigali City	45	69	55	50	22	24	17	
Kigali Ngali	40	74	27	27	7	7	17	
Ruhengeri	23	21	72	22	6	36	19	
Umutara	41	42	74	15	0	35	16	
<b>Total</b>	<b>40</b>	<b>56</b>	<b>66</b>	<b>33</b>	<b>17</b>	<b>28</b>	<b>220</b>	

<sup>1</sup> Register has entry within prior 7 days and indicates, at minimum, symptoms or diagnosis indicative of STI.  
<sup>2</sup> Facility submits report to government on diagnosed cases of syphilis or gonorrhea.

Specific STIs are classified notifiable diseases in many countries where the public health system monitors illnesses of public health significance. The most common reported STIs are syphilis, gonorrhea, and HIV/AIDS. Statistics on newly diagnosed cases and service utilization provide information for assessing changes in disease patterns. More than half of facilities providing STI services said they provide reports to the government on numbers of syphilis and gonorrhea cases, and 47 percent said they report to the

Figure 7.5 In-service education received by interviewed STI service providers, by topic and timing of most recent education (N=694)



Rwanda SPA 2001

government on the numbers of HIV/AIDS cases. Hospitals were more likely to submit these reports than health centers and dispensaries (Table 7.3). This is not surprising, because laboratory tests to confirm the diagnosis for these illnesses are more available in hospitals than in health centers and dispensaries.

Continuing education and supervision for providers of STI services were considered routine if at least half of the interviewed providers had received supervision or in-service education. Routine supervision of staff in a facility was identified for 66 percent of facilities, and routine in-service education of staff during the past 12 months was identified in 33 percent of facilities (Table 7.3). Overall, however, in only 17 percent of facilities had at least half of the staff both been supervised and received in-service education related to STI services.

Among all providers of STI services interviewed in the RSPA, 48 percent were supervised during the past 6 months, 26 percent received related in-service education during the past 12 months, and only 15 percent received both of these supportive management practices for supporting the quality of STI services (Appendix Table A-7.4).

Around 10 percent of interviewed staff had received education on any one of the STI-related topics in the past year. The exception was PMTCT, where a larger proportion of providers (21 percent) had received education on this subject in the past year. About one-third or more of providers had received education on any one of the topics during the past five years.

Implementation of cost recovery for medications as a means to fund a basic supply of medicines is part of the national strategy for Rwanda. Almost all (88 percent) facilities reported that they charge for STI medications (data not shown).

Twenty-eight percent of facilities reported charging a fee for STI services (Table 7.3). The effect of the fee can be negative (the cost is deemed too high) or positive (free items are often perceived as being not as good as items that are paid for). Hospitals were more likely to charge for STI consultations (41 percent) than health centers (26 percent) or dispensaries (28 percent). GAHFs were more likely than government facilities to charge for services (34 percent compared with 25 percent). In addition, 54 percent of facilities routinely charge for condoms (data not shown). Among facilities that charge for services, the median charge is 151 RFR for STI services and 21 RFR for a packet of four condoms (Appendix Table A-7.5).

## **7.4 Availability of Services Related to HIV/AIDS**

### **7.4.1 SPA Approach to Collection of Information on HIV/AIDS Services**

Over the past decade, the emphasis of HIV-related activities has been on awareness and prevention. With the development of new methods of detection and antiretroviral therapies, and better knowledge of HIV transmission and prevention, comprehensive HIV services that include treatment as well as prevention and support are being advocated (Lamprey, 2001).

The package of services for comprehensive HIV services generally includes the following:

1. Programs and strategies for prevention and early detection:
  - Voluntary counseling and testing (VCT) and
  - Prevention of mother to child transmission (PMTCT).
2. Improving the quality of life for HIV-positive clients by providing preventive and curative medical interventions. These interventions include
  - Antiretroviral treatment;
  - Preventive or curative antibiotics for opportunistic infections; and
  - Palliative care for the end-stage AIDS patient (either in a facility or through home care).
3. Improving the quality of life for HIV-positive clients through social and psychological support, for them as well as for their family and eventually their surviving children. Specific target groups for support and assistance include
  - Infected persons living with HIV/AIDS (PLHA) and
  - Orphans and vulnerable children (OVC).

Because of the high cost of highly active antiretroviral therapies (HAART) and laboratory supplies and the lack of an effective structure or funds needed to provide the social care and support activities required by persons living with HIV/AIDS, all components of this care and support package are not yet available in many countries, including Rwanda. It is important, however, to periodically monitor and evaluate the extent to which the package is becoming available.

### **7.4.2 Overview of Ministry of Health Strategy for HIV/AIDS in Rwanda**

Given the high prevalence of AIDS, the government of Rwanda has prepared a national strategy that includes multisectoral interventions to fight against the HIV/AIDS epidemic (MoH and PNLCS, [2003]). The following are areas of intervention that the national AIDS strategy identifies:

- Preventing HIV transmission through an emphasis on information, education, and communication (IEC);
- Providing opportunities for voluntary counseling and testing;
- Promoting of the use of protection strategies;
- Strengthening the treatment of sexually transmissible diseases;
- Prevention of mother-to-child transmission (PMTCT);
- Providing medical and psychosocial care to individuals affected by HIV/AIDS;
- Offering support to infected individuals and their families;
- Coordinating activities;

- Keeping the blood supply safe;
- Developing regional collaboration in the area of research against HIV/AIDS; and
- Developing human resources.

Since 2001, Rwanda has actively expanded health services for HIV/AIDS, focusing on strengthening early detection and interventions beyond prevention and awareness. The number of sites for VCT increased from 4 to 29 in 2002 (MoH/TRAC, 2002b). Although the programs currently cover more than half of the districts in the country, the number of VCT centers is insufficient to meet the demand for their services. People's growing wish to be tested for HIV is a result of intensive campaigns to raise awareness through the media, school, and anti-AIDS organizations. Although the EDSR-II shows that awareness of AIDS in Rwanda is nearly universal, low condom use and the high cost of antiretroviral therapy or medications to treat infections continue to be problems in preventing HIV/AIDS and decreasing the effects of HIV infection on health (ONAPO and ORC Macro, 2001).

PMTCT activities have also been strengthened. According to a pilot study in the Kicukiro health center, among 5,018 women who received ANC from April 12, 1999 to December 31, 2001, 4,209 women (84 percent) agreed to be tested for HIV. HIV-infected women were offered nevirapine tablets. In addition, the newborns were given the same medicine as syrup within 72 hours of birth. Out of the 584 babies in the study, 57 were tested, and 2 of them (3.5 percent) became HIV positive. Based on these results, PMTCT activities were implemented and, by the end of 2002, the program was available at 32 sites (MoH/TRAC, 2002b; Nelson, 2002).

#### **7.4.3 Availability of Services for HIV/AIDS**

In addition to previously described services and health system components for STIs that are equally relevant for HIV/AIDS, the RSPA assessed the availability of resources and services specific to HIV/AIDS. These include the following:

- Voluntary counseling and testing (VCT) services: VCT provides counseling on prevention, tests to determine the HIV status of a person and, if positive, counseling on how to mitigate the impact of HIV. Studies show that people who receive HIV testing with preventive counseling make behavior changes that help to reduce HIV transmission rates (CDC, 2001);
- Prevention of mother-to-child transmission (PMTCT). Offering VCT services to pregnant women allows early identification of infected women and early intervention to prevent the infection being transmitted to the baby. PMTCT also provides counseling and advice on breastfeeding, delivery practices, and other measures to decrease transmission. Where available, use of antiretroviral treatment is advisable, and some PMTCT programs offer formula to provide a safe alternative to breast milk. Both VCT and PMTCT require laboratory capacity to test for HIV, and trained counselors;
- Education related to home care;
- Psychosocial support services to HIV/AIDS clients; and
- Antiretroviral therapy (ART).

Table 7.4 provides information on the availability of various HIV/AIDS-related services, by type of facility, operating authority, and province.

At least some type of service related to HIV/AIDS is offered at 79 percent of facilities. Almost all hospitals (97 percent) and 70 percent or more of health centers and dispensaries provide services related to HIV/AIDS (Table 7.4). Although almost all facilities (95 percent) provide counseling, only 41 percent either provide an HIV/AIDS test, send a specimen elsewhere, or refer the client elsewhere to receive the test. Thirty-five percent of facilities offer education to clients and family for home health care, and

53 percent offer psychosocial support services. In total, 21 percent of facilities offer all four of these assessed components of HIV/AIDS services. Although still showing low percentages, GAHFs consistently are more likely than public facilities to offer each assessed HIV/AIDS service. Twenty-five percent of GAHFs offered all four services, compared with 19 percent of public facilities. Anti retroviral therapy (ART) is not yet widely available in Rwanda, with only 4 percent of facilities indicating they offer this service.

Table 7.4 Availability of HIV/AIDS services

Percentage of all facilities providing any HIV/AIDS services and, among these facilities, percentage that provide counseling services, percentage that refer clients for HIV/AIDS tests or conduct tests for HIV/AIDS, percentage providing education related to home care to HIV-positive clients and families, percentage providing psychosocial support services, percentage providing all four services, and percentage providing antiretroviral therapy, by type of facility, operating authority, and province, Rwanda SPA 2001

Background characteristic	Percentage of facilities providing any HIV/AIDS services	Number of facilities	Percentage of facilities where indicated item is a component of HIV/AIDS services				Percentage of facilities providing antiretroviral therapy	Number of facilities providing any HIV/AIDS services	
			Counseling	Referring client or providing HIV/test	Education related to home care	Psycho-social support			All four services
<b>Type of facility</b>									
Hospital	97	34	85	73	67	91	52	9	33
Health center	76	170	97	31	26	44	12	2	129
Dispensary	70	19	100	72	47	57	34	0	12
<b>Operating authority</b>									
Public	75	144	94	37	32	50	19	3	106
GAHF	86	79	95	48	40	59	25	4	68
<b>Province</b>									
Butare	73	26	95	77	58	62	53	10	18
Byumba	79	17	100	20	31	58	16	0	13
Cyangugu	71	14	80	24	26	42	0	0	10
Gikongoro	79	12	100	20	56	56	20	0	10
Gisenyi	72	21	100	13	16	20	7	0	15
Gitarama	76	27	94	27	21	47	5	0	20
Kibungo	93	19	96	37	15	34	6	0	18
Kibuye	82	16	83	59	44	59	37	0	13
Kigali City	93	17	94	81	44	100	44	7	15
Kigali Ngali	80	17	92	58	49	57	32	8	14
Ruhengeri	87	19	100	24	33	48	12	6	17
Umutara	63	17	100	43	43	65	22	10	10
Total	79	223	95	41	35	53	21	4	174

## Key Findings

Seventy-nine percent of facilities offer some HIV/AIDS-related services. All hospitals reported offering some HIV/AIDS services.

The most commonly available HIV/AIDS services are general counseling (95 percent of facilities offering HIV/AIDS services) and psychosocial counseling (53 percent).

Hospitals are more likely than other types of facilities to offer all four assessed HIV/AIDS service components (counseling, psycho-social support, education on home care, and HIV/AIDS testing). GAHFs are more likely than public facilities to offer these four services.

Only 4 percent of facilities offer antiretroviral therapy (ART), although only one had an ART medicine available the day of the survey.

## 7.5 Capacity to Provide Quality Services for HIV/AIDS Clients

Because treatment services specific to HIV/AIDS are not widely available in normal health facilities in Rwanda, it can be assumed that in most cases, clients with illnesses that may be related to HIV/AIDS are seen either in the outpatient department (OPD) when seeking care for illness or where STI services are provided (also, most frequently in the OPD). Thus, the infrastructure and many health system components that support well-functioning STI services are applicable for HIV/AIDS services.

The RSPA looked at services that are components of most health systems that, although not specific to HIV/AIDS, are services required to support HIV-positive clients. Specific items assessed included the following:

- Infrastructure and resources to support quality of services related to HIV/AIDS;
- Facility-level implementation of universal precautions;
- Services and resources for diagnosis and management of HIV/AIDS-related illnesses; and
- Management practices supportive of quality services for HIV/AIDS.

### 7.5.1 Infrastructure and Resources to Support Quality Services Related to HIV/AIDS

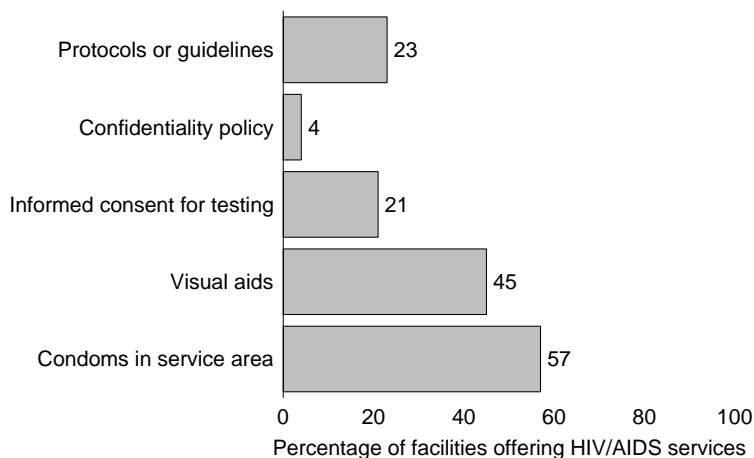
Specific items assessed by the RSPA were as follows:

- Guidelines or protocols related to HIV/AIDS;
- Confidentiality policies;
- Informed consent policies;
- Visual aids for client education; and
- Condoms in the service delivery site.

Figure 7.6 provides information on the overall availability of each of these items. Appendix Table A-7.6 provides details on the items, by type of facility and operating authority. Protocols for care are an essential element to ensure good quality service. This aspect is particularly important for HIV/AIDS services because of the complex nature of the illness, the way it is perceived, and the fact that the availability of interventions capable of prolonging life and mitigating its effects is changing rapidly. Protocols for treating of common opportunistic infections and other health problems as the disease progresses help ensure that providers give the most appropriate treatment in view of drug resistance and drug availability. Protocols also help providers identify situations where preventive therapies should be introduced and recognize conditions related to AIDS that providers might not immediately identify if they are not familiar with the illness patterns commonly found in AIDS patients.

One in four facilities (23 percent) providing services for HIV/AIDS had protocols related to the diagnosis or treatment of HIV/AIDS (Figure 7.6). Availability was similar regardless of types of facility and operating authority (Appendix Table A-7.6). Protocols for providing services for people living with HIV/AIDS (PLHA) were distributed by the MoH to health care providers in 2001. At the time of the survey, these protocols were not yet available in many facilities throughout the country.

Figure 7.6 Items for quality counseling for HIV/AIDS clients (N=174)



Rwanda SPA 2001

Because of the social stigma accompanying HIV/AIDS, clients should also be assured of the confidentiality of test results and information shared. Confidentiality practices are reinforced where a facility has a written confidentiality policy that has been shared with staff. In addition, testing for HIV/AIDS should be conducted only after fully informing clients of 1) information regarding the test and its benefits and consequences, 2) risk of transmission and how HIV can be prevented, 3) the importance of obtaining test results and explicit procedures for doing so, 4) the meaning of the test results, and 5) where to obtain relevant services (CDC, 2001).

Only 4 percent of facilities had any written confidentiality policy for HIV/AIDS clients (Figure 7.6). Written policies were more likely to be available in hospitals (15 percent) and GAHFs (10 percent) than in other type of facilities (Appendix Table A-7.6). Hospitals and dispensaries were more likely to have informed consent forms for HIV testing than health centers (44 percent or higher compared with 12 percent). Informed consent forms are more likely to be available in GAHFs than public facilities (28 percent compared with 16 percent).

Preventive education messages promoting behavior change to decrease risk is an important part of HIV/AIDS services. Visual aids or information pamphlets for clients to take home that were specific to HIV/AIDS were available in 45 percent of the facilities offering any HIV/AIDS services. Fifty-seven percent had condoms available in the service delivery site (Figure 7.6).

### Key Findings

Only 23 percent of the facilities providing HIV/AIDS services had treatment or diagnostic protocols, and only 4 percent had a written confidentiality policy. Twenty-one percent had informed consent forms for HIV/AIDS testing.

## 7.5.2 Facility-level Implementation of Universal Precautions

Because many HIV-infected persons are not aware of their status, the risk of transmission of HIV/AIDS is possible wherever someone might come into contact with infected blood or body secretions, regardless of whether services related to HIV/AIDS are being provided. In a high-risk environment such as a health

facility, ensuring that no one can become infected inadvertently is critical. An essential step in preventing transmission of HIV/AIDS (as well transmission of as hepatitis B or C) is to ensure that any potentially contaminated items are appropriately disinfected, eliminating this avenue for transmission. For this reason, it is recommended that universal precautions should be applied throughout all service delivery areas in all health facilities. Use of sharps containers and procedures for immediately disinfecting used equipment are two of the most critical components for preventing inadvertent transmission. Table 3.7 provides an overview of the preventive measures that exist in all assessed service areas for facilities surveyed by the RSPA.

There are not MoH standards or protocols for universal precautions in Rwanda. Although asepsis (absence of infection-causing microorganisms) is a basic concept in the medical and paramedical schools and thus the knowledge exists in providers, experience has shown that providers who do not work in an environment that actively promotes universal precaution practices frequently are lax in implementation (Pittet et al., 1999; Williams et al., 1994). Adding the human behavior factor to breaks in the supply of materials required and poor compliance with universal precautions can be expected unless there is a facility-level strategy to promote adherence.

Overall, only 42 percent of facilities had all components (equipment, automatic timing device, and knowledge of correct processing time) for quality sterilization or high-level disinfecting (HLD) of equipment, only 23 percent had all relevant items for infection prevention in service delivery areas assessed by the RSPA, and only 53 percent adequately disposed of contaminated waste (Table 3.7). Appendix Table A-7.1 provides details on availability of items for preventing infection in the STI service delivery area. Information on each other specific service can be found in the relevant chapter.

## Key Findings

Without a protocol or an active program to promote adherence to universal precautions and a work environment where all personnel know that adherence is expected and monitored, the risk of patients and staff inadvertently receiving a blood-borne infection remains higher than necessary.

Without an active program to ensure that all supplies necessary to adhere to universal precautions are in place in each facility, the likelihood of all supplies being available is lower than necessary.

### 7.5.3 Resources for Diagnosis and Management of HIV/AIDS-Related Illnesses

- Antiretroviral therapy (ART)
- Testing capacity for HIV/AIDS
- Opportunistic infections (tuberculosis and syphilis)
- Family planning

Tables 7.4 and 7.5 provide information on availability of services related to HIV/AIDS, by facility type, operating authority, and province. Figure 7.7 provides information on HIV/AIDS testing, and Appendix Table A-7.6 provides details on HIV testing practices and reporting for HIV/AIDS cases. Figure 7.8 provides information on elements for providing TB diagnosis and treatment. Appendix Table A-7.7 provides details on supplies for providing TB services.

At the time of the RSPA, only 4 percent of health facilities indicated they offered ART. (Table 7.4). These seven facilities were in five provinces. Among these facilities, however, only one had any ART medication available the day of the survey (data not shown).

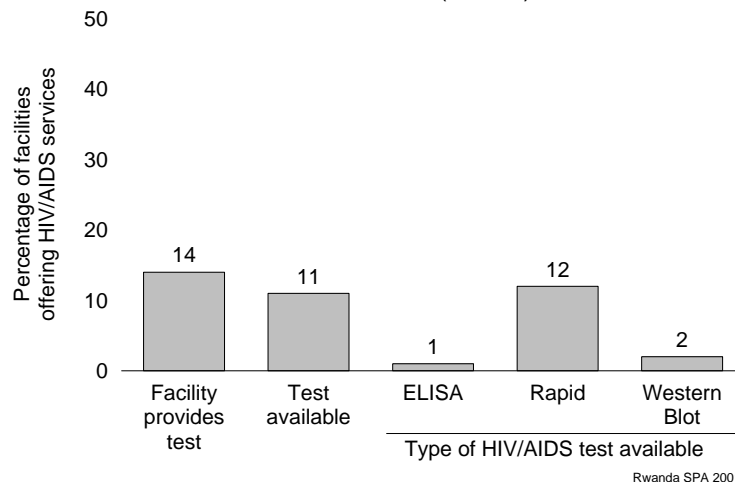


Among the 41 percent of facilities that prescribe HIV/AIDS testing for clients, only 14 percent actually conduct the test in-house, 13 percent collect the specimen and send it elsewhere, and 15 percent refer the client elsewhere for the test (Appendix Table A-7.6). Client followup for receiving test results and counseling has been identified as a problem (CDC, 2001). This may be even more of a problem if, to receive the test, clients are referred to a location different from the one where they initially sought help, and if counseling is not provided at the location where the testing occurs. Although 14 percent of facilities offered the HIV/AIDS test, only 11 percent had the capacity to conduct the test the day of the survey (Table 7.5). Among these, the Rapid test was most common (Figure 7.7).

<b>Table 7.5 Availability of services related to HIV/AIDS</b>					
Among facilities offering HIV/AIDS services, percentage with the capacity to conduct a test for HIV/AIDS, percentage that provide TB treatment, percentage with the capacity to conduct a test for syphilis, and percentage that provide services for temporary methods of family planning, by type of facility, operating authority, and province, Rwanda SPA 2001					
Background characteristic	Percentage of facilities offering HIV/AIDS services:				
	With capacity to provide HIV/AIDS test <sup>1</sup>	That provide TB treatment	With capacity to test for syphilis <sup>2</sup>	That provide temporary methods of family planning	Number of facilities offering HIV/AIDS services
<b>Type of facility</b>					
Hospital	30	88	58	46	33
Health center	6	55	7	78	129
Dispensary	19	62	19	83	12
<b>Operating authority</b>					
Public	9	51	13	87	106
GAHF	15	78	24	49	68
<b>Province</b>					
Butare	10	72	10	61	18
Byumba	5	43	16	77	13
Cyangugu	10	68	26	70	10
Gikongoro	0	74	10	70	10
Gisenyi	7	44	7	80	15
Gitarama	5	69	15	71	20
Kibungo	0	77	15	67	18
Kibuye	15	78	8	77	13
Kigali City	30	62	23	69	15
Kigali Ngali	24	57	32	85	14
Ruhengeri	6	44	12	71	17
Umutara	33	54	54	70	10
<b>Total</b>	<b>11</b>	<b>62</b>	<b>18</b>	<b>72</b>	<b>174</b>

<sup>1</sup> Elisa, Western blot, or Rapid test kit and equipment  
<sup>2</sup> VDRL or RPR test.

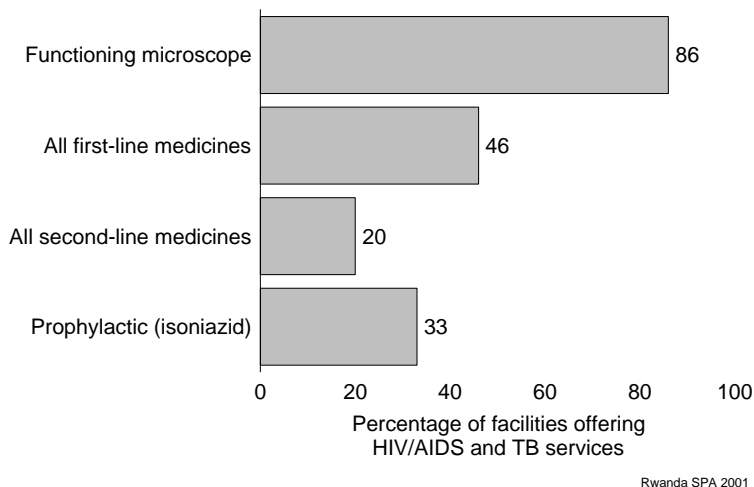
Figure 7.7 Availability of HIV/AIDS tests at facilities offering HIV/AIDS services (N=178)



Tuberculosis is one of the most common opportunistic infections for AIDS patients. Routine testing for TB, and, if there is risk of exposure, providing preventive treatment (with isoniazid) is recommended (CDC, 2002b). Among the facilities that provide any HIV/AIDS services, 62 percent provide treatment for TB (Table 7.5). Almost all hospitals (88 percent) and around 60 percent of health centers and dispensaries (55 percent and 62 percent, respectively) provide TB services.

For the facilities that provide TB services, the RSPA assessed the availability of a microscope for sputum examination and of medications for first-line, second-line, and prophylactic treatment. The test most commonly used for TB testing in Rwanda is the acid-fast bacillus (AFB) test, which requires a microscope. The RSPA found a functioning microscope in 86 percent of facilities that provide TB services (Figure 7.8). Almost all of the hospitals (93 percent), as well as 86 percent of dispensaries and 83 percent of health centers, had a functioning microscope (Appendix Table A-7.7). Only 78 percent of GAHFs had a functioning microscope, compared with 93 percent of public facilities.

Figure 7.8 Resources for providing TB services at facilities that offer both HIV/AIDS and TB services (N=108)



Of the HIV/AIDS and TB treatment facilities, 46 percent had the necessary medications to treat TB (ethambutol, rifampin, isoniazid, pyrazinamide). Twenty percent of the facilities had the medications used in cases of relapse (all basic medicines plus streptomycin). According to the national program against TB, there are two hospitals that have a pilot project for HIV-infected people for provision of prophylactic isoniazid. This survey found that isoniazid was available in 33 percent of all facilities (Figure 7.8).

Screening for syphilis, another common opportunistic infection, is also recommended. Of facilities offering HIV/AIDS services, however, only 18 percent had laboratories capable of conducting a test for syphilis (Table 7.5), although 97 percent had at least one medicine to treat syphilis (data not in tables). Laboratory capacity to test for syphilis was available primarily in hospitals (58 percent) and in only 19 percent of dispensaries and 7 percent of health centers.

Family planning counseling is recommended for all HIV/AIDS-positive clients, to discuss options and advisability of preventing pregnancy. Seventy-two percent of the facilities providing HIV/AIDS services also provided temporary family planning services (Table 7.5). Although HIV/AIDS services are more available at hospitals, the family planning services were more available in health centers (78 percent) and dispensaries (83 percent) than hospitals (46 percent). Because most dispensaries are adjacent to hospitals, there must be some coordination between hospitals and dispensaries to ensure that family planning services are convenient for HIV/AIDS clients.

As noted in Chapter 6 (Appendix Table A-6.3), 48 percent of facilities providing ANC said that they routinely refer ANC clients for VCT. Among the subset of facilities that provide both ANC and HIV/AIDS services, 51 percent report they routinely refer ANC clients for VCT, compared with 40 percent of facilities that provide ANC services but no HIV/AIDS services (data not shown). The lack of availability of ART for intervention may contribute to the similarity in routinely offering this service, because, without ART, the main intervention available is counseling.

### **Key Findings**

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Most facilities that conduct an HIV test (14 percent) had the test available on the day of the survey (11 percent).

Among facilities offering HIV/AIDS services, tuberculosis treatment was available in 62 percent of facilities, and temporary family planning services were available in 72 percent of facilities.

There is little difference between facilities that offer HIV/AIDS services and those that do not, in whether they routinely offer VCT services for ANC clients. Only 50 percent of facilities include this as a routine component of ANC.

#### **7.5.4 Management Practices Supportive of Quality Services**

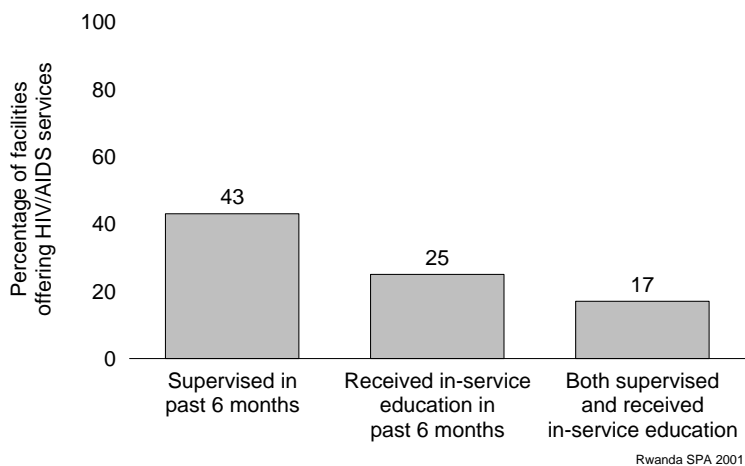
Elements assessed for management practices were reporting on HIV/AIDS to a central authority and in-service education and supervision for providers of HIV/AIDS services.

Appendix Table A-7.6 provides information on facilities reporting of HIV/AIDS cases or services to a central authority. Figure 7.9 provides information on supportive supervision for HIV/AIDS service providers that is routinely provided by facilities. Appendix Table A-7.8 provides details on supervision and in-service education at the provider level, and Figure 7.10 provides information on topics for in-service education related to HIV/AIDS that was received by providers.

Among the facilities that offer HIV/AIDS services, 53 percent indicated they report on these services to a central authority (Appendix Table A-7.6).

Supportive management practices for HIV/AIDS service providers were considered routine if at least half of the interviewed providers of HIV/AIDS services in a facility had received supervision or in-service education. Routine supervision of staff was identified for 43 percent of facilities; routine in-service education during the past 12 months was identified for 25 percent of facilities (Figure 7.9). Overall, however, in only 17 percent of facilities had at least half of the HIV/AIDS service providers been both supervised and received in-service education related to HIV/AIDS.

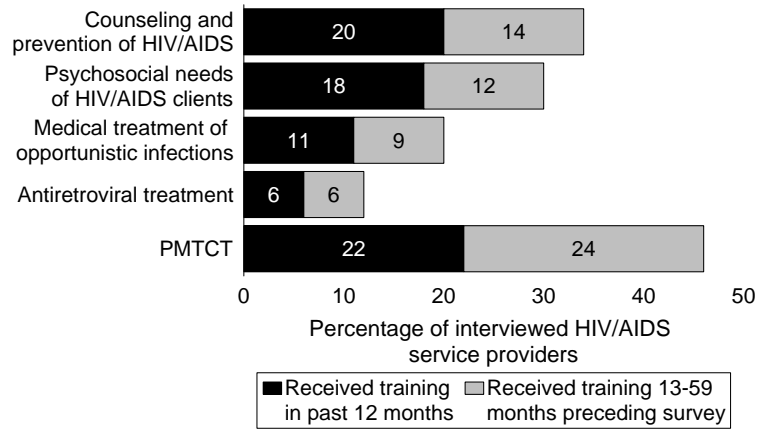
Figure 7.9 Facilities where at least half of interviewed providers of HIV/AIDS services received indicated support (N=178)



Among providers of HIV/AIDS services, 40 percent had been supervised within the past 6 months, and 30 percent had received in-service education related to HIV/AIDS in the past 12 months. Only 14 percent, however, had received both supportive management practices for quality services (Appendix Table A-7.8).

Because prevention and control measures for HIV/AIDS are new and knowledge is evolving, providers should regularly receive continuing education on topics related to this service. Figure 7.10 shows that in-service education for topics specific to HIV/AIDS over the past five years has focused on counseling issues more than medical interventions for HIV-positive clients.

Figure 7.10 In-service education received by interviewed HIV/AIDS service providers, by topic and timing of most recent education (N=414)



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## References

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- AIDSCAP/Family Health International (FHI). 1996. STDs: Global burden and challenges for control. In *Control of sexually transmitted diseases: A handbook for the design and management of programs*, ed. G.A. Dallabetta, M. Laga, and P.R. Lamptey. Arlington, Virginia, U.S.A.: AIDSCAP/FHI.
- Centers for Disease Control and Prevention (CDC). 1987. Recommendations for prevention of HIV transmission in health-care settings. *Morbidity and Mortality Weekly Report* 36(2S): 3-17.
- Centers for Disease Control and Prevention (CDC). 2001. Revised guidelines for HIV counseling, testing and referral and revised recommendations for HIV screening of pregnant women. *Morbidity and Mortality Weekly Report* 50 (RR-19).
- Centers for Disease Control and Prevention (CDC). 2002a. Sexually transmitted diseases treatment guidelines 2002. *Morbidity and Mortality Weekly Report* 51 (RR-6).
- Centers for Disease Control and Prevention (CDC). 2002b. Guidelines for preventing opportunistic infections among HIV-infected persons – 2002: Recommendations of the U.S. Public Health Service and the Infectious Diseases Society of America. *Morbidity and Mortality Weekly Report* 51 (RR-8).
- Cotch, M.F., et al. 1997. *Trichomonas vaginalis* associated with low birth weight and preterm delivery. *Sexually Transmitted Diseases* 24(6): 353-360.
- Dallabetta, G.A., M. Laga, and P.R. Lamptey. 1996. *Control of sexually transmitted diseases: A handbook for the design and management of programs*. Arlington, Virginia, U.S.A.: AIDSCAP/Family Health International.
- Govindasamy, P., et al. 1993. *High-risk births and maternity care*. DHS Comparative Studies No. 8 Columbia, Maryland, U.S.A.: Macro International Inc.
- JHPIEGO. 2003. Infection prevention. In *PocketGuide for family planning service providers 1996-1998*. 2<sup>nd</sup> edition. (from recommendations for updating selected practices in contraceptive use. USAIDs Technical Guidance and Competence Working Group (TG/CWG). Available at INTERNET: [reproline.jhu.edu/](http://reproline.jhu.edu/).
- Koblinsky, M. 1999. *Essential obstetric care and subsets--Basic and emergency obstetric care: What's the difference?* MotherCare Policy Brief #1. Arlington, Virginia, U.S.A.: John Snow International.
- Koblinsky, M. 2000. *Improving provider performance-The skilled birth attendant*. Summary of a MotherCare meeting May 2-4, 2000. MotherCare Policy Brief #3. Arlington, Virginia, U.S.A.: John Snow International.
- Lamptey, P.R. and H.D. Gayle. 2001. *HIV/AIDS prevention and care in resource-constrained settings: A handbook for the design and management of programs*. Arlington, Virginia: Family Health International.
- Lande, R. 1993. *Controlling sexually transmitted diseases*. Population Reports, Series L, No. 9. Baltimore, Johns Hopkins School of Public Health, Population Information Program, Baltimore, Maryland.
- Maternal and Neonatal Health (MNH) Program. 2001a. *Focused antenatal care: Planning and providing care during pregnancy*. Best Practices. Baltimore, Maryland, U.S.A.: JPIEGO Corporation.

- Maternal and Neonatal Health (MNH) Program. 2001b. *The skilled provider: A key player in saving the lives of women and newborns*. Best Practices. Baltimore, Maryland, U.S.A.: JPIEGO Corporation.
- Maternal and Neonatal Health (MNH) Program. 2002a. *The traditional birth attendant: Linking communities and services*. Best Practices. Baltimore, Maryland, U.S.A.: JPIEGO Corporation.
- Maternal and Neonatal Health (MNH) Program. 2002b. *The partograph: An essential tool for decision-making during labor*. Best Practices. Baltimore, Maryland, U.S.A.: JPIEGO Corporation.
- Maternal and Neonatal Health (MNH) Program. 2002c. *Post abortion care: Skilled care and comprehensive services*. Best Practices. Baltimore, Maryland, U.S.A.: JPIEGO Corporation.
- Ministry of Health (MoH) [Rwanda]. 1997a. *Ordinogrammes à l'usage des infirmiers des centres de santé*. Kigali, Rwanda: MoH.
- Ministry of Health (MoH) [Rwanda]. 1997b. *Normes du district de santé au Rwanda*. Kigali, Rwanda: MoH.
- Ministry of Health (MoH) [Rwanda]. 1995-2001. *Rapports annuels 1995 à 2001*. Kigali, Rwanda: MoH.
- Ministry of Health (MoH) [Rwanda]. 2000. *Politique national en matière de Santé 2000*.
- Ministry of Health (MoH) [Rwanda]. 2001. *National population policy for sustainable development of Rwanda*.
- Ministry of Health (MoH) [Rwanda]. 2002a. *Preliminary results: Qualitative evaluation of family planning in Rwanda*. Kigali, Rwanda: MoH
- Ministry of Health (MoH) [Rwanda]/TRAC. 2002b. *Unpublished data on pilot study in the Kicukira Health Center*.
- Ministry of Health (MoH) [Rwanda]. [2003]. *Politique national de santé de la reproduction*. Kigali, Rwanda: MoH.
- Ministry of Health (MoH) [Rwanda] and Intrah/PRIME II. 2000. *Rapport final de la Table Ronde sur la Santé de la Reproduction, Gisenyi, 18-20 September 2000*. Kigali, Rwanda: MoH and Intra/PRIME II.
- Ministry of Health (MoH) [Rwanda] and Programme National de Lutte Contre le SIDA (PNLS). 1998. *Analyse de la situation dans le domaine de l'infection à VIH/SIDA au Rwanda: Rapport final*. Kigali, Rwanda: MoH and PNLS.
- Ministry of Health (MoH) [Rwanda] and Programme National de Lutte Contre le SIDA (PNLS). [2003]. *Guide thérapeutique MST*. Kigali, Rwanda: MoH and PNLS.
- Ministry of Health and Social Affairs (MHSA) [Rwanda]. 2000. *Annual report 1988, and development plan for human resources in health*. Kigali, Rwanda: MoH and MHSA.
- Murphy, E. and C. Steele. 2000. *Client-provider interactions in family planning services: Guidance from research and program experience*. MAQ Papers Vol. 1, No. 2. Washington, D.C.: U.S. Agency for International Development.
- Nelson, D. 2002. *Voluntary counseling, testing, and treatment: Effective prevention of mother-to-child transmission*. *Results Review (PRIME PAGES RR-17)*. Chapel Hill, North Carolina: Intrah.

- Office National de la Population (ONAPO) [Rwanda] and ORC Macro. 2001. *Enquête Démographique et de Santé Rwanda 2000*. Kigali, Rwanda and Calverton, Maryland (USA): Ministère de la Santé, Office National de la Population and ORC Macro.
- Pittet, D., P. Mourouga, and T.V. Perneger. 1999. Compliance with handwashing in a teaching hospital. *Annals of Internal Medicine* 130(2): 126-130.
- Republic of Rwanda. 1995. *National health policy*. Kigali, Rwanda.
- Republic of Rwanda. 2001. Arrêté Ministériel n0 20/03/Min du 31/05/2001 portant fixation de la liste des médicaments génériques et spécialités pharmaceutiques enregistrés in République Rwandaise, Journal Officiel n0 12 du 15/06/2001.
- Rutstein, Shea. 2000. Effects of birth interval on mortality and health: Multivariate cross-country analysis. Presented at USAID July 2000.
- UNAIDS, Joint United Nations Programme on HIV/AIDS. 2000. *National AIDS programmes: A guide to monitoring and evaluation*. UNAIDS/00.17E. Geneva: UNAIDS.
- UNAIDS/WHO. 2000. *Epidemiologic fact sheet on HIV/AIDS and sexually transmitted infections: 2000 update, Rwanda*. Geneva: UNAIDS/WHO.
- UNAIDS/WHO. 2002. *AIDS epidemic update, December 2002*. WHO/CDS/CSR/NCS/2001.2 Geneva: UNAIDS/WHO.
- U.S. Agency for International Development (USAID). 2002. *HIV/AIDS in Rwanda: A USAID brief*. Washington, D.C.: The Synergy Project, TvT Associates.
- Williams, C.O., S. Campbell, K. Henry, and P. Collier. 1994. Variables influencing worker compliance with universal precautions in the emergency department. *American Journal of Infection Control* 22(3): 138-148.
- World Health Organization. (WHO). 1998. *Safe vaccine handling, cold chain and immunization*. Geneva: WHO.
- World Health Organization (WHO). 1999a. *Guidelines for sexually transmitted infections surveillance*. WHO/CHS/HIS/99.2. Geneva: WHO.
- World Health Organization (WHO). 1999b. *Management of childhood illness in developing countries: Rationale for an integrated strategy*. IMCI information package, 1999. World Health Organization. Report of the Division of Child Health and Development 1996-1997. WHO/CHS/CAH/98.1A (revised.1.1999). Geneva: WHO.
- World Health Organization (WHO). 2001a. *Integrated management of childhood illnesses*. (chartbook) Geneva: WHO.
- World Health Organization (WHO). 2001b. *Guidelines for the management of sexually transmitted diseases*. WHO/RHR/01.10. Geneva: WHO.
- World Health Organization (WHO). 2001c. *Maternal mortality in 1995: Estimates developed by WHO, UNICEF, UNFPA*. WHO/RHR01.9. Geneva: WHO.



## Chapter 1

<b>Table A-1.1 RSPA facility catchment populations and outpatient caseload</b>				
Median population size in catchment areas and median number of outpatients during the month preceding the visit to the facility, by type of facility and operating authority, Rwanda SPA 2001				
Type of facility	Catchment area		Median number of outpatients in preceding month	Number of facilities <sup>1</sup>
	Median population	Number of facilities reporting <sup>1</sup>		
<b>Public facilities</b>				
Hospital	143,000	11	422	16
Health center	20,671	110	249	109
Dispensary	22,577	11	338	12
Total		132	279	137
<b>GAHF</b>				
Hospital	83,500	14	378	12
Health center	21,959	54	417	53
Dispensary	20,536	29	329	8
Total		97	451	73
<b>All facilities</b>				
Hospital	115,500	34	422	28
Health center	20,994	164	320	162
Dispensary	20,990	20	338	20
Total		208	331	210

<sup>1</sup> Some facilities were unable to provide data.

**Table A-1.2 Overnight care services at facilities**

Percentage of facilities having either overnight or inpatient beds; among facilities having client beds, median number of beds, and median number of overnight or inpatient clients for one month, by type of facility and operating authority, Rwanda SPA 2001

Type of facility	Number of facilities having client beds	Among facilities having overnight/inpatient beds, median number of beds per facility	Median number of overnight/inpatient clients for one month <sup>1</sup>	Number of facilities
<b>Public facilities</b>				
Hospital	19	148	314	15
Health center	106	20	34	98
Dispensary	5	12	10	5
<b>GAHF</b>				
Hospital	15	117	232	14
Health center	50	30	75	44
Dispensary	3	6	27	3
<b>All facilities</b>				
Hospital	34	128	272	29
Health center	156	21	46	142
Dispensary	8	11	18	8

<sup>1</sup> Data are from health information system monthly reports available at the facility the day of the survey. Data were asked for the 12 months preceding the survey; however, frequently some months were missing. Information from the number of months for which data were available was summed and an average monthly number of clients calculated for each facility. This number was then used to calculate the median number of overnight clients per month.

**Table A-1.3 Staffing patterns at facilities**

Median number of staff assigned to outpatient services, by staff qualification, type of facility, and operating authority, Rwanda SPA 2001

Type of facility	Median number of staff at each facility <sup>1</sup>			Number of facilities
	Qualified provider for curative care <sup>2</sup>	Primary qualification <sup>3</sup>	Total <sup>4</sup>	
<b>Public facilities</b>				
Hospital	15	10	27	19
Health center	2	3	5	112
Dispensary	1	2	4	11
<b>GAHF</b>				
Hospital	15	6	20	15
Health center	3	2	6	57
Dispensary	2	2	4	9
<b>All facilities</b>				
Hospital	15	7	23	34
Health center	2	3	5	170
Dispensary	1	2	4	19

<sup>1</sup> Numbers were provided by facility administrators. Staff who routinely rotate between inpatient and outpatient services are included.

<sup>2</sup> Physician, nurse A1 or A2

<sup>3</sup> Nurse A3 or auxiliary staff

<sup>4</sup> Total staff includes physicians, nurses (A1, A2, A3), technicians, and auxiliary staff who are assigned for outpatient services.

Table A-1.4 Years of education for interviewed health service providers

Median number of years of basic schooling, and median number of years of technical training, reported by interviewed health service providers, by qualification, Rwanda SPA 2001

Qualification	Median number of years of instruction (basic education) prior to technical training	Median number of years of technical training (after basic education) for qualification	Number of interviewed providers
Doctor, specialist	13	8	7
Doctor, generalist	12.5	6	32
Nurse A1	11	3	36
Nurse A2	9	5	474
Nurse A3	9	3	109
Auxiliary-trained at least one year	9	1	280
Auxiliary-trained less than one year	9	4 months	69
Other support staff	8	4	75

## Chapter 3

Table A-3.1 Availability of services and staff

Percentage of facilities offering outpatient consultation services for sick children, any services for sexually transmitted infections, temporary methods of family planning, antenatal care, child immunization, and well-child growth monitoring; percentage offering facility-based delivery services; percentage of facilities with at least one qualified provider for curative care assigned; percentage offering full range of indicated services at defined minimum frequencies, with facility-based delivery services, and with at least one qualified provider for curative care assigned; and percentage of facilities offering any outreach services, by type of facility and operating authority, Rwanda SPA 2001

Services/staff	Percentage of facilities offering services					Total
	Type of facility			Operating authority		
	Hospital	Health center	Dispensary	Public	GAHF	
<b>Services offered, any frequency</b>						
Curative care for sick child	59	99	100	94	91	93
Services for sexually transmitted infections	100	99	91	98	100	99
Temporary methods of family planning	44	77	80	86	47	72
Antenatal care	32	100	95	90	89	89
Childhood immunization	29	100	100	90	89	89
Growth monitoring	32	88	96	79	83	80
Facility-based delivery services	97	91	47	91	84	88
At least 1 qualified provider for curative care <sup>1</sup>	100	96	86	95	98	96
Full range of services offered <sup>2</sup>	24	63	68	67	40	57
Full range of services offered at defined minimum frequencies <sup>3</sup>	24	62	68	66	39	56
Full range of services offered at defined minimum frequencies, facility-based delivery services offered, and at least 1 qualified provider for curative care assigned to facility	24	54	22	55	31	46
Any community outreach services	24	54	49	46	55	49
Number of facilities	34	170	19	144	79	223

<sup>1</sup> Qualified providers for curative care are physicians, nurse A1 and nurse A2.

<sup>2</sup> Some level of each of the following services: curative care for children, any STI services, temporary methods of family planning, antenatal care, immunization, and child growth monitoring.

<sup>3</sup> Curative care for children provided 5 days per week, STI services offered at least 1 day per week, and preventive or elective services (temporary methods of family planning, antenatal care, immunization, and growth monitoring) provided at least 1 day per week.

**Table A-3.2 Availability of services and staff by type of facility**

Percentage of facilities offering outpatient consultation services for sick children, any services for sexually transmitted infections, temporary methods of family planning, antenatal care, child immunization, and well-child growth monitoring, percentage offering facility-based delivery services; percentage of facilities with at least one qualified provider for curative care assigned; percentage offering full range of indicated services at defined minimum frequencies, and facility-based delivery services, and having at least one qualified provider for curative care assigned; and percentage of facilities offering any outreach services, by facility type and whether adjacent to another or not, Rwanda SPA 2001

Services/staff	Percentage of facilities offering services (and proximity to other facilities)					Total
	Hospital		Health center or dispensary			
	Stand-alone facility	Adjacent to health center or dispensary	Adjacent to hospital	Health center	Dispensary	
<b>Services offered, any frequency</b>						
Curative care for sick child	87	37	100	99	100	93
Services for sexually transmitted infections	100	100	96	99	90	99
Temporary methods of family planning	60	32	86	76	70	72
Antenatal care	60	11	100	100	90	89
Childhood immunization	60	5	100	100	100	89
Growth monitoring	67	5	96	88	92	80
Facility-based delivery services	100	95	30	95	70	88
At least 1 qualified provider for curative care assigned <sup>1</sup>	100	100	95	96	82	96
Full range of services offered <sup>2</sup>	53	0	74	63	48	57
Full range of services offered at defined minimum frequencies <sup>3</sup>	53	0	73	63	48	56
Full range of services offered at defined minimum frequencies, facility-based delivery services offered, and at least 1 qualified provider for curative care assigned to facility	53	0	25	54	30	46
Any community outreach services	40	11	64	54	32	49
Number of facilities	15	19	21	157	21	223

<sup>1</sup> Qualified providers for curative care are physicians, nurse A1 and nurse A2.

<sup>2</sup> Some level of each of the following services: curative care for children, any STI services, temporary methods of family planning, antenatal care, immunization, and child growth monitoring.

<sup>3</sup> Curative care for children provided 5 days per week, STI services offered at least 1 day per week, and preventive or elective services (temporary methods of family planning, antenatal care, immunization, and growth monitoring) provided at least 1 day per week.

Table A-3.3 Facility infrastructure supportive of client utilization and quality 24-hour emergency services

Percentage of facilities with client amenities, percentage where electricity and water are available as indicated, and percentage with items to support quality 24-hour services, by facility type and operating authority, Rwanda SPA 2001

Component	Percentage of facilities offering services					
	Facility type			Operating authority		Total
	Hospital	Health center	Dispensary	Public	GAHF	
<b>Client comfort amenities</b>						
Client latrine	94	95	80	94	93	94
Protected waiting area	82	93	82	90	92	91
Clean facility	79	73	67	68	82	73
All client comfort items <sup>1</sup>	68	66	51	59	75	65
<b>Facility infrastructure</b>						
No electricity or generator	0	41	45	42	25	35
Irregular electricity and no generator	2	14	6	10	12	12
Regular electricity or generator	98	45	49	48	63	53
Generator w/fuel (with or w/out electricity)	85	10	27	17	34	23
Onsite water (may be seasonal)	85	73	62	71	79	74
Regular water supply (onsite/year-round)	65	45	34	45	51	47
Regular water and electricity <sup>2</sup>	65	28	23	30	39	33
<b>Items to support quality 24-hour services</b>						
Facility officially open 24 hours	62	38	8	40	38	39
Duty staff onsite 24 hours <sup>3</sup>	100	89	60	87	91	88
Duty staff on-call 24 hours <sup>3</sup>	0	3	5	3	2	3
2 or more qualified providers for curative care <sup>4</sup>	100	65	44	58	88	68
Overnight patient beds <sup>5</sup>	100	93	37	92	85	90
Emergency communication <sup>6</sup>	91	65	66	66	74	69
Basic components supporting 24-hour services <sup>7</sup>	71	27	6	28	41	32
Basic plus regular water and electricity <sup>8</sup>	50	9	0	12	18	14
Number of facilities	34	170	19	144	79	223

<sup>1</sup> Clean, functioning client latrine; waiting area protected from sun and rain; and basic level of cleanliness.

<sup>2</sup> Year-round, onsite water, and electricity available 24 hours a day or a generator with fuel

<sup>3</sup> A duty schedule or other documentation of official duty status was observed.

<sup>4</sup> Includes doctors and nurses A1 and A2.

<sup>5</sup> Either routine inpatient services or beds for overnight care for emergencies.

<sup>6</sup> Communication device either in facility or within a 5-minute walk and available 24 hours a day.

<sup>7</sup> At least 2 qualified providers for curative care, duty staff onsite or on-call 24 hours a day, overnight beds, patient latrine, access to 24-hour emergency communication, and any onsite water source.

<sup>8</sup> At least 2 qualified providers for curative care, duty staff onsite or on-call 24 hours a day, overnight beds, patient latrine, access to 24-hour emergency communication, and regular water and electricity.

**Table A-3.4 Facility infrastructure supportive of client utilization and quality 24-hour emergency services by type of facility**

Percentage of facilities with client amenities, percentage where electricity and water are available as indicated, and percentage with items to support quality 24-hour services, by facility type and whether adjacent to another facility or not, Rwanda SPA 2001

Component	Percentage of facilities offering services (and proximity to other facilities)					Total
	Hospital		Health center or dispensary			
	Stand-alone facility	Adjacent to health center or dispensary	Adjacent to hospital	Health center	Dispensary	
<b>Client comfort amenities</b>						
Client latrine	87	100	85	95	86	94
Protected waiting area	87	79	94	93	77	91
Clean facility	73	84	76	72	69	73
All client comfort items <sup>1</sup>	67	68	66	65	51	65
<b>Facility infrastructure</b>						
No electricity or generator	0	0	10	44	73	35
Generator w/fuel	80	90	44	8	9	23
Regular electricity or generator	100	95	80	42	20	53
Onsite water (may be seasonal)	87	84	86	71	47	74
Regular water supply (onsite/year-round)	80	53	52	44	34	47
Regular water and electricity <sup>2</sup>	80	53	52	25	12	33
<b>Items to support quality 24-hour services</b>						
Facility officially open 24 hours	47	74	17	39	7	39
Duty staff onsite 24 hours <sup>3</sup>	100	100	40	92	83	88
Duty staff on-call 24 hours <sup>3</sup>	0	0	12	2	9	3
2 or more qualified providers for curative care <sup>4</sup>	100	100	79	62	36	68
Overnight patient beds <sup>5</sup>	100	100	19	97	70	90
Emergency communication <sup>6</sup>	80	100	69	65	56	69
Basic components supporting 24-hour services <sup>7</sup>	71	27	6	28	41	32
Basic plus regular water and electricity <sup>8</sup>	80	53	52	25	12	14
Number of facilities	15	19	21	157	21	223

<sup>1</sup> Clean, functioning client latrine; waiting area protected from sun and rain; and basic level of cleanliness.

<sup>2</sup> Year-round, onsite water, and electricity available 24 hours a day or a generator with fuel

<sup>3</sup> A duty schedule or other documentation of official duty status was observed.

<sup>4</sup> Includes doctors and nurses A1 and A2.

<sup>5</sup> Either routine inpatient services or beds for overnight care for emergencies.

<sup>6</sup> Communication device either in facility or within a 5-minute walk and available 24 hours a day.

<sup>7</sup> At least 2 qualified providers for curative care, duty staff onsite or on-call 24 hours a day, overnight beds, patient latrine, access to 24-hour emergency communication, and any onsite water source.

<sup>8</sup> At least 2 qualified providers for curative care, duty staff onsite or on-call 24 hours a day, overnight beds, patient latrine, access to 24-hour emergency communication, and regular water and electricity.

**Table A-3.5 Items to support quality 24-hour emergency services available at facilities reporting availability of 24-hour outpatient services**

Percentage of facilities with 24-hour staff, two or more qualified providers of curative care, inpatient or overnight beds for patients, client latrine, regular water and electricity, access to 24-hour emergency communication, and all components to support quality 24-hour emergency services, by facility type, Rwanda SPA 2001

Type of facility	Percentage of all facilities reporting they provide 24-hour outpatient services	Among all facilities reporting that outpatient care is provided 24 hours, percentage with:							Number of facilities
		Staff available 24 hours a day <sup>1</sup>	Two or more qualified providers for curative care <sup>2</sup>	Overnight beds for patients <sup>3</sup>	Client latrine	Regular water and electricity <sup>4</sup>	Access to 24-hour emergency communication <sup>5</sup>	All items to support quality, 24-hour emergency services <sup>6</sup>	
Hospital	62	100	100	100	95	67	95	47	21
Health center	38	97	75	100	94	26	71	39	65
Dispensary	8	100	0	50	100	0	100	10	2
Total	39	98	80	99	94	35	78	32	88

<sup>1</sup> Duty staff onsite or on-call (duty schedule or other documentation of official duty status was observed for on-call staff).

<sup>2</sup> Includes doctors and nurses A1 and A2.

<sup>3</sup> Either routine inpatient services or beds for overnight care for emergencies.

<sup>4</sup> Year-round, onsite water and electricity available 24 hours a day or a generator with fuel.

<sup>5</sup> Communication device either in facility or within a 5-minute walk and available 24 hours a day.

<sup>6</sup> At least 2 qualified providers for curative care, duty staff onsite or on-call 24 hours a day, overnight beds, patient latrine, access to 24-hour emergency communication, and regular water and electricity.



**Table A-3.6 Facility-level supervision and in-service education for service providers**

Percentage of facilities where none, at least half, or all of the interviewed health service providers at that facility were personally supervised during the 6 months preceding the survey and received in-service education related to their service during the 12 months preceding the survey, by type of facility, operating authority, and province, Rwanda SPA 2001

Background characteristic	Percentage of facilities in which:						Number of facilities with interviewed health service providers
	No inter-viewed health service providers were personally supervised in the past 6 months	At least half of the inter-viewed health service providers were personally supervised in the past 6 months	All of the interviewed health service providers were personally supervised in the past 6 months	No inter-viewed health service provider received in-service education in the past 12 months	At least half of the interviewed health service providers received in-service education in the past 12 months	All of the interviewed health service providers received in-service education in the past 12 months	
<b>Type of facility</b>							
Hospital	24	21	3	6	21	3	34
Health center	7	46	25	16	43	5	170
Dispensary	16	43	16	15	42	10	19
<b>Operating authority</b>							
Public	8	44	26	15	39	5	144
GAHF	14	39	11	13	40	6	79
<b>Province</b>							
Butare	14	26	29	33	20	7	26
Byumba	6	74	20	22	48	3	17
Cyangugu	0	69	10	0	34	0	14
Gikongoro	22	49	0	22	7	0	12
Gisenyi	5	50	38	7	55	12	21
Gitarama	0	38	16	12	53	8	27
Kibungo	5	58	33	7	37	7	19
Kibuye	24	28	0	12	58	0	16
Kigali City	13	33	15	0	44	0	17
Kigali Ngali	34	21	0	14	47	7	17
Ruhengeri	0	34	31	12	42	12	19
Umutara	6	41	34	21	21	0	17
<b>Total</b>	<b>10</b>	<b>42</b>	<b>21</b>	<b>14</b>	<b>40</b>	<b>5</b>	<b>223</b>

**Table A-3.7 Supportive management practices for health service providers**

Among interviewed health service providers, percentage who were personally supervised in the 6 months preceding the survey, percentage who received in-service education (related to maternal, child, or reproductive health) during the 12 months preceding the survey, percentage who received both personal supervision in the past 6 months and in-service education in the past 12 months, and percentage whose most recent in-service education was received 13-59 months preceding the survey, by type of facility, operating authority, and province, Rwanda SPA 2001

Background characteristic	Percentage of providers:				Number of interviewed health service providers
	Personally supervised in the past 6 months	Who received in-service education in the past 12 months	Personally supervised in the past 6 months and received in-service education in the past 12 months	Whose most recent in-service education was 13-59 months preceding the survey	
<b>Type of facility</b>					
Hospital	27	31	11	27	424
Health center	58	42	26	35	512
Dispensary	42	41	22	40	55
<b>Operating authority</b>					
Public	46	34	19	36	640
GAHF	38	43	19	24	351
<b>Province</b>					
Butare	27	19	6	39	152
Byumba	68	34	24	45	74
Cyangugu	56	40	28	26	57
Gikongoro	42	21	11	41	51
Gisenyi	59	58	39	24	94
Gitarama	46	46	28	33	77
Kibungo	57	38	28	41	49
Kibuye	33	42	16	30	47
Kigali City	33	38	15	34	95
Kigali Ngali	23	47	11	38	74
Ruhengeri	43	40	19	12	132
Umutara	44	35	18	31	88
<b>Total</b>	<b>43</b>	<b>37</b>	<b>19</b>	<b>32</b>	<b>991</b>

Table A-3.8 Storage conditions and stock monitoring systems for vaccines

Among facilities that routinely store vaccines, percentage with a functioning thermometer in the refrigerator where vaccines are stored, percentage with an up-to-date temperature chart, percentage with recommended refrigerator temperature (0-8 degrees Celsius), percentage with adequate cold chain monitoring system, percentage with no expired vaccines, percentage with vaccines stored by expiration date, percentage with up-to-date vaccine inventory, and percentage meeting all criteria, by facility type, operating authority, and province, Rwanda SPA 2001

Background characteristic	Among facilities storing vaccines, percentage with:								Number of facilities storing vaccines
	Functioning thermometer in refrigerator	Temperature chart up to date <sup>1</sup>	Temperature 0-8° C at time of survey	Adequate cold chain monitoring system <sup>2</sup>	No expired vaccines present	Vaccines stored by expiration date <sup>3</sup>	Inventory up to date	Adequate system for monitoring and maintaining stock <sup>4</sup>	
<b>Type of facility</b>									
Hospital	100	29	100	29	100	86	86	29	7
Health center	96	58	88	55	92	77	62	26	162
Dispensary	95	54	95	54	95	82	37	32	16
<b>Operating authority</b>									
Public	95	55	89	53	93	77	56	25	119
GAHF	97	58	90	55	92	79	69	30	67
<b>Province</b>									
Butare	88	54	88	54	79	83	46	21	20
Byumba	94	46	94	46	100	83	58	29	15
Cyangugu	94	70	94	70	84	70	31	12	10
Gikongoro	100	46	92	46	92	64	54	23	11
Gisenyi	100	63	91	63	91	69	55	18	17
Gitarama	96	57	87	52	100	95	78	35	25
Kibungo	96	44	82	39	100	100	69	26	16
Kibuye	100	53	85	39	100	81	74	32	15
Kigali City	91	61	79	61	100	91	58	39	12
Kigali Ngali	92	66	92	66	83	83	50	25	14
Ruhengeri	100	62	100	62	94	62	80	38	18
Umutara	100	60	90	50	80	30	50	10	12
<b>Total</b>	<b>96</b>	<b>56</b>	<b>89</b>	<b>54</b>	<b>92</b>	<b>77</b>	<b>61</b>	<b>27</b>	<b>185</b>

<sup>1</sup> Temperature chart up to date and complete for past 30 days.

<sup>2</sup> Functioning thermometer in refrigerator, temperature chart up to date, and refrigerator temperature 0-8 degrees Celsius at time of survey.

<sup>3</sup> If all vaccines had same expiry date and vaccines were organized, facility was credited with storing vaccines by expiry date.

<sup>4</sup> No expired items present, items stored by expiration date, up-to-date inventory available, and adequate cold chain monitoring system.

Table A-3.9 Storage conditions and stock monitoring systems for contraceptives

Among facilities that store medicines and clinical methods of contraception, percentage in which no expired items were observed, percentage in which items were stored by expiration date, and percentage with up-to-date inventory, by facility type, operating authority, and province, Rwanda SPA 2001

Background characteristic	Percentage of facilities whose contraceptive stock monitoring system indicates:			Number of facilities storing contraceptives	Percentage of facilities whose medicine stock monitoring system indicates:			Number of facilities storing medicines
	No expired items present	Stored by expiration date <sup>1</sup>	Inventory up to date		No expired items present	Stored by expiration date <sup>1</sup>	Inventory up to date	
<b>Type of facility</b>								
Hospital	93	80	60	15	77	71	71	34
Health center	85	79	40	127	84	71	74	170
Dispensary	87	73	56	15	85	68	66	19
<b>Operating authority</b>								
Public	86	78	61	124	87	73	71	144
GAHF	82	82	49	33	76	68	75	79
<b>Province</b>								
Butare	53	79	53	14	70	53	60	26
Byumba	100	77	57	14	97	82	65	17
Cyangugu	90	78	33	9	93	32	37	14
Gikongoro	63	50	56	9	78	65	72	12
Gisenyi	80	73	53	15	66	62	72	21
Gitarama	95	100	85	20	84	92	100	27
Kibungo	100	92	69	13	91	93	82	19
Kibuye	92	100	67	12	76	74	76	16
Kigali City	100	91	58	12	93	93	59	17
Kigali Ngali	77	77	23	14	67	74	54	17
Ruhengeri	100	64	64	14	95	70	87	19
Umutara	70	55	70	10	93	47	86	17
Total	85	80	59	157	83	71	73	223

<sup>1</sup> If all of one type of item had same expiry date, items were considered "stored by expiry date." Among all commodities assessed, any single item with mixed expiry dates that was not organized by date resulted in classification "not stored by expiry date."

## Chapter 4

Table A-4.1 Availability of child health services at the facility

Among facilities offering consultation services for sick children, routine growth monitoring services, and routine child immunization services, percentage providing sick child consultations 7 days a week, and median number of days per week each service is available at the facility, by type of facility, operating authority, and province, Rwanda SPA 2001

Background characteristic	Curative care for sick children			Growth monitoring		Child immunization		Number of facilities offering sick child services
	Percentage with services 7 days a week	Median days per week <sup>1</sup>	Number of facilities	Median days per week <sup>1</sup>	Number of facilities	Median days per week <sup>1</sup>	Number of facilities	
<b>Type of facility</b>								
Hospital	90	7	20	3	11	2.5	10	20
Health center	79	7	167	2	150	2	168	167
Dispensary	75	7	19	3	18	2	19	19
<b>Operating authority</b>								
Public	80	7	135	2	113	2	129	135
GAHF	79	7	71	3	66	2	68	71
<b>Province</b>								
Butare	82	7	23	2	19	2	22	23
Byumba	82	7	17	2.5	15	2	15	17
Cyangugu	57	7	11	3	18	2	10	11
Gikongoro	70	7	11	3	11	2	11	11
Gisenyi	74	7	21	2.5	16	2.5	19	21
Gitarama	100	7	26	3	25	2	25	26
Kibungo	96	7	18	1	18	2	17	18
Kibuye	94	7	16	2	14	2	15	16
Kigali City	77	7	16	3	14	2	16	16
Kigali Ngali	93	7	15	2.5	9	2	15	15
Ruhengeri	54	7	17	2.5	16	2	16	17
Umutara	49	6	14	2	14	2	15	14
Total	79	7	206	2	179	2	197	206

<sup>1</sup> For facilities that provide the service.

**Table A-4.2 Availability of child vaccines**

Among facilities offering child immunization services and routinely storing vaccines, percentage with the indicated child vaccine available, by type of facility, operating authority, and province, Rwanda SPA 2001

Background characteristic	Among facilities offering child immunization services, percentage with the indicated vaccines available						Number of facilities offering child immunization services and storing vaccines
	BCG	Polio	DPT	Measles	All basic child vaccines <sup>1</sup>	Hepatitis	
<b>Type of facility</b>							
Hospital	100	100	100	100	100	0	7
Health center	94	98	87	97	83	2	162
Dispensary	94	100	94	100	88	0	16
<b>Operating authority</b>							
Public	95	99	85	98	81	1	119
GAHF	96	96	93	96	91	2	67
<b>Province</b>							
Butare	86	95	95	95	86	0	20
Byumba	87	93	67	93	67	0	15
Cyangugu	90	100	80	100	80	0	10
Gikongoro	75	100	92	100	75	0	11
Gisenyi	100	100	100	100	88	0	17
Gitarama	100	100	96	100	96	0	25
Kibungo	94	94	75	94	75	0	16
Kibuye	100	100	93	100	93	0	15
Kigali City	100	100	100	100	100	8	12
Kigali Ngali	100	100	100	100	100	0	14
Ruhengeri	94	94	61	94	61	6	18
Umutara	100	100	91	82	82	0	12
<b>Total</b>	<b>95</b>	<b>98</b>	<b>88</b>	<b>97</b>	<b>83</b>	<b>2</b>	<b>185</b>

<sup>1</sup> BCG, polio, DPT, and measles.

**Table A-4.3 Specific equipment and supplies for vaccination services**

Among facilities offering childhood vaccination services, percentage with specific equipment and supplies, items for infection prevention, and record keeping system components for good quality services, by type of facility, operating authority, and province, Rwanda SPA 2001

Background characteristic	Among facilities offering childhood vaccinations, percentage with the following:								Number of facilities offering child vaccination services
	Equipment and supplies			Items for infection prevention		Administrative practices			
	Blank immunization cards	Adequate supplies of syringes and needles		Cold box with ice pack <sup>2</sup>	Soap and water	Sharps box	Register of tally sheets <sup>3</sup>		
	Disposable	Reusable available <sup>1</sup>							
<b>Type of facility</b>									
Hospital	100	100	10	100	90	90	100	30	10
Health center	72	99	37	99	84	87	87	46	170
Dispensary	66	100	37	96	76	88	85	39	19
<b>Operating authority</b>									
Public	70	100	31	99	79	89	84	42	129
GAHF	79	97	47	99	90	85	94	50	70
<b>Province</b>									
Butare	85	100	68	100	92	100	96	39	22
Byumba	81	100	7	100	52	100	77	25	15
Cyangugu	94	100	80	100	66	86	92	47	10
Gikongoro	85	100	64	100	85	92	92	46	11
Gisenyi	47	100	5	100	77	77	69	36	19
Gitarama	70	100	36	100	96	82	92	70	25
Kibungo	52	100	28	96	88	68	84	59	17
Kibuye	79	94	40	100	100	81	87	40	15
Kigali City	63	91	40	100	84	84	100	49	16
Kigali Ngali	84	100	60	100	100	100	92	38	15
Ruhengeri	76	100	11	94	62	100	87	37	18
Umutara	77	100	7	100	86	77	85	39	15
<b>Total</b>	<b>73</b>	<b>99</b>	<b>36</b>	<b>99</b>	<b>83</b>	<b>87</b>	<b>88</b>	<b>45</b>	<b>199</b>

<sup>1</sup> While most of these facilities had both disposable and reusable syringes and needles, 2 percent (3 facilities) had only reusable syringes and needles available.

<sup>2</sup> If a facility reported it purchased ice, this was accepted in place of the ice pack.

<sup>3</sup> Either a register or tally sheets for recording different immunizations that were given.

<sup>4</sup> Either DPT dropout rate or measles coverage was documented.

**Table A-4.4 Availability of specific equipment and supplies for quality assessment of the sick child**

Among facilities that provide sick child (SC) consultations, percentage with indicated items to support quality counseling services, to provide preventive services, and to assess the sick child in the service delivery room, by type of facility and operating authority, Rwanda SPA 2001

Item	Percentage of facilities providing sick child consultations that have indicated items					Total
	Type of facility			Operating authority		
	Hospital	Health center	Dispensary	Public	GAHF	
<b>Support quality counseling</b>						
Soap and water	80	83	82	76	94	82
Child health cards	70	57	67	56	64	59
Treatment protocols/standards (any)	50	62	54	54	72	60
Treatment protocols/standards (IMCI)	35	38	33	32	48	37
Visual aids for health education	20	35	26	24	47	32
All items to support quality of care	20	20	11	11	35	19
<b>Preventive measures</b>						
Capacity to provide vaccinations <sup>1</sup>	40	45	40	35	61	44
Infant weighing scale	55	77	69	67	89	74
Child weighing scale	65	93	90	90	89	90
All preventive measures	40	47	40	37	63	46
<b>Equipment for assessment</b>						
Thermometer	90	93	100	92	95	93
Minute timer <sup>2</sup>	35	39	47	37	45	39
ORS administration materials	25	48	40	36	64	45
All equipment for assessment	20	22	31	16	34	23
All equipment and supplies	5	6	11	4	12	4
Number of facilities offering SC services	20	167	19	135	71	206
Physician, nurse A1 or A2 among interviewed providers of child health services	82	42	49	54	64	57
Number of interviewed providers of child health services	287	447	47	496	285	781

<sup>1</sup> Vaccines, equipment, immunization cards, and infection control items all available. Register and monitoring of coverage were not considered essential to immunize sick children on the day of survey.

<sup>2</sup> This represents a minute timer that is facility equipment. In addition to these, many staff had personal watches with second hands that could be used to time for one minute.



**Table A-4.5 Availability of specific medicines for quality treatment of the sick child**

Among facilities that provide sick child (SC) consultations, percentage where first-line, prereferral, and other essential medications are available, by type of facility and operating authority, Rwanda SPA 2001

Medicine	Percentage of facilities providing sick child consultations that have indicated medicines					Total
	Type of facility			Operating authority		
	Hospital	Health center	Dispensary	Public	GAHF	
<b>First-line oral medicines</b>						
ORS	90	91	67	89	88	89
Antibiotic: Amoxicillin	95	87	82	86	90	88
Antibiotic: Co-trimoxazole	95	92	89	92	92	92
Antimalarial: Chloroquine	95	91	85	89	94	91
Antimalarial: Daraprim	100	93	85	95	90	93
All essential oral medicines <sup>1</sup>	90	87	67	85	86	85
<b>Prereferral injectable medicines</b>						
Antibiotic: Ampicillin	90	47	34	43	63	50
Antibiotic: Penicillin	100	91	79	91	91	91
Antibiotic: Gentamicin	85	44	25	39	60	46
Antimalarial: Quinine	95	93	84	93	92	93
Intravenous solution with infusion set	100	77	33	75	76	75
All prereferral medicines <sup>2</sup>	95	69	26	66	70	67
<b>Other essential medicines</b>						
Aspirin or paracetamol (antipyretic)	100	98	95	98	97	98
Vitamin A (any dose)	45	66	60	57	74	63
Iron tablets	60	56	34	48	68	55
Mebendazole (for deworming)	100	93	80	94	90	93
Antibiotic eye ointment	95	86	65	82	89	85
All other essential medicines	35	33	16	23	49	32
Number of facilities offering SC services	20	167	19	135	71	206

<sup>1</sup> ORS and at least one antibiotic and one antimalarial.

<sup>2</sup> At least one injectable antibiotic, injectable quinine, and intravenous solution with infusion set.

Table A-4.6 Qualification and experience with supportive management for providers of child health services

Among interviewed child health service providers, percentage who were doctors, percentage who were nurses A1 or A2, percentage who were personally supervised in the 6 months preceding the survey, percentage who received in-service education related to child health during the 12 months preceding the survey, percentage who received both personal supervision in the past 6 months and in-service education in the past 12 months, and percentage whose most recent in-service education was received 13-59 months preceding the survey, by type of facility, operating authority and province, Rwanda SPA 2001

Background characteristic	Among interviewed child health service providers, percentage						Number of interviewed child health service providers
	Qualified as		Personally supervised in the past 6 months	Received in-service education in the past 12 months	Personally supervised in the past 6 months and received in-service education in the past 12 months	Whose most recent in-service education was 13-59 months preceding the survey	
	Doctors	Nurses <sup>1</sup>					
<b>Type of facility</b>							
Hospital	17	66	28	25	12	21	287
Health center	0	42	59	35	24	32	447
Dispensary	0	49	37	35	17	30	47
<b>Operating authority</b>							
Public	6	48	50	36	23	30	496
GAHF	7	57	39	32	17	24	285
<b>Province</b>							
Butare	10	67	37	15	9	25	100
Byumba	4	43	68	26	18	28	61
Cyangugu	15	66	62	38	25	24	45
Gikongoro	4	43	44	16	10	35	44
Gisenyi	3	55	64	51	40	31	73
Gitarama	5	48	47	41	25	24	68
Kibungo	13	37	57	29	23	33	45
Kibuye	8	51	27	39	13	25	38
Kigali City	2	68	32	27	14	39	78
Kigali Ngali	4	45	24	33	13	31	71
Ruhengeri	4	43	51	40	27	17	88
Umutara	6	39	51	28	19	28	71
<b>Total</b>	<b>6</b>	<b>51</b>	<b>46</b>	<b>33</b>	<b>21</b>	<b>28</b>	<b>781</b>

<sup>1</sup> Nurse A1 or A2 level.

**Table A-4.7 Existence of routine user fees**

Percentage of facilities reporting they routinely charge for child immunization cards, for syringes used for immunizations, for some vaccines, and for consultation services for sick children; and the median routine charge, by type of facility and operating authority, Rwanda SPA 2001

Background characteristic	Percentage of facilities with routine charge, and median amount of routine charge for facilities reporting they have some charge for:			Number of facilities providing child immunization services	Percentage of facilities with routine charge for sick child consultation	Number of facilities providing sick child services
	Immunization and growth chart	Immunization syringes	Immunization vaccine (above syringe charge)			
<b>Type of facility</b>						
Hospital	15	24	0	10	100	20
Health center	18	11	2	170	99	167
Dispensary	21	0	6	19	90	19
<b>Operating authority</b>						
Public	11	8	2	129	99	135
GAHF	31	14	4	79	97	71
Total	18	16	3	199	99	206
Median charge <sup>1,2</sup>	50 RFR	50 RFR	50 RFR		100 RFR <sup>2</sup>	

<sup>1</sup> Among facilities having any routine charge.

<sup>2</sup> Median charge for hospitals was 250 RFR, and for all other facilities 100 RFR.

**Table A-4.8 Out-of-pocket payments for sick child consultations**

Among interviewed caretakers of sick children, percentage who reported they are part of a social health insurance plan,<sup>2</sup> and percentage who reported paying any out-of-pocket fees for services for the sick child on the day of the survey; among the caretakers who paid any fees for services for the sick child, median amount (Rwandan Franc) paid on the day of the survey, by whether the child belongs to a social health insurance plan (mutual) or not, by type of facility and operating authority, Rwanda SPA 2001

Background characteristic	Percentage of interviewed caretakers of sick children reporting:			Median out-of-pocket payment (RFR) by caretakers who paid any fees for child health services on the day of survey		Number of interviewed caretakers providing valid responses
	Child belongs to social health insurance plan	They paid any out-of-pocket fees for this visit <sup>1</sup>	Number of interviewed caretakers	Belongs to social health insurance plan	Does not belong to social health insurance plan	
<b>Type of facility</b>						
Hospital	21	86	94	121	436	81
Health center	20	89	1,018	101	451	907
Dispensary	19	85	118	250	451	100
<b>Operating authority</b>						
Public	18	88	737	101	476	650
GAHF	24	89	493	101	426	438
Total	20	89	1,230	101	451	1,088

<sup>1</sup> Includes any amount paid out-of-pocket, including consultation, laboratory test, medicines, or other.

<sup>2</sup> "mutuelle de santé"

Table A-4.9 General assessments, examinations, and treatments for sick children

Percentage of observed children for whom the indicated assessment, examination, or intervention was a component of their consultation, by type of facility and operating authority, Rwanda SPA 2001

Consultation component	Percentage of observed children for whom the indicated component was included in the consultation					Total
	Type of facility			Operating authority		
	Hospital	Health center	Dispensary	Public	GAHF	
<b>History: Assessment of danger signs</b>						
Inability to eat or drink anything	38	33	31	30	38	33
Vomiting everything	50	44	51	43	49	45
Convulsions	5	8	9	7	10	8
All danger signs	1	3	3	2	5	3
<b>History: Assessment of symptoms</b>						
Cough or difficult breathing	64	76	72	74	76	75
Diarrhea	50	48	46	48	48	48
Fever	88	89	85	89	88	88
All major symptoms	28	35	29	34	34	34
<b>Physical examination</b>						
Measured temperature	67	86	86	83	88	85
Felt temperature	14	20	20	16	25	20
Assessed anemia: look at palms	19	13	14	12	16	13
Assessed anemia: look at eye conjunctiva or mucosa of mouth	41	46	52	43	51	46
Assessed dehydration	44	37	35	36	38	37
Counted respiratory rate per minute	16	31	21	26	33	29
All physical checks <sup>1</sup>	4	7	3	5	8	6
<b>Drinking/feeding practices during illness for children &lt; 24 months (n=892)</b>						
Breastfeeding practices	35	28	32	25	34	29
Complementary feeding	26	21	23	23	21	22
Observed if child can drink or suck	15	13	15	13	14	13
All 3 assessments of drinking/feeding status	6	3	2	4	2	3
<b>Essential advice</b>						
Increase fluids	5	5	14	5	7	6
Continue/increase feeding	5	7	12	6	9	7
Symptoms for immediate return	11	12	13	14	10	12
All 3 essential messages	0	1	2	1	1	1
<b>Preventive measures</b>						
Child weighed	61	60	57	51	74	60
Weight plotted	2	6	8	5	7	6
Immunization status assessed (<24 months)	4	10	9	9	9	9
Immunization status assessed (≥24 months)	4	7	0	5	9	6
Number of observed children < 24 months old	62	732	91	531	361	892
Number of observed children < 59 months old	95	1,026	118	741	498	1,239

<sup>1</sup> Respiratory rate counted, either method for assessing presence of fever, and either method for assessing presence of anemia.

Table A-4.10 Exit interview

Percentage of interviewed caretakers of observed children who identified specific items as big problems for them on the day of the visit, by type of facility and operating authority, Rwanda SPA 2001

Item	Percentage of interviewed caretakers who identified items as big problems					Total
	Type of facility			Operating authority		
	Hospital	Health center	Dispensary	Public	GAHF	
Behavior/attitude of provider	1	8	3	8	6	7
Insufficient time with provider	12	8	14	9	8	9
Insufficient explanation about child's illness	69	69	74	72	65	69
Waiting time to see provider	14	11	18	12	12	12
Availability of medicines or supplies	12	13	20	16	10	14
Hours facility is open	3	6	4	6	4	5
Cleanliness of facility	6	8	3	9	5	7
Number of interviewed caretakers	94	1,018	118	737	493	1,230

## Chapter 5

Table A-5.1 Availability of different methods of family planning

Among facilities offering any temporary family planning (FP) methods, percentage offering each of the indicated methods, percentage offering only sterilization, percentage offering only rhythm method, and percentage offering at least two modern temporary methods of contraception, by type of facility and operating authority, Rwanda SPA 2001

Family planning method	Among facilities offering family planning, percentage offering various family planning methods					Total
	Type of facility			Operating authority		
	Hospital	Health center	Dispensary	Public	GAHF	
Combined oral contraceptives	61	90	88	87	85	87
Progesterone only oral pill	56	66	67	67	58	65
Progesterone only injectable (2 monthly)	28	33	21	28	40	31
Progesterone only injectable (3 monthly)	67	95	86	93	83	91
Implant	44	6	8	6	25	10
Male condom	61	65	59	63	64	64
Female condom	6	3	0	1	10	3
Spermicide	0	2	0	1	4	2
Intrauterine device	33	2	14	3	18	7
Male sterilization	33	0	0	2	11	4
Female sterilization	78	0	0	6	19	9
Rhythm method	44	34	14	26	56	33
Only sterilization	17	0	0	2	3	2
Only rhythm method	0	3	0	0	10	2
At least one modern method	83	97	100	98	88	96
At least two modern methods <sup>1</sup>	67	95	94	95	83	92
Number of facilities offering FP	18	131	15	126	38	164

<sup>1</sup> At least two of the following methods: oral pills (combined or progesterone), injections (every 2 or 3 months), implants, condoms (male or female), intrauterine devices, or a spermicide.

Table A-5.2 Availability of infrastructure, resources, and systems for quality family planning services

Among facilities offering temporary methods of family planning (FP), percentage with items to support quality counseling (infrastructure to provide privacy, individual client cards, guidelines or protocols, and visual aids for health education), and percentage with items for quality physical examination (items for infection prevention, visual privacy, an examination bed, an examination light, and a speculum), by type of facility and operating authority, Rwanda SPA 2001

Items	Among facilities offering family planning, percentage with items to support quality counseling and physical examinations					Total
	Type of facility			Operating authority		
	Hospital	Health center	Dispensary	Public	GAHF	
<b>Items to support quality counseling</b>						
Auditory privacy	93	93	94	92	96	93
Written FP protocols or guidelines	0	11	13	11	6	10
Visual aids for health education	53	49	70	51	52	51
Individual client health cards	87	78	80	79	79	79
All items to support quality counseling <sup>1</sup>	0	5	0	5	0	4
<b>Items to support quality physical examination</b>						
Infection prevention						
Soap	87	71	77	70	83	73
Water	93	75	77	74	88	77
Clean gloves	67	65	66	63	74	66
Disinfecting solution	67	59	62	59	65	60
Sharps box	80	59	62	60	68	62
All items for infection prevention <sup>2</sup>	47	36	37	34	49	37
Furnishings and equipment for pelvic examination						
Visual privacy	87	91	94	92	87	91
Examination bed <sup>3</sup>	87	72	74	76	66	73
Examination light <sup>4</sup>	33	21	13	22	17	21
Vaginal speculum	73	74	70	74	73	74
All furnishings and equipment for pelvic examination <sup>5</sup>	33	17	13	21	13	18
All items for both infection prevention and pelvic examination	33	13	7	16	9	15
Number of facilities offering FP	18	131	15	126	38	164

<sup>1</sup> Auditory privacy, individual client health cards, written protocols, and visual aids.

<sup>2</sup> Soap, water, clean gloves, disinfecting solution, and sharps box.

<sup>3</sup> Any bed where a woman can lie down flat.

<sup>4</sup> Examination light, flashlight, or other spotlight source.

<sup>5</sup> Visual privacy, examination bed, examination light, and vaginal speculum.

**Table A-5.3 Availability of medicines for treating sexually transmitted infections**

Percentage of facilities that offer temporary methods of family planning (FP) where the indicated medicine is available, and percentage with at least one treatment for each of the sexually transmitted infections (STIs) indicated, by type of facility and operating authority, Rwanda SPA 2001

Medicine	Percentage of facilities offering family planning that have specific medicines for STIs available					Total
	Type of facility			Operating authority		
	Hospital	Health center	Dispensary	Public	GAHF	
Nystatin suppository (candidiasis)	100	60	50	57	84	63
<b>Medicines for treating STIs</b>						
Metronidazole (trichomoniasis)	100	92	100	90	97	93
Ceftriaxone (gonorrhea)	0	1	0	1	0	1
Spectinomycin (gonorrhea)	11	15	13	13	21	15
Ciprofloxacin (gonorrhea)	61	45	60	47	53	49
Doxycycline (chlamydia, syphilis)	100	78	87	79	87	81
Tetracycline (chlamydia, syphilis)	61	31	40	29	55	35
Erythromycin (chlamydia, syphilis)	100	62	73	64	81	68
Penicillin B (syphilis)	89	82	67	78	90	81
Procaine penicillin (syphilis)	94	91	80	91	90	90
At least one medicine for each STI <sup>1</sup>	60	31	21	29	47	33
Number of facilities offering FP	18	131	15	126	38	164

<sup>1</sup> At least one medicine for treating trichomoniasis, gonorrhea, chlamydia, and syphilis.



**Table A-5.4 Supportive management for providers of family planning services**

Among interviewed family planning (FP) service providers, percentage who were personally supervised in the 6 months preceding the survey, percentage who received in-service education related to FP during the 12 months preceding the survey, percentage who received both personal supervision in the past 6 months and in-service education in the past 12 months, and percentage whose most recent in-service education was received 13-59 months preceding the survey, by type of facility, operating authority, and province, Rwanda SPA 2001

Background characteristic	Among interviewed family planning service providers, percentage				Number of interviewed providers of FP services <sup>1</sup>
	Personally supervised in the past 6 months	Who received in-service education in the past 12 months	Personally supervised in the past 6 months and received in-service education in the past 12 months	Whose most recent in-service education was 13-59 months preceding the survey	
<b>Type of facility</b>					
Hospital	35	24	23	37	102
Health center	63	25	24	33	283
Dispensary	49	26	26	22	23
<b>Operating authority</b>					
Public	59	21	21	32	307
GAHF	44	34	33	20	101
<b>Province</b>					
Butare	69	16	16	48	34
Byumba	66	32	32	41	40
Cyangugu	60	33	33	17	33
Gikongoro	40	17	16	39	28
Gisenyi	69	36	34	61	44
Gitarama	57	21	21	9	36
Kibungo	81	36	36	22	22
Kibuye	48	33	33	22	25
Kigali City	45	20	20	33	36
Kigali Ngali	26	26	26	53	37
Ruhengeri	51	19	14	33	43
Umutara	49	5	5	27	29
Total	55	24	24	31	408

<sup>1</sup> Includes 24 staff who reported they provide FP services even though their facility reported it does not provide the service

**Table A-5.5 Charging practices for family planning services**

Among facilities offering family planning (FP) services, percentage of facilities reporting any charge for specific family planning services, and among facilities that do charge, the median charge for the service, Rwanda SPA 2001

Item	Percentage reporting any charge	Median charge (RFR) among facilities that charge	Number of facilities with valid data
Oral pill (either combined or progesterone only) per cycle	20	60 RFR	154
Progesterone only injection (3 monthly)	32	100 RFR	155
Male condom (packet of 4)	24	20 RFR	126
Family planning consultation	32	100 RFR	161
Family planning card	12	50 RFR	160

## Chapter 6

Table A-6.1 Availability of antenatal care with other family health services

Among facilities offering antenatal care (ANC), the percentage offering ANC services on the day of the survey; percentage offering both ANC and family planning, both ANC and curative care for sick children, both ANC and child immunization services, and both ANC and tetanus toxoid (TT) vaccine on the day of the survey, by type of facility, operating authority, and province, Rwanda SPA 2001

Background characteristic	Percentage offering ANC the day of survey <sup>1</sup>	Percentage of facilities offering both ANC and the indicated service on the day of the survey				Number of facilities offering ANC
		Family planning	Sick child services	Child immunization	TT	
<b>Type of facility</b>						
Hospital	36	9	27	9	9	11
Health center	62	20	61	7	44	170
Dispensary	62	19	62	26	54	18
<b>Operating authority</b>						
Public	55	23	55	6	41	129
GAHF	71	13	67	14	47	70
<b>Province</b>						
Butare	96	39	96	12	73	22
Byumba	49	24	49	18	43	16
Cyangugu	42	6	42	6	28	10
Gikongoro	92	15	92	8	61	11
Gisenyi	42	5	42	0	34	19
Gitarama	69	21	65	5	53	25
Kibungo	84	29	84	4	67	17
Kibuye	38	13	38	26	13	15
Kigali City	45	18	45	0	25	15
Kigali Ngali	46	23	46	15	38	15
Ruhengeri	63	20	52	12	39	18
Umutara	39	8	39	0	23	15
Total	60	19	59	9	43	199

<sup>1</sup> Facilities that were not providing ANC services the day of the survey were revisited another day to observe services being provided. Information on service availability, however, was provided for the day of the first visit to the facility.

**Table A-6.2 Availability of specific equipment and supplies for quality assessments of the antenatal care client**

Percentage of facilities offering antenatal care (ANC) where there is privacy for consultations, there are client health cards, treatment standards and protocols, visual aids for health education, items for infection prevention, elements for physical examination, and equipment for basic ANC examinations, in or adjacent to the consultation or examination room; and percentage of facilities having basic ANC medications, by type of facility, operating authority, and province, Rwanda SPA 2001

Component	Percentage of facilities offering ANC that have specific service components available					Total
	Type of facility			Operating authority		
	Hospital	Health center	Dispensary	Public	GAHF	
<b>Items to support quality counseling</b>						
Some measure of privacy	91	99	94	99	97	98
Individual client health cards	91	81	84	79	86	81
Written ANC protocols/guidelines	0	31	16	22	39	28
Visual aids for health education	18	27	28	23	33	27
Group health education sessions	82	99	100	98	100	99
All items to support quality counseling <sup>1</sup>	0	11	6	4	21	10
<b>Items to support quality physical examination</b>						
Infection prevention						
Soap	91	73	71	65	90	74
Water	91	76	75	71	87	77
Clean gloves	73	72	74	68	80	72
Disinfecting solution	82	63	76	57	81	66
Sharps box	91	70	78	66	83	72
All items for infection prevention <sup>2</sup>	64	40	45	34	58	42
Infrastructure for examination						
Visual privacy for examination	100	93	100	93	97	94
Examination bed <sup>3</sup>	91	79	87	86	72	81
Examination light <sup>4</sup>	27	23	16	22	24	23
All elements for physical examination <sup>5</sup>	18	15	11	14	18	15
<b>Equipment for ANC assessment</b>						
Blood pressure apparatus	91	86	83	85	89	86
Adult weight scale	91	93	89	93	92	93
Fetoscope (Pinard)	91	98	100	98	97	98
<b>Basic ANC medicines</b>						
Iron tablets <sup>6</sup>	100	70	46	66	76	70
Folic acid tablets <sup>6</sup>	91	61	48	59	66	62
Tetanus toxoid vaccine	73	93	86	90	93	91
All basic ANC equipment and medicines <sup>7</sup>	64	41	24	36	51	41
Number of facilities offering ANC	11	170	18	129	70	199

<sup>1</sup> Some measure of privacy (either a private room or visual barrier in a non-private room), individual client health cards, written ANC protocols or guidelines, and visual aids for health education (group health education not included).

<sup>2</sup> Soap, water, gloves, disinfecting solution for putting contaminated reusable items, and sharps box.

<sup>3</sup> Any type of bed where woman can lie down flat.

<sup>4</sup> Examination light, flashlight, or other spotlight source.

<sup>5</sup> Visual privacy, examination light, bed, clean gloves, soap and water, disinfecting solution, and sharps box are all available.

<sup>6</sup> Iron and folic acid may be combined.

<sup>7</sup> Blood pressure apparatus, adult weight scale, fetoscope, iron and folic acid tablets, and tetanus toxoid vaccine.

**Table A-6.3 Availability of specific medicines and protocols for antenatal care services**

Percentage of facilities with indicated medicines for managing common illnesses during pregnancy, percentage that routinely provide or prescribe malaria prophylaxis, STI treatment, blood test for anemia, urine test for protein, blood test for syphilis, and voluntary counseling and testing (VCT) for HIV/AIDS as a component of antenatal care (ANC), and percentage with a thermometer and an infant scale for postnatal care (PNC) services, by type of facility and operating authority, Rwanda SPA 2001

Component	Percentage of facilities with specific medicines and protocols available for ANC					Total
	Type of facility			Operating authority		
	Hospital	Health center	Dispensary	Public	GAHF	
<b>Medicines for managing common complications during pregnancy</b>						
Antibiotic <sup>1</sup>	100	96	94	96	95	96
Metronidazole (trichomoniasis)	100	91	94	90	95	92
Mebendazole (anthelmintic)	100	94	84	95	89	93
Antimalarial	100	98	94	99	96	98
Methyldopa (antihypertensive)	91	15	20	13	32	20
Nystatin suppository	100	62	51	55	78	63
Ceftriaxone (gonorrhea)	0	2	0	1	3	2
Spectinomycin (gonorrhea)	27	17	11	14	21	17
Ciprofloxacin (gonorrhea)	65	50	59	49	60	53
Doxycycline (chlamydia, syphilis)	100	79	83	78	84	80
Tetracycline (chlamydia, syphilis)	64	39	33	30	60	40
Erythromycin (chlamydia, syphilis)	100	64	78	62	76	67
Penicillin (syphilis)	73	81	67	75	87	79
All medicines for sexually transmitted infections <sup>2</sup>	73	53	54	49	64	54
All basic ANC medications <sup>3</sup>	73	9	0	6	21	12
<b>Facility standards for routine ANC service</b>						
Prescribe malaria prophylaxis	18	11	24	12	13	13
Prescribe STI treatment by ANC providers	18	22	50	24	25	24
Test blood for anemia	18	13	13	5	29	13
Test urine for protein	18	21	33	15	34	22
Test blood for syphilis	18	9	12	5	19	10
Voluntary counseling and testing HIV/AIDS	46	49	38	49	47	48
<b>Equipment related to postnatal care</b>						
Thermometer	73	81	86	78	88	81
Infant scale	36	67	61	60	74	65
Number of facilities offering ANC	11	170	18	129	70	199

<sup>1</sup> Amoxicillin, ampicillin, or co-trimoxazole.

<sup>2</sup> At least one medicine for treating trichomoniasis, gonorrhea, chlamydia, and syphilis.

<sup>3</sup> At least one antibiotic, at least one medicine for treating trichomoniasis, gonorrhea, chlamydia, and syphilis, mebendazole, antimalarial, methyldopa, and nystatin suppository.

**Table A-6.4 Statistics on utilization of antenatal care and delivery services for facilities in the RSPA**

Median number of antenatal care (ANC) clients per month (new and repeat), median number of deliveries per month, and median number of caesarean sections in the 12 months preceding the survey, by type of facility and operating authority, Rwanda SPA 2001

Background characteristic	Median number of ANC clients per month <sup>1</sup>	Median number of deliveries per month <sup>1</sup>	Median number of caesarean sections in past 12 months
<b>Type of facility</b>			
Hospital	74	47	114
Health center	62	11	0
Dispensary	38	5	0
<b>Operating authority</b>			
Public	57	9	128
GAHF	65	17	109
Total	61	11	114

<sup>1</sup> Data are from health information system monthly reports available at the facility the day of the survey. Data were asked for the 12 months preceding the survey; however, frequently some months were missing. Information from the number of months for which data were available was summed and an average monthly number of clients calculated for each facility. This number was then used to calculate the median number of ANC clients per month.

**Table A-6.5 Supportive management for providers of antenatal care**

Among interviewed antenatal care (ANC) service providers, percentage who were personally supervised in the 6 months preceding to the survey, percentage who received in-service education related to ANC during the 12 months preceding to the survey, percentage who received both personal supervision in the past 6 months and in-service education in the past 12 months, and percentage whose most recent in-service education was received 13-59 months preceding the survey, by type of facility, operating authority, and province, Rwanda SPA 2001

Background characteristic	Among interviewed ANC service providers, percentage				Number of interviewed providers of ANC services
	Personally supervised in the past 6 months	Who received in-service education in the past 12 months	Personally supervised in the past 6 months and received in-service education in the past 12 months	Whose most recent in-service education was 13-59 months preceding the survey	
<b>Type of facility</b>					
Hospital	19	35	9	15	197
Health center	58	69	22	34	430
Dispensary	44	55	10	41	50
<b>Operating authority</b>					
Public	50	58	21	32	433
GAHF	38	58	15	24	245
<b>Province</b>					
Butare	28	41	11	23	102
Byumba	69	72	28	30	52
Cyangugu	63	70	26	25	39
Gikongoro	41	48	7	37	39
Gisenyi	68	82	36	12	51
Gitarama	49	66	25	42	56
Kibungo	74	77	25	55	33
Kibuye	37	59	13	26	33
Kigali City	35	53	13	35	71
Kigali Ngali	23	49	11	50	61
Ruhengeri	47	53	11	13	80
Umutara	46	58	12	20	60
<b>Total</b>	<b>46</b>	<b>58</b>	<b>19</b>	<b>29</b>	<b>677</b>

**Table A-6.6 Out-of-pocket payments for first-visit antenatal care clients**

Among interviewed first-visit antenatal care (ANC) clients, percentage who reported that they are part of a social health insurance plan<sup>2</sup>, and percentage who reported paying any out-of-pocket fees for ANC services on the day of the survey; and among the clients who paid any fees for ANC services, the median amount (Rwandan Franc) paid for services on the day of the survey, by whether client belonged to a social insurance plan (mutual), by type of facility and operating authority, Rwanda SPA 2001

Background characteristic	Percentage of interviewed first-visit ANC clients reporting they:		Number of interviewed first-visit ANC clients	Median out-of-pocket payment (RFR) by ANC clients who paid anything for services the day of the survey <sup>1</sup>		Number of interviewed first-visit ANC clients providing valid responses for amount paid
	Belong to a social insurance plan	Paid any out-of-pocket charges for this visit		Belong to a social insurance plan	Do not belong to a social insurance plan	
<b>Type of facility</b>						
Hospital	0	92	67	na	121	67
Health center	7	98	1,259	101	201	1,255
Dispensary	4	95	167	101	200	165
<b>Operating authority</b>						
Public	6	97	954	101	200	952
GAHF	6	97	539	101	201	535
Total	6	97	1,493	101	201	1,487

na: Not applicable

<sup>1</sup> Includes any amount paid out-of-pocket, including consultation, laboratory test, medicines, or other.

<sup>2</sup> "mutuelle de santé"

**Table A-6.7 Characteristics of observed antenatal care clients**

Percentage of observed antenatal care (ANC) clients on first or follow-up visit, and estimated month of pregnancy, by type of facility, operating authority, and province, Rwanda SPA 2001

Background characteristic	Percentage of ANC clients with:		Month of pregnancy		Number of observed ANC clients
	First ANC visit at this facility	Follow-up ANC visit	Percent > 5 months	Percent > 8 months	
<b>Type of facility</b>					
Hospital	52	48	97	48	139
Health center	52	48	96	43	248
Dispensary	54	46	98	41	321
<b>Operating authority</b>					
Public	53	47	97	43	1,854
GAHF	51	49	95	42	1,088
<b>Province</b>					
Butare	51	49	96	41	362
Byumba	56	44	97	41	252
Cyangugu	55	45	97	48	137
Gikongoro	40	60	97	49	138
Gisenyi	54	46	96	44	141
Gitarama	52	48	97	41	387
Kibungo	55	45	94	37	377
Kibuye	54	46	98	52	188
Kigali City	56	44	96	42	218
Kigali Ngali	53	47	97	47	258
Ruhengeri	47	54	96	40	217
Umutara	51	49	98	43	267
Total	52	48	97	43	2,942

**Table A-6.8 General assessments, examinations, and interventions for observed first-visit antenatal care clients**

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

Component	Percentage of first-visit ANC clients with component included in consultation					
	Type of facility			Operating authority		Total
	Hospital	Health center	Dispensary	Public	GAHF	
<b>Prior history and client characteristics</b>						
Client age	90	89	85	89	88	88
Date of last menstrual period	97	93	94	92	94	93
Any aspects related to prior pregnancy	94	93	91	92	94	93
Any aspects of complications during a prior pregnancy	58	56	63	57	55	57
Medications client currently taking	0	3	4	2	5	3
All prior history and client characteristics	0	3	3	2	5	3
<b>Complications of prior pregnancies that were asked for all first-visit ANC clients</b>						
Miscarriage	54	50	58	53	49	51
Infant mortality in first week after birth	13	18	24	17	21	19
Severe bleeding during labor or postpartum	15	5	7	4	9	6
Assisted delivery	8	8	8	8	9	8
Number of observed first-visit ANC clients	72	1,288	174	978	556	1,534



**Table A-6.9 Preventive and diagnostic interventions**

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

Component	Percentage of ANC clients who received component during consultation					Total
	Type of facility			Operating authority		
	Hospital	Health center	Dispensary	Public	GAHF	
<b>Provided or referred for syphilis test</b>						
First visit	0	4	2	1	8	4
Follow-up visit	0	3	0	1	5	2
<b>Provided or referred for HIV/AIDS test</b>						
First visit	0	5	1	3	8	5
Follow-up visit	0	2	0	0	0	2
<b>Offered VCT <sup>1</sup></b>						
First visit	1	9	5	5	12	8
Follow-up visit	2	4	1	2	7	4
<b>Provided or prescribed iron tablets</b>						
First visit	33	34	40	29	44	35
Follow-up visit	26	32	28	28	37	31
<b>Provided or referred for tetanus toxoid vaccine</b>						
First visit	68	68	58	65	69	66
Follow-up visit	23	29	23	28	29	28
<b>Provided or prescribed antimalarial medicine</b>						
First visit	0	3	1	2	4	3
Follow-up visit	0	2	0	1	4	2
Number of first-visit clients	72	1,288	174	978	556	1,534
Number of follow-up clients	67	1,194	147	876	532	1,408

<sup>1</sup> Voluntary counseling and testing (for HIV/AIDS)

Table A-6.10 Observed content of antenatal care counseling for first-visit and follow-up visit clients

Percentage of observed antenatal care (ANC) clients with whom providers used any visual aids during counseling, percentage of first-time and follow-up visit ANC clients who were observed to receive counseling on topics related to nutrition during pregnancy, risk symptoms, the progress of their pregnancy, delivery plans, exclusive breastfeeding, and family planning after birth, by type of facility and operating authority, Rwanda SPA 2001

Component	Percentage of first-visit and follow-up visit ANC clients who received counseling component					Total
	Type of facility			Operating authority		
	Hospital	Health center	Dispensary	Public	GAHF	
<b>First-visit ANC client</b>						
Provider used visual aids during counseling	0	8	3	7	8	7
<b>Content of ANC counseling</b>						
Nutrition	17	21	16	20	21	20
Any risk symptoms for seeking help	22	19	23	18	22	20
Specific risk: vaginal bleeding	1	7	8	6	7	7
Specific risk: fever	1	1	5	1	3	2
Specific risk: short breath; excess tiredness	3	3	6	3	4	3
Specific risk: swelling hands or face	19	15	20	14	20	16
Progress of pregnancy	61	41	51	38	52	43
Delivery plans	33	29	33	33	25	30
Exclusive breastfeeding	1	1	0	0.2	1	1
Family planning after birth	4	6	9	7	4	6
<b>Use of individual client card</b>						
Card reviewed during consultation	68	74	66	71	77	73
Card written on during or after consultation	100	98	95	98	98	98
Number of first-visit ANC clients	72	1,288	174	978	556	1,534
<b>Follow-up visit ANC clients</b>						
Provider used visual aids during counseling	0	8	5	6	8	7
<b>Content of ANC counseling</b>						
Nutrition	26	17	16	16	18	17
Any risk symptoms for seeking help	21	21	29	18	27	22
Specific risk: vaginal bleeding	0	4	5	3	5	4
Specific risk: fever	0	2	5	1	4	2
Specific risk: short breath; excess tiredness	3	4	12	4	6	4
Specific risk: swelling hands or face	20	19	29	16	26	20
Progress of pregnancy	56	50	53	45	59	50
Delivery plans	26	36	35	36	33	35
Exclusive breastfeeding	0	0.4	0	0.3	0.4	0.4
Family planning after birth	9	6	4	8	3	6
<b>Use of individual client card</b>						
Card reviewed during consultation	100	99	88	97	98	98
Card written on during or after consultation	99	98	97	98	98	98
Number of follow-up visit ANC clients	66	1,185	147	873	525	1,398

**Table A-6.11 Client feedback on services**

Percentage of interviewed observed antenatal care (ANC) clients who identified specific items as big problems for them on the day of the visit, by type of facility and operating authority, Rwanda SPA 2001

Item	Percentage of interviewed ANC clients who identified items as problems					Total
	Type of facility			Operating authority		
	Hospital	Health center	Dispensary	Public	GAHF	
Behavior or attitude of provider not good	8	6	5	6	6	6
Insufficient time with provider	14	13	16	14	12	13
Not sufficient comment on progress of pregnancy	25	30	30	33	23	29
Waiting time to see provider too long	9	15	10	17	9	14
Lack of availability of medicines or supplies	7	15	10	15	12	14
Opening hours of facility inconvenient	4	5	3	4	5	5
Lack of cleanliness of facility	5	8	2	8	6	8
Number of interviewed ANC clients	139	2,481	321	1,856	1,085	2,941

**Table A-6.12 Emergency maternity transportation systems**

Percentage of facilities with emergency maternity transportation systems, and median transportation time (minutes), by type of facility and operating authority, Rwanda SPA 2001

Background characteristic	Among facilities having emergency transportation, percentage for which means of transportation is:			Median transportation time (minutes) to referral facility using most common mode of emergency transportation		Number of facilities supporting emergency transportation
	Dedicated vehicle <sup>1</sup>	Vehicle at other facility <sup>2</sup>	Other arrangement <sup>3</sup>	Dry season	Wet season	
<b>Type of facility</b>						
Hospital	71	25	54	60	61	24
Health center	37	53	34	31	40	54
Dispensary	34	34	66	61	61	3
<b>Operating authority</b>						
Public	35	52	32	40	45	37
GAHF	56	38	49	40	46	45
Total	47	44	41	40	46	81

Note: Emergency maternity transportation systems are any planned program where facility takes some responsibility for ensuring client reaches referral location. Where client must find transport and must pay the total cost, the facilities do not have an emergency transportation system.

<sup>1</sup> Ambulance or other vehicle that stays at the facility.

<sup>2</sup> Facility calls for dedicated vehicle from other facility to collect emergency patient.

<sup>3</sup> Any other plan where the facility arranges for the emergency transport or contributes toward the cost of rental vehicles.

**Table A-6.13 Availability of specific items for quality delivery services**

Percentage of facilities that offer delivery services where there are items for infection prevention, other items to support quality of services, and infrastructure for quality delivery, by type of facility and operating authority, Rwanda SPA 2001

Items to support quality services	Percentage of facilities offering delivery services that have specific items to support quality delivery services					
	Type of facility			Operating authority		Total
	Hospital	Health center	Dispensary	Public	GAHF	
<b>Infection prevention items</b>						
Soap	97	82	54	81	89	83
Water	97	89	62	87	93	89
Clean gloves	82	81	60	78	86	81
Disinfecting solution	88	73	53	72	79	75
Sharps box	76	75	56	72	78	74
All items for infection prevention <sup>1</sup>	55	49	33	43	62	50
<b>Other items to support quality of services</b>						
Blank partograph	91	77	49	79	77	78
Protocols for management of complications	42	24	19	23	34	27
Delivery provider onsite 24 hours	85	87	82	86	88	86
Delivery provider on-call 24 hours	9	7	18	8	9	8
All other items to support quality <sup>2</sup>	36	23	19	23	29	25
<b>Infrastructure for delivery</b>						
Visual privacy	100	92	89	91	98	93
Auditory privacy	97	90	79	89	95	91
Delivery bed <sup>3</sup>	94	82	66	86	78	83
Examination light <sup>4</sup>	73	40	19	42	48	44
All elements of infrastructure <sup>5</sup>	70	38	19	41	45	42
Number of facilities offering delivery services	33	155	9	130	66	197

<sup>1</sup> Soap, water, gloves, disinfecting solution for contaminated reusable items, and sharps box.

<sup>2</sup> Protocols, partograph, and delivery staff available 24 hours a day.

<sup>3</sup> Any type of bed where woman can lie down flat.

<sup>4</sup> Examination light, flashlight, or other spotlight source.

<sup>5</sup> Both visual and auditory privacy, examination bed, and examination light.

**Table A-6.14 Availability of specific equipment and supplies for quality delivery services**

Percentage of facilities that offer delivery services where supplies for basic delivery services, basic medicines and supplies, and emergency medicines for delivery services are available, by type of facility and operating authority, Rwanda SPA 2001

Equipment and supplies	Percentage of facilities offering delivery services that have equipment and supplies for quality delivery services					Total
	Type of facility			Operating authority		
	Hospital	Health center	Dispensary	Public	GAHF	
<b>Basic supplies for delivery</b>						
Scissor or blade	100	98	79	96	100	97
Cord clamp or tie	97	91	71	89	96	91
Suction bulb for newborn	94	91	60	87	96	90
Antibiotic eye ointment for newborn	94	86	56	82	91	85
Skin disinfectant for perineum	100	95	87	96	94	96
All basic supplies for delivery <sup>1</sup>	82	68	20	63	77	68
<b>Basic treatment interventions for delivery</b>						
Syringes and needles	100	94	79	93	98	95
Intravenous solution and infusion set	100	84	69	84	91	86
Oral antibiotic <sup>2</sup>	100	95	87	96	94	96
Injectable oxytocic medication	100	91	79	88	100	92
Suture material	100	97	79	95	100	97
Needle holder	100	97	79	95	100	97
All basic treatment interventions <sup>3</sup>	100	75	56	75	83	78
<b>Emergency medicines (injectable)</b>						
Valium	85	80	39	79	79	79
Magnesium sulfate	46	22	8	23	30	25
Ampicillin	88	50	39	49	68	56
Procaine penicillin	88	92	76	92	87	90
Gentamicin or kanamycin	91	44	10	44	64	51
Quinine	97	93	87	93	95	94
All emergency medicines <sup>4</sup>	76	39	20	37	59	44
Number of facilities offering delivery services	33	155	9	130	66	197

<sup>1</sup> Scissor or blade, cord clamp, suction bulb, antibiotic eye ointment for newborn, and skin disinfectant for perineum

<sup>2</sup> Oral amoxicillin, ampicillin, or co-trimoxazole.

<sup>3</sup> Syringes and needles, intravenous solution and infusion set, at least one oral antibiotic, injectable oxytocic, suture material, and needle holders.

<sup>4</sup> Injectable: anticonvulsant (valium or magnesium sulfate), antibiotic (penicillin and ampicillin, or gentamicin or kanamycin), and quinine.

Table A-6.15 Equipment and supplies for complications of labor and delivery

Percentage of facilities providing delivery services where the indicated equipment is available, by type of facility, operating authority, and province, Rwanda SPA 2001

Background characteristic	Percentage of facilities providing delivery services that have equipment and supplies for complications of labor and delivery						Number of facilities offering delivery services
	Assist labor		Remove retained products		All basic elements for caesarean	Blood transfusion services	
	Forceps	Vacuum extractor	Vacuum aspirator	D&C kit			
<b>Type of facility</b>							
Hospital	39	88	61	88	97	70	33
Health center	2	16	6	12	0	1	155
Dispensary	0	23	0	23	0	0	9
<b>Operating authority</b>							
Public	6	24	13	17	15	11	130
GAHF	11	36	20	42	20	17	66
<b>Province</b>							
Butare	5	26	14	35	15	14	21
Byumba	6	12	0	20	12	12	16
Cyangugu	0	27	9	14	36	27	11
Gikongoro	9	32	9	17	17	0	12
Gisenyi	0	16	19	23	16	16	18
Gitarama	8	50	25	37	12	16	26
Kibungo	5	11	15	11	11	11	19
Kibuye	7	28	44	49	28	28	14
Kigali City	19	44	19	30	19	10	10
Kigali Ngali	0	45	7	14	14	7	15
Ruhengeri	11	11	6	17	11	6	18
Umutara	26	38	13	32	18	6	17
<b>Total</b>	<b>8</b>	<b>28</b>	<b>15</b>	<b>25</b>	<b>16</b>	<b>13</b>	<b>197</b>

**Table A-6.16 Equipment for emergency care of the newborn**

Percentage of facilities providing delivery services where the indicated equipment is available, by type of facility, operating authority, and province, Rwanda SPA 2001

Background characteristic	Percentage of facilities that have equipment for emergency care of the newborn		Number of facilities offering delivery services
	Newborn respiratory support	External heat source	
<b>Type of facility</b>			
Hospital	85	79	33
Health center	13	17	155
Dispensary	23	19	9
<b>Operating authority</b>			
Public	19	24	130
GAHF	39	35	66
<b>Province</b>			
Butare	22	50	21
Byumba	16	6	16
Cyangugu	63	52	11
Gikongoro	17	40	12
Gisenyi	25	17	18
Gitarama	21	12	26
Kibungo	5	11	19
Kibuye	55	35	14
Kigali City	30	51	10
Kigali Ngali	21	53	15
Ruhengeri	18	11	18
Umutara	32	26	17
<b>Total</b>	<b>25</b>	<b>28</b>	<b>197</b>

**Table A-6.17 Newborn care practices**

Percentage of facilities offering delivery services that report specific items as routine components of newborn care, by type of facility and operating authority, Rwanda SPA 2001

Routine components of newborn care	Percentage of facilities offering delivery services that report specific items as routine newborn care					Total
	Type of facility			Operating authority		
	Hospital	Health center	Dispensary	Public	GAHF	
Suction with catheter	97	81	71	78	94	83
Full immersion bath within 24 hours	6	10	11	8	12	9
Weigh newborn	100	92	100	90	100	94
Infant scale available	97	85	41	83	90	85
Provide vitamin A to mother	6	15	11	15	10	14
Provide OPV to newborn	36	33	50	36	31	34
Number of facilities offering delivery services	33	155	9	130	66	197

OPV = Oral polio vaccine

**Table A-6.18 Supportive management for providers of delivery services**

Among interviewed delivery service providers, percentage who were personally supervised in the 6 months preceding the survey, percentage who received in-service education related to delivery services during the 12 months preceding the survey, percentage who received both personal supervision in the past 6 months and in-service education in the past 12 months, and percentage whose most recent in-service education was received 13-59 months preceding the survey, by type of facility, operating authority, and province, Rwanda SPA 2001

Background characteristic	Among interviewed delivery service providers, percentage				Number of interviewed delivery service providers
	Personally supervised in the past 6 months	Who received in-service education in the past 12 months	Personally supervised in the past 6 months and received in-service education in the past 12 months	Whose most recent in-service education was 13-59 months preceding the survey	
<b>Type of facility</b>					
Hospital	21	20	4	24	289
Health center	59	20	12	32	413
Dispensary	47	23	12	27	36
<b>Operating authority</b>					
Public	47	18	9	33	494
GAHF	38	24	8	25	244
<b>Province</b>					
Butare	29	13	4	30	119
Byumba	63	29	19	29	61
Cyangugu	58	16	9	33	32
Gikongoro	37	8	3	32	41
Gisenyi	61	37	20	23	58
Gitarama	51	30	17	31	63
Kibungo	63	11	11	42	39
Kibuye	33	19	7	25	35
Kigali City	32	21	3	37	58
Kigali Ngali	24	25	6	44	66
Ruhengeri	49	13	6	12	99
Umutara	45	20	6	21	67
<b>Total</b>	<b>44</b>	<b>20</b>	<b>9</b>	<b>30</b>	<b>737</b>



## Chapter 7

**Table A-7.1 Availability of infrastructure, resources, and systems for quality services for sexually transmitted infections**

Percentage of facilities offering services for sexually transmitted infections (STIs) where there are system components (a written confidentiality policy, a system for partner follow up) to support utilization of services, items to support quality counseling (infrastructure to provide privacy, diagnostic and treatment guidelines, visual aids for health education, and condoms), and items for quality physical examination (items for infection prevention, privacy, an examination bed, and an examination light), by type of facility and operating authority, Rwanda SPA 2001

Component	Percentage of facilities offering STI services that have specific components to support quality STI services					Total
	Type of facility			Operating authority		
	Hospital	Health center	Dispensary	Public	GAHF	
<b>Items to support utilization of STI services</b>						
Written confidentiality policy	12	6	6	1	16	7
Active partner follow-up system	35	32	24	36	25	32
Passive partner follow-up system	62	60	76	56	70	61
No follow-up system for partners	3	7	0	8	3	6
<b>Items to support quality counseling</b>						
Visual and auditory privacy	88	82	90	84	84	84
Any guidelines or protocols	62	69	77	67	71	69
Guidelines for clinical diagnosis of STIs	55	63	56	57	68	61
Guidelines for syndromic diagnosis of STIs	52	70	77	65	71	67
Any visual aids or educational materials	62	34	35	34	46	38
Educational materials specific for HIV/AIDS	62	31	35	32	43	36
Educational materials specific for condoms	27	11	12	12	15	13
Condoms at service delivery site	50	54	46	63	34	53
Condoms anywhere in facility	53	55	47	65	34	54
All items to support quality counseling <sup>1</sup>	15	8	12	9	10	10
<b>Items to support quality physical examination</b>						
Infection prevention						
Soap	77	75	86	71	84	76
Water	82	78	86	75	87	79
Clean gloves	68	65	79	65	69	67
Disinfecting solution	56	60	76	57	67	60
Sharps box	47	56	72	52	62	56
All items for infection prevention <sup>2</sup>	38	37	55	33	48	38
Infrastructure for examination						
Visual privacy for examination	91	89	100	89	93	90
Examination bed <sup>3</sup>	41	65	83	66	57	63
Examination light <sup>4</sup>	18	19	17	18	21	19
All elements for infection prevention and physical examination <sup>5</sup>	18	14	6	14	14	14
Number of facilities offering STI services	34	169	17	141	79	220

<sup>1</sup> Visual and auditory privacy, guidelines or protocols, health education materials, and condoms.

<sup>2</sup> Soap, water, gloves, disinfecting solution for contaminated reusable items, and sharps box.

<sup>3</sup> Any type of bed where a woman can lie down flat.

<sup>4</sup> Examination light, flashlight, or other spotlight source.

<sup>5</sup> All items for infection prevention, visual privacy, examination bed, and examination light.

**Table A-7.2 Availability of specific equipment and supplies for quality assessments for sexually transmitted infections**

Percentage of facilities offering services for sexually transmitted infections (STIs) where there are specific items for making etiological diagnosis of STIs, and where medicines for treating STIs are available, by type of facility and operating authority, Rwanda SPA 2001

Equipment and supplies	Percentage of facilities offering STI services that have specific equipment and supplies for quality assessment of STIs					Total
	Type of facility			Operating authority		
	Hospital	Health center	Dispensary	Public	GAHF	
<b>Items for etiologic examination</b>						
Vaginal speculum	50	71	62	68	66	67
Swab stick for specimen	24	15	13	12	24	16
Gonorrhea test capacity <sup>1</sup>	82	26	43	27	50	36
Syphilis test capacity <sup>2</sup>	56	6	13	10	21	14
Wet mount testing capacity <sup>3</sup>	91	65	70	65	78	70
HIV/AIDS testing capacity <sup>4</sup>	29	4	13	7	13	9
All four laboratory tests	24	4	12	5	11	7
<b>Medicines for STIs</b>						
Metronidazole (trichomoniasis)	100	91	94	91	93	93
Nystatin suppository	91	62	47	58	79	66
Ceftriaxone (gonorrhea)	6	2	0	1	5	3
Spectinomycin (gonorrhea)	24	17	12	14	23	17
Ciprofloxacin (gonorrhea)	65	50	59	49	60	53
Doxycycline (chlamydia, syphilis)	94	79	82	79	86	82
Tetracycline (chlamydia, syphilis)	94	64	77	64	79	70
Erythromycin (chlamydia, syphilis)	94	64	77	64	79	70
Penicillin benzathine (syphilis)	85	81	67	77	89	81
Penicillin procaine (syphilis)	88	92	77	91	89	90
All medicines for sexually transmitted infections <sup>5</sup>	65	51	57	49	62	53
Number of facilities offering STI services	34	169	17	141	79	220

<sup>1</sup> Gram stain reagents and functioning microscope or culture capacity.  
<sup>2</sup> Either VDRL test and functioning microscope, or RPR test kit.  
<sup>3</sup> Functioning microscope.  
<sup>4</sup> ELISA, Western Blot, or Rapid test.  
<sup>5</sup> At least one medicine for treating trichomoniasis, gonorrhea, chlamydia, and syphilis.

**Table A-7.3 Utilization of services for sexually transmitted infections, and facility submission of statistics**

Median number of clients per month receiving services for sexually transmitted infections (STIs) among facilities reporting statistics, and percentage of facilities that submit reports to the government on cases of syphilis, gonorrhoea, and HIV/AIDS, by type of facility and operating authority, Rwanda SPA 2001

Background characteristic	STI services		Percentage of facilities that submit statistics on STI diagnoses to the government			Number of facilities offering STI services
	Median number of STI clients per month <sup>1</sup>	Number of facilities reporting statistics	Syphilis	Gonorrhoea	HIV/AIDS	
<b>Type of facility</b>						
Hospital	7	17	74	71	77	34
Health center	4	83	51	52	40	169
Dispensary	2	10	53	57	52	17
<b>Operating authority</b>						
Public	3	69	53	55	42	141
GAHF	6	41	57	56	54	79
Total	4	110	55	56	47	220

<sup>1</sup> Data are from health information system monthly reports. The average number of monthly visits in the past 12 months (or the number of months during the time that data were available) for each facility was calculated and then a median was derived.

**Table A-7.4 Supportive management practices for providers of services for sexually transmitted infections**

Among interviewed providers of services for sexually transmitted infections (STIs), percentage who were personally supervised in the past 6 months, percentage who received in-service education (related to STI services) in the past 12 months, percentage who received both personal supervision in the past 6 months and in-service education in the past 12 months, and percentage whose most recent in-service education was received 13-59 months preceding the survey, by type of facility, operating authority, and province, Rwanda SPA 2001

Background characteristic	Among interviewed providers of STI services, percentage					Number of interviewed providers of STI services
	Personally supervised in the past 6 months	Who received in-service education in the past 12 months	Who were personally supervised in the past 6 months and received in-service education in the past 12 months	Whose most recent in-service education was 13-59 months preceding the survey		
<b>Type of facility</b>						
Hospital	30	24	12	26		247
Health center	59	27	17	37		406
Dispensary	42	36	18	47		41
<b>Operating authority</b>						
Public	52	25	15	35		446
GAHF	41	29	15	33		248
<b>Province</b>						
Butare	37	16	7	26		92
Byumba	66	29	23	34		57
Cyangugu	68	34	31	29		38
Gikongoro	39	10	4	34		38
Gisenyi	60	36	24	25		65
Gitarama	48	30	18	44		64
Kibungo	62	24	18	52		41
Kibuye	36	40	16	20		39
Kigali City	36	30	14	45		71
Kigali Ngali	25	30	6	59		61
Ruhengeri	58	18	12	16		69
Umutara	52	23	16	28		58
Total	48	26	15	34		694

**Table A-7.5 Existence of routine user fees for services for sexually transmitted infections**

Among facilities that provide services for sexually transmitted infections (STIs), percentage reporting they routinely charge for STI consultation services, median routine charge, percentage reporting they routinely charge for condoms (packet of four), and median routine charge, by type of facility and operating authority, Rwanda SPA 2001

Background characteristic	Routine charge for STI services		Routine charge for condoms (packet of four)		Number of facilities offering STI services
	Percentage of facilities with routine charge	Median charge (RFR) among facilities charging a fee <sup>1</sup>	Percentage of facilities with routine charge	Median charge (RFR) among facilities charging a fee	
<b>Type of facility</b>					
Hospital	41	251	37	21	34
Health center	26	101	59	21	169
Dispensary	28	101	43	20	17
<b>Operating authority</b>					
Public	25	150	57	21	141
GAHF	34	151	45	21	79
<b>Total</b>	<b>28</b>	<b>151</b>	<b>54</b>	<b>21</b>	<b>220</b>

<sup>1</sup> Includes any amount paid out-of-pocket including charges for consultation, laboratory test, medicines, or other.

**Table A-7.6 Availability of items to support quality HIV/AIDS services and HIV/AIDS tests**

Among facilities that provide HIV/AIDS services, percentage with protocols for HIV/AIDS diagnosis or treatment, percentage with written confidentiality policies for HIV/AIDS, percentage with informed consent forms for HIV/AIDS testing, percentage with visual aids in the service delivery area, percentage with condoms in the delivery service area, percentage that refer clients for HIV/AIDS tests or provide HIV/AIDS test, and percentage that report HIV/AIDS statistics to the government, by type of facility and operating authority, Rwanda SPA 2001

Component	Percentage of facilities offering HIV/AIDS services that have specific components to support quality HIV/AIDS services					Total
	Type of facility			Operating authority		
	Hospital	Health center	Dispensary	Public	GAHF	
<b>Items to support quality services</b>						
Protocols for HIV/AIDS diagnosis or treatment	27	22	23	22	25	23
Written confidentiality policy	15	2	0	1	10	4
Informed consent for HIV test	46	12	44	16	28	21
Visual aids for client education	61	40	50	43	49	45
Condoms in service delivery site	52	57	67	71	35	57
<b>HIV/AIDS tests</b>						
Facility provides HIV/AIDS test	39	7	19	12	17	14
Facility takes specimen and sends elsewhere for testing	24	9	23	7	21	13
Client is referred elsewhere for test	9	15	30	18	10	15
Reports HIV/AIDS cases and services to government	79	47	56	48	62	53
Number of facilities providing HIV/AIDS services	33	129	12	106	68	174

**Table A-7.7 Capacity to provide services for tuberculosis**

Among facilities providing services for both HIV/AIDS and tuberculosis, percentage that have the capacity to test for TB, percentage that have the indicated medicines for treating TB, and percentage that have all medicines for providing first-line, second-line, and prophylactic treatment for TB, by type of facility and operating authority, Rwanda SPA 2001

Component	Percentage of facilities providing HIV/AIDS and TB services that have specific components for testing and treating TB					
	Type of facility			Operating authority		Total
	Hospital	Health center	Dispensary	Public	GAHF	
Functioning microscope for AFB sputum test	93	83	86	93	78	86
<b>Availability of medicines for tuberculosis</b>						
Pyrazinamide	28	22	0	13	30	22
Rifampin	31	29	15	22	35	29
Ethambutol	55	59	34	48	65	56
EH (ethambutol and isoniazid)	38	44	32	34	49	41
Rifater (rifampin, isoniazid, and pyrazinamide)	45	52	36	40	58	49
Streptomycin	35	18	0	9	34	21
All first-line treatment available <sup>1</sup>	45	48	38	39	54	46
All first- and second-line treatment available <sup>2</sup>	35	16	0	9	31	20
Isoniazid alone (for prophylactic treatment)	35	35	10	22	44	33
Number of facilities providing HIV/AIDS and TB services	29	71	7	54	53	108

<sup>1</sup> (Pyrazinamide and rifampin and ethambutol and isoniazid) or (EH and pyrazinamide and rifampin) or (Rifater and ethambutol or EH).

<sup>2</sup> Ability to provide first-line treatment and availability of streptomycin.

**Table A-7.8 Supportive management practices for providers of HIV/AIDS services**

Among interviewed providers of HIV/AIDS services, percentage who were personally supervised in the past 6 months, percentage who received in-service education related to HIV/AIDS in the past 12 months, percentage who received both personal supervision in the past 6 months and in-service education in the past 12 months, and percentage whose most recent in-service education was received 13-59 months preceding the survey, by type of facility, operating authority, and province, Rwanda SPA 2001

Background characteristic	Among interviewed providers of HIV/AIDS services, percentage				Number of interviewed providers of HIV/AIDS services
	Personally supervised in the past 6 months	Who received in-service education in the past 12 months	Personally supervised in the past 6 months and received in-service education in the past 12 months	Whose most recent in-service education was 13-59 months preceding the survey	
<b>Type of facility</b>					
Hospital	26	28	13	20	217
Health center	57	31	17	28	181
Dispensary	28	35	8	37	16
<b>Operating authority</b>					
Public	40	24	14	27	260
GAHF	40	40	15	19	154
<b>Province</b>					
Butare	23	19	3	20	86
Byumba	56	46	37	35	14
Cyangugu	67	33	30	29	24
Gikongoro	64	17	14	26	16
Gisenyi	39	47	28	21	48
Gitarama	53	25	20	28	28
Kibungo	51	22	9	28	15
Kibuye	28	24	9	22	21
Kigali City	40	36	17	32	56
Kigali Ngali	26	51	8	35	25
Ruhengeri	46	23	7	13	44
Umutara	42	24	12	19	36
<b>Total</b>	<b>40</b>	<b>30</b>	<b>14</b>	<b>24</b>	<b>414</b>

## 2001 Rwanda Service Provision Assessment Survey

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NIYONGERE Sylvie  
UWANYIRIGIRA Marie Claire  
UWIMANA Jeanne

### **Data Analysis**

GAHENDA George  
KABAGWIRA Athanasie

MUKANYONGA Apolline  
Dr NIZEYIMANA Vianney  
RUZIBUKA John Bosco

## **ORC MACRO PERSONNEL**

### **Resident Advisors**

KOCHE Harouna

SOW Boubacar

### **Macro Head Office**

AYAD Mohamed  
FRONCZAK Nancy  
PURVIS Keith  
ALIAGA Alfredo

WAY Ann  
BARRÈRE Monique







## QUESTIONNAIRE D'INVENTAIRE DE LA FORMATION SANITAIRE

### IDENTIFICATION DE LA FORMATION SANITAIRE

Nom de la FOSA _____ Localisation de la FOSA _____ Code de la FOSA ..... Type de la FOSA : (1= Hôpital de référence, 2 = Hôpital de district; 3 = Centre de Santé, 4 = Dispensaire, 6 = Autre) Province ..... District sanitaire ..... Commune ..... Statut de la FOSA : (1=Public ; 2=Agrée ; 3=Privé ; 96=Autre)	CODE FOSA ..... <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> TYPE FOSA ..... <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> PROVINCE..... <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DISTRICT ..... <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> COMMUNE ..... <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> STATUT FOSA..... <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>												

Lecture GPS Lecture ..... Longitude ..... Altitude ..... Waypoint .....	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">N/S</td> <td style="text-align: center;">Degrés</td> <td style="text-align: center;">Minutes</td> <td style="text-align: center;">Millièmes</td> </tr> <tr> <td style="text-align: center;"><table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td></tr></table></td> <td style="text-align: center;"><table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> <td style="text-align: center;"><table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td> <td style="text-align: center;"><table border="1" style="display: inline-table; 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Position de la personne interviewée : (1=Directeur/Titulaire de la FOSA ; 2=Médecin ; 3=Infirmier ; 4=Auxiliaire de santé ; 6=Autre) Date Nom de l'enquêteur _____	POSITION INTERVIEWEE <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> JOUR..... <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MOIS ..... <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> ANNEE ..... <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">1</td></tr></table> CODE ENQUETEUR <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						2	0	0	1		
2	0	0	1									

<b>RÉSUMÉ DES QUESTIONNAIRES CONCERNANT L'ÉTABLISSEMENT DE SANTÉ</b> Nombre de Interviews du personnel Observations de la consultation de l'enfant malade Interviews de sortie de la personne qui s'occupe de l'enfant malade Observations des soins prénatals Interviews de sortie pour les patientes ayant reçu les soins prénatals	PERSONNEL ..... <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> OBSERV. ENF. MALADE..... <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> SORTIE ENFANT MALADE... <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> OBSERV.PRENATAL..... <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> SORTIE PRENATAL ..... <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										

<b>HEURE DE DÉBUT DE L'INTERVIEW</b>	HEURE ..... <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES ..... <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				

TROUVER L'AGENT TITULAIRE OU LA PERSONNE AYANT LA POSITION LA PLUS ÉLEVÉE PRÉSENTE DANS L'ÉTABLISSEMENT. DIRE LA PRÉSENTATION SUIVANTE :  
 Bonjour. Je représente le Ministère de la Santé. Nous effectuons une enquête sur les établissements de santé qui fournissent des services aux femmes et aux enfants dans le but de trouver des moyens pour améliorer ces services. Nous aimerions parler avec vous de cet établissement et de votre expérience dans un service de santé. Soyez certain que nous ne relèverons aucun nom; vous pouvez interrompre cette interview quand vous le souhaitez.

SIGNATURE DE L'ENQUÊTEUR ..... DATE .....

(indique que le consentement du répondant a été demandé)

001a	Puis-je continuer?	OUI.....1 NON.....2	→ FIN
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### Section 0. Interview/ Observation dès l'arrivée

NO.	QUESTIONS	CODE	ALLER À																																																									
001b	À QUELLE HEURE L'ÉTABLISSEMENT A-T-IL OUVERT?	HEURE..... <input type="text"/> <input type="text"/> ..... MINUTES..... <input type="text"/> <input type="text"/> TOUTES LES 24 HEURES.....24 NE SAIT PAS.....98	→ 004																																																									
002	À QUELLE HEURE LE PREMIER PATIENT EST-IL ARRIVÉ?	HEURE..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/> NE SAIT PAS.....98																																																										
003	À QUELLE HEURE LE PREMIER PATIENT-A T-IL ÉTÉ VU?	HEURE..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/> NE SAIT PAS.....98																																																										
004	Combien de jours par semaine, cet établissement est-il ouvert pour des consultations? (les patients de l'extérieur sont ceux qui viennent pour des soins préventifs ou ceux qui sont malades mais qui repartent chez eux le même jour)	JOURS <input type="text"/> NE SAIT PAS.....8																																																										
005	EST-CE QU'IL Y A DES AFFICHES POUR LES SUJETS SUIVANTS?	<table border="1"> <thead> <tr> <th colspan="3">OUI</th> <th rowspan="2">PAS D'AFFICHE</th> </tr> <tr> <th>EXTERIEUR SEULEMENT</th> <th>INTERIEUR SEULEMENT</th> <th>LES DEUX</th> </tr> </thead> <tbody> <tr> <td>a) PLANIFICATION FAMILIALE</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>b) SOINS PRÉNATALS</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>c) ASSISTANCE À L'ACCOUCHEMENT</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>d) SOINS POSTNATALS</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>e) TRO/DIARRHÉE</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>f) VACCINATIONS</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>g) NUTRITION</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>h) ALLAITEMENT</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>li) IST</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>j) VIH/SIDA</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </tbody> </table>	OUI			PAS D'AFFICHE	EXTERIEUR SEULEMENT	INTERIEUR SEULEMENT	LES DEUX	a) PLANIFICATION FAMILIALE	1	2	3	4	b) SOINS PRÉNATALS	1	2	3	4	c) ASSISTANCE À L'ACCOUCHEMENT	1	2	3	4	d) SOINS POSTNATALS	1	2	3	4	e) TRO/DIARRHÉE	1	2	3	4	f) VACCINATIONS	1	2	3	4	g) NUTRITION	1	2	3	4	h) ALLAITEMENT	1	2	3	4	li) IST	1	2	3	4	j) VIH/SIDA	1	2	3	4	
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006	À quelle heure l'établissement est-il fermé pour les consultations extérieures?	HEURES ..... MINUTES ..... OUVERT 24H/24.....95 NE SAIT PAS .....98																																																																									
<b>Section 1: Informations Générales</b>																																																																											
101	En quelle année cet établissement a-t-il ouvert?  INSISTER: depuis combien d'années cet établissement fonctionne-t-il?	ANNÉE D'OUVERTURE.....1 NBRE ANNÉES .....2  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS .....9998																																																																									
102	Est-ce que cet établissement dispose d'un agent de santé professionnel présent dans la structure tout le temps (24 heures sur 24)?	OUI .....1 NON .....2	→ 104																																																																								
103	Est-ce que cet établissement a un agent de santé professionnel disponible à l'appel, tout le temps après les heures normales de service ?	OUI.....1 NON .....2																																																																									
104	Maintenant, je voudrais vous poser des questions sur le personnel qui fournit les services qui nous intéressent dans le cadre de cette étude. Nous voudrions savoir les qualifications et l'effectif du personnel affecté de manière permanente aux services de consultation externe. Si quelqu'un est médecin ou infirmier spécialisé, nous voulons savoir quelle est <b>sa qualification de base</b> . Pour le personnel qui intervient dans plusieurs domaines, la réponse est « Plus d'une ». Compter chaque agent une seule fois dans le tableau ci-dessous:																																																																										
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104a	ENQUÊTEUR: AJOUTER LES TOTAUX PARTIELS ET DEMANDER AU REpondANT SI LE TOTAL GENERAL EST CORRECTE.	TOTAL PERSONNEL DE LA FOSA <input type="text"/> <input type="text"/> <input type="text"/>																																																																									
105	Avez-vous une estimation de la population de la zone de rayonnement de cette structure c'est-à-dire la taille de la population qui vit dans la zone desservie par cet établissement?  SI OUI: quelle est la population de la zone?	POPULATION ZONE DE RAYONNEMENT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> N'A PAS DE ZONE DE RAYONNEMENT .....99995 NE SAIT PAS.....99998																																																																									
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				A
106	Est-ce que cet établissement admet des patients pour hospitalisation?	OUI ..... 1 NON ..... 2		→108
107	Est-ce que cet établissement a des lits pour les patients placés sous observation durant la nuit?	OUI ..... 1 NON ..... 2		→111
108	Combien y-a-t-il de lits disponibles pour les patients hospitalisés dans cet établissement?	NOMBRE ... <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS..... 998		
109	Combien de patients ont été hospitalisés ou placés sous observation durant la nuit, au cours des 12 derniers mois?	NOMBRE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS..... 9998		
110	Si la période à laquelle se réfère le nombre de patients est inférieure à 12 mois, indiquez le nombre de mois concerné.	MOIS DES DONNEES . <input type="text"/> <input type="text"/> NE SAIT PAS.....98		
111	Combien de patients non hospitalisés ont été vus dans cet établissement le mois dernier?	NOMBRE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS..... 9998		
112	Cet établissement a-t-il un programme de stratégie avancée? (c'est-à-dire quand le personnel de l'établissement visite régulièrement les villages ou cellule pour offrir des services)	OUI ..... 1 NON ..... 2		→115
113	Est-ce que ce programme de stratégie avancée comprend des activités en matière de :	OUI	NON	NE SAIT PAS
	a) ÉDUCATION OU CONSEILS ?	1	2	8
	b) TRAITEMENT DES ENFANTS MALADES?	1	2	8
	c) CONSEIL EN PLANIFICATION FAMILIALE OU PROVISION?	1	2	8
	d) VACCINATIONS?	1	2	8
	e) DÉPISTAGE DE GROSSESSES PRÉCOCES ET ADMISSION EN SOINS PRÉNATALS ?	1	2	8
	f) ACCOUCHEMENT?	1	2	8
	g) VISITES À DOMICILE ?	1	2	8
	h) DISTRIBUTION DE COMPRIMÉS DE FER/FOLATES?	1	2	8
	i) SOINS POSTPARTUM?	1	2	8
	j) SURVEILLANCE DE LA CROISSANCE DE L'ENFANT?	1	2	8
	k) TRAINEMENT DES IST?	1	2	8
	l) CONSEIL OU TEST HIV?	1	2	8
	m) AUTRE _____ ?	1	2	8
114	Combien de cellules différentes sont régulièrement visitées dans le cadre de la stratégie avancée, au cours d'un trimestre ?	NOMBRE ..... <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS..... 998		
115	Est-ce que cet établissement a un Comité de Santé, c'est-à-dire de discussions de ses méthodes de gestion et administratives?	OUI.....1 NON .....2		→120

NO.	QUESTIONS	CODE	ALLER À
116	Quel est la fréquence des réunions du Comité de Santé ?	MOIS .....1 TRIMESTRE .....2 SEMESTRE .....3 AUTRE .....6 JAMAIS .....0	→ 120
117	A quel mois remonte la dernière réunion du Comité ? (ECRIREZ LE MOIS DE CETTE REUNION).	MOIS ..... <input type="text"/> <input type="text"/> NE SAIT PAS .....98	→ 120
118	Y-a-t-il un compte rendu de la dernière réunion du Comité de Santé ?	OUI, OBSERVÉ .....1 OUI, rapporte .....2 NON .....3 NE SAIT PAS .....8	
119	Est-ce que les membres de la communauté participent aux réunions du Comité?	OUI .....1 NON .....2	
120	Est-ce que cette FOSA a un système de MUTUELLE ?	OUI .....1 NON .....2 NE SAIT PAS .....8	
121	Une visite de supervision est une visite formative de quelqu'un de votre organisation ou du MINISANTE pour se rendre compte de ce qui se passe et pour travailler avec le personnel pour améliorer le service. A quand remonte votre dernière visite de supervision ?	LE MOIS DERNIER .....1 LES 3 DERNIERS MOIS .....2 LES 6 DERNIERS MOIS .....3 IL Y A PLUS DE 6 MOIS .....4 PAS DE VISITE DE SUPERVISION .....5 NE SAIT PAS .....8	→ 126 → 126 → 126
122	Que s'est-il passé durant cette visite de supervision? (ENTOURER TOUT CE QUI EST MENTIONNÉ)  INSISTER: rien d'autre?	RÉVISION DE FICHIERS/DOSSIERS ..... A TENUE DE RÉUNIONS ..... B VÉRIFICATION/ACHATS DE FOURNITURE ..... C OBSERVATION DE CONSULTATIONS ..... D DISCUSSION DE PROBLÈMES ..... E ÉVALUATION MEDICAMENTS ... F EVALUATION FINANCES ..... G AUTRE ..... (PRECISER) ..... X NE SAIT PAS ..... W	
123	Quels sont les services qui ont été visités par un superviseur au cours des 6 derniers mois?	GESTION ..... A LABORATOIRE ..... B PHARMACIE ..... C SERVICE NUTRITION ..... D SERVICE CROISSANCE DES ENFANTS ..... E SERVICE PEV ..... F SERVICE MATERNITÉ ..... G SERVICE INFANTILE ..... H PLANIFICATION FAMILIALE ..... I SERVICE CONSULATION ..... J AUTRE ..... (PRECISER) ..... X NE SAIT PAS ..... W	

NO.	QUESTIONS	CODE	ALLER À
124	Qui a effectué une visite de supervision dans cet établissement au cours des 6 derniers mois?  (ENTOURER TOUT CE QUI EST MENTIONNÉ)  VÉRIFIER: personne d'autre?	EQUIPE CADRE DE DISTRICT .... A COORDINATEUR DE PLANIFICATION FAMILIALE..... B COORDINATEUR SANTÉ MATERNELLE/INFANTILE ..... C COORDINATEUR VACCINATION ..... D COORDINATEUR EDP ..... E COORDINATEUR PROGRAMME IST/VIH ..... F AUTRE (PRÉCISER)..... X NE SAIT PAS..... W	
125	Combien de visites de supervision séparées avez-vous eu au cours des 6 derniers mois? DEMANDER A VOIR LE REGISTRE DE SUPERVISION	NOMBRE ..... <input type="text"/> <input type="text"/> NE SAIT PAS..... 98	
126	Y-a-t-il dans cet établissement un moyen pour connaître l'opinion des patients qui viennent ici ?	OUI.....1 NON .....2	→ 129
127	Comment évaluez-vous l'opinion des patients/clients?  (Encercler tout ce qui est mentionné)  INSISTER: Aucun autre moyen?	INTERVIEW EN FIN DE CONSULTATION..... A SUIVI DU PATIENT ..... B BOITE POUR SUGGESTION..... C QUESTIONNAIRE AUTO-ADMINISTRÉ..... D REUNIONS COMMUNAUTAIRES E AUTRE..... X	
128	Au cours de l'année passée, l'établissement a-t-il modifié ses programmes ou services à cause de l'opinion de patients?	OUI.....1 NON .....2 NE SAIT PAS.....8	
129	Est-ce que cet établissement dispose de l'électricité?	OUI.....1 NON .....2	→ 132
130	Pendant combien d'heures par jour l'électricité est-elle disponible?	HEURES PAR JOUR <input type="text"/> <input type="text"/> NE SAIT PAS.....98	
131	Est-ce qu'il vous arrive de manquer d'électricité durant les heures où il y a des patients qui ont besoin de services ou quand vous avez besoin d'utiliser les équipements électriques pour le service des patients ? SI OUI, INDIQUER LA FREQUENCE DE CES COUPURES	FREQUEMMENT..... 1 RAREMENT ..... 2 JAMAIS ..... 3	
132	Quelle est la source habituelle d'approvisionnement en eau de cette structure?	ROBINET .....10 FONTAINE PUBLIQUE .....11 PUITS PROTEGE .....20 PUITS NON PROTEGE.....21 EAU DE PLUIE .....22 RIVIERE/LAC/MARRE .....30 MULTIPLES SOURCES .....40 AUTRE..... 96 PAS D'EAU .....00	→ 136



NO.	QUESTIONS	CODE	ALLER À
133	Comment l'eau utilisée lors des examens/consultations est-elle fournie?	ROBINET .....1 SEAU/BASSINE..... 2 PAS DE SYSTEME FIXE .....3	
134	À quelle distance se trouve la source d'approvisionnement de l'eau utilisée par cet établissement ?	À MOINS DE 500 MÈTRES.....1 ENTRE 500 ET 1000 MÈTRES .....2 À PLUS D'1 KM.. .....3 NE SAIT PAS.....8	
135	Est-ce que l'eau est disponible toute l'année ou seulement saisonnièrement ?	TOUTE L'ANNÉE.....1 SAISONNIÈREMENT .....2 NE SAIT PAS.....8	
136	Y-a-t-il de l'eau filtrée pour boire disponible pour les patients ?	OUI.....1 NON .....2	
137	Est-ce que cet établissement est équipé d'un téléphone qui marche ou d'un système de phonie ?	OUI.....1 NON .....2	→ 139
138	Est-ce que, dans cet établissement, il est possible d'avoir accès à un téléphone ou à une phonie en cas d'urgence?	OUI.....1 NON .....2	
139	Y-a-t-il des toilettes ou des latrines pour les patients ?	OUI, FONCTIONNENT .....1 OUI, NE FONCTIONNENT PAS.....2 NON .....3	
140	Puis-je voir la salle d'attente pour les patientes? ENQUÊTEUR: VÉRIFIER S'IL Y A DES PLACES ABRITÉES DU SOLEIL ET DE LA PLUIE.	ABRITÉES .....1 NON ABRITÉES .....2	
141	Que faites-vous des objets qui peuvent être contaminés, que vous voulez détruire?	BRULÉS..... A ENTERRÉS ..... B JETÉS DANS LA POUBELLE ..... C AUTRE ..... X	
142	ENQUÊTEUR: DEMANDER A VOIR L'ENDROIT OU ON DEPOSE LES ORDURES (LES OBJETS DE LA QUESTION 141)	ORDURES VISIBLES .....1 ORDURES NON VISIBLES .....2 ENDROIT DE DEPOT NON INSPECTE .....3	

POUR CHACUN DES ARTICLES SUIVANTS, VERIFIER D'ABORD POUR VOIR S'IL EST DISPONIBLE DANS L'ETABLISSEMENT. SI L'ARTICLE Y EST, VERIFIER S'IL FONCTIONNE OU PAS.

	ARTICLE	a) L'ARTICLE EST -IL DISPONIBLE? POSER LA QUESTION POUR CHAQUE ARTICLE				b) L'ARTICLE FONCTIONNE-T-IL?		
		OBSERVÉ	RAPPORTE	PAS DISPONIBLE	NE SAIT PAS	OUI	NON	NE SAIS PAS
143	GROUPE ELECTROGENE	1	2	3→145	8→145	1	2	8
144	CARBURANT POUR GROUPE ELECTROGENE	1	2	3→145	8→145			
145	AUTOCLAVE (STERILISATEUR AVEC CHALEUR HUMIDITE)	1	2	3→146	8→146	1	2	8
146	POUPENEL (STERILISATEUR AVEC CHALEUR SECHE)	1	2	3→147	8→147			
147	STERILISATEUR AVEC VAPEUR	1	2	3→148	8→148	1	2	8

	ARTICLE	a) L'ARTICLE EST-IL DISPONIBLE? POSER LA QUESTION POUR CHAQUE ARTICLE				b) L'ARTICLE FONCTIONNE-T-IL?		
		OBSERVÉ	RAPPORTE	PAS DISPONIBLE	NE SAIT PAS	OUI	NON	NE SAIT PAS
148	MANOMETRE, MINUTERIE	1	2	3→149	8→149	1	2	8
149	SOURCE D'ECLAIRAGE	1	2	3→150	8→150	1	2	8
NO.	QUESTIONS				CODE			ALLER À
150	Quelle est la méthode la plus fréquemment utilisée pour <b>la stérilisation des seringues et aiguilles</b> .				POUPENEL..... 01 AUTOCLAVE..... 02 STÉRILISATION A VAPEUR ..... 03 EBULLITION & P. CHIMIQUES ... 04 PRO.CHIMIQUES SEULEMENT . 05 EBULLITION SEULEMENT ..... 06 AUCUN..... 95 AUTRE (PRÉCISER)..... 96 NE SAIT PAS ..... 98 SERINGUES USAGE UNIQUE....00			
151	Quelle est la méthode la plus fréquemment utilisée pour <b>la stérilisation des autres équipements médicaux?</b> (par ex. les instruments chirurgicaux).				POUPENEL..... 01 AUTOCLAVE..... 02 STÉRILISATEUR VAPEUR ..... 03 EBULLITION ET P.CHIMIQUES.. 04 P.CHIMIQUES SEULEMENT..... 05 EBULLITION SEULEMENT ..... 06 AUCUN..... 95 AUTRE (PRÉCISER)..... 96 NE SAIT PAS ..... 98			
SI LA RÉPONSE DE Q.150 ET Q.151 EST « AUCUN » OU NE SAIT PAS, CHERCHEZ SI UNE AUTRE PERSONNE PLUS INFORMÉE POURRAIT FOURNIR DES RÉPONSES À CES QUESTIONS. SI NON, PASSEZ À →Q.201								
152	DEMANDER COMBIEN DE TEMPS DURENT LES STÉRILISATIONS OU DÉSINFECTION APRÈS QUE LA TEMPÉRATURE, LA PRESSION OU L'EBULLITION REQUISE AIENT ÉTÉ ATTEINTE ? (INDIQUER LES DURÉES EN MINUTES) .				TEMPS SOUS CHALEUR APRÈS AVOIR ATTEINT LA TEMPÉRATURE DESIRÉE	SYSTEME PAS UTILISÉ	NE SAIT PAS	
	A) AUTOCLAVE: TEMPS SANS EMBALLAGE				<input type="text"/> <input type="text"/> Minutes	3	8	
	TEMPS AVEC EMBALLAGE				<input type="text"/> <input type="text"/> Minutes	3	8	
	B) EBULLITION OU VAPEUR SOUS PRESSION - DÉSINFECTION DE HAUT NIVEAU (DHN) -				<input type="text"/> <input type="text"/> Minutes	3	8	
	C) PRODUITS CHIMIQUES - DÉSINFECTION DE HAUT NIVEAU (DHN)-				<input type="text"/> <input type="text"/> Minutes	3	8	

NO.	QUESTIONS	CODE			ALLER À
		OUI	NON	PAS DISPONIBLE	
153	CONSERVATION DES ARTICLES STERILISES				NE SAIS PAS
	A) Articles stérilisés à l'autoclave enveloppés dans un tissu stérile, scellés avec un ruban adhésif. Le lieu de conservation est propre et sec.	1	2	3	8
	B)Articles stérilisés à l'autoclave ou désinfectés, conservés dans une récipient avec un couvercle qui ferme hermétiquement (demandez à voir le récipient ; n'ouvrez pas le récipient).	1	2	3	8
	C) Autres (préciser)		2	3	8
154	Est-ce qu'il y a une indication de la date à laquelle les équipements ont été stérilisés ? (VERIFIER UN OU DEUX ARTICLES)	OUI.....1 NON .....2 NE SAIT PAS.....8			
155	ÉVALUER SI L'ÉTABLISSEMENT EST PROPRE OU NON.  UNE STRUCTURE EST PROPRE SI ON A BALAYE ; SI ON A ESSUYE LA TABLE ; S'IL N Y A PAS DE POUSSIÈRE OU AUTRE SALETTE PARTOUT. LA FOSA N'EST PAS PROPRE S'IL Y A DE LA SALETTE/POUSSIÈRE/DEBRIS AU SOL OU SUR LES TABLES OU AUTRE GUICHET.	PROPRE .....1 N'EST PAS PROPRE .....2			

## Section 2: Services de soins infantiles

N <sup>o</sup> .	QUESTIONS	CODES	ALLER À
201	Est-ce que cet établissement dispose de services de soins de santé infantile? (Les services de santé infantile comprennent des soins préventifs et curatifs pour les enfants)	OUI.....1 NON.....2	→301
202	Pendant combien de jours par semaine y-a t-il des consultations pour les enfants malades?	JOURS..... <input type="checkbox"/> NE SAIT PAS.....8	
203	Pendant combien d'heures par jour, y-a t-il des consultations pour les enfants malades?	HEURES..... <input type="checkbox"/> <input type="checkbox"/> NE SAIT PAS.....98	

**SERVICES DE SOINS INFANTILES DISPONIBLES DANS L'ÉTABLISSEMENT:** Je voudrais maintenant vous poser des questions sur les services disponibles dans cet établissement; je voudrais savoir aussi pendant combien de temps ces services sont disponibles. POSER LA QUESTION NO.204 POUR CHAQUE SERVICE/ VACCINATION ET S'IL EST DISPONIBLE, CONTINUER DANS LE TABLEAU AVEC LA QUESTION SUIVANTE. SI LE SERVICE N'EST PAS DISPONIBLE CONTINUER AVEC LE SERVICE SUIVANT. SI LA RÉPONSE À Q. 207 EST NÉGATIVE, CONTINUER AVEC LE SERVICE SUIVANT.

SERVICE/ VACCIN	204 Est-ce que l'établissement fournit le service à l'extérieur et/ou l'intérieur?	205 Est-ce que l'établissement fournit le service aujourd'hui à l'intérieur ?	206 Combien des jours par semaine est-ce le service disponible à l'intérieur ?	207 Avez-vous eu une interruption du service ou un manque de vaccins pour assurer le service au cours des 6 derniers mois?	208 Pendant combien de jours le service a-t-il été interrompu/ n'avez-vous pas pu fournir le service au cours des 6 derniers mois? Ne sais pas=998	209 ENCERCLEZ CHACUNE DES CAUSES D'INTERRUPTION DES SERVICES CITEE.
a) vaccination BCG	OUI.....1 NON.....2→204b	OUI.....1 NON.....2	<input type="checkbox"/> JOURS	OUI..... 1 NON..... 2→204b	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE VACCIN .....A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..B MANQUE DE PERSONEL ..... C AUTRES (PRECISER) .....X
b) vaccination Polio	OUI.....1 NON.....→204c	OUI.....1 NON.....2	<input type="checkbox"/> JOURS	OUI..... 1 NON..... →204c	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE VACCIN .....A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..B MANQUE DE PERSONEL ..... C AUTRES (PRECISER) .....X
c) vaccination DTCoq	OUI.....1 NON.....→204d	OUI.....1 NON.....2	<input type="checkbox"/> JOURS	OUI..... 1 NON..... →204d	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE VACCIN .....A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..B MANQUE DE PERSONEL ..... C AUTRES (PRECISER) .....X
(d) Vaccination Rougeole	OUI.....1 NON.....→204e	OUI.....1 NON.....2	<input type="checkbox"/> JOURS	OUI..... 1 NON..... →204e	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE VACCIN .....A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..B MANQUE DE PERSONEL ..... C AUTRES (PRECISER) .....X
e) Vaccination Hépatite B	OUI.....1 NON.....→204f	OUI.....1 NON.....2	<input type="checkbox"/> JOURS	OUI..... 1 NON.....→204f	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE VACCIN .....A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..B MANQUE DE PERSONEL ..... C AUTRES (PRECISER) .....X
f) Anti- tétanique	OUI.....1 NON.....→204g	OUI.....1 NON.....2	<input type="checkbox"/> JOURS	OUI..... 1 NON.....→204g	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE VACCIN .....A MANQUE LES AUTRES FOURNITURES POUR LE SERVICE ..B MANQUE DE PERSONEL ..... C AUTRES (PRECISER) .....X

SERVICE POUR L'ENFANT	204 Est-ce que l'établissement fournit le service a l'extérieur et/ou l'intérieur?	205 Est-ce que l'établissement fournit le service aujourd'hui à l'intérieur ?	206 Combien des jours par semaine est-ce le service à l'intérieur ?	207 Avez-vous eu une interruption du service ou un manqué de médicament pour assurer le service dans les 6 dernier mois?	208 Pendant combine de jours le service a-t-il été interrompu/n'avez-vous pas pu fournir le service dans les 6 dernier mois? Ne sais pas=998	209 ENCERCLEZ CHACUNE DES CAUSES D'INTERRUPTION DES SERVICES CITEE
g) Surveillance de la croissance de l'enfant	OUI..... 1 NON ..... 2 → 204h	OUI..... 1 NON ..... 2	<input type="checkbox"/> JOURS	OUI..... 1 NON..... 2 → 204h	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE MEDICAMENT .....A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..B MANQUE DE PERSONEL ..... C AUTRES (PRESCISER)
h) Conseils en nutrition traitement de la malnutrition	OUI..... 1 NON ..... → 204i	OUI..... 1 NON ..... 2	<input type="checkbox"/> JOURS	OUI..... 1 NON..... → 204i	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE MEDICAMENT .....A MANQUE DES AUTRES FOURNITURESPOUR LE SERVICE ..B MANQUE DE PERSONEL ..... C AUTRES (PRECISER) .....X
i) TRAITEMENT de la diarrhée/ provision de SRO	OUI..... 1 NON ..... → 204j	OUI..... 1 NON ..... 2	<input type="checkbox"/> JOURS	OUI..... 1 NON..... → 204j	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE MEDICAMENT .....A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..B MANQUE DE PERSONEL ..... C AUTRES (PRECOSER).....X
j) TRAITEMENT des maladies respiratoires de l'enfant	OUI..... 1 NON ..... → 204k	OUI..... 1 NON ..... 2	<input type="checkbox"/> JOURS	OUI..... 1 NON..... → 204k	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE MEDICAMENT .....A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..B MANQUE DE PERSONEL ..... C AUTRES (PRECISER) .....X
k)TRAITEMENT de Paludisme	OUI..... 1 NON ..... 2 → 210	OUI..... 1 NON ..... 2	<input type="checkbox"/> JOURS	OUI..... 1 NON..... → 210	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE MEDICAMENT .....A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..B MANQUE DE PERSONEL ..... C AUTRES (PRECISER) .....X

210	Combien coûte le service suivant, en situation ordinaire, en FRANCS RWANDAIS ? (NE SAIT PAS=9998 ; GRATUIT=0000 ; NE FOURNIT PAS LE SERVICE=9995) ;		
a) Carnet pour l'enfant vaccination	UNE FOIS	<input type="text"/>	
b) vaccination BCG	SERINGUES	<input type="text"/>	
	CONSULTATION/SERVICE	<input type="text"/>	
c) vaccination Polio	CONSULTATION/SERVICE	<input type="text"/>	
d) vaccination DTCoq	SERINGUES	<input type="text"/>	
	CONSULTATION/SERVICE	<input type="text"/>	
e) Vaccination Rougeole	SERINGUES	<input type="text"/>	
	CONSULTATION/SERVICE	<input type="text"/>	
f) Vaccination Hépatite B	SERINGUES	<input type="text"/>	
	CONSULTATION/SERVICE	<input type="text"/>	
g) Anti-tétanique	CARTE (UNE FOIS)	<input type="text"/>	
	SERINGUES	<input type="text"/>	
	CONSULTATION/SERVICE	<input type="text"/>	
h) Surveillance de la croissance de l'enfant	CARTE (UNE FOIS)	<input type="text"/>	
	CONSULTATION	<input type="text"/>	
i) Conseils en nutrition traitement de la malnutrition	CONSULTATION	<input type="text"/>	
j) TRAITEMENT de la diarrhée/ provision de SRO	CONSULTATION	<input type="text"/>	
k) TRAITEMENT des maladies respiratoires de l'enfant	CONSULTATION	<input type="text"/>	
l) TRAITEMENT de Paludisme		<input type="text"/>	
	CONSULTATION	<input type="text"/>	

NO.	QUESTIONS	CODE	ALLER À			
211	FILTRE: SI UN OUI EST ENCERCLÉ À Q. 204 [de a) à f)], ENCERCLER '1', SI NON, ENCERCLER '2'	OUI ..... 1 NON ..... 2	→243			
212	Pendant combien de heures par jour effectue-t-on les vaccinations?	HEURES PAR JOUR <input type="text"/> <input type="text"/> NE SAIT PAS..... 98				
213	Depuis combien d'années cette structure effectue –t-elle des vaccinations ?	ANNÉES VACC DISPONIBLES <input type="text"/> <input type="text"/> NE SAIT PAS..... 98				
214	POUR CHACUN DES ARTICLES SUIVANTS, VERIFIER D'ABORD POUR VOIR S'IL EST DISPONIBLE DANS LA PIECE OU LE SERVICE EST OFFERT OU DANS UNE PIECE ADJACENTE. SI NON, DEMANDER A VOIR L'ARTICLE S'IL SE TROUVE A UNE DISTANCE RAISONNABLE DANS LA STRUCTURE.					
	FOURNITURES POUR VACCINATION	OBSERVÉ	RAP- PORTE	PAS DISPONIBLE	NE SAIT PAS	
	a) Boîte aiguilles/	1	2	3	8	
	b) Seringues à usage unique	1	2	3	8	
	c) Seringues réutilisables	1	2	3	8	
	d) Produits pour laver les mains (savon, serviette)	1	2	3	8	
	e) Eau	1	2	3	8	
	f) Carnet de vaccination pour enfants	1	2	3	8	
215	Y-a-t-il un registre des vaccinations ?	OUI, REGISTRE VU ..... 1 OUI, REGISTRE PAS VU ..... 2 PAS DE REGISTRE TENU..... 3	→217 →217			
216	A quand remonte l'inscription la plus récente ?	AU COURS DE 7 DERNIERS JOURS ..... 1 PLUS DE 7 JOURS..... 2				
217	Avez-vous une estimation de la population cible d'enfants à vacciner dans la zone de rayonnement de cette structure ?  SI OUI : Combien d'enfants avez-vous à vacciner?	POPULATION ZONE RAYONNEMENT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> N'A PAS DE ZONE DE RAYONNEMENT .....9995 NE SAIT PAS .....9998	→222 →222			
218	Quel était le taux de déperdition de DTCoq sur les douze derniers mois de l'année écoulée?	TAUX DE DEPERDITON DTCoq(%) <input type="text"/> <input type="text"/> NE SAIT PAS..... 98				
219	Quel est le taux de couverture pour la rougeole sur les douze derniers mois de l'année écoulée ?	TAUX COUVERT. ROUGEOLE (%) <input type="text"/> <input type="text"/> NE SAIT PAS..... 98				
220	FILTRE: SI 218 ET 219 EST ENCERCLÉ À « 98 » (NE SAIT PAS) ENCERCLER '1', SINON, ENCERCLER '2'	OUI ..... 1 NON..... 2	→222			
221	COMMENT LE REpondant A-T-IL OBTENU L'INFORMATION SUR LA COUVERTURE VACCINALE ?	RAPPORT ..... 1 GRAPHIQUE ..... 2 AUTRE ..... 6 (PRECISER) NE SAIT PAS ..... 8				



NO.	QUESTIONS	CODE	ALLER À
222	Est-ce que cet établissement conserve des vaccins ou les obtenez-vous d'une autre structure?	CONSERVE VACCINS ..... 1 SE RAVITAILLE AILLEURS ..... 2	→ 231
223	Quel type d'équipement utilisez-vous pour conserver les vaccins?	REFRIGERATEUR ..... 1 GLACIERE ..... 2	→ 226
224	Quelle est la source d'énergie utilisée par le réfrigérateur ?  (ENTOURER TOUT CE QUI EST MENTIONNÉ)	ÉLECTRICITÉ ..... A KÉROSÈNE ..... B GAZ ..... C ÉNERGIE SOLAIRE ..... D AUTRE ..... X	
225	Y-a-t-il un thermostat pour la congélation?	OUI ..... 1 NON ..... 2 PAS DE CONGÉLATION ..... 3	
226	Y-a-t-il un thermomètre en état de marche à l'intérieur du réfrigérateur ou de la glacière?	OUI ..... 1 NON ..... 2	→ 231
227	ENQUÊTEUR: QUELLE EST LA TEMPÉRATURE DANS LE RÉFRIGÉRATEUR OU LA GLACIERE ?	TEMPÉRATURE EN ° C <input type="text"/> <input type="text"/>	
228	Y-a-t-il un graphique des températures ?	OUI ..... 1 NON ..... 2	→ 231
229	ENQUÊTEUR: EST-CE QUE LE RELEVÉ DE TEMPÉRATURE EST À JOUR POUR LES 30 DERNIERS JOURS?	OUI ..... 1 NON ..... 2	
230	ENQUÊTEUR: ENREGISTRER LE NOMBRE DE JOURS PENDANT LESQUELS LA TEMPÉRATURE ÉTAIT AU-DESSUS DE 8° C OU AU-DESSOUS DE 0° C AU COURS DES 30 DERNIERS JOURS.	NOMBRES DE JOURS ..... <input type="text"/> <input type="text"/>	
231	Quels sont les moyens normaux de maintien de la chaîne de froid pendant les visites extérieures?	ACCUMULATEUR DE FROID ..... 1 ACHETE DE LA GLACE ..... 2 ACCU FROID + ACHAT GLACE ..... 3 PAS DE VISITES EXTERIEURES ..... 4	
232	Y-a-t-il des accumulateurs de froid dans le réfrigérateur?	OUI ..... 1 NON ..... 2	
233	Combien de glacières avec accumulateurs de froid avez-vous disponibles ?	UN ENSEMBLE ..... 1 DEUX ENSEMBLES OU PLUS ..... 2 AUCUN ..... 3	

Puis-je voir vos stocks des vaccins (OBSERVEZ DANS LE RÉFRIGÉRATEUR S'IL Y A, AU MOINS, UNE AMPOULE NON PÉRIMÉE)					
VACCINE	234 Enregistrer si au moins 1 vaccin non-périmé a été observé	235 Est-ce que vous avez observé un vaccin périmé?	236 Les vaccins, sont-ils rangés selon la date de péremption?	237 Au cours des 6 derniers mois, est-il arrivé que l'établissement manque de VACCIN?	238) Pendant combien de jours au cours des 6 derniers mois, est-ce que vous avez manqué de VACCIN?
a) BCG	OUI, OBSERVE..... 1 RAPPORTE, PAS VU..... 2 PAS DISPONIBLE 3→237a NSP..... 8→237a	OUI..... 1 NON ..... 2 NE SAIS PAS ..... 8	OUI.....1 NON .....2 NE SAIS PAS.....8	OUI ..... 1 NON ..... 2→234b NSP..... 8→234b	<input type="text"/> <input type="text"/> <input type="text"/>
b) POLIO	OUI, OBSERVE..... 1 RAPPORTE, PAS VU..... 2 PAS DISPONIBLE 3→237b NSP..... 8→237b	OUI..... 1 NON ..... 2 NE SAIS PAS ..... 8	OUI.....1 NON .....2 NE SAIS PAS.....8	OUI ..... 1 NON ..... 2→234c NSP..... 8→234c	<input type="text"/> <input type="text"/> <input type="text"/>
c) DTCoq	OUI, OBSERVE..... 1 RAPPORTE, PAS VU..... 2 PAS DISPONIBLE 3→237c NSP..... 8→237c	OUI..... 1 NON ..... 2 NE SAIS PAS ..... 8	OUI.....1 NON .....2 NE SAIS PAS.....8	OUI ..... 1 NON ..... 2→234d NSP..... 8→234d	<input type="text"/> <input type="text"/> <input type="text"/>
d) ROUGEOLE avec diluant	OUI, OBSERVE..... 1 RAPPORTE, PAS VU..... 2 PAS DISPONIBLE 3→237d NSP..... 8→237d	OUI..... 1 NON ..... 2 NE SAIS PAS ..... 8	OUI.....1 NON .....2 NE SAIS PAS.....8	OUI ..... 1 NON ..... 2→234e NSP..... 8→234e	<input type="text"/> <input type="text"/> <input type="text"/>
e) HÉPATITE B	OUI, OBSERVE..... 1 RAPPORTE, PAS VU..... 2 PAS DISPONIBLE 3→237e NSP..... 8→237e	OUI..... 1 NON ..... 2 NE SAIS PAS ..... 8	OUI.....1 NON .....2 NE SAIS PAS.....8	OUI ..... 1 NON ..... 2→234f NSP..... 8→234f	<input type="text"/> <input type="text"/> <input type="text"/>
f) ANTI-TETANIQUE	OUI, OBSERVE..... 1 RAPPORTE, PAS VU .. 2 PAS DISPONIBLE 3→237f NSP..... 8→237f	OUI..... 1 NON ..... 2 NE SAIS PAS ..... 8	OUI.....1 NON .....2 NE SAIS PAS.....8	OUI ..... 1 NON ..... 2→239 NSP..... 8→239	<input type="text"/> <input type="text"/> <input type="text"/>

No	QUESTIONS	CODES	ALLER À
239	Y-a-t-il un inventaire écrit pour les VACCINS?	OUI ..... 1 NON ..... 2	→241
240	ENQUETEUR: L'INVENTAIRE ÉCRIT EST-IL À JOUR ET COMPLET?	OUI, OBSERVÉ, A JOUR ..... 1 OUI, OBSERVÉ, PAS A JOUR ..... 2 OUI, NON OBSERVÉ ..... 3 NON ..... 4	
241	Est-ce que la formation sanitaire détermine la quantité de vaccins dont elle a besoin et passe la commande, ou est-ce que la quantité que vous recevez est déterminée par quelqu'un d'autre?	DETERMINE PROPRES BESOINS ET PASSE COMMANDE ..... 1 BESOIN DETERMINE AILLEURS. 2	→243
242	SI DETERMINE AILLEURS: Est-ce que vous recevez toujours une quantité fixe ou est-ce que la quantité que vous recevez varie avec votre niveau d'activités?	QUANTITE BASEE SUR NIVEAU D'ACTIVITES ..... 1 APPROVISIONNEMENT STANDARD FIXE ..... 2	
243	Est-ce que cet établissement organise des discussions sur la santé de l'enfant?	OUI ..... 1 NON ..... 2	→ 245
244	Est-ce que ces conseils ou ces discussions portent sur les sujets suivants:  a) Prévention de la diarrhée? b) Identification et/ou traitement des IRA? c) Réhydratation Orale d) Nutrition de l'enfant? e) Vaccination? f) Paludisme?	OUI NON NSP  DIARRHÉE..... 1 2 8 IRA ..... 1 2 8 RÉHYDRATATION 1 2 8 NUTRITION..... 1 2 8 VACCINATION..... 1 2 8 PALUDISME..... 1 2 8	

POUR CHACUN DES ARTICLES SUIVANTS, VERIFIER D'ABORD POUR VOIR S'IL EST DISPONIBLE DANS LA PIECE OU LE SERVICE EST OFFERT OU DANS UNE PIECE ADJACENTE. SI NON, DEMANDER A VOIR L'ARTICLE S'IL SE TROUVE A UNE DISTANCE RAISONNABLE DE LA SERVICE. SI IL Y A L'ARTICLE, VERIFIER S'IL FONCTIONNE OU NON.

ARTICLE	(a) L'ARTICLE EST-IL DISPONIBLE?				(b) L'ARTICLE FONCTIONNE-T-IL?		
	OBSERVÉ	RAPPO RTE	PAS DISPONIBLE	NE SAIS PAS	OUI	NON	NE SAIS PAS
245							
a) Pèse bébé	1	2	3→245b	8→245b	1	2	8
b) Pèse enfants (de 25 +kg)	1	2	3→245c	8→245c	1	2	8
c) Thermomètre	1	2	3→245d	8→245d	1	2	8
d) Montre avec une troteuse ou un dispositif pour chronométrer	1	2	3→245e	8→245e	1	2	8
e) Article pour l'hygiène des mains (savon, serviettes)	1	2	3	8			
f) Eau	1	2	3	8			
g) Récipient pour mélanger SRO	1	2	3	8			
h) Tasse et cuillère	1	2	3	8			

246	PROTOCOLES/MATERIELS POUR ENSEIGNEMENT	OBSERVÉ	RAPPO RTE	PAS DISPONIBLE	NE SAIS PAS			
	a) Des manuels de référence pour la prise en charge des maladies de l'enfant (PCIME)	1	2	3	8			
	b) Brochures (PCIME)	1	2	3	8			
	c) Graphique (PCIME)	1	2	3	8			
	d) Les fiches de conseil pour l'éducation de l'accompagnatrice de l'enfant	1	2	3	8			
	e) des brochures ou des prospectus que les patients peuvent prendre au sujet de le santé infantile	1	2	3	8			

NO.	QUESTIONS	CODE	ALLER À
247	Y-a-t-il un registre des patients où l'information sur la consultation de chaque enfant est écrite? SI OUI : Puis-je le voir?	OUI, REGISTRE VU ..... 1 OUI, REGISTRE PAS VU ..... 2 PAS DE REGISTRE TENU .... 3	→249 →249
248	A quant remonte la plus récente inscription?	AU COURS DE 7 DERNIERS JOURS ..... 1 PLUS DE 7 JOURS ..... 2	
249	Gardez-vous une fiche pour chaque patient? SI OUI : Puis-je voir une fiche non remplie?	OUI, FICHE OBSERVÉ ..... 1 OUI, FICHE PAS VUE ..... 2 PAS DE FICHE INDIVIDUELLES	→301
250	Gardez-vous l'adresse de chaque patient pour un éventuel suivi?	OUI..... 1 NON..... 2	

### SECTION 3: SERVICES DE LA PLANIFICATION FAMILIALE

NO.	QUESTIONS	CODE	ALLER À
301	Est-ce que cet établissement fournit des services de planification familiale (La planification familiale est une méthode ou un dispositif pour espacer ou limiter les naissances)	OUI ..... 1 NON ..... 2	→401
302	Pendant combien de jours par semaine, cet établissement fournit-il normalement des services de planification familiale?	JOURS ..... <input type="checkbox"/> NE SAIT PAS ..... 8	
303	Pendant combien d'heures par jour, cet établissement fournit-il normalement des services de planification familiale?	HEURES ..... <input type="checkbox"/> <input type="checkbox"/> NE SAIT PAS ..... 98	

MÉTHODE	304 Est-ce que l'établissement fournit le service à l'extérieur et/ou l'intérieur?	305 Est-ce que l'établissement fournit le service aujourd'hui à l'intérieur ?	306 Combien des jours par semaine est-ce le service disponible à l'intérieur?	307 Avez-vous eu une interruption du service ou un manqué de médicament pour assurer le service dans les 6 dernier mois?	308 Pendant combine de jours le service a-t-il été interrompu/n'avez-vous pas pu fournir le service dans les 6 dernier mois? Ne sais pas=998	309 ENCERCLEZ CHACUNE DES CAUSES D'INTERRUPTION DES SERVICES CITEE
a) Pilules oestro-progestatives	OUI ..... 1 NON ..... 2 → 304b	OUI ..... 1 NON ..... 2	<input type="text"/> JOURS	OUI ..... 1 NON .... 2 → 304b	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE METHODE ..... A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..... B MANQUE DE PERSONEL ..... C AUTRES (PRECISER) ..... X
b) Pilules à base de progestérone seulement	OUI ..... 1 NON ..... → 304c	OUI ..... 1 NON ..... 2	<input type="text"/> JOURS	OUI ..... 1 NON ..... → 304c	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE METHODE ..... A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..... B MANQUE DE PERSONEL ..... C AUTRES (PRECISER) ..... X
c) Injections pour chaque deux mois (Norigynon ?)	OUI ..... 1 NON ..... → 304d	OUI ..... 1 NON ..... 2	<input type="text"/> JOURS	OUI ..... 1 NON ..... → 304d	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE METHODE ..... A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..... B MANQUE DE PERSONEL ..... C AUTRES (SPECIFY) ..... X
d) Injections pour chaque trois mois (Depo )	OUI ..... 1 NON ..... → 304e	OUI ..... 1 NON ..... 2	<input type="text"/> JOURS	OUI ..... 1 NON ..... → 304e	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE METHODE ..... A MANQUE LES AUTRES FOURNITURES POUR LE SERVICE ..... B MANQUE DE PERSONEL ..... C AUTRES (PRECISER) ..... X
e) implants	OUI ..... 1 NON ..... 2 → 304f	OUI ..... 1 NON ..... 2	<input type="text"/> JOURS	OUI ..... 1 NON ..... → 304f	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE METHODE ..... A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..... B MANQUE DE PERSONEL ..... C AUTRES (PRECISER) ..... X
f) Condom masculin	OUI ..... 1 NON ..... 2 → 304g	OUI ..... 1 NON ..... 2	<input type="text"/> JOURS	OUI ..... 1 NON .... 2 → 304g	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE METHODE ..... A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..... B MANQUE DE PERSONEL ..... C AUTRES (PRECISER) ..... X

MÉTHODE	304 Est-ce que l'établissement fournit le service à l'extérieur et/ou l'intérieur?	305 Est-ce que l'établissement fournit le service aujourd'hui à l'intérieur ?	306 Combien des jours par semaine est-ce le service disponible à l'intérieur ?	307 Avez-vous eu une interruption du service ou un manqué de médicament pour assurer le service au cours dans les 6 dernier mois?	308 Pendant combien de jours le service a-t-il été interrompu/n'avez-vous pas pu fournir le service dans les 6 dernier mois? Ne sais pas=998	309 ENCERCLEZ CHACUNE DES CAUSES D'INTERRUPTION DES SERVICES CITEE
g) Condom féminin	OUI ..... 1 NON ..... →304h	OUI ..... 1 NON ..... 2	<input type="text"/> JOURS	OUI ..... 1 NON ..... →304h	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE METHODE ..... A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..... B MANQUE DE PERSONEL ..... C AUTRES (PRECISER) ..... X
h) DIU	OUI ..... 1 NON ..... →304i	OUI ..... 1 NON ..... 2	<input type="text"/> JOURS	OUI ..... 1 NON ..... →304i	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE METHODE ..... A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..... B MANQUE DE PERSONEL ..... C AUTRES (PRECISER) ..... X
i) Stérilisation masculine	OUI ..... 1 NON ..... →304j	OUI ..... 1 NON ..... 2	<input type="text"/> JOURS	OUI ..... 1 NON ..... →304	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE METHODE ..... A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..... B MANQUE DE PERSONEL ..... C AUTRES (PRECISER) ..... X
j) Stérilisation féminine	OUI ..... 1 NON ..... →304k	OUI ..... 1 NON ..... 2	<input type="text"/> Jours	OUI ..... 1 NON ..... →304	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE METHODE ..... A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..... B MANQUE DE PERSONEL ..... C AUTRES (PRECISER) ..... X
k) Méthode naturelle de planification familiale	OUI ..... 1 NON ..... →304l	OUI ..... 1 NON ..... 2	<input type="text"/> JOURS	OUI ..... 1 NON ..... →304l	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE METHODE ..... A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..... B MANQUE DE PERSONEL ..... C AUTRES (PRECISER) ..... X
l) Spermicides	OUI ..... 1 NON ..... 2 →304	OUI ..... 1 NON ..... 2	<input type="text"/> JOURS	OUI ..... 1 NON ..... 2 →304	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE METHODE ..... A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..... B MANQUE DE PERSONEL ..... C AUTRES (PRECISER) ..... X

	MÉTHODE	310 SERVICE DISPONIBLE	311 Nombre de clients au cours du dernier trimestre. NSP=998	312 Il y a combien d'années que l'établissement a commencé à offrir la méthode ?
a)	Pilules oestro-progestatives	OUI ..... 1 NON ..... 2→310b	NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/>  EN COURS <input type="text"/> <input type="text"/> <input type="text"/>	MOINS D'1 ANNÉE ..... 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8
b)	Pilules à base de progestérone seulement	OUI ..... 1 NON ..... 2→310c	NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/>  EN COURS <input type="text"/> <input type="text"/> <input type="text"/>	MOINS D'1 ANNÉE ..... 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8
c)	Injections tous les deux mois (Noristerat)	OUI ..... 1 NON ..... 2→310d	NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/>  EN COURS <input type="text"/> <input type="text"/> <input type="text"/>	MOINS D'1 ANNÉE ..... 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8
d)	Injections tous les trois mois (Depo)	OUI ..... 1 NON ..... 2→310e	NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/>  EN COURS <input type="text"/> <input type="text"/> <input type="text"/>	MOINS D'1 ANNÉE ..... 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8
e)	implants	OUI ..... 1 NON ..... 2→310f	NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/>  EN COURS <input type="text"/> <input type="text"/> <input type="text"/>	MOINS D'1 ANNÉE ..... 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8
f)	Condom masculin	OUI ..... 1 NON ..... 2→310g	NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/>  EN COURS <input type="text"/> <input type="text"/> <input type="text"/>	MOINS D'1 ANNÉE ..... 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8
g)	Condom féminin	OUI ..... 1 NON ..... 2→310h	NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/>  EN COURS <input type="text"/> <input type="text"/> <input type="text"/>	MOINS D'1 ANNÉE ..... 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8
h)	DIU	OUI ..... 1 NON ..... 2→310i	NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/>  EN COURS <input type="text"/> <input type="text"/> <input type="text"/>	MOINS D'1 ANNÉE ..... 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8
i)	Stérilisation masculine	OUI ..... 1 NON ..... 2→310j	NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/>  EN COURS <input type="text"/> <input type="text"/> <input type="text"/>	MOINS D'1 ANNÉE ..... 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8
j)	Stérilisation féminine	OUI ..... 1 NON ..... 2→310k	NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/>  EN COURS <input type="text"/> <input type="text"/> <input type="text"/>	MOINS D'1 ANNÉE ..... 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8
k)	Méthode naturelle planification familiale	OUI ..... 1 NON ..... 2→310l	NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/>  EN COURS <input type="text"/> <input type="text"/> <input type="text"/>	MOINS D'1 ANNÉE ..... 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8
l)	Spermicides	OUI ..... 1 NON ..... 2→313	NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/>  EN COURS <input type="text"/> <input type="text"/> <input type="text"/>	MOINS D'1 ANNÉE ..... 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8



NO.	QUESTIONS	CODE				ALLER À
313	En moyenne, combien de (unités/cycles) de MÉTHODE sont données	a) Nouvelle utilisatrice? pas disponible.....95		b) Utilisatrice en cours continu? pas disponible.....95		
	a) Pilules oestro-progestatives?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	b) Pilules à base de progestérone seulement	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	c) Condoms (masculin)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
314	Est-ce que cet établissement fournit des conseils de façon spécifique pour les groupes suivants:  a) Aux non-utilisatrices? b) Aux nouvelles utilisatrices? c) aux utilisatrices en cours? d) aux adolescentes? e) Aux mères célibataires? f) Aux hommes?	<p style="text-align: right;">OUI NON NSP</p> NON-UTILISATRICES ..... 1 2 8 NOUVELLES UTILISATRICES ..... 1 2 8 UTILISATRICES EN COURS ..... 1 2 8 ADOLESCENTES ..... 1 2 8 MÈRE CELIBATAIRE ..... 1 2 8 HOMMES ..... 1 2 8				
315	SI UNE RÉPONSE À 314 EST '1', ENCERCLER 'OUI'. SINON, ENCERCLER 'NON'.	OUI.....1 NON .....2				→317
316	Est-ce- que ces conseils portent sur : a) Les effets secondaires? b) Les IST ? c) L'éducation et la prévention contre les IST et le VIH/SIDA ?	<p style="text-align: right;">OUI NO N NSP</p> EFFETS SECONDAIRES ..... 1 2 8 IST ..... 1 2 8 PRÉVENTION ..... 1 2 8				
317	Est-ce que cet établissement dispose de formulaires de consentement ? SI OUI, DEMANDER A VOIR LE FORMULAIRE DE CONSENTEMENT	OUI, OBSERVE .....1 OUI, PAS VU .....2 NON .....3				→319 →319
318	Indiquer pour chacune des méthodes suivantes si on utilise un formulaire de consentement	OUI	NON	PAS DISPO- NIBLE	NE SAIS PAS	
	a) PILULES ORAUX	1	2	3	4	
	b) INJECTION	1	2	3	4	
	c) IMPLANTS	1	2	3	4	
	d) DIU	1	2	3	4	
	e) STÉRILISATION FÉMININE	1	2	3	4	
	f) STÉRILISATION MASCULINE	1	2	3	4	
319	Puis-je voir la salle où les clients en planification familiale reçoivent des conseils ?  ENQUÊTEUR: EXAMINER LA SALLE.	PIÈCE SÉPARÉE .....1 SALLE AVEC RIDEAUX .....2 AUTRES ÉLÉMENTS .....3 MEME SALLE QUE SALLE D'ATTENTE .....4				

NO.	QUESTIONS	CODE			ALLER À			
		OBSERVÉ	RAPPORTÉ	PAS DISPONIBLE				
320	Lesquels des matériaux suivants sont disponibles pour le counselling ?				NE SAIT PAS			
	a) Modèle pour démontrer l'usage du condom	1	2	3	8			
	b) Brochures/dépliants à donner aux patientes?	1	2	3	8			
	c) Boîtes à images pour les différentes méthodes?	1	2	3	8			
	d) Affiche de promotion de la planification familiale disponible?	1	2	3	8			
321	Est-ce que le prestataire de services de planification familiale traite les IST de manière routinière où les clients sont-ils envoyés à une autre prestataire ou à une autre structure pour traitement?	TRAITE IST .....1 ENVOIE AILLEURS DANS LE MÊME FOSA .....2 ENVOIE À AUTRE FOSA.....3 PAS DE TRAITEMENT.....4						
DEMANDER A VOIR L'ENDROIT OU LES EXAMENS POUR LA PLANIFICATION FAMILIALE SONT EFFECTUES. POUR CHACUN DES ARTICLES DE LA LISTE CI-DESSOUS, VERIFIER D'ABORD SI L'ARTICLE EST DISPONIBLE DANS LA SALLE OU LE SERVICE EST OFFERT OU DANS UNE PIECE ADJACENTE (CECI COMPREND LA SALLE DE CONSULTATION PELVIENNE SI ELLE EST DIFFERENTE DE LA SALLE DE CONSULTATION GENERALE). SI NON, DEMANDER A VOIR L'ARTICLE S'IL SE TROUVE QUELQUE PART A UNE DISTANCE RAISONNABLE DANS L'ETABLISSEMENT. SI L'ARTICLE EST DISPONIBLE, VERIFIER S'IL FONCTIONNE OU NON.								
322	Si la salle a déjà été observée pour les autres services, Indiquer à quelle service.	SOINS PRÉNATALS..... 1 CONSULTATIONS IST ..... 2 ACCOUCHEMENTS ..... 3 SALLE PAS OBSERVEE .....4			→ 325 → 325 → 325			
323	ENQUÊTEUR: VÉRIFIER L'ÉCLAIRAGE GENERAL DANS LA SALLE D'EXAMEN	ÉCLAIRAGE VERTICAL ..... 1 LAMPE ..... 2 LUMIÈRE DU JOUR/ FENETRES. 3 MAL ÉCLAIRÉE ..... 4						
	<b>LES ARTICLES POUR LE SERVICE DE PLANIFICATION FAMILIALE</b>	<b>(a) L'ARTICLE EST-IL DISPONIBLE? (POSER LA QUESTION POUR CHACUN DES ARTICLES)</b>			<b>(b) L'ARTICLE FONCTIONNE- T-IL?</b>			
324	<b>LA SALLE ET LES FOURNITURES</b>	<b>OBSERVÉ</b>	<b>RAPPORTE</b>	<b>PAS DISPONIBLE</b>	<b>NE SAIT PAS</b>	<b>OUI</b>	<b>NON</b>	<b>NE SAIT PAS</b>
	a) Intimité visuelle	1	2	3	8			
	b) Intimité auditive	1	2	3	8			
	c) Lampes baladeuses/gynéco/torches	1	2	3→324d	8→324d	1	2	8
	d) Table gynécologique ou lit d'examen	1	2	3→324e	8→324e	1	2	8
	e) Produits pour laver les mains (savon, serviette)	1	2	3	8			
	f) Eau	1	2	3	8			
	g) Gants propres							
	h) Boîte d'objets tranchants (Boite aiguilles/Tambour)	1	2	3	8			
	i) Désinfectant 0,5%	1	2	3	8			

325	LES ARTICLES POUR LE SERVICE PLANIFICATION FAMILIALE EQUIPEMENT PRÉCISER DE METHOD	(a) L'ARTICLE EST-IL DISPONIBLE? (POSER LA QUESTION POUR CHACUN DES ARTICLES)				(b) FONCTIONNER?		
		OBSERVÉ	RAPPORTE	PAS DISPONIBLE	NE SAIT PAS	OUI	NON	NE SAIT PAS
	a) Tensiomètre	1	2	3→325b	8→325b	1	2	8
	b) Stéthoscope	1	2	3→325c	8→325c	1	2	8
	c) Balance pour adulte	1	2	3→325d	8→325d	1	2	8
	d) Spéculum vaginal	1	2	3→325e	8→325e	1	2	8
	e) Gants stériles	1	2	3	8			
	f) Pince porte tampon	1	2	3	8			
	g) Pince à servir	1	2	3	8			
	h) Pince anatomique	1	2	3	8			
	i) Ciseaux	1	2	3	8			
	j) Kit DIU	1	2	3	8			
	k) Kit Norplant	1	2	3	8			
326	Protocoles de SR pour chaque méthode de PF offerte	1	2	3	8			

NO.	QUESTIONS	CODE	ALLER À
327	Y-a-t-il un registre des patients où l'information sur la consultation de chaque cliente est écrite? SI OUI : Puis-je le voir?	OUI, REGISTRE VU ..... 1 OUI, REGISTRE PAS VU ..... 2 PAS DE REGISTRE TENU .... 3	→329 →329
328	A quand remonte la plus récente inscription?	AU COURS DE 7 DERNIERS JOURS ..... 1 PLUS DE 7 JOURS ..... 2	
329	Gardez-vous une fiche pour chaque patient? SI OUI : Puis-je voir une fiche non remplie?	OUI, FICHE OBSERVÉE ..... 1 OUI, FICHE PAS VUE ..... 2 PAS DE FICHE ..... 3	
330	Gardez-vous l'adresse de chaque patient pour un éventuel suivi?	OUI..... 1 NON..... 2	
331	NOTER LE NOMBRE DE PATIENTS EN PLANIFICATION FAMILIALE QUI ONT ETE REFERES AU LABORATOIRE POUR ETRE TESTÉS DES IST AU COURS DES 12 DERNIERS MOIS	NOMBRE PATIENTS TESTÉS IST <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS..... 998	→ 333
332	Si la période à laquelle se réfère le nombre de patients est inférieure à 12mois, indiquez le nombre de mois concerné.	MOIS DES DONNEES . <input type="text"/> <input type="text"/> NE SAIT PAS.....98	
333	Noter le nombre de patients envoyés chez un spécialiste le mois dernier par le service de planification familiale	NOMBRE PATIENTS REFERES <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS..... 998	
334	Est-ce que cet établissement fait payer les patients en planification familiale ou bien demande-t-il une donation pour un des services de planification familiale fournis?	OUI ..... 1 NON.....2	→401
335	Est-ce que l'établissement fait payer la consultation en planification familiale ?	OUI ..... 1 NON.....2	→337
336	A combien s'élève le tarif d'une consultation?	FRW <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
337	Est-ce que l'établissement fait payer pour la fiche/carte pour patient ?	OUI ..... 1 NON.....2	→339

338	À combien s'élève le tarif d'un fiche/carte pour patient?	FRW	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
339	Combien l'établissement fait-il payer pour chacune des méthodes ?	COUT EN FRW GRATUIT ..... 00000 PAS DISPONIBLE ..... 99995 NSP ..... 99998					
	a) PILULE (1 CYCLE)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	b) INJECTIONS		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	c) IMPLANT		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	d) CONDOM MASCULIN (3 UNITS)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	e) DIU		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	f) STÉRILISATION FÉMININE		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	g) STERILISATION MASCULINE		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Section 4: Services de santé maternelle (sous-section 1: Soins Prénatals)**

NO.	QUESTIONS	CODE				ALLER À
401	Est-ce que cet établissement offre des services de santé maternelle ? (Les services de santé maternelle sont les services qui s'occupent des grossesses)	OUI..... 1				→501
		NON ..... 2				
402	Est-ce que cet établissement organise des sessions d'enseignement ou des discussions sur la santé maternelle?	OUI..... 1				→405
		NON ..... 2				
403	Est-ce que ces sessions ou discussions sur la santé couvrent les sujets suivants:	OUI NON NSP				
	a) Besoins nutritifs durant la grossesse	ALIMENTATION..... 1	2	8		
	b) Allaitement	ALLAITEMENT..... 1	2	8		
	c) Signes de danger pendant la grossesse	SIGNES DE DANGER . 1	2	8		
	d) Soins des nouveau-nés	NOUVEAU-NÉS..... 1	2	8		
	e) Soins prénatals	SOINS PRÉNATALS..... 1	2	8		
	f) Préparation à la naissance	NAISSANCE ..... 1	2	8		
	g) Anémie durant la grossesse	ANÉMIE ..... 1	2	6		
	h) Besoins en fer	FER..... 1	2	6		
	i) Planification familiale	PLANIFICATION FAMILIALE..... 1	2	6		
	j) Visites dans les salles d'accouchement	VISITES SALLES ACCOUCHEMENT..... 1	2	8		
404	Est-ce -que l'établissement dispose du matériel suivant:	OBSERVE	RAPPORTE	PAS DISPONIBLE	NE SAIT PAS	
	a) POSTERS	1	2	3	8	
	b) BROCHURES	1	2	3	8	
	c) FICHES DE TRAVAIL	1	2	3	8	
	d) FICHES DE CONSEILS POUR LA MÈRE	1	2	3	8	
405	Est-ce que cet établissement offre des soins prénatals?	OUI..... 1				→428
		NON ..... 2				
406	Pendant combien de jours par semaine, cet établissement fournit-il normalement des services prénatal ?	JOURS .....	<input type="text"/>			
		NE SAIT PAS .....	8			
407	Pendant combien d'heures par jour, cet établissement fournit-il normalement des services prénatals	HEURES .....	<input type="text"/>			
		NE SAIT PAS .....	98			
408	Est-ce que l'établissement fournit le service aujourd'hui <b>A L'INTERIEUR?</b>	OUI..... 1				
		NON ..... 2				

NO.	QUESTIONS	CODE				ALLER À
409	Est-ce que, dans cet établissement, les services suivants sont normalement effectués au cours de la première visite prénatale, lors des visites suivantes ou est-ce qu'ils ne sont pas effectués du tout?	1ERE VISITE	VISITE SUIVANTE	CHAQUE VISITE	AUCUNE.	
	a) Obtenir le <b>DOSSIER MÉDICAL</b> et obstétrique de la patiente?	1	2	3	5	
	b) <b>PESER</b> la patiente?	1	2	3	5	
	c) <b>PRENDRE LA TENSION</b> de la patiente?	1	2	3	5	
	d) <b>FAIRE</b> à la patiente une <b>INJECTION ANTI-TÉTANIQUE?</b>	1	2	3	5	
	e) Prescrire de la <b>CHIMIO PRÉVENTION CONTRE LE PALUDISME?</b>	1	2	3	5	
	f) Offrir le <b>COUNSELING ET TEST</b> volontaire pour <b>VIH/SIDA</b> ?	1	2	3	5	
410	Est-ce que, dans cet établissement, les services suivants sont normalement effectués au cours de la première visite prénatale, lors des visites suivantes ou est-ce qu'ils ne sont pas effectués du tout?	1ERE VISITE	VISITE SUIVANTE	CHAQUE VISITE	AUCUNE.	
	a) Rechercher la syphilis?	1	2	3	5	
	b) Mesurer l'hémoglobine?	1	2	3	5	
	c) Analyser l'urine pour protéine ?	1	2	3	5	
411	Est-ce que le prestataire de soins prénatals traite les IST de manière systématique ou les clients sont-ils envoyés à un(e) autre prestataire ou à une autre structure pour traitement?	TRAITE IST ..... 1 ENVOIE AILLEURS DANS LE MÊME FOSA..... 2 ENVOIE À AUTRE FOSA ..... 3 PAS DE TRAITEMENT ..... 4				
412	Puis-je voir la salle où les patientes ayant besoin de soins prénatals sont examinées?  ENQUETEUR: EXAMINER LA SALLE.	PIÈCE SÉPARÉE ..... 1 SALLE AVEC RIDEAUX ..... 2 AUTRES ÉLÉMENTS ..... 3 MEME SALLE QUE SALLE D'ATTENTE ..... 4				

NO.	QUESTIONS	CODE	ALLER À
	DEMANDER A VOIR OU LES EXAMENS POUR LA SOINS PRÉNATALS SONT EFFECTUES. POU CHACUN DES ARTICLES DE LA LISTE CI-DESSOUS, VERIFIER D'ABORD SI L'ARTICLE EST DISPONIBLE DANS LA SALLE OU LE SERVICE EST OFFERT OU DANS UNE PIECE ADJACENTE (CECI COMPREND LA SALLE DE CONSULTATION PELVINNE SI ELLE EST DIFFERENTE DE LA SALLE DE CONSULTATION GENERALE) . SI NON, DEMANDER A VOIR L'ARTICLE S'IL SE TROUVE QUELQUE PART A UNE DISTANCE RAISONNABLE DANS L'ETABLISSEMENT. SI L'ARTICLE EST DISPONIBLE, VERIFIER S'IL FONCTIONNE OU NON.		
413	Si la salle a déjà été observée pour les autres services, Indiquer à quelle service.	SERVICE PF .....1 CONSULTATIONS IST .....2 ACCOUCHEMENT .....3 SALLE PAS OBSERVEE .....4	→416 →416 →416
414	ENQUETEUR: VÉRIFIER L'ÉCLAIRAGE GENERAL DANS LA SALLE D'EXAMEN	ÉCLAIRAGE VERTICAL.....1 LAMPE.....2 LUMIÈRE DU JOUR/ FENETRES .3	
<b>ARTICLES POUR LES SOINS PRÉNATALS</b>			
		<b>(a) L'ARTICLE EST-IL DISPONIBLE? POSER LA QUESTION POUR CHAQUE ARTICLE</b>	<b>(b) L'ARTICLE FONCTIONNE-T-IL?</b>
415	LA SALLE ET L'EQUIPEMENT	<b>OBSERVÉ</b> <b>RAPPOR TE</b> <b>PAS DISPONI BLE</b> <b>NE SAIT PAS</b>	<b>OUI</b> <b>NON</b> <b>NSP</b>
	a) Intimité visuelle	1    2    3    8	
	b) Intimité auditive	1    2    3    8	
	c) Lampes baladeuses/ gynéco/torches	1    2    3→415d    8→415d	1    2    8
	d) Table gynécologique ou lit d'examen	1    2    3→415e    8→415e	1    2    8
	e) Produits pour laver les mains (savon, serviette)	1    2    3    8	
	f) Eau	1    2    3    8	
	g) Gants propres		
	h) Boite objets tranchants (Boite aiguilles)	1    2    3    8	
	i) Désinfectant 0,5%	1    2    3    8	
416	<b>EQUIPEMENT</b>		
	a) Tensiomètre	1    2    3→416b    8→416b	1    2    8
	b) Stéthoscope	1    2    3→416c    8→416c	1    2    8
	c) Balance pour adultes	1    2    3→416d    8→416d	1    2    8
	d) Stéthoscope de Pinard (pour le fœtus)	1    2    3→416e    8→416e	1    2    8
	e) Pèse-bébé (avec graduation de 100 gm)	1    2    3→416f    8→416f	1    2    8
	f) Thermomètre	1    2    3→416g    8→416g	1    2    8
	g) Ruban de mesure	1    2    3    8	
	h) Protocoles pour soins de santé maternelle	1    2    3    8	
NO.	QUESTIONS	CODE	ALLER À

417	Est-ce que cet établissement a une relation formelle avec les accoucheuses traditionnelles (AT)?	OUI ..... 1 NON ..... 2	→419
418	Est-ce que cet établissement a un document sur le programme des accoucheuses traditionnelles, par ex. la liste des accoucheuses affiliées à l'établissement et la formation qu'elles ont suivies?  SI OUI : Puis-je voir la documentation?	OUI, OBSERVÉ ..... 1 OUI, PAS VU ..... 2 NON ..... 3 NE SAIT PAS ..... 8	
419	Y-a-t-il un registre des patients où l'information sur la consultation de chaque cliente est écrite? SI OUI : Puis-je le voir?	OUI, REGISTRE VU ..... 1 OUI, REGISTRE PAS VU ..... 2 PAS DE REGISTRE TENU ..... 3	→421 →421
420	A quand remonte la plus récente inscription?	AU COURS DE 7 DERNIERS JOURS ..... 1 PLUS DE 7 JOURS ..... 2	
421	NOTER LE NOMBRE DE CONSULTATIONS PRÉNATALES VUES AU COURS D'UNE PERIODE DE 12 MOIS Y COMPRIS LES FEMMES QUI VIENNENT POUR UNE OU PLUSIEURS VISITES	NOMBRE DE VISITE PRÉNATALES <input type="text"/> <input type="text"/> <input type="text"/>  NE SAIT PAS ..... 998	→423
422	Si la période à laquelle se réfère le nombre de consultations est inférieure à 12mois, indiquez le nombre de mois concerné.	MOIS DE DONNEES .... <input type="text"/> <input type="text"/>  NE SAIT PAS ..... 98	
423	Avez-vous une estimation du nombre total de naissances dans la zone de rayonnement de l'établissement au cours des 12 derniers mois? SI OUI: Combien de naissances y-a-t-il eu?	ESTIMATION LES NAISSANCE <input type="text"/> <input type="text"/> <input type="text"/>  NE SAIT PAS ..... 998	→426
424	Quel est le taux de couverture des consultations prénatales au cours des 12 derniers mois?	% COUVERTURE ..... <input type="text"/> <input type="text"/> PRÉNATALE  NE SAIT PAS ..... 98	→426
425	Comment le répondant-a-t-il obtenu les informations sur la couverture des consultations prénatales?	RAPPORT ..... 1 GRAPHIQUE ..... 2 AUTRE ..... 6 (PRECISER) NE SAIT PAS ..... 8	
426	Gardez-vous une carte/fiche pour chaque patient prénatales? SI OUI: Puis-je voir une carte/ fiche non remplie?	OUI, CARTE OBSERVÉE ..... 1 OUI, CARTE PAS VUE ..... 2 PAS DE CARTE INDIVIDUELLE ..... 3	
427	Gardez-vous l'adresse de chaque patient pour un éventuel suivi?	OUI ..... 1 NON ..... 2	
428	Avez-vous eu une visite de supervision dans les services de maternité au cours des 6 derniers mois?	OUI ..... 1 NON ..... 2	→430
429	Combien de visites de supervision séparées avez-vous eu au cours des 6 derniers mois?	NOMBRE DE VISITES DE SUPERVISION <input type="text"/> <input type="text"/> NE SAIT PAS ..... 98	
430	Est-ce que cet établissement dispose de procédures pour le transport de femmes en urgence obstétrique?	OUI ..... 1 NON ..... 2	→434



NO.	QUESTIONS	CODE			ALLER À	
431	Laquelle des situations suivantes décrit le mieux le système Le <b>plus fréquemment utilisé</b> pour le transport en cas d'urgence?	DISPONIBILITÉ				
		24 HEURES	HEURES OFFICIELLES	NE SAIT PAS		
	A) VEHICULE POUR URGENGE SEULEMENT QUI RESTE À LA FOSA	1	2	8		
	B) VEHICULE A L'HOPITAL DE DISTRICT (ON DOIT DEMANDER A CE QU'IL SOIT ENVOYÉ A LA FOSA)	1	2	8		→433
	C) VEHICULE POUR CAS NON URGENTS	1	2	8		→433
D) LOCATION DE VEHICULE QUAND DE BESOIN (AVEC SOUTIEN FINANCIER DE L'ETABLISSEMENT)	1	2	8	→433		
432	Est-ce que le véhicule est disponible et en état d'entretien?  SI OUI: Puis-je voir le véhicule?	OUI, VU/FONCTIONNE .....	1			
		OUI, VU/NE FONCTIONNE PAS .....	2			
		VEHICULE EN DEPLACEMENT, PAS VU .....	3			
		NE SAIT PAS .....	4			
433	En utilisant ce véhicule en combien de minutes arrive-t-on à l'établissement de référence le plus proche?	SAISON SECHE .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	→435
		SAISON PLUVIEUSE .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		NE SAIT PAS .....	998			
434	Quel est le moyen le plus couramment utilisé pour transporter les femmes en cas d'urgence obstétrique?	PERSONNES PORTENT .....	1			
		VEHICULE TRACTION ANIMALE .	2			
		VEHICULE A MOTEUR .....	3			
		COMBINAISON DE CE QUI PRECEDE .....	4			
		AUTRE (PRECISER) .....	6			
		NE SAIT PAS .....	8			

## SECTION 4: Service de Santé Maternelle (Sous-Section 2 Accouchements)

NO.	QUESTIONS	CODE	ALLER À
435	Y-a-t-il une maternité qui dépend de cet établissement?	OUI..... 1 NON ..... 2	→501
436	Combien de lits de maternité y-a-t-il dans cet établissement?	NOMBRE DE LITS..... <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> DE MATERNITÉ  PAS DE LITS PROPRE POUR LA MATERNITE ..... 95 NE SAIT PAS ..... 98	
437	Est-ce que les personnels de santé font des accouchements à domicile de manière routinière où en cas d'urgence?	OUI, ROUTINE..... 1 OUI, URGENCE SEULEMENT..... 2 NON ..... 3	→440
438	Est-ce qu'il y a un trousseau d'urgence pour l'accouchement à domicile en cas d'urgence?	OUI, SAC D'URGENCE VU..... 1 OUI, SAC D'URGENCE PAS VU ..... 2 NON ..... 3	→440 →440
439	AU MINIMUM, LE TROUSSEAU D'URGENCE DOIT CONTENIR: - Savon; ciseaux ou lame, pince; lien pour cordon ombilical; injectable ergométrine avec seringues et aiguilles	TOUS LES ARTICLES PRESENTS..... 1 CERTAINS ARTICLES MANQUENT ... 2	
440	Est-ce qu'un agent avec des compétences en matière d'accouchements est présent ou disponible à l'appel 24 heures sur 24 y compris les week-end pour prodiguer des soins?	OUI, PRESENT..... 1 OUI, A L'APPEL ..... 2 NON ..... 3	
<p>DEMANDER A VOIR OU SONT LES LA SALLES D'ACCOUCHEMENTS. POUR CHACUN DES ARTICLES DE LA LISTE CI-DESSOUS, VERIFIER D'ABORD SI L'ARTICLE EST DISPONIBLE DANS LA SALLE. SI NON, DEMANDER A VOIR L'ARTICLE S'IL SE TROUVE QUELQUE PART A UNE DISTANCE RAISONNABLE DANS L'ETABLISSEMENT. SI L'ARTICLE EST DISPONIBLE, VERIFIER S'IL FONCTIONNE OU PAS.</p>			
441	Si la salle a déjà été observée pour les autres services, Indiquer à quelle service.	SERVICE PF ..... 1 CONSULTATIONS IST..... 2 SOINS PRÉNATALS ..... 3 SALLE PAS OBSERVEE ..... 4	→444 →444 →444
442	ENQUETEUR: VÉRIFIER L'ÉCLAIRAGE GÉNÉRALE DANS LA SALLE D'EXAMINATION	ÉCLAIRAGE VERTICAL ..... 1 LAMPE..... 2 LUMIÈRE DU JOUR/ FENETRES . 3	

443	LES ARTICLES POUR LES ACCOUCHEMENTS	(a) L'ARTICLE EST DISPONIBLE? POSER LA QUESTION POUR CHACUN DES ARTICLES.				(b) L'ARTICLE FONCTIONNE-T-IL?		
	LA SALLE ET L'EQUIPEMENT	OBSERVÉ	RAPPORTE	PAS DISPONIBLE	NE SAIS PAS	OUI	NON	NSP
	a) Intimité visuelle	1	2	3	8			
	b) Intimité auditive	1	2	3	8			
	c) Lampes baladeuses/gynéco/torches	1	2	3→443d	8→443d	1	2	8
	d) Table gynécologique ou lit d'examen	1	2	3→443e	8→443e	1	2	8
	e) Produits pour laver les mains (savon, serviette)	1	2	3	8			
	f) Eau	1	2	3	8			
	g) Gants propres							

LES ARTICLES POUR LES ACCOUCHEMENTS		(a) L'ARTICLE EST DISPONIBLE? POSER LA QUESTION POUR CHACUN DES ARTICLES.				(b) L'ARTICLE FONCTIONNE-T-IL?		
LA SALLE ET L'EQUIPEMENT	OBSERVÉ	RAPPORTE	PAS DISPONIBLE	NE SAIT PAS	OUI	NON	NSP	
	h) Boîte objets tranchants (Boîte aiguilles)	1	2	3	8			
	i) Désinfectant 0,5%	1	2	3	8			
444	EQUIPEMENT POUR L'ACCOUCHEMENT							
	a) Source de lumière fonctionnant 24h/24	1	2	3→445	8→445	1	2	8
445	POUR L'ENFANT							
	a) Table de réanimation pour bébé	1	2	3→445b	8→445b			
	b) Appareil manuel de respiratoire (Ambu bag, Hudson silicone réanimation)	1	2	3→445c	8→445c	1	2	8
	c) Aspirateur néonatal (Delee ou poire)	1	2	3→445d	8→445d	1	2	8
	d) Source de chaleur pour bébé prématuré (couveuse ou lumière)	1	2	3→445e	8→445e	1	2	8
	e) Pèse-bébé	1	2	3→445f	8→445f	1	2	8
	f) Liens/catgut pour corde ombilicale	1	2	3	8			
	g) Couverture ou serviette pour envelopper le bébé	1	2	3	8			
446	Equipement et fourniture							
	a) Perfusion Intra-venous (sodium chloride; ou solution physiologique de Ringer, ou dextros) non périmée.	1	2	3	8			
	b) Ensemble perfusion intraveineuse	1	2	3	8			
	c) Ergométrine maléate (non périmée)	1	2	3	8			
	d) Seringues et aiguilles	1	2	3	8			
	e) Aiguilles et matériel pour effectuer des sutures	1	2	3	8			
	f) Ciseaux/lames	1	2	3→446g	8→446g	1	2	8
	g) Porte aiguilles	1	2	3→446h	8→446h	1	2	8
	h) Antiseptiques pour la peau (chlorhexodome)	1	2	3	8			
447	PROTOCOLES							
	a) Partogrammes	1	2	3	8			
	b) Protocoles pour la prise en charge des accouchements d'urgence	1	2	3	8			

NO.	QUESTIONS	CODE				ALLER À		
448	Est -ce que cet établissement effectue des accouchements à l'aide de forceps ou de ventouse?	OUI ..... 1 NON..... 2				→450		
	SI OUI: DEMANDER A VOIR L'EQUIPEMENT	<b>a) L'ARTICLE EST DISPONIBLE?</b> POSER LA QUESTION POUR CHACUN DES ARTICLES.				<b>(b) L'ARTICLE FONCTIONNE-T-IL?</b>		
449		OBSERVÉ	RAPPORTE	PAS DISPONIBLE	NE SAIS PAS	OUI	NON	NSP
	A) Forceps	1	2	3→449b	8→449b	1	2	8
	B) Ventouse	1	2	3→450	8→450	1	2	8
450	Est ce que cet établissement fournit des soins après un avortement?	OUI ..... 1 NON..... 2				→452		
		<b>(a) L'ARTICLE EST DISPONIBLE?</b>				<b>(b) L'ARTICLE FONCTIONNE-T-IL?</b>		
451	SI OUI: DEMANDER A VOIR L'EQUIPEMENT	OBSERVÉ	RAPPORTE	PAS DISPONIBLE	NE SAIT PAS	OUI	NON	NSP
	A) Aspirateur évacuation	1	2	3→451b	8→451b	1	2	8
	B) Kit de curetage (curettes)	1	2	3→451c	8→451c			
	C) Autre (préciser)	1	2	3→452	8→452	1	2	8
452	Est-ce que cet établissement effectue systématiquement les opérations suivantes immédiatement après la naissance d'un bébé?	OUI    NON    NE SAIS PAS						
	A) ASPIRER AVEC SONDE	1    2    8						
	B) SECHER AVEC TISSU	1    2    8						
	C) DONNER A LA MÈRE	1    2    8						
	D) PESER L'ENFANT	1    2    8						
	E) Baigner l'enfant	1    2    8						
453	Est-ce que cet établissement donne systématiquement au nouveau-né OPV (Polio 0) avant qu'il ne quitte l'établissement?	OUI ..... 1 NON..... 2						
454	Est-ce que cet établissement donne systématiquement de la vitamine A à la mère avant qu'elle ne quitte l'établissement ?	OUI ..... 1 NON..... 2						
455	Est-ce que cet établissement organise régulièrement des sessions pour passer en revue les cas de décès maternels ou des nouveaux-nés ; aussi que de ceux qui ont été sauvés de justesse ?	OUI, POUR MERE..... 1 OUI, POUR NOUVEAUX-NES ..... 2 OUI, POUR LES DEUX ..... 3 NON ..... 4						
456	Puis-je voir un partogramme complété?	OBSERVÉ ..... 1 NON OBSERVÉ ..... 2 N'EN A PAS..... 3						
457	Est-ce que cet établissement dispose d'un registre contenant l'information sur les femmes ayant accouché dans l'établissement?	OUI, OBSERVÉ ..... 1 OUI, NON OBSERVÉ ..... 2 NON..... 3				→459 →459		

NO.	QUESTIONS	CODE	ALLER A
458	A quand remonte la dernière naissance?	AU COURS DES 30 DERNIERS JOURS.....1 PLUS DE 30 JOURS .....2	
459	Combien de femmes ont accouché dans cet établissement au cours des 12 derniers mois?	NOMBRE D'ACCOU- CHEMENTS <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS..... 998	→463
460	Si le nombre de naissances se rapporte à une période de moins de 12 mois, indiquer la durée considérée, en mois.	MOIS DE DONNEES.... <input type="text"/> <input type="text"/> NE SAIT PAS.....98	
461	Quel est le taux de couverture des naissances au cours des 12 derniers mois?	% COUVERTURE ..... <input type="text"/> <input type="text"/> NAISSANCES NE SAIT PAS.....98	→463
462	Comment le répondant a-t-il obtenu l'information sur la couverture des naissances?	RAPPORT .....1 GRAPHIQUE .....2 AUTRE .....6 (PRECISER) NE SAIT PAS.....8	
463	Est-ce que cet établissement effectue des césariennes?	OUI .....1 NON.....2	→469
DEMANDER A VOIR LA SALLE D'OPERATIONS, VERIFIER LES ELEMENTS DE LA LISTE SUIVANTE D'EQUIPEMENTS ET FOURNITURES SONT DISPONIBLES DANS LA SALLE			
	DEMANDER A VOIR L'EQUIPEMENT	(a) L'ARTICLE EST-IL DISPONIBLE?	(b) L'ARTICLE FONCTIONNE-T-IL?
464		OBSERVÉ RAPPOR TE PAS DISPONIB LE NE SAIS PAS	OUI NON NSP
	A) TABLE D'OPERATION	1 2 3→464b 8→464b	1 2 8
	B) LUMIERE POUR OPERATION	1 2 3→464c 8→464c	1 2 8
	C) ZONE DE STERILISATION CONTIGUE A LA SALLE D'OPERATION	1 2 3→464d 8→464d	
	D) PLATEAU AVEC OBJETS STERILISES PRET	1 2 3→465 8→465	
465	Est-ce que cet établissement dispose d'un personnel formé pour effectuer des césariennes, présent dans l'établissement ou "à l'appel" 24h/24(y compris les week-ends)?	OUI .....1 NON.....2	
466	Combien de césariennes ont été effectuées dans cet établissement au cours des 12 derniers mois?	NOMBRE DE CÉSARIENNES <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS .....998	→468
467	Si le nombre de césariennes se rapporte à une période de moins de 12 mois, indiquer la durée considérée, en mois.	MOIS DES DONNEES .... <input type="text"/> <input type="text"/> NE SAIT PAS ..... 98	

NO.	QUESTIONS	CODE	ALLER À
468	A quand remonte la dernière césarienne?  NE SAIS PAS = 98, 9998	JOUR..... <input type="text"/> <input type="text"/>  MOIS ..... <input type="text"/> <input type="text"/>  ANNEE ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
469	Est-ce que cet établissement effectue des transfusions sanguines?	OUI ..... 1 NON..... 2	→472
470	Est-ce que cet établissement a une BANQUE DE SANG ?	OUI ..... 1 NON..... 2	
471	Est-ce qu'il y a un registre de l'établissement concernant les transfusions sanguines? SI OUI, DEMANDER A LE VOIR	OUI, REGISTRE VU..... 1 OUI, PAS VU ..... 2 PAS DE REGISTRE ..... 3	
472	Dans cet établissement, quelle est la durée moyenne d'un séjour après un accouchement normal?	NUMBRES D'HEURES ..... <input type="text"/> <input type="text"/>  NE SAIT PAS ..... 98	
473	Dans cet établissement, combien coûtent normalement les services suivants?:  a) Une consultation prénatale?  b) Un accouchement sans épisiotomie ?  c) Des soins postnatals?  NE SAIT PAS.....99998 GRATUIT .....00000 PAS DISPONIBLE .....99995	COUT EN FRW  PRÉNATAL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  ACCOU- CHEMENT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  POST NATAL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

## Section 5: Services IST/VIH/SIDA

NO.	QUESTIONS	CODE	ALLER À
501	Est-ce que cet établissement offre des conseils concernant les IST?	OUI ..... 1 NON ..... 2	
502	Est ce que cet établissement offre la possibilité d'effectuer des tests pour les IST?	OUI ..... 1 NON ..... 2	
503	Est-ce que cet établissement offre la possibilité de recevoir un traitement contre les IST avec un service spécialisé ou en consultations générales	OUI, CLINIQUE SPECIALE ..... 1 OUI, CONSULTATIONS GENERALES ..... 2 PAS DE SERVICE ..... 3	
504	SI LA RÉPONSE À 501, 502 OR 503 EST " OUI", ENCERCLER '1', SINON ENCERCLER '2'.	OUI ..... 1 NON ..... 2	→506
505	Est ce que cet établissement dirige les patients vers des spécialistes pour des conseils, des tests ou des traitement des IST?	OUI ..... 1 NON ..... 2	→518 →518
506	Depuis combien d'années offrez-vous des services pour les IST?	NOMBRE D'ANNÉES <input type="text"/> <input type="text"/> NE SAIT PAS ..... 98	
507	Combien de jours par semaine, ces services concernant les IST sont-ils disponibles ?	JOURS ..... <input type="text"/>	
508	Comment établit-on les diagnostics de IST dans cet établissement ?	APP.SYNDROMIQUE (OBSERVATION DES SYMPTOMES) ..... 1 APP.CLINIQUE (LABORATOIRE).2 AUTRE ..... 6 (PRECISER)	
509	Y-a-t-il un registre des patients avec IST où l'information sur la consultation de chaque cliente est écrite? SI OUI : Puis-je le voir?	OUI, REGISTRE VU ..... 1 OUI, REGISTRE PAS VU ..... 2 PAS DE REGISTRE TENU..... 3	→512 →512
510	A quant remonte la plus récente inscription?	AU COURS DE 7 DERNIERS JOURS ..... 1 PLUS DE 7 JOURS ..... 2	
511	NOTER LE NOMBRE DE PATIENTS IST VUS DANS UN PERIODE DE 12 MOIS.	NOMBRE PATIENTS IST <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS ..... 998	
511a	Si la période à laquelle se réfère le nombre de patients est inférieure à 12mois, indiquez le nombre de mois concerné.	MOIS DES DONNEES.. <input type="text"/> <input type="text"/> NE SAIT PAS ..... 98	
512	Est-ce que cet établissement déclare au gouvernement ou à son siège de l'organisation dont il dépend, les cas suivants : a) Syphilis? b) Gonorrhée? c) VIH?	OUI NON NSP SYPHILIS ..... 1 2 8 GONORRHÉE..... 1 2 8 VIH ..... 1 2 8	
513	Est-ce que cet établissement a mis en place un règlement qui garantit la confidentialité aux patients ayant une IST? SI OUI, PUIS-JE VOIR LE PROTOCLE/FORMULAIRE/RÉGLEMENT ?	OUI,OBSERVÉ ..... 1 OUI, PAS VU..... 2 PAS DE RÉGLEMENT ..... 3	
514	Y-a-t-il un tarif des consultations pour les IST dans cet établissement ?	OUI ..... 1 NON ..... 2	→516

NO.	QUESTIONS	CODE	ALLER À					
515	Quel est le tarif d'une consultation pour IST? (en Francs Rwandais))	COUT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> NE SAIT PAS ..... 99998						
516	Est-ce que l'établissement fournit des médicaments pour le traitement des IST?	OUI ..... 1 NON ..... 2	→518					
517	Ces médicaments sont-ils gratuits?	OUI ..... 1 NON ..... 2						
518	Est-ce que cet établissement offre des services de conseils pour le VIH/SIDA?	OUI ..... 1 NON ..... 2						
519	Est-ce que cet établissement offre la possibilité d'effectuer des tests de détection du VIH/SIDA?	OUI ..... 1 NON ..... 2						
520	SI LES RÉPONSES À 518 OU 519 SONT " OUI", ENCERCLER '1', SINON ENCERCLER '2'.	OUI ..... 1 NON ..... 2	→522					
521	Est-ce que l'établissement dirige les patients vers des spécialistes pour des conseils, des tests ou des traitements du VIH/SIDA?	OUI ..... 1 NON ..... 2	→527 →527					
522	Depuis combien d'années offrez-vous des services qui traitent le VIH/SIDA?	NOMBRES D'ANNÉES ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> NE SAIT PAS ..... 98						
523	Combien de jours par semaine ces services sont-ils disponibles?	JOURS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>						
524	Est-ce que cet établissement a mis en place un règlement qui garantit la confidentialité aux patients soignés pour le VIH/SIDA? SI OUI, DEMANDER A VOIR LE PROTOCOLE/FORMULAIRE/REGLEMENT.	OUI,OBSERVÉ ..... 1 OUI, PAS VU..... 2 PAS LE RÉGLEMENT ..... 3						
525	Est-ce que cet établissement a un formulaire de consentement pour les test du VIH/SIDA ? SI OUI, DEMANDER DE VOIR UN FORMULAIRE DE CONSENTEMENT.	OUI,OBSERVÉ ..... 1 OUI, PAS VU..... 2 NON, PAS DE FORMULAIRE ..... 3 NE FAIT PAS LE TEST ..... 4						
526	Est-ce que cet établissement fournit aux patients atteints du VIH/SIDA une formation/des conseils pour effectuer des soins à la maison?	OUI ..... 1 NON ..... 2						
527	L'établissement offre-t-il les services suivants aux patients testés positifs au VIH/SIDA : a) Soutien psycho-social par un spécialiste b) Suivi chez un spécialiste pour des soins spéciaux	OUI NON NSP						
		PSYCHO-SOCIA..... 1 2 8 SUIVI..... 1 2 8						
528	Est-ce que cet établissement se charge normalement d'informer le partenaire du client atteint de MST ou VIH/SIDA? (ACTIVE=PAR FOSA ; PASSIVE=PAR CLIENT)	OUI, NOTIFICATION ACTIVE ..... 1 OUI, NOTIFICATION PASSIVE ..... 2 NON ..... 3						
529	Est-ce que cet établissement fournit aux patients hospitalisés pour une MST ou pour le SIDA des séances d'éducation ? SI OUI, DEMANDER A OBSERVER LES MATERIELS D'EDUCATION UTILISES POUR LES SÉANCES D'EDUCATION (Posters, brochures, fiches de conseils)	OUI ..... 1 NON ..... 2	→531					



NO.	QUESTIONS		CODE			ALLER À		
			RAPPORTÉ	PAS DISPONIBLE	NE SAIS PAS			
530	LES MATERIELS POUR ENSEIGNEMENT	OBSERVÉ	RAPPORTÉ	PAS DISPONIBLE	NE SAIS PAS			
	UTILISATION DU CONDOM	1	2	3	8			
	MOYEN DE PRÉVENTION DU VIH/SIDA	1	2	3	8			
	LES CONSÉQUENCES DU VIH/SIDA	1	2	3	8			
531	Des condoms sont-ils disponibles sur place pour les patients HIV/IST?		OUI..... 1 NON ..... 2			→534		
532	Y-a-t-il un tarif pour les condoms?		OUI..... 1 NON ..... 2			→534		
533	Combien coûte les condoms (pour 4 unités)*?		FRW					
534	Est-ce que cet établissement offre la possibilité de suivre un traitement pour la tuberculose?		OUI..... 1 NON ..... 2					
535	Puis-je voir la salle où les patients en HIV/MST reçoivent des conseils ?  ENQUETEUR: EXAMINER LA SALLE.		PIÈCE SÉPARÉE ..... 1 SALLE AVEC RIDEAUX ..... 2 AUTRES ÉLÉMENTS ..... 3 MEME SALLE QUE SALLE D'ATTENTE ..... 4					
DEMANDER A VOIR OU LES EXAMENS POUR LES IST OU VIH/SIDA SONT EFFECTUES. POUR CHACUN DES ARTICLES DE LA LISTE CI-DESSOUS, VERIFIER D'ABORD SI L'ARTICLE EST DISPONIBLE DANS LA SALLE. SI NON, DEMANDER A VOIR L'ARTICLE S'IL SE TROUVE QUELQUE PART A UNE DISTANCE RAISONNABLE DANS L'ETABLISSEMENT. SI L'ARTICLE EST DISPONIBLE, VERIFIER S'IL FONCTIONNER OU NON.								
536	Si la salle a déjà été observée pour les autres services, Indiquer à quelle service.		SERVICE PF..... 1 SERVICE ACCOUCHEMENT ..... 2 SOINS PRÉNATALS ..... 3 SALLE PAS OBSERVEE ..... 4			→539 →539 →539		
537	ENQUETEUR: VÉRIFIER L'ÉCLAIRAGE GÉNÉRALE DANS LA SALLE D'EXAMINATION		ÉCLAIRAGE VERTICAL..... 1 LAMPE ..... 2 LUMIÈRE DU JOUR/ FENETRES. 3					
	<b>LES ARTICLES POUR LES EXAMINATIONS</b>	<b>(a) L'ARTICLE EST-IL DISPONIBLE? POSER LA QUESTION POUR CHACUN DES ARTICLES.</b>			<b>(b) L'ARTICLE FONCTIONNE-T-IL?</b>			
538	<b>LA SALLE ET L'ÉQUIPEMENT</b>	<b>OBSERVÉ</b>	<b>RAPPORTÉ</b>	<b>PAS DISPONIBLE</b>	<b>NE SAIS PAS</b>	<b>OUI</b>	<b>NON</b>	<b>NSP</b>
	a) Intimité visuelle	1	2	3	8			
	b) Intimité auditive	1	2	3	8			
	c) Lampes baladeuses/gynéco/torches	1	2	3→538d	8→538d	1	2	8
	d) Table gynécologique ou lit d'examen	1	2	3→538e	8→538e	1	2	8
	e) Produits pour laver les mains (savon, serviette)	1	2	3	8			
	f) Eau	1	2	3	8			
	g) Gants propres							
	h) Boîte objets tranchants (Boîte aiguilles)	1	2	3	8			
	i) Désinfectant 0,5%	1	2	3	8			

	LES ARTICLES POUR LES EXAMINATIONS	(a) L'ARTICLE EST-IL DISPONIBLE? POSER LA QUESTION POUR CHACUN DES ARTICLES.				(b) L'ARTICLE FONCTIONNE-T-IL?		
		OBSERVÉ	RAPPORTÉ	PAS DISPONIBLE	NE SAIS PAS	OUI	NON	NSP
	LA SALLE ET L'EQUIPEMENT							
539	EQUIPEMENTS ET FOURNITURES							
	a) Speculum	1	2	3 → 539b	8 → 539b	1	2	8
	b) Ecoillor monté (Tige)	1	2	3	8			
540	PROTOCOLES/MATERIELS D'ENSEIGNEMENT							
	a) Protocoles cliniques pour IST	1	2	3	8			
	b) Protocoles pour utilisation de l'approche syndromique dans la prise en charge des IST	1	2	3	8			
	c) Protocoles pour traitement VIH/SIDA	1	2	3	8			
	d) Brochure d'information sur VIH/SIDA pour donner au client	1	2	3	8			

### LES TEST CLINIQUE POUR IST/VIH/SIDA

TEST		541. Est-ce que les agents de santé de cet établissement ordonnent des tests?	542. Où le test est-il effectué? CODES: 1=À L'ÉTABLISSEMENT; 2=ÉCHANTILLON PRÉLEVÉ À L'ÉTABLISSEMENT ET ENVOYÉ AILLEURS POUR ETRE TESTÉ; 3=PATIENT ENVOYÉ DANS UN AUTRE ÉTABLISSEMENT POUR ETRE TESTER; 6=AUTRE	543. Au bout de combien de jours le patient reçoit-il les résultats?	544. Combien coûte le TEST en Francs Rwandais?
Syphilis	a) RPR ou VDRL	OUI..... 1 NON.. 2 → 541b	OÙ LE TEST EST-IL EFFECTUÉ <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	b) TPHA	OUI..... 1 NON.. 2 → 541c	OÙ LE TEST EST-IL EFFECTUÉ <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
c) Coloration Gram		OUI..... 1 NON.. 2 → 541d	OÙ LE TEST EST-IL EFFECTUÉ <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
d) Culot Frais		OUI..... 1 NON.. 2 → 541e	OÙ LE TEST EST-IL EFFECTUÉ <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
VIH	e) Elisa	OUI..... 1 NO..... 2 → 541f	OÙ LE TEST EST-IL EFFECTUÉ <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	f) VIH Rapide	OUI..... 1 NO..... 2 → 541g	OÙ LE TEST EST-IL EFFECTUÉ <input type="checkbox"/>	<input type="text"/>	<input type="text"/>

	g) Western Blott	OUI..... 1 NO..... 2 → 600	OÙ LE TEST EST-IL EFFECTUÉ <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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## SECTION 6 : LABORATOIRE

600	Est-ce que cette FOSA fait les tests de laboratoire à l'établissement ? (Si une réponse quelconque à la question 542 ou à la question 410 est « 1 », la réponse est OUI)	OUI..... 1 NON ..... 2	→601 →701
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DEMANDER A VOIR OU SONT EFFECTUES LES EXAMENS DE LABORATOIRES SI DES TESTS SONT EFFECTUES DANS L'ETABLISSEMENT

601	Est-ce que l'établissement a, au moins, un technicien de laboratoire?	OUI ..... 1 NON..... 2	
602	Dans cet établissement, effectuez-vous des tests pour les trichomonas?	OUI ..... 1 NON..... 2	

	LES EQUIPEMENT ET RÉACTIFS LABORATOIRE	(a) L'ARTICLE EST-IL DISPONIBLE? POSER LA QUESTION POUR CHACUN DES ARTICLES..				(b) L'ARTICLE FONCTIONNE-T-IL?		
		OBSERVÉ	RAPPORTE	PAS DISPONIBLE	NE SAIS PAS	OUI	NON	NSP
603	Microscope	1	2	3→604	8→604	1	2	8
604	Centrifugeuse	1	2	3→604	8→604	1	2	8
605	Lame pour GE	1	2	3	8			
	a) Giemsa	1	2	3	8			
	b) Leishman	1	2	3	8			
606	Bandelette Réactive (Albumine, Protéine, Sucre)	1	2	3	8			
607	Acide Acétique (Albumine, Protéine)	1	2	3	8			
	<b>TEST POUR REACTIF</b>							
608	HEMOGLOBINMETRE	1	2	3→609	8→609	1	2	8
	a) DRABKIN. Solution ou Photomètre	1	2	3	8			
609	Centrifugeuse à Hématocrite	1	2	3	8			
610	Echelle de TARQUIST	1	2	3	8			
	<b>TEST POUR HIV/SIDA</b>							
611	TEST RAPIDE	1	2	3	8			
612	ELISA+SCANNER	1	2	3→613	8→613	1	2	8
613	WESTERN BLOTT	1	2	3	8			
	<b>TEST POUR IST</b>							
614	VDRL	1	2	3	8			
	a) RPR (Réaginine Protéine Recherche)	1	2	3	8			
615	COLORATION AU GRAM	1	2	3	8			
	a) Cristal Violet solution	1	2	3	8			
	b) Réactif de Iugol	1	2	3	8			
	c) Acétone	1	2	3	8			
	d) SOFRANIME SOLUTION	1	2	3	8			
616	Milieu de culture (gélose au CHOCOLAT)	1	2	3	8			

## SECTION 7 LES MÉTHODES PLANIFICATION FAMILIALE

700	ENQUÊTEUR: VÉRIFIER 301. SI PLANIFICATION FAMILIALE DISPONIBLE OU NON	PF DISPONIBLE.....1	PF NON DISPONIBLE.....2	→801
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### DEMANDER A OBSERVER LA PHARMACIE/ESPACE DE RANGEMENT OU SONT STOCKES LES MÉTHODES DE PLANIFICATION FAMILIALE

CONTRACEPTIFS DISPONIBLES DANS L'ÉTABLISSEMENT: Je voudrais maintenant vous poser des questions sur les contraceptifs disponibles dans l'établissement. Je voudrais aussi voir les contraceptifs que vous avez en stocks. POSER LA QUESTION N°. (a) POUR CHAQUE CONTRACEPTIF.ET, S'IL N'EST PAS DISPONIBLE, PASSER À LA METHODE SUIVANTE.

MÉTHODE	(a) Cette Méthode est-elle disponible actuellement ?	(b) Enregistrer si au moins 1 unité/cycle de la méthode non-périmée a été observé	(c) Est-ce que vous avez observé une méthode périmée?	(d) Les méthodes, sont-elles rangées selon la date de péremption?	(e) Au cours des 6 derniers mois, est-il arrivé que l'établissement manque de MÉTHODE ?	(f) Pendant combien de jours au cours des 6 derniers mois est-ce que vous avez manqué de MÉTHODE ?
701 Pilule oestro progestative	OUI ..... 1 NON..... 2→702	OUI, OBSERVE .....1 RAPPORTE,PAS VU ..... 2→702 NE SAIT PAS..... 8→702	OUI ..... 1 NON .....2 NE SAIT PAS..... 8	OUI ..... 1 NON.....2 NE SAIT PAS..... 8	OUI .....1 NON .....2 →702 NE SAIT PAS .....8→702	<input type="text"/> <input type="text"/> <input type="text"/>
702 Pilule progestative	OUI ..... 1 NON..... 2→703	OUI, OBSERVE .....1 RAPPORTE,PAS VU ..... 2→703 NE SAIT PAS..... 8→703	OUI .....1 NON .....2 NE SAIT PAS..... 8	OUI ..... 1 NON.....2 NE SAIT PAS..... 8	OUI .....1 NON .....2 →703 NE SAIT PAS .....8 →703	<input type="text"/> <input type="text"/> <input type="text"/>
703 Injection (1 mois) NORIGYNON	OUI ..... 1 NON..... 2→704	OUI, OBSERVE .....1 RAPPORTE,PAS VU ..... 2→704 NE SAIT PAS..... 8→704	OUI ..... 1 NON .....2 NE SAIT PAS..... 8	OUI ..... 1 NON.....2 NE SAIT PAS..... 8	OUI .....1 NON .....2 →704 NE SAIT PAS .....8→704	<input type="text"/> <input type="text"/> <input type="text"/>
704 Injection (3 mois) DEPO OU NORISTAT	OUI ..... 1 NON..... 2→705	OUI, OBSERVE .....1 RAPPORTE,PAS VU ..... 2→705 NE SAIT PAS..... 8→705	OUI ..... 1 NON .....2 NE SAIT PAS..... 8	OUI ..... 1 NON.....2 NE SAIT PAS..... 8	OUI.....1 NON.....2→705 NE SAIT PAS .....8→705	<input type="text"/> <input type="text"/> <input type="text"/>
705 Implants	OUI ..... 1 NON..... 2→706	OUI, OBSERVE .....1 RAPPORTE,PAS VU ..... 2→706 NE SAIT PAS..... 8→706	OUI ..... 1 NON .....2 NE SAIT PAS..... 8	OUI ..... 1 NON.....2 NE SAIT PAS..... 8	OUI.....1 NON.....2→706 NE SAIT PAS .....8→706	<input type="text"/> <input type="text"/> <input type="text"/>
706 Condoms (masculins)	OUI ..... 1 NON..... 2→707	OUI, OBSERVE .....1 RAPPORTE,PAS VU ..... 2→707 NE SAIT PAS..... 8→707	OUI ..... 1 NON .....2 NE SAIT PAS..... 8	OUI ..... 1 NON.....2 NE SAIT PAS..... 8	OUI.....1 NON.....2→707 NE SAIT PAS .....8→707	<input type="text"/> <input type="text"/> <input type="text"/>
707 Condoms (féminins)	OUI ..... 1 NON..... 2→708	OUI, OBSERVE .....1 RAPPORTE,PAS VU ..... 2→708 NE SAIT PAS..... 8→708	OUI ..... 1 NON .....2 NE SAIT PAS..... 8	OUI ..... 1 NON.....2 NE SAIT PAS..... 8	OUI .....1 NON.....2→708 NE SAIT PAS .....8→708	<input type="text"/> <input type="text"/> <input type="text"/>
708 DIU	OUI ..... 1 NON..... 2→709	OUI, OBSERVE .....1 RAPPORTE,PAS VU ..... 2→709 NE SAIT PAS..... 8→709	OUI ..... 1 NON .....2 NE SAIT PAS..... 8	OUI ..... 1 NON.....2 NE SAIT PAS..... 8	OUI .....1 NON.....2→709 NE SAIT PAS .....8→709	<input type="text"/> <input type="text"/> <input type="text"/>

709 SPERMICIDE	OUI ..... 1 NON..... 2→710	OUI, OBSERVE .....1 RAPPORTE,PAS VU .....2→710 NE SAIT PAS.....8→710	OUI ..... 1 NON .....2 NE SAIT PAS.....8	OUI ..... 1 NON.....2 NE SAIT PAS.....8	OUI .....1 NON.....2→710 NE SAIT PAS.....8→710	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
710	EST-CE QUE LE SYSTEME DE COMMANDE DES PRODUITS DE PF EST LE MÊME QUE CELUI DE COMMANDE DES MÉDICAMENTS POUR LES MALADES ?			OUI, LE MÊME ..... 1 NON, C'EST DIFFERENT..... 2	→713	
711	Est-ce que la formation sanitaire détermine la quantité de méthode dont elle a besoin et passe la commande, ou est-ce que la quantité que vous recevez est déterminée par quelqu'un d'autre?			DETERMINE PROPRES BESOINS ET PASSE COMMANDE..... 1 BESOIN DETERMINE AILLEURS. 2	→713	
712	SI DETERMINER AILLEURS: Est-ce que vous recevez toujours une quantité fixe ou est-ce que la quantité que vous recevez varie avec votre niveau d'activités?			QUANTITE BASEE SUR NIVEAU D'ACTIVITE...1 APPROVISIONNEMENT STANDARD FIXE.....2		
713	Est-ce que le magasin où les produits contraceptifs sont stockés est le même que le magasin des autres médicaments?			OUI, LA MÊME ..... 1 NON, C'EST DIFFERENT..... 2	→715	
714	OBSERVER LA PLACE OU LES PRODUITS SONT STOCKES ET INDIQUER LES RÉPONSES CORRECTES POUR CHACUNE DES CONDITIONS SUIVANTES					
	LES PRODUITS CONTRACEPTIFS SONT PROTÉGÉS DE :			OUI	NON	NE SAIT PAS
	a) EAU (Répondre NON si vous observez des traces sur les murs dues à l'eau, des trous au toit)			1	2	8
	b) SOLEIL (Répondre NON s'il y a des ouvertures dans la chambre par lesquels le soleil peut entrer)			1	2	8
	c) PAS D'ÉVIDENCE DE RONGEUR (rat, souris, chauve souris) (Répondre NON s'il y a des trous dans les boîtes causés par des rongeurs ou des produits partiellement consommés, des excréments de rongeurs, etc.)			1	2	8
715	Y-a-t-il un inventaire écrit pour les METHODES?			OUI ..... 1 NON ..... 2	→801	
716	ENQUETEUR: L'INVENTAIRE ÉCRIT EST-IL À JOUR ET COMPLET?			OUI, OBSERVÉ, A JOUR ..... 1 OUI, OBSERVÉ, PAS A JOUR ..... 2 OUI, A JOUR NON OBSERVÉ ..... 3 NON , A JOUR, NON OBSERVE .. 4 NE SAIT PAS .....8		

**SECTION 8: LES MÉDICAMENTS**

**DEMANDER D'OBSERVER LA PHARMACIE/ESPACE DE RANGEMENT OU SONT GARDES LES MÉDICAMENTS**

MÉDICAMENTS ORAUX	(a) Ce MÉDICAMENT est-il disponible actuellement ?	(b) Enregistrer si au moins 1 médicament non-périmé a été observé	(c) Est-ce que vous avez observé un médicament périmé?	(d) Les médicaments, sont-ils rangés selon la date de péremption?	(e) Au cours des 6 derniers mois, est-il arrivé que l'établissement manque du MÉDICAMENT ?	(f) Pendant combien de jours au cours des 6 derniers mois est-ce que vous avez manqué du MÉDICAMENT ?
801) Aldomet PO	OUI..... 1 NON .....2→802	OUI, OBSERVE .....1 RAPPORTE,PAS VU .....2→802 NE SAIT PAS.....8→802	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI .....1 NON.....2→802 NE SAIT PAS..8→802	<input type="text"/> <input type="text"/> <input type="text"/>
802) Comprimés d'Amoxicilline ou sirop	OUI..... 1 NON .....2→803	OUI, OBSERVE .....1 RAPPORTE,PAS VU .....2→803 NE SAIT PAS.....8→803	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI .....1 NON.....2→803 NE SAIT PAS..8→803	<input type="text"/> <input type="text"/> <input type="text"/>
803) comprimé d'Ampicilline ou sirop	OUI..... 1 NON .....2→804	OUI, OBSERVE .....1 RAPPORTE,PAS VU .....2→804 NE SAIT PAS.....8→804	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI .....1 NON.....2→804 NE SAIT PAS..8→804	<input type="text"/> <input type="text"/> <input type="text"/>
804) aspirine	OUI..... 1 NON .....2→805	OUI, OBSERVE .....1 RAPPORTE,PAS VU .....2→805 NE SAIT PAS.....8→805	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI .....1 NON.....2→805 NE SAIT PAS..8→805	<input type="text"/> <input type="text"/> <input type="text"/>
805) Benzathine pénicilline	OUI..... 1 NON .....2→806	OUI, OBSERVE .....1 RAPPORTE,PAS VU .....2→806 NE SAIT PAS.....8→806	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI .....1 NON.....2→806 NE SAIT PAS..8→806	<input type="text"/> <input type="text"/> <input type="text"/>
806) Benzyl pénicilline	OUI..... 1 NON .....2→807	OUI, OBSERVE .....1 RAPPORTE,PAS VU .....2→807 NE SAIT PAS.....8→807	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI .....1 NON.....2→807 NE SAIT PAS..8→807	<input type="text"/> <input type="text"/> <input type="text"/>
807) Brufen	OUI..... 1 NON .....2→808	OUI, OBSERVE .....1 RAPPORTE,PAS VU .....2→808 NE SAIT PAS.....8→808	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI .....1 NON.....2→808 NE SAIT PAS..8→808	<input type="text"/> <input type="text"/> <input type="text"/>
808) Chloramphénicol	OUI..... 1 NON .....2→809	OUI, OBSERVE .....1 RAPPORTE,PAS VU .....2→809 NE SAIT PAS.....8→809	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI .....1 NON.....2→809 NE SAIT PAS..8→809	<input type="text"/> <input type="text"/> <input type="text"/>
809) Comprimés de Chloroquine	OUI ..... 1 NON.....2→810	OUI, OBSERVE .....1 RAPPORTE,PAS VU .....2→810 NE SAIT PAS.....8→810	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI .....1 NON.....2→810 NE SAIT PAS..8→810	<input type="text"/> <input type="text"/> <input type="text"/>

MÉDICAMENTS ORAUX	(a) Ce MÉDICAMENT est-il disponible actuellement ?	(b) Enregistrer si au mois 1 médicament non-périmé a été observé	(c) Est-ce que vous avez observé quelque médicament périmé?	(d) Le médicament, sont-ils rangés selon la date de péremption?	(e) Au cours des 6 derniers mois, est-il arrivé que l'établissement manque du MÉDICAMENTS ?	(f) Pendant combien de jours au cours des 6 derniers mois est-ce que vous avez manqué du MÉDICAMENT ?
810) Comprimés de Cotrimoxazole ou sirop	OUI ..... 1 NON..... 2→811	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→811 NE SAIT PAS..... 8→811	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→811 NE SAIT PAS..8→811	<input type="text"/> <input type="text"/> <input type="text"/>
811) Doxycycline	OUI ..... 1 NON..... 2→812	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→812 NE SAIT PAS..... 8→812	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→812 NE SAIT PAS..8→812	<input type="text"/> <input type="text"/> <input type="text"/>
812) EH (combiné Ethanbutol & INH)	OUI ..... 1 NON..... 2→813	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→813 NE SAIT PAS..... 8→813	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→813 NE SAIT PAS..8→813	<input type="text"/> <input type="text"/> <input type="text"/>
813) Ergométrine Maléate	OUI ..... 1 NON..... 2→814	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→814 NE SAIT PAS..... 8→814	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→814 NE SAIT PAS..8→814	<input type="text"/> <input type="text"/> <input type="text"/>
814) Érythromycine	OUI ..... 1 NON..... 2→815	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→815 NE SAIT PAS..... 8→815	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→815 NE SAIT PAS..8→815	<input type="text"/> <input type="text"/> <input type="text"/>
815) Éthanbutol <sup>4</sup>	OUI ..... 1 NON..... 2→816	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→816 NE SAIT PAS..... 8→816	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→816 NE SAIT PAS..8→816	<input type="text"/> <input type="text"/> <input type="text"/>
816) Fansidar (Sulphadoxine/ pyrimethamine)	OUI ..... 1 NON..... 2→817	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→817 NE SAIT PAS..... 8→817	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→817 NE SAIT PAS..8→817	<input type="text"/> <input type="text"/> <input type="text"/>
817) sulfate ferreux (Fer)	OUI ..... 1 NON..... 2→818	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→818 NE SAIT PAS..... 8→818	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→818 NE SAIT PAS..8→818	<input type="text"/> <input type="text"/> <input type="text"/>
818) Fer avec folique	OUI ..... 1 NON..... 2→819	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→819 NE SAIT PAS..... 8→819	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→819 NE SAIT PAS..8→819	<input type="text"/> <input type="text"/> <input type="text"/>
818a Acide folic	OUI ..... 1 NON..... 2→819	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→819 NE SAIT PAS..... 8→819	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→819 NE SAIT PAS..8→819	<input type="text"/> <input type="text"/> <input type="text"/>
819) Violet de gentianet	OUI ..... 1 NON..... 2→820	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→820 NE SAIT PAS..... 8→820	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→820 NE SAIT PAS..8→820	<input type="text"/> <input type="text"/> <input type="text"/>



MÉDICAMENTS ORAUX	(a) Ce MÉDICAMENT est-il disponible actuellement ?	(b) Enregistrer si au moins 1 médicament non-périmé a été observé	(c) Est-ce que vous avez observé un médicament périmé?	(d) Les médicaments, sont-ils rangés selon la date de péremption?	(e) Au cours des 6 derniers mois, est-il arrivé que l'établissement manque du MÉDICAMENT ?	(f) Pendant combien de jours au cours des 6 derniers mois est-ce que vous avez manqué du MÉDICAMENT ?
820) INH	OUI ..... 1 NON..... 2→821	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→821 NE SAIT PAS..... 8→821	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→821 NE SAIT PAS..8→821	<input type="text"/> <input type="text"/> <input type="text"/>
821) Mebendazole	OUI ..... 1 NON..... 2→822	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→822 NE SAIT PAS..... 8→822	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→822 NE SAIT PAS..8→822	<input type="text"/> <input type="text"/> <input type="text"/>
822) Metronidazole	OUI ..... 1 NON..... 2→823	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→823 NE SAIT PAS..... 8→823	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→823 NE SAIT PAS..8→823	<input type="text"/> <input type="text"/> <input type="text"/>
823) Acide Nalidixic	OUI ..... 1 NON..... 2→824	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→824 NE SAIT PAS..... 8→824	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→824 NE SAIT PAS..8→824	<input type="text"/> <input type="text"/> <input type="text"/>
824) Norfloxacin	OUI ..... 1 NON..... 2→825	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→825 NE SAIT PAS..... 8→825	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→825 NE SAIT PAS..8→825	<input type="text"/> <input type="text"/> <input type="text"/>
825) Nystatine Passaries	OUI ..... 1 NON..... 2→826	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→826 NE SAIT PAS..... 8→826	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→826 NE SAIT PAS..8→826	<input type="text"/> <input type="text"/> <input type="text"/>
826) SRO	OUI ..... 1 NON..... 2→827	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→827 NE SAIT PAS..... 8→827	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→827 NE SAIT PAS..8→827	<input type="text"/> <input type="text"/> <input type="text"/>
827) Paracétamol	OUI ..... 1 NON..... 2→828	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→828 NE SAIT PAS..... 8→828	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→828 NE SAIT PAS..8→828	<input type="text"/> <input type="text"/> <input type="text"/>
828) Probénicidic	OUI ..... 1 NON..... 2→829	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→829 NE SAIT PAS..... 8→829	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→829 NE SAIT PAS..8→829	<input type="text"/> <input type="text"/> <input type="text"/>
829) Pyrazinamide	OUI ..... 1 NON..... 2→830	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→830 NE SAIT PAS..... 8→830	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→830 NE SAIT PAS..8→830	<input type="text"/> <input type="text"/> <input type="text"/>
830) Rifampin ou Rifampincin	OUI ..... 1 NON..... 2→831	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→831 NE SAIT PAS..... 8→831	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→831 NE SAIT PAS..8→831	<input type="text"/> <input type="text"/> <input type="text"/>

MÉDICAMENTS ORAUX	(a) Ce MÉDICAMENT est-il disponible actuellement ?	(b) Enregistrer si au moins 1 médicament non-périmé a été observé	(c) Est-ce que vous avez observé un médicament périmé?	(d) Les médicaments, sont-ils rangés selon la date de péremption?	(e) Au cours des 6 derniers mois, est-il arrivé que l'établissement manque du MÉDICAMENTS ?	(f) Pendant combien de jours au cours des 6 derniers mois est-ce que vous avez manqué du MÉDICAMENT
831) Rifater (combined INH, rifampin & Pyrazinamide)	OUI ..... 1 NON..... 2→832	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→832 NE SAIT PAS..... 8→832	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→832 NE SAIT PAS..8→832	<input type="text"/> <input type="text"/> <input type="text"/>
832) Tétracycline	OUI ..... 1 NON..... 2→833	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→833 NE SAIT PAS..... 8→833	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→833 NE SAIT PAS..8→833	<input type="text"/> <input type="text"/> <input type="text"/>
833) Vitamine A 200,000 iu	OUI ..... 1 NON..... 2→834	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→834 NE SAIT PAS..... 8→834	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→834 NE SAIT PAS..8→834	<input type="text"/> <input type="text"/> <input type="text"/>
834) Vitamine A 25,000 iu	OUI ..... 1 NON..... 2→835	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→835 NE SAIT PAS..... 8→835	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→835 NE SAIT PAS..8→835	<input type="text"/> <input type="text"/> <input type="text"/>
OPHTHALMIQUE 835 Tétracycline en pommade ou gouttes de nitrate d'argent	OUI ..... 1 NON..... 2→836	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→836 NE SAIT PAS..... 8→836	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→836 NE SAIT PAS..8→836	<input type="text"/> <input type="text"/> <input type="text"/>
<b>MÉDICAMENTS INJECTION</b>						
836) Ampicillin injection	OUI ..... 1 NON..... 2→837	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→837 NE SAIT PAS..... 8→837	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→837 NE SAIT PAS..8→837	<input type="text"/> <input type="text"/> <input type="text"/>
837) Ceftriaxone inj	OUI ..... 1 NON..... 2→838	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→838 NE SAIT PAS..... 8→838	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→838 NE SAIT PAS..8→838	<input type="text"/> <input type="text"/> <input type="text"/>
838) Diazepam injection	OUI ..... 1 NON..... 2→839	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→839 NE SAIT PAS..... 8→839	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→839 NE SAIT PAS..8→839	<input type="text"/> <input type="text"/> <input type="text"/>
839) Gentamicine ou Kanamycine	OUI ..... 1 NON..... 2→840	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→840 NE SAIT PAS..... 8→840	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→840 NE SAIT PAS..8→840	<input type="text"/> <input type="text"/> <input type="text"/>

MÉDICAMENTS INJECTION	(a) Ce MÉDICAMENT est-il disponible actuellement ?	(b) Enregistrer si au moins 1 médicament non-périmé a été observé	(c) Est-ce que vous avez observé un médicament périmé?	(d) Les médicaments, sont-ils rangés selon la date de péremption?	(e) Au cours des 6 derniers mois, est-il arrivé que l'établissement manque du MÉDICAMENT ?	(f) Pendant combien de jours au cours des 6 derniers mois est-ce que vous avez manqué du MÉDICAMENT ?
840) Lidocaine ou xylocaine	OUI ..... 1 NON..... 2→841	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→841 NE SAIT PAS..... 8→841	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→841 NE SAIT PAS..8→841	<input type="text"/> <input type="text"/> <input type="text"/>
841) Lignocaine	OUI ..... 1 NON..... 2→842	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→842 NE SAIT PAS..... 8→842	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→842 NE SAIT PAS..8→842	<input type="text"/> <input type="text"/> <input type="text"/>
842) Sulfate de Magnésium ou hidralazine	OUI ..... 1 NON..... 2→843	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→843 NE SAIT PAS..... 8→843	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→843 NE SAIT PAS..8→843	<input type="text"/> <input type="text"/> <input type="text"/>
843) Oxytocines/ Ergometrine	OUI ..... 1 NON..... 2→844	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→844 NE SAIT PAS..... 8→844	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→844 NE SAIT PAS..8→844	<input type="text"/> <input type="text"/> <input type="text"/>
844) Procaine pénicilline	OUI ..... 1 NON..... 2→845	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→845 NE SAIT PAS..... 8→845	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→845 NE SAIT PAS..8→845	<input type="text"/> <input type="text"/> <input type="text"/>
845) Quinine	OUI ..... 1 NON..... 2→846	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→846 NE SAIT PAS..... 8→846	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→846 NE SAIT PAS..8→846	<input type="text"/> <input type="text"/> <input type="text"/>
846) Spectinomycin	OUI ..... 1 NON..... 2→847	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→847 NE SAIT PAS..... 8→847	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→847 NE SAIT PAS..8→847	<input type="text"/> <input type="text"/> <input type="text"/>
847) Streptomycine	OUI ..... 1 NON..... 2→848	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→848 NE SAIT PAS..... 8→848	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→848 NE SAIT PAS..8→848	<input type="text"/> <input type="text"/> <input type="text"/>
848) Eau stérile pour injections	OUI ..... 1 NON..... 2→849	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→849 NE SAIT PAS..... 8→849	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→849 NE SAIT PAS..8→849	<input type="text"/> <input type="text"/> <input type="text"/>
849) Antiretroviral	OUI ..... 1 NON..... 2→850	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→850 NE SAIT PAS..... 8→850	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→850 NE SAIT PAS..8→850	<input type="text"/> <input type="text"/> <input type="text"/>

850	Est-ce que la formation sanitaire détermine la quantité des médicaments dont elle a besoin et passe la commande, ou est-ce que la quantité que vous recevez est déterminée par quelqu'un d'autre?	DETERMINE PROPRES BESOINS ET PASSE COMMANDE ..... 1 BESOIN DETERMINE AILLEURS..... 2			→852
851	SI DETERMINE AILLEURS: Est-ce que vous recevez toujours une quantité fixe ou est-ce que la quantité que vous recevez varie avec votre niveau d'activités?	QUANTITE BASEE SUR NIVEAU D'ACTIVITE ..... 1 APPROVISIONNEMENT STANDARD FIXE 2			
852	OBSERVEZ L'ENDROIT OU SONT STOCKES LES MEDICAMENTS ET INDIQUEZ LA REPONSE CORRECTE POUR CHACUNE DES CONDITIONS SUIVANTES:				
	LES MEDICAMENTS SONT PROTÉGÉS DE :	OUI	NON	NE SAIT PAS	
	a) EAU (Répondre NON si vous observez des traces sur les murs dues à l'eau, des trous au toit)	1	2	8	
	b) SOLEIL (Répondre NON s'il y a des ouvertures dans la chambre par les quels le soleil peut entrer)	1	2	8	
	c) PAS D'ÉVIDENCE DE RONGEUR (rat, souris, chauve souris) Répondre NON s'il y a des trous dans les boites causés par des rongeurs ou des produits partiellement consommés des excréments de rongeurs, etc.)	1	2	8	
853	Y-a-t-il un inventaire écrit pour les médicaments ?	OUI ..... 1 NON..... 2			→901
854	ENQUETEUR: L'INVENTAIRE ÉCRIT EST-IL À JOUR ET COMPLET?	OUI, OBSERVÉ, A JOUR..... 1 OUI, OBSERVÉ, PAS A JOUR..... 2 OUI, A JOUR NON OBSERVÉ..... 3 NON, A JOUR NON OBSERVE ..... 4 NE SAIT PAS..... 8			

**SECTION 9 : FOURNITURES**

**DEMANDEZ A OBSERVER LE MAGASIN OU L'ENDROIT OU SONT STOCKES  
LES FOURNITURES**

FOURNITURES	a) Les FOURNITURES sont-elles disponibles actuellement?	b) Vous-est-il arrivé, au cours des 6 derniers mois de manquer des FOURNITURES?	c) OBSERVER S'IL Y A, AU MOINS, 1 FOURNITURE
901) Antiseptiques (chlorhexidine, alcool à 90° ou autre)	OUI ..... 1 NON ..... 2 → 902	OUI ..... 1 NON ..... 2	OBSERVÉ ..... 1 NON OBSERVÉ ..... 2
902) Chlore ou eau de Javel	OUI ..... 1 NON ..... 2 → 903	OUI ..... 1 NON ..... 2	OBSERVÉ ..... 1 NON OBSERVÉ ..... 2
903) Gants stérilés	OUI ..... 1 NON ..... 2 → 904	OUI ..... 1 NON ..... 2	OBSERVÉ ..... 1 NON OBSERVÉ ..... 2
904) Gants propres	OUI ..... 1 NON ..... 2 → 905	OUI ..... 1 NON ..... 2	OBSERVÉ ..... 1 NON OBSERVÉ ..... 2
905) Porte-aiguille	OUI ..... 1 NON ..... 2 → 906	OUI ..... 1 NON ..... 2	OBSERVÉ ..... 1 NON OBSERVÉ ..... 2
906) Vêtements de protection	OUI ..... 1 NON ..... 2 → 907	OUI ..... 1 NON ..... 2	OBSERVÉ ..... 1 NON OBSERVÉ ..... 2
907) Seringues à usage unique	OUI ..... 1 NON ..... 2 → 908	OUI ..... 1 NON ..... 2	OBSERVÉ ..... 1 NON OBSERVÉ ..... 2
908) Seringues réutilisables	OUI ..... 1 NON ..... 2 → 909	OUI ..... 1 NON ..... 2	OBSERVÉ ..... 1 NON OBSERVÉ ..... 2
909) Aiguilles à usage unique	OUI ..... 1 NON ..... 2 → 910	OUI ..... 1 NON ..... 2	OBSERVÉ ..... 1 NON OBSERVÉ ..... 2
910) Des compresses pour la peau	OUI ..... 1 NON ..... 2 → 911	OUI ..... 1 NON ..... 2	OBSERVÉ ..... 1 NON OBSERVÉ ..... 2
911) Aiguilles et matériel pour effectuer des sutures	OUI ..... 1 NON ..... 2 → 912	OUI ..... 1 NON ..... 2	OBSERVÉ ..... 1 NON OBSERVÉ ..... 2

912. NOTER L'HEURE DE FIN DE L'INTERVIEW

HEURE.....

MINUTES.....

COMMENTAIRES

<b>QUESTIONNAIRE INTERVIEW DE L'AGENT DE SANTE</b>	
<b>IDENTIFICATION DE LA FORMATION SANITAIRE</b>	
<p>Nom de la FOSA _____</p> <p>Localisation de la FOSA _____</p> <p>Code de la FOSA .....</p> <p>Type de FOSA : (1 = Hôpital de référence; 2 = Hôpital de district; 3= Centre de santé; 4 = Dispensaire; 6 = Autre _____)</p> <p>Statut de la FOSA : (1 = Public; 2 = Agrée; 3 = Privé 96= Autre _____) .....</p>	<p>CODE FOSA      <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>TYPE FOSA..... <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></p> <p>STATUT FOSA..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p>
<b>Information sur l'agent de santé</b>	
<p>Fonction de l'agent de santé: (1 = Médecin Spécialiste ; 2 = Médecin Généraliste; 3=Infirmier A1 ; 4=Infirmier A2 ; 5=Infirmier A3 ; 7 = Auxiliaire de Santé; 96=Autre _____)</p> <p>Sexe de l'agent de santé: (1 = féminin; 2 = masculin)</p> <p>Code de l'agent de santé (Utiliser le même code que pour les questionnaires observation)</p>	<p>FONCTION AGENT DE SANTÉ ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>SEXE AGENT DE SANTÉ ..... <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></p> <p>CODE AGENT DE SANTÉ ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p>
<b>INFORMATION SUR L'INTERVIEW</b>	
<p>Date: _____</p> <p>Nom de l'enquêteur _____</p> <p>Heure de début de l'interview:</p>	<p>JOUR ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>MOIS ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>ANNÉE ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> 2 <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> 0 <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> 0 <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> 1</p> <p>CODE ENQUÊTEUR... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>HEURE..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>MINUTES ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p>

## Interview de l'agent de santé

100 **ENQUÊTEUR:** A LIRE A L'AGENT DE SANTÉ.

Bonjour. Je représente le Ministère de la Santé. Nous réalisons une enquête sur les établissements de santé qui fournissent des services aux femmes et aux enfants dans le but de trouver des moyens d'améliorer la prestation des services. Je voudrais vous poser des questions à ce sujet.

Ces informations sont complètement confidentielles. Vous pouvez si vous le souhaitez, arrêter cette interview à n'importe quel moment.

Avez-vous des questions pour moi?  
 Acceptez-vous de participer à cette interview?

SIGNATURE DE L'ENQUÊTEUR..... DATE.....  
 (Indique que le consentement de l'agent a été demandé)

NO.	QUESTIONS	MODALITÉS ET CODES	PASSER A
<b>1. Formation et Expérience de l'agent de santé</b>			
100a	Puis-je continuer?	OUI.....1 NON .....2	→ STOP
101	En quelle année, avez-vous commencé à travailler dans cette structure?	ANNÉE ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
102	Maintenant, je voudrais vous poser des questions sur votre formation de base. Avant de commencer votre formation professionnelle, combien de années d'études, au total, avez-vous terminés avec succès?	ANNÉES..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
103	Quelle est votre qualification technique actuelle?	MEDECIN SPECIALISTE .....10 MEDECIN GENERALISTE .....11 INFIRMIER A1 .....20 INFIRMIER A2 .....21 INFIRMIER A3 .....22 AUXILIAIRE DE SANTÉ .....40 AUTRE .....96	
104	En quelle année, avez-vous terminé votre formation à l'école de médecine, de sciences infirmiers ou tout autre établissement de formation ?	ANNÉE ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
105	Combien d'années après la formation de base que vous avez eue ( TELLE QUE SAISIE A LA QUESTION 102) sont nécessaires pour obtenir la qualification technique que vous avez actuellement ( TELLE QUE SAISIE A LA QUESTION 103) ? (Si moins d'une année, écrire "00" et indiquer le nombre de mois).	ANNÉES..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>  MOIS..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	



NO.	QUESTIONS	MODALITÉS ET CODES	PASSER A
106	En ce qui vous concerne maintenant, combien d'années de formation professionnelle, avez vous termin2 avec succès, en vue de l'obtention de votre qualification technique actuelle ?	ANNÉES ..... <input type="text"/> <input type="text"/>	

## 2. Soins de santé infantile

NO.	QUESTIONS	MODALITÉS ET CODES	PASSER A																											
201	Est-ce que vous donnez personnellement des soins de santé infantile?	OUI .....1 NON .....2	→301																											
202	Depuis combien d'années donnez-vous ces soins? SI MOINS D'UN AN ENRIGISTRER "00".	ANNÉES ..... <input type="text"/> <input type="text"/>																												
203	POSER LA QUESTION SUIVANTE POUR CHAQUE SUJET SPÉCIFIQUE : Avez-vous reçu une formation au cours des cinq dernières années (SUJET) depuis que vous avez achevé votre formation médicale ou infirmière ? SI OUI, avez-vous reçu cette formation au cours des 12 derniers mois?	<table border="1"> <thead> <tr> <th colspan="2">OUI</th> <th>NON,</th> </tr> <tr> <th>AU COURS DE 12 DERNIERS MOIS</th> <th>AU COURS DE 13-59 DERNIERS MOIS</th> <th>N'A PAS RECU DE FORMATION AU COURS DES 5 ANS</th> </tr> </thead> <tbody> <tr> <td>10) PEV/ CHAÎNE DE FROID</td> <td>2</td> <td>3</td> </tr> <tr> <td>21) TRAITEMENT INFÉCTION RESPIRATOIRE ALGUE (IRA) ?</td> <td>2</td> <td>3</td> </tr> <tr> <td>22) TRAITEMENT DE LA DIARRHÉE?</td> <td>2</td> <td>3</td> </tr> <tr> <td>23) TRAITEMENT DU PALUDISME ?</td> <td>2</td> <td>3</td> </tr> <tr> <td>30) NUTRITION/CARENCE EN MICRO-NUTRIMENTS?</td> <td>2</td> <td>3</td> </tr> <tr> <td>40 TRANSMISSION DU VIH/SIDA DE LA MÈRE À L'ENFANT ?</td> <td>2</td> <td>3</td> </tr> <tr> <td>96 AUTRE _____ (À PRÉCISER)</td> <td>2</td> <td>3</td> </tr> </tbody> </table>	OUI		NON,	AU COURS DE 12 DERNIERS MOIS	AU COURS DE 13-59 DERNIERS MOIS	N'A PAS RECU DE FORMATION AU COURS DES 5 ANS	10) PEV/ CHAÎNE DE FROID	2	3	21) TRAITEMENT INFÉCTION RESPIRATOIRE ALGUE (IRA) ?	2	3	22) TRAITEMENT DE LA DIARRHÉE?	2	3	23) TRAITEMENT DU PALUDISME ?	2	3	30) NUTRITION/CARENCE EN MICRO-NUTRIMENTS?	2	3	40 TRANSMISSION DU VIH/SIDA DE LA MÈRE À L'ENFANT ?	2	3	96 AUTRE _____ (À PRÉCISER)	2	3	
OUI		NON,																												
AU COURS DE 12 DERNIERS MOIS	AU COURS DE 13-59 DERNIERS MOIS	N'A PAS RECU DE FORMATION AU COURS DES 5 ANS																												
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23) TRAITEMENT DU PALUDISME ?	2	3																												
30) NUTRITION/CARENCE EN MICRO-NUTRIMENTS?	2	3																												
40 TRANSMISSION DU VIH/SIDA DE LA MÈRE À L'ENFANT ?	2	3																												
96 AUTRE _____ (À PRÉCISER)	2	3																												

## 3. Planification familiale

NO.	QUESTIONS	MODALITÉS ET CODES	PASSER A									
301	Est-ce que vous donnez personnellement des services de planification familiale aux patients de cette structure?	OUI .....1 NON .....2	→401									
302	Depuis combien d'années donnez-vous ce service? SI MOINS D'UN AN ENRIGISTRER "00".	ANNÉES ..... <input type="text"/> <input type="text"/>										
303	POSER LA QUESTION SUIVANTE POUR CHAQUE SUJET SPÉCIFIQUE : Avez-vous reçu une formation au cours des cinq dernières années (SUJET) depuis que vous avez achevé votre formation médicale ou infirmière ? SI OUI, avez-vous reçu cette formation au cours des 12 derniers mois?	<table border="1"> <thead> <tr> <th colspan="2">OUI</th> <th>NON,</th> </tr> <tr> <th>AU COURS DE 12 DERNIERS MOIS</th> <th>AU COURS DE 13-59 DERNIERS MOIS</th> <th>N'A PAS RECU DE FORMATION AU COURS DES 5 ANS</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	OUI		NON,	AU COURS DE 12 DERNIERS MOIS	AU COURS DE 13-59 DERNIERS MOIS	N'A PAS RECU DE FORMATION AU COURS DES 5 ANS				
OUI		NON,										
AU COURS DE 12 DERNIERS MOIS	AU COURS DE 13-59 DERNIERS MOIS	N'A PAS RECU DE FORMATION AU COURS DES 5 ANS										

	10) CONSEILS EN PLANIFICATION FAMILIALE ?	1	2	3
	20 TECHNOLOGIE CONTRACEPTIVE (TC) ?	1	2	3
	30 EN APPROCHE SYNDROMIQUE DES IST ?	1	2	3
	96 AUTRE _____ (À PRECISER)	1	2	3

#### 4. Santé Maternelle

NO.	QUESTIONS	MODALITÉS ET CODES		PASSER A
401	Est-ce que vous donnez personnellement des soins prénatals?	OUI .....1	NON.....2	→404
402	Depuis combien d'années donnez-vous ce service?  SI MOINS D'UN AN ENRIGISTRER "00".	ANNÉES <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>		
403	POSER LA QUESTION SUIVANTE POUR CHAQUE SUJET SPÉCIFIQUE : Avez-vous reçu une formation au cours des cinq dernières années (SUJET) depuis que vous avez achevé votre formation médicale ou infirmière ? SI OUI, avez-vous reçu cette formation au cours des 12 derniers mois?	OUI		NON,
		AU COURS DE 12 DERNIERS MOIS	AU COURS DE 13-59 DERNIERS MOIS	N'A PAS RECU DE FORMATION AU COURS DES 5 ANS
	10) SOINS PRÉNATALS ?	1	2	3
	20 CONSEILS/EDUCATION POUR LA SANTÉ DES FEMMES ENCEINTES ?	1	2	3
	30 PRISE EN CHARGE DES GROSSESSES À RISQUE ?	1	2	3
	50 TRANSMISSION DU VIH/SIDA DE LA MÈRE À L'ENFANT ?	1	2	3
	96 AUTRE _____ (À PRECISER)	1	2	3
404	Est-ce que personnellement vous donnez des soins à l'accouchement? Par là, je veux dire que c'est vous qui donnez les soins (personnellement).	OUI .....1	NON.....2	→409

NO.	QUESTIONS	MODALITÉS ET CODES	PASSER A																					
405	Depuis combien d'années donnez-vous ces soins à l'accouchement? SI MOINS D'UN AN ENRIGISTRER "00".	ANNÉES ..... <input type="text"/> <input type="text"/>																						
406	POSER LA QUESTION SUIVANTE POUR CHAQUE SUJET SPÉCIFIQUE : Avez-vous reçu une formation au cours des cinq dernières années (SUJET) depuis que vous avez achevé votre formation médicale? SI OUI, avez-vous reçu cette formation au cours des 12 derniers mois?	<table border="1"> <thead> <tr> <th colspan="2">OUI</th> <th rowspan="2">NON, N'A PAS RECU DE FORMATION AU COURS DES 5 ANS</th> </tr> <tr> <th>AU COURS DE 12 DERNIERS MOIS</th> <th>AU COURS DE 13-59 DERNIERS MOIS</th> </tr> </thead> <tbody> <tr> <td>10) SOINS DURANT LE TRAVAIL OU L' ACCOUCHEMENT ?</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>20 UTILISATION DES COURBES DE SUIVI DU TRAVAIL (PARTOGRAMME)?</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>30 FORMATION EN URGENCE OBSTETRICALE ?</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>96 AUTRE _____ (À PRÉCISER)</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>	OUI		NON, N'A PAS RECU DE FORMATION AU COURS DES 5 ANS	AU COURS DE 12 DERNIERS MOIS	AU COURS DE 13-59 DERNIERS MOIS	10) SOINS DURANT LE TRAVAIL OU L' ACCOUCHEMENT ?	1	2	3	20 UTILISATION DES COURBES DE SUIVI DU TRAVAIL (PARTOGRAMME)?	1	2	3	30 FORMATION EN URGENCE OBSTETRICALE ?	1	2	3	96 AUTRE _____ (À PRÉCISER)	1	2	3	
OUI		NON, N'A PAS RECU DE FORMATION AU COURS DES 5 ANS																						
AU COURS DE 12 DERNIERS MOIS	AU COURS DE 13-59 DERNIERS MOIS																							
10) SOINS DURANT LE TRAVAIL OU L' ACCOUCHEMENT ?	1	2	3																					
20 UTILISATION DES COURBES DE SUIVI DU TRAVAIL (PARTOGRAMME)?	1	2	3																					
30 FORMATION EN URGENCE OBSTETRICALE ?	1	2	3																					
96 AUTRE _____ (À PRÉCISER)	1	2	3																					
407	Approximativement, combien d'accouchements avez-vous effectué en tant qu'agent en charge, pendant les 12 derniers mois? (INCLURE LES ACCOUCHEMENTS EFFECTUÉS DANS LES FORMATIONS SANITAIRES PUBLIQUES AINSI QUE LES STRUCTURES PRIVÉES ET LES DOMICILES)	NOMBRE D'ACCOUCHEMENTS <input type="text"/> <input type="text"/> <input type="text"/>																						
407a	SI LE NOMBRE D'ACCOUCHEMENTS DECLARE NE SE RAPPORTE PAS A UNE ANNEE COMPLETE , INDIQUER LE NOMBRE DE MOIS CONCERNE PAR CES ACCOUCHEMENTS	NOMBRE DE MOIS <input type="text"/> <input type="text"/>																						
408	Quand avez-vous utilisé un partogramme pour la dernière fois?	JAMAIS.....0 LA SEMAINE PASSÉE.....1 LE MOIS PASSÉ .....2 AU COURS DES 6 DER. MOIS.....3 IL YA 6 MOIS OU PLUS .....4 NE SAIT PAS.....8																						
409	Donnez-vous personnellement des soins aux nouveaux-nés?	OUI .....1 NON .....2	→412																					
410	Depuis combien d'années donnez-vous ces soins? SI MOINS D'UN AN ENRIGISTRER "00".	ANNÉES ..... <input type="text"/> <input type="text"/>																						

NO.	QUESTIONS	MODALITÉS ET CODES		PASSER A
411	POSER LA QUESTION SUIVANTE POUR CHAQUE SUJET SPÉCIFIQUE : Avez-vous reçu une formation au cours des cinq dernières années (SUJET) depuis que vous avez achevé votre formation médicale ou infirmière? SI OUI, avez-vous reçu cette formation au cours des 12 derniers mois?	OUI		NON, N'A PAS RECU DE FORMATION AU COURS DES 5 ANS
		AU COURS DE 12 DERNIERS MOIS	AU COURS DE 13-59 DERNIERS MOIS	
	10) SOINS AU NOUVEAU NÉ NORMAL ?	1	2	3
	20 RÉANIMATION NÉONATALE?	1	2	3
	50 TRANSMISSION DU VIH/SIDA DE LA MÈRE À L'ENFANT ?	1	2	3
96 AUTRE _____ (À PRÉCISER)	1	2	3	
412	Donnez-vous personnellement des soins post-natals?	OUI .....1	NON.....2	→501
413	Depuis combien d'années donnez-vous ces soins ? SI MOINS D'UN AN ENRIGISTRER "00".	ANNÉES..... <input type="text"/> <input type="text"/>		
414	POSER LA QUESTION SUIVANTE POUR CHAQUE SUJET SPÉCIFIQUE : Avez-vous reçu une formation au cours des cinq dernières années (SUJET) depuis que vous avez achevé votre formation médicale? SI OUI, avez-vous reçu cette formation au cours des 12 derniers mois?	OUI		NON, N'A PAS RECU DE FORMATION AU COURS DES 5 ANS
		AU COURS DE 12 DERNIERS MOIS	AU COURS DE 13-59 DERNIERS MOIS	
	10) SOINS POSTNATALS ?	1	2	3
	20) PLANIFICATION FAMILIALE?	1	2	3
	50) TRANSMISSION DU VIH/SIDA DE LA MÈRE À L'ENFANT ?	1	2	3
96) AUTRE _____ (À PRÉCISER)	1	2	3	

### 5. MST/VIH/SIDA

501	Donnez-vous personnellement des soins aux patients atteints d'infections sexuellement transmises (IST)?	OUI .....1	NON.....2	→504
502	Depuis combien d'années donnez-vous ces soins ? SI MOINS D'UN AN ENRIGISTRER "00".	ANNÉES..... <input type="text"/> <input type="text"/>		

NO.	QUESTIONS	MODALITÉS ET CODES		PASSER A
503	POSER LA QUESTION SUIVANTE POUR CHAQUE SUJET SPÉCIFIQUE : Avez-vous reçu une formation au cours des cinq dernières années (SUJET) depuis que vous avez achevé votre formation médicale? SI OUI, avez-vous reçu cette formation au cours des 12 derniers mois?	OUI		NON, N'A PAS RECU DE FORMATION AU COURS 5 ANS
		AU COURS DE 12 DERNIERS MOIS	AU COURS DE 13-59 DERNIERS MOIS	
	10) CONSEILS DE PREVENTION DES IST ?	1	2	3
	20) DIAGNOSTIC ET TRAITEMENTS DES ITS ?	1	2	3
	30 APPROCHE SYNDROMIQUE DES IST ?	1	2	3
	50 TRANSMISSION DU VIH/SIDA DE LA MÈRE À L'ENFANT ?	1	2	3
96 AUTRE _____ (À PRÉCISER)	1	2	3	
504	Donnez-vous personnellement des soins aux patients qui sont positifs au VIH/SIDA?	OUI .....	1	→601
		NON.....	2	
505	Si oui, quel type de soins offrez-vous?	OUI NON		
		CONSEILS/ACCOMPAGNEMENT PSYCHO-SOCIAL.....	1	2
		PRISE EN CHARGE MÉDICALE DE LA MALADIE.....	1	2
		THÉRAPIE ANTI-RETROVIRALE.....	1	2
506	Depuis combien d'années donnez-vous ces soins ? SI MOINS D'UN AN ENREGISTRER "00".	ANNÉES.....	<input type="text"/>	
507	POSER LA QUESTION SUIVANTE POUR CHAQUE SUJET SPÉCIFIQUE : Avez-vous reçu une formation au cours des cinq dernières années (SUJET) depuis que vous avez achevé votre formation médicale? SI OUI, avez-vous reçu cette formation au cours des 12 derniers mois?	OUI		NON, N'A PAS RECU DE FORMATION AU COURS 5 ANS
		AU COURS DE 12 DERNIERS MOIS	AU COURS DE 13-59 DERNIERS MOIS	
	10) CONSEILS DE PREVENTION DU VIH/SIDA ?	1	2	3
	11) CONSEILS/ACCOMPAGNEMENT PSYCHO-SOCIAL DE PATIENTS INFECTÉS PAR LE VIH/SIDA ?	1	2	3
	20 PRISE EN CHARGE MÉDICALE DES PATIENTS INFECTÉS PAR LE VIH/SIDA ?	1	2	3
	21 TRAITEMENT ANTI-RETROVIRAL DES PATIENTS INFECTÉS PAR LE VIH/SIDA ?			
	50 TRANSMISSION DU VIH/SIDA DE LA MÈRE À L'ENFANT ?	1	2	3
96 AUTRE _____ (À PRÉCISER)	1	2	3	

## 6. Supervision

NO	QUESTIONS	MODALITÉS ETCODES	PASSER A
601	Au cours des 6 derniers mois, avez-vous été supervisé dans votre travail?	OUI.....1 NON .....2	→701
602	Combien de fois, au cours des 6 derniers mois, avez-vous été supervisé dans votre travail?	NO DE FOIS <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
603	Qu'a fait votre superviseur la dernière fois qu'il/qu'elle a effectué une visite?	OUI    NON    NSP	
	1) Revu vos dossiers/rapports	VERIFIE DOSSIERS .....1	2    8
	2) Observé votre travail?	OBSERVE .....1	2    8
	3) Donné un feedback sur les performances?	DONNE FEEDBACK.....1	2    8
	4) Mise à niveau pour les questions administratives et techniques?	MISE A NIVEAU .....1	2    8
	5) Discuté des problèmes rencontrés?	DISCUSTE DES PROBLÈMES.....1	2    8
	6) Rien d'autre _____ ? (A PRECISER)	AUTRE _____ 1	2    8

## 7. Opinion de l'agent de santé

701	Dites-moi, trois principales solutions (ou problèmes dont la résolution) sont susceptibles d'améliorer votre travail ?	PÉNURIE DE PERSONNEL.....A TRAITER LE PERSONNEL MIEUX..... B PAYER MIEUX ..... C PLUS DE FORMATION ..... D MEILLEUR/PLUS DE SUPERVISION; PLUS DE CONSEILS SUR LE TRAVAIL..... E PLUS/MEILLEURS EQUIPEMENTS OU FOURNITURES..... F TRANSPORT INADAPTÉS POUR LES PATIENTS ..... G MEILLEUR ENVIRONNEMENT PHYSIQUE DE LA FOSA ..... H MEILLEURE SECURITÉ ..... I AUTRE _____ X	
702	MARQUER L'HEURE DE FIN DE L'INTERVIEW.	HEURE ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> MINUTES..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
703	<b>COMMENTAIRES DE L'ENQUÊTEUR</b>		

<b>OBSERVATION DE LA CONSULTATION DE L'ENFANT MALADE</b>							
<b>IDENTIFICATION DE LA FORMATION SANITAIRE</b>							
Nom de la FOSA _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">CODE FOSA .....</td> <td style="width: 40%; text-align: center;"><input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td>TYPE FOSA .....</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>STATUT FOSA.....</td> <td style="text-align: center;"><input type="text"/><input type="text"/></td> </tr> </table>	CODE FOSA .....	<input type="text"/> <input type="text"/> <input type="text"/>	TYPE FOSA .....	<input type="text"/>	STATUT FOSA.....	<input type="text"/> <input type="text"/>
CODE FOSA .....		<input type="text"/> <input type="text"/> <input type="text"/>					
TYPE FOSA .....		<input type="text"/>					
STATUT FOSA.....		<input type="text"/> <input type="text"/>					
Localisation de la FOSA _____							
Code de la FOSA .....							
Type de FOSA: (1 = Hôpital de référence; 2 = Hôpital de district; 3= Centre de santé; 4=Dispensaire; 6= Autre _____)							
Statut de la FOSA (1= Public; 2 = Agrée; 3 = Privé; 96 = Autre _____)							
<b>INFORMATION AGENT DE SANTE /ENFANT MALADE</b>							
Fonction de l'agent de santé: (1 = Médecin Spécialiste ; 2 = Médecin Généraliste ; 3=Infirmier A1 ; 4=Infirmier A2 ; 5=Infirmier A3 ; 7 = Auxiliaire de Santé; 96=Autre _____)	FONCTION AGENT DE SANTÉ..... <input type="text"/> <input type="text"/>						
Sexe de l'agent de santé: (1 = FÉMININ 2 = MASCULIN).....	SEXE DE L'AGENT DE SANTÉ..... <input type="text"/>						
Code de l'agent de santé	CODE DE L'AGENT DE SANTÉ..... <input type="text"/> <input type="text"/>						
Code de l'enfant .....	CODE DE L'ENFANT ..... <input type="text"/> <input type="text"/>						
Sexe de l'enfant malade: (1 = FÉMININ 2 = MASCULIN)	SEXE DE L'ENFANT MALADE ..... <input type="text"/>						
Age de l'enfant	AGE EN MOIS ..... <input type="text"/> <input type="text"/>						
<b>INFORMATION SUR L'INTERVIEW</b>							
Date : _____	JOUR..... <input type="text"/> <input type="text"/>						
Nom de l'enquêteur _____	MOIS ..... <input type="text"/> <input type="text"/>						
	ANNÉE ..... <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; padding: 2px 5px;">2</td><td style="border: 1px solid black; padding: 2px 5px;">0</td><td style="border: 1px solid black; padding: 2px 5px;">0</td><td style="border: 1px solid black; padding: 2px 5px;">1</td></tr></table>	2	0	0	1		
2	0	0	1				
Heure de début de l'interview :	CODE ENQUETEUR..... <input type="text"/> <input type="text"/>						
	HEURE..... <input type="text"/> <input type="text"/>						
	MINUTES ..... <input type="text"/> <input type="text"/>						

**Observation de la consultation de l'enfant malade**

100 **AGENT ENQUÊTEUR:** OBTENEZ LA PERMISSION DE LA PERSONNE QUI ACCOMPAGNE L'ENFANT MALADE AINSI QUE CELLE DE L'AGENT DE SANTÉ AVANT DE COMMENCER L'OBSERVATION. SOYEZ AUSSI DISCRET QUE POSSIBLE ET, EN AUCUNE MANIÈRE, NE PRENEZ PART A LA CONVERSATION. ASSUREZ-VOUS QUE L'AGENT DE SANTÉ SAIT QUE VOUS N'ÊTES PAS LA POUR L'ÉVALUER ET QUE VOUS N'ÊTES PAS UN EXPERT A CONSULTER DURANT LA VISITE. ESSAYEZ DE VOUS ASSEoir DERRIÈRE LE PATIENT, MAIS SANS FAIRE FACE DIRECTEMENT A L'AGENT DE SANTÉ. POUR CHACUNE DES QUESTIONS LISTÉES CI-DESSOUS, ENCECERLEZ LA RÉPONSE QUI REFLÈTE LE PLUS FIDÈLEMENT POSSIBLE VOTRE ÉVALUATION DE CE QUI S'EST PASSÉ DURANT CES DIALOGUES.

À LIRE À L'AGENT DE SANTÉ : Bonjour. Je représente le Ministère de la Santé. Nous réalisons une enquête sur les établissements de santé qui fournissent des services aux femmes et aux enfants dans le but de trouver des moyens d'améliorer la prestation des services. Je voudrais assister à la consultation de cette femme en tant qu'observateur, pour savoir comment est fourni un service de santé dans ce pays. Ces informations sont complètement confidentielles. Vous pouvez, si vous le souhaitez, arrêter cette interview à n'importe quel moment. Puis-je rester pour observer la consultation?

DATE \_\_\_\_\_

SIGNATURE DE L'ENQUÊTEUR  
(Indique que le consentement de l'agent a été demandé)

100a	PERMISSION ACCORDÉE PAR L'AGENT DE SANTÉ	OUI ..... 1 NON ..... 2	→ FIN
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À LIRE À LA PERSONNE QUI S'OCCUPE DE L'ENFANT: Bonjour. Je représente le Ministère de la Santé. Nous réalisons une enquête sur les établissements de santé qui fournissent des services aux femmes et aux enfants dans le but de trouver des moyens d'améliorer la prestation des services. Je voudrais assister à la consultation, en tant qu'observateur, pour savoir comment est fourni un service de santé dans ce pays. Ces informations sont complètement confidentielles et n'affecteront pas la qualité des soins que vous allez recevoir maintenant et dans le futur. Après la consultation, mon collègue souhaiterait parler avec vous de votre expérience ici. Vous pouvez me dire d'arrêter l'observation à n'importe quel moment. Puis-je rester?

DATE \_\_\_\_\_

SIGNATURE DE L' ENQUÊTEUR  
(Indique que le consentement de l'accompagnante a été demandé)

100b	PERMISSION ACCORDÉE PAR LA PERSONNE QUI S'OCCUPE DE L'ENFANT MALADE	OUI ..... 1 NON ..... 2	→ FIN
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**1. Interaction entre l'agent de santé et la personne qui s'occupe de l'enfant malade**

NO	QUESTIONS	CODES		
		OUI	NON	NSP
101	Est-ce que l'agent de santé a posé des questions sur ou est-ce que l'accompagnatrice a mentionné l'information suivante:			
	A) TOUX OU DIFFICULTÉS RESPIRATOIRES?	1	2	8
	B) DIARRHÉE?	1	2	8
	C) FIÈVE/CORPS CHAUD?	1	2	8
102	Est-ce que l'agent de santé a posé des questions sur ou est-ce que la personne accompagnatrice a mentionné si l'enfant:			
	A) EST INCAPABLE DE BOIRE OU DE TETER?	1	2	8
	B) VOMIT TOUT?	1	2	8
	C) A EU DES CONVULSIONS DURANT CETTE MALADIE?	1	2	8
103	Est-ce que l'agent de santé procède <u>à l'examen</u> ?			
	A) PREND LA TEMPERATURE DE L'ENFANT AVEC LA MAIN?			
	B) PREND LA TEMPERATURE DE L'ENFANT EN UTILISANT UN THERMOMETRE?	1	2	8
	C) COMPTE RYTHME RESPIRATOIRE?	1	2	8
	D) PINCE LA PEAU DE L'ABDOMEN?	1	2	8
	E) CHERCHE PALEUR DES PAUMES?	1	2	8
	F) VERIFIE PALEUR DE LA CONJONCTIVE OU BOUCHE?	1	2	8
	G) PESE L'ENFANT ?	1	2	8
	H) EST-CE QUE LE POIDS DE L'ENFANT EST REPRESENTÉ SUR UN GRAPHIQUE?	1	2	8
104	SI A CETTE FOSA ON DONNE LES SERVICES SUIVANTS AVANT LA CONSULTATION ET SI AUJOURD'HUI VOUS POUVEZ VERIFIER QUE CE <b>SYSTEME FONCTIONNE</b> , ENCERCLER "1" SI NON, ENCERCLER "2".			
	A) ON PESE L'ENFANT	1	2	8
	B) ON PREND LA TEMPERATURE	1	2	8
105	EST-CE QUE L'AGENT DE SANTÉ A REGARDÉ LE CARNET DE SANTÉ DE L'ENFANT AVANT OU DURANT LA CONSULTATION?	OUI.....1	NON.....2	NSP.....8
106	Est-ce que l'agent de santé pose d'autres questions ou effectue d'autres évaluations de la santé de l'enfant?	OUI	NON	NSP
	A) OBSERVÉ L'ENFANT EN TRAIN DE BOIRE OU DE TETER?	1	2	8
	B) POSE DES QUESTIONS SUR L'ALLAITEMENT DE L'ENFANT DURANT LA MALADIE?	1	2	8
	C) POSE DES QUESTIONS SUR LA NOURRITURE COMPLEMENTAIRE DE L'ENFANT PENDANT LA MALADIE?	1	2	8
	D) CONSULTE LE CARNET DE VACCINATIONS OU POSE DES QUESTIONS A LA PERSONNE ACCOMPAGNATRICE SUR LES VACCINS DE L'ENFANT?	1	2	8

NO	QUESTIONS	CODES		
		1	2	8
	E) MENTIONNE LE POIDS DE L'ENFANT OU COMMENTE LE GRAPHIQUE DE LA COURBE DE CROISSANCE DE L'ENFANT AVEC L'ACCOMPAGNATRICE?	1	2	8
107	Est-ce que l'agent de santé a:	OUI	NON	NSP
	A) EXPLIQUE A L'ACCOMPAGNATRICE LA NECESSITE DE DONNER PLUS DE LIQUIDES?	1	2	8
	B) EXPLIQUE A L'ACCOMPAGNATRICE LA NECESSITE DE CONTINUER A DONNER DE LA NOURRITURE A L'ENFANT OU DE L'ALLAITER A LA MAISON?	1	2	8
	C) COMMUNIQUÉ A LA PERSONNE QUI S'OCCUPE DE L'ENFANT LE DIAGNOSTIC?	1	2	8
	D) DÉCRIT LES SIGNES ET LES SYMPTÔMES A L'APPARITION DESQUELS IL FAUT RAMENER L'ENFANT EN CONSULTATION?	1	2	8
108	Est-ce que l'agent de santé a prescrit ou donné des médicaments au cours de cette consultation? Si oui, est-ce que l'agent de santé a :	1	2 → 109	8 → 109
	A) EXPLIQUÉ COMMENT ADMINISTRER LES MÉDICAMENTS ORAUX?	1	2	8
	B) DONNE LES PREMIERES DOSES DES MÉDICAMENTS PAR VOIE ORALE?	1	2	8
109	Est-ce que l'agent de santé a utilisé une boîte d'images durant cette consultation pour donner des conseils d'éducation en matière de santé?	1	2	8
110	SI À CETTE FOSA ON DONNE LES CONSEILS SUIVANTS AVANT LA CONSULTATION ET AUJOURD'HUI VOUS POUVEZ VÉRIFIER QUE CE <b>SYSTEME FONCTIONNE</b> , ENCERCLER "1". SI NON, ENCERCLE "2".			
	A) EFFECTUE L'ÉDUCATION POUR LA SANTÉ (AVANT OU APRÈS LA CONSULTATION)	1	2	8
	B) UN AUTRE AGENT DE SANTÉ OU PHARMACIEN DONNE LES CONSEILS POUR LES MÉDICAMENTS, APRÈS LA CONSULTATION.	1	2	8
111	Est-ce que l'agent de santé a inscrit quelque chose dans le carnet de consultation ou dans le registre des patients?	OUI.....1 NON.....2 IL N'Y A PAS DE CARNET OU REGISTRE.....3 NE SAIT PAS.....8		
112	RESULTAT DE LA CONSULTATION: EST-CE QUE L'ENFANT EST:	ENVOYE POUR TEST OU POUR PRENDRE MÉDICAMENT AILLEURS DANS LA FOSA.....1 ENVOYE A LA MAISON.....2 REFERE À UN AUTRE AGENT DANS LA MÊME FOSA POUR CONSULTATION.....3 HOSPITALISE DANS LA FOSA.....4 ENVOYE À UNE AUTRE FOSA.....5 NSP.....8		

NO.	QUESTIONS	MADALITES ET CODES	ALLER A.
113	MARQUER L'HEURE DE LA FIN DE L'OBSERVATION	HEURE <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	

## 2. Classification et Traitement

NO.	QUESTIONS	CODES	ALLER A
	L'INFORMATION SUIVANTE DOIT ETRE OBTENUE AUPRES DE L'AGENT DE SANTÉ APRES LA CONSULTATION. L'INFORMATION CONCERNE LA CLASSIFICATION OU DIAGNOSTIC DE LA MALADIE DE L'ENFANT ET DES TRAITEMENTS SPÉCIFIQUES ET CONSEILS DONNÉS PAR L'AGENT DE SANTÉ.		
201a	QUEL EST LE DIAGNOSTIC DE L'AGENT DE SANTÉ EN CE QUI CONCERNE LES DIFFICULTÉS RESPIRATOIRES/TOUX DE L'ENFANT?  (ENTOURER TOUT CE QUI S'APPLIQUE)  SI L'ENFANT N'A PAS DE DIFFICULTÉS RESPIRATOIRES/TOUX SELON L'AGENT DE SANTÉ, ENTOURER LE CODE "Y".	PNEUMONIE GRAVE ..... A PNEUMONIE..... B TOUX SEULEMENT ..... C OUI DIFFICULTÉS RESPIRATOIRE MAIS IL NE SAIT PAS CLASSIFIER . W AUTRE _____ .. X (PRECISER)  PAS DE TOUX/DIFFICULTÉS RESPIRATOIRES ..... Y	→ 202
201b	QU'EST-CE QUE L'AGENT DE SANTÉ ADMINISTRE OU PRESCRIT CONTRE LES DIFFICULTÉS RESPIRATOIRES/ <u>TOUX</u> DE L'ENFANT?  ENTOURER TOUT CE QUI S'APPLIQUE	ENVOI IMMÉDIATMENT AILLEURS ..... A  INJECTION ANTIBIOTIQUE ..... B COMPRIMÉS/SIROP ANTIBIOTIQUE ..... C AUTRE MÉDICAMENT DONNE PAR VOIE ORALE _____ . W (PRECISER) AUTRE _____ ... X (PRECISER) RIEN ..... Y	

NO.	QUESTIONS	CODES	ALLER A
202a	<p>QUEL EST LE DIAGNOSTIC DE L'AGENT DE SANTÉ EN CE QUI CONCERNE <u>LA DIARRHÉE OU DESHYDRATATION</u> DE L'ENFANT?</p> <p>ENTOURER TOUT CE QUI S'APPLIQUE</p>	<p><b>DIARRHÉE</b>  DIARRHÉE GRAVE PERSISTANTE.. A  DIARRHÉE PERSISTANTE ..... B  DYSENTERIE ..... C  OUI DIARRHÉE MAIS  NE SAIT PAS CLASSIFIER..... W  AUTRE.....X  (PRECISER)  PAS DE DIARRHÉE ..... Y</p> <p><b>DESHYDRATATION</b>  DESHYDRATATION GRAVE ..... A  DESHYDRATATION LÉGÈRE ..... B  OUI DESHYDRATION MAIS  NE SAIT PAS CLASSIFIER..... W  AUTRE..... X  (PRECISER)  PAS DE DESYDRATATION ..... Y</p>	
202b	<p>SI L'ENFANT N'A PAS EU DE DIARRHÉE SELON L'AGENT DE SANTÉ, ENTOURER LE CODE "Y".</p> <p>ENTOURER TOUT CE QUI S'APPLIQUE</p>		→203
202c	<p>QU'EST-CE QUE L'AGENT DE SANTÉ ADMINISTRE OU PRESCRIT CONTRE LA <u>DIARRHÉE/DESHYDRATATION</u>?</p> <p>ENTOURER TOUT CE QUI S'APPLIQUE</p>	<p>ENVOI IMMÉDIAT AILLEURS..... A  INJECTION ANTIBIOTIQUE..... B  COMPRIMÉS/SIROP  ANTIBIOTIQUE..... C  SRO/SOLUTION MAISON..... D  4 HEURES EN CLINIQUE ..... E  PERFUSION LIQUIDES ..... F  ENVOI AILLEURS..... G  CONSEILS  NOURRITURE/ALLAITEMENT ..... H  AUTRE.....X  (PRECISER)  RIEN..... Y</p>	

NO.	QUESTIONS	CODES	ALLER A
203a	<p>QUEL EST LE DIGNOSTIC DE L'AGENT DE SANTÉ EN CE QUI CONCERNE <u>LA FIÈVRE</u> DE L'ENFANT?</p> <p>ENTOURER TOUT CE QUI S'APPLIQUE</p> <p>SI L'ENFANT N'A PAS EU DE FIÈVRE SELON L'AGENT DE SANTÉ. ENTOURER LE CODE "Y".</p>	<p>ÉTAT FÉBRILE TRÈS GRAVE ..... A</p> <p>PALUDISME..... B</p> <p>FIÈVRE, MAIS NE PENSE PAS LE PALUDISME ..... C</p> <p>FIÈVRE, PAS DE PALUDISME ..... D</p> <p>ROUGEOLE AVEC COMPLICATIONS GRAVES ..... E</p> <p>ROUGEOLE AVEC COMPLICATIONS DES YEUX OU DE LA BOUCHE ..... F</p> <p>ROUGEOLE SIMPLE..... G</p> <p>OUI FIÈVRE MAIS NE SAIT PAS CLASSIFIER ..... W</p> <p>AUTRE ..... X</p> <p>(PRECISER)</p> <p>PAS DE FIÈVRE ..... Y</p>	<p>→204</p>
203b	<p>QU'EST-CE QUE L'AGENT DE SANTÉ ADMINISTRE OU PRESCRIT CONTRE LA <u>FIÈVRE</u>?</p> <p>ENTOURER TOUT CE QUI S'APPLIQUE</p>	<p>ENVOI IMMÉDIAT AILLEURS ..... A</p> <p>INJECTION ANTIBIOTIQUE ..... B</p> <p>COMPRIMÉS/SIROP ANTIBIOTIQUE C</p> <p>INJECTION ANTIPALUDÉENNE..... D</p> <p>COMPRIMÉS/SIROP ANTIPALUDÉENS ..... E</p> <p>PARACETAMOL/ASPIRINE ..... F</p> <p>AUTRE INJECTION: ..... W (PRECISER)</p> <p>AUTRE ..... X (PRECISER)</p> <p>RIEN..... Y</p>	
204	<p>EST-CE QUE L'AGENT DE SANTÉ VACCINE L'ENFANT OU L'ENVOIE AILLEURS POUR ETRE VACCINÉ?</p>	<p>AGENT DE SANTÉ A VACCINÉ ..... 1</p> <p>AGENT DE SANTÉ A REFERE AILLEURS DANS LA FOSA..... 2</p> <p>PAS D'ACTIVITÉS DE VACCINATION 3</p>	
205	<p>MARQUER L'HEURE DE FIN DE L'INTERVIEW</p>	<p>HEURE..... <input type="text"/> <input type="text"/></p> <p>MINUTES ..... <input type="text"/> <input type="text"/></p>	

<b>INTERVIEW DE SORTIE DE CONSULTATION DE LA PERSONNE QUI S'OCCUPE DE L'ENFANT MALADE</b>	
<b>IDENTIFICATION DE LA FORMATION SANITAIRE</b>	
Nom de la FOSA _____  Localisation de la FOSA _____  Code de la FOSA.....  Type de la FOSA : (1= Hôpital de référence; 2= Hôpital de district; 3= Centre de santé; 4=Dispensaire; 6= Autre _____)  Statut de la structure (1= Public; 2 = Agréée; 3 = Privé; 96 = Autre _____)	CODE FOSA ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>  TYPE FOSA ..... <input style="width: 20px; height: 20px;" type="text"/>  STATUT FOSA ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<b>INFORMATION AGENT DE SANTE/ENFANT MALADE</b>	
Fonction de l'agent de santé: (1 = Médecin Spécialiste; 2 = Médecin Généraliste ; 3=Infirmier A1 ; 4=Infirmier A2 ; 5=Infirmier A3 ; 7 = Auxiliaire de Santé; 96=Autre _____)  Sexe de l'agent de santé: (1= FÉMININ 2 = MASCULIN) .....  Code de l'agent de santé  Code de l'enfant malade .....	FONCTION AGENT DE SANTÉ ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>  SEXE DE L'AGENT DE SANTÉ ..... <input style="width: 20px; height: 20px;" type="text"/>  CODE DE L'AGENT DE SANTÉ ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>  CODE DE L'ENFANT MALADE ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<b>INFORMATION SUR L'INTERVIEW</b>	
Date : _____  Nom de l'enquêteur _____  Heure de début de l'interview :	JOUR ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> MOIS ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> ANNÉE ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <b>2 0 0 1</b> CODE ENQUETEUR ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> HEURE ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> MINUTES ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

### SECTION 1. Information sur la visite

N°	QUESTIONS	MODALITÉS ET CODES	PASSER A
100	<p><b>ENQUÊTEUR: PRESENTEZ-VOUS A LA PERSONNE QUI S'OCCUPE DE L'ENFANT</b></p> <p>Bonjour: En vue d'améliorer la qualité des soins offerts dans cette FOSA, nous aimerions connaître votre expérience ici. Toute information que vous fournissez restera strictement confidentielle. De même, votre participation ou refus de collaborer à cette interview, n'aura aucun effet négatif sur les futures prestations de services que vous aurez à recevoir dans cette structure de santé. Par ailleurs, vous pourrez également refuser de répondre à certaines questions ou mettre fin à cette interview dès que vous le souhaitez.</p> <p>Avez-vous des questions à me poser à ce propos?</p> <p>SIGNATURE DE L'ENQUÊTEUR : _____            DATE: _____</p>		
100a	Puis-je commencer l'interview ?	OUI/l'accompagnant accepte ..... 1 NON/l'accompagnant refuse..... 2	➔ FIN
101	Quel est le nom de l'enfant malade ?	NOM _____	
102	<p>En quel mois et en quelle année (NOM) est-il né ?</p> <p>Poussez vos investigations et estimer l'âge de l'enfant si la personne qui s'en occupe ne connaît pas la date de naissance exacte de celui-ci.</p>	MOIS..... <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> NSP MOIS .....98 ANNÉE..... <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> NSP ANNÉE..... 9998	➔ 102a  ➔ 102a
102a	<p>SI L'ACCOMPAGNATRICE NE CONNAIT PAS LA DATE DE NAISSANCE COMPLETE DE ( NOM), INSISTER :</p> <p>Quel âge (NOM) a ?</p>	ÂGE EN MOIS ..... <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	
103	<p>Pouvez-vous me dire la raison pour laquelle vous avez amené (NOM) à cette structure aujourd'hui?</p> <p>A) (NOM) tousse ou a des difficultés pour respirer?</p> <p>B) (NOM) a une diarrhée?</p> <p>C) (NOM) a une fièvre/le corps chaud?</p>	OUI NON  TOUSSE /DIFFICULTÉ POUR RESPIRER ..... 1 2  DIARRHÉE. .... 1 2  FIÈVRE/CORPS CHAUD... 1 2	
104	<p>Pour quelle autre raison avez-vous amené (NOM) à cette structure?</p> <p>(ENTOURER TOUTES LES MODALITES CITÉES.)</p> <p>POUSSEZ VOS INVESTIGATIONS EN INSISTANT :            Quoi d'autre?</p>	PROBLÈMES DES YEUX..... A PLAIE SUR LA PEAU ..... B BLÉSSURE..... C PAS D'AUTRE RAISON .....D AUTRE A PRECISER ..... X	
105	Avant que vous ne l'amenez à cette structure, pendant combien de temps (NOM) a-t-il souffert de cette maladie ?	NOMBRES DE JOURS <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	
106	ENQUÊTEUR : vérifier 102 et 102a		
	ENFANT NE DEPUIS JANVIER 1999	ENFANT NE AVANT JANVIER 1999	

	OU ÂGE DE MOINS DE 36 MOIS ↓	OU ÂGE DE 36 MOIS OU PLUS	→ 109
107	(NOM) est-il allaité actuellement?	OUI ..... 1 NON ..... 2	→ 109
108	Qu'est-ce que l'agent de santé a dit quant à la fréquence à laquelle on donne le sein à (NOM) durant la maladie? Est-ce qu'il a dit de lui donner moins que d'habitude, avec la même fréquence ou plus que d'habitude?	DONNE MOINS ..... 1 DONNE MÊME QUANTITÉ ..... 2 DONNE PLUS ..... 3 DONNE RIEN A BOIRE ..... 4 N'A RIEN DIT ..... 5 NE SAIT PAS ..... 8	
109	(NOM) est-il nourri avec d'autres aliments ou boissons?	OUI ..... 1 NON ..... 2	→ 112
110	Que-est que l'agent de santé a dit quant à la fréquence à laquelle on donne à (NOM) à boire, durant la maladie. Est-ce qu'il a dit de lui donner moins que d'habitude, avec la même fréquence ou plus que d'habitude?	DONNE MOINS ..... 1 DONNE MÊME QUANTITÉ ..... 2 DONNE PLUS ..... 3 DONNE RIEN A BOIRE ..... 4 N'A RIEN DIT ..... 5 NE SAIT PAS ..... 8	
111	Que-est que l'agent de santé a dit quant à la fréquence à laquelle on donne à (NOM) à manger, durant la maladie? Est-ce qu'il a dit de lui donner moins que d'habitude, avec la même fréquence ou plus que d'habitude?	DONNE MOINS ..... 1 DONNE MÊME QUANTITÉ ..... 2 DONNE PLUS ..... 3 DONNE RIEN A MANGER ..... 4 N'A RIEN DIT ..... 5 NE SAIT PAS ..... 8	
112	L'agent de santé vous a-t-il dit la maladie dont (NOM) souffrait ?	OUI ..... 1 NON ..... 2	
113	Est-ce que l'agent de santé a donné ou prescrit un médicament à (NOM)?	OUI ..... 1 NON ..... 2	→ 119
114	Avez-vous tous les médicaments maintenant?	OUI ..... 1 NON, ..... 2	
115	Puis-je voir les médicaments donnés ou prescrits ?	VU TOUS LES MEDICAMENTS .... 1 VU QUELQUES MEDICAMENTS ET QUELQUES ORDONNANCES ..... 2 VU SEULEMENT LES ORDONNANCES ..... 3	
116	Est-ce qu'un personnel de la structure de santé vous a expliqué comment donner ces médicaments à (NOM) à la maison ?	OUI ..... 1 NON ..... 2	
117	Est-ce qu'un personnel de la structure de santé vous a montré comment donner ces médicaments à (NOM) à la maison ?	OUI ..... 1 NON ..... 2	
118	Est-ce qu'un personnel de la structure de santé a donné une dose de ces médicaments à (NOM)?	OUI ..... 1 NON ..... 2	
119	(NOM) a-t-il été vacciné aujourd'hui ?	OUI ..... 1 NON ..... 2	
120	Est ce qu'un personnel de la structure de santé a pesé (NOM) aujourd'hui ?	OUI ..... 1 NON ..... 2	→ 122



121	Est ce qu'un personnel de la structure de santé a discuté le résultat de la pesée, si le poids de (NOM) est bon ou non?	OUI ..... 1 NON ..... 2	
122	Est-ce qu'un personnel de la structure de santé vous a donné des conseils concernant l'alimentation en générale de (NOM)?	OUI ..... 1 NON ..... 2	
123	ENQUETEUR: vérifier 102 et 102a.  ENFANT NE DEPUIS JANVIER 1999 OU AGE DE MOINS DE 36 MOIS ↓ ENFANT NE AVANT JANVIER 1999 OU AGE DE 36 MOIS OU PLUS		→201
124	Est-ce que vous avez le carnet de santé de (NOM) avec vous ?	OUI ..... 1 NON ..... 2	→201
125	ENQUETEUR : DEMANDER POLIMENT A VOIR LE CARNET VACCINATION DE DE L'ENFANT.  INDIQUER SI UNE VACCINATION A ÉTÉ MENTIONNÉE DANS LE CARNET DE SANTÉ DE L'ENFANT.	OUI ..... 1 NON ..... 2	→201
126	ENQUETEUR : VERIFIER DANS LE CARNET DE VACCINATION ET NOTER SI L'ENFANT A RECU LES VACCINATIONS SUIVANTES. VERIFIER AUSSI LA DATE A LAQUELLE CHAQUE VACCINATION A ÉTÉ FAITE ET INSCRIRE CETTE DATE A LA COLONNE 2. SI AUCUNE DATE N' A ÉTÉ MENTIONNÉE DANS LE CARNET, INSCRIRE '98' POUR LE JOUR ET LE MOIS ET '9998' POUR L'ANNÉE.		
		L'ENFANT A RECU UN VACCIN	DATE
	POLIO-0	OUI ..... 1 NON/AUCUNE INSCRIPTION ..... 2	___/___/___ JOUR MOIS ANNEE
	BCG	OUI ..... 1 NON/AUCUNE INSCRIPTION ..... 2	___/___/___ JOUR MOIS ANNEE
	POLIO-1	OUI ..... 1 NON/AUCUNE INSCRIPTION ..... 2	___/___/___ JOUR MOIS ANNEE
	POLIO-2	OUI ..... 1 NON/AUCUNE INSCRIPTION ..... 2	___/___/___ JOUR MOIS ANNEE
	POLIO-3	OUI ..... 1 NON/AUCUNE INSCRIPTION ..... 2	___/___/___ JOUR MOIS ANNEE
	DTCoq-1	OUI ..... 1 NON/AUCUNE INSCRIPTION ..... 2	___/___/___ JOUR MOIS ANNEE
	DTCoq-2	OUI ..... 1 NON/AUCUNE INSCRIPTION ..... 2	___/___/___ JOUR MOIS ANNEE
	DTCoq-3	OUI ..... 1 NON/AUCUNE INSCRIPTION ..... 2	___/___/___ JOUR MOIS ANNEE

ROUGEOLE	OUI..... 1 NON/AUCUNE INSCRIPTION ..... 2	___ / ___ / _____ JOUR MOIS ANNEE	
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### Section 2. Satisfaction du patient

N°	QUESTIONS	MODALITÉS ET CODES	PASSER A
201	Maintenant, permettez-moi de vous poser des questions concernant les soins que (NOM) a reçu aujourd'hui. Toutefois, pour nous permettre d'améliorer les services de soins de santé des enfants, j'aimerais recueillir votre véritable opinion sur les questions que nous allons aborder ensemble.  Quand vous êtes arrivé ici, combien de temps avez-vous attendu avant qu'un personnel de la structure vienne consulter (NOM)?	NOMBRE DE MINUTES ..... <input type="text"/> <input type="text"/> <input type="text"/>  A ÉTÉ CONSULTÉ AUSSITÔT .....000 NE SAIT PAS ..... 998	
202	A votre avis, l'agent de santé vous a-t-il consacré suffisamment de temps pour la consultation ?	OUI, ASSEZ DE TEMPS .....1 NON, PAS ASSEZ DE TEMPS.....2	
203	Est-ce que l'agent de santé vous a parlé de la nature de la maladie de l'enfant?	OUI .....1 NON .....2	
204	Aviez-vous des questions que vous auriez aimé discuter avec l'agent de santé au moment de la consultation?	OUI .....1 NON .....2	→207
205	Aviez-vous la possibilité de poser toutes vos questions, quelques unes seulement ou n'aviez-vous même pas la possibilité de poser une seule question au moment de la consultation?	OUI, TOUTES MES QUESTIONS ...1 OUI, QUELQUES UNES .....2 NON, AUCUNE .....3	→207
206	Est-ce que l'agent de santé a répondu à toutes vos questions, à certaines seulement ou n'a-t-il pas répondu du tout?	OUI, ENTIÈREMENT.....1 OUI, PARTIELLEMENT .....2 NON, AUCUNE RÉPONSE .....3 PAS SÛR.....4	
207	Êtes-vous membre d'une mutuelle de santé?	OUI .....1 NON .....2	
208	Au total, combien avez-vous payé pour les soins que vous avez reçu aujourd'hui?  INCLURE TOUS LES FRAIS RELEVANT DE LA CONSULTATION, Y COMPRIS LES EXAMENS DU LABORATOIRE, LES MÉDICAMENTS ET TOUT AUTRE SERVICE QUE VOUS AVEZ RECU AUJOURD'HUI.	SOMME TOTALE (en FRW) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  N'A RIEN PAYÉ .....00000 NE SAIT PAS .....99998	

209	Maintenant, je vais vous poser des questions concernant des problèmes que les patients rencontrent fréquemment dans les structures de santé. Pour chacun des problèmes que je vais vous citer, dites moi, à votre avis, s'il est très sérieux, s'il est mineur ou s'il n'existe pas du tout dans cette structure.						SER MIN INEX NSP
	A) Le temps d'attente pour voir l'agent de santé?	TEMPS ATTENTE	1	2	3	4	
	B) Disponibilité des médicaments ou autres fournitures?	DISP. MÉDIC/FOURN	1	2	3	4	
	C) Heures d'ouverture?	HEURES	1	2	3	4	
	D) Etat de propreté?	PROPRETE LOCAUX	1	2	3	4	
	E) Accueil disponibilité?	ACCUEIL	1	2	3	4	

### SECTION 3. Caractéristiques individuelles du patient

No.	QUESTIONS	MODALITÉS ET CODES	PASSER A
301	Quel est votre lien de parenté avec {NOM}?	MÈRE.....1 PÈRE.....2 FRÈRE/SOEUR.....3 TANTE/ONCLE.....4 AUTRE (A PRECISER).....5	
302	Quel âge aviez-vous à votre dernier anniversaire?	ÂGE EN ANNÉES ... <input type="text"/>	
303	Avez-vous fréquenté l'école?	OUI.....1 NON.....2	→306
304	Quel est le niveau d'instruction le plus élevé que vous avez atteint : primaire, primaire réformé, post-primaire (CERAI/CERAR/ FAMILIALE), secondaire, supérieur?	PRIMAIRE.....1 PRIMAIRE REFORME.....2 POST-PRIMAIRE (CERAI/CERAR/FAMILIALE).....3 SECONDAIRE.....4 SUPÉRIEUR.....5 NE SAIT PAS.....8	
305	Quelle est la classe la plus élevée que vous avez achevé dans ce niveau?	CLASSE/ANNÉE <input type="text"/>	

#### CODES POUR Q.303 ET Q.304

NIVEAU	PRIMAIRE (ANCIEN OU NOUVEAU SYSTEME 6ANS) CODE =1	PRIMAIRE REFORME (8ans) CODE =2	POST-PRIMAIRE (CERAR, CERAI, familiale) CODE= 3	SECONDAIRE CODE = 4	SUPERIEUR CODE = 5	NE SAIT PAS CODE = 8
CLASSE/ ANNEE ACHEVEE	CODE MOINS D'1AN 00 1ERE ANNEE 01 2EME ANNEE 02 3EME ANNEE 03 4EME ANNEE 04 5EME ANNEE 05 6EME ANNEE 06 NE SAIT PAS 98	CODE MOINS D'1AN 00 1ERE ANNEE 01 2EME ANNEE 02 3EME ANNEE 03 4EME ANNEE 04 5EME ANNEE 05 6EME ANNEE 06 7EME ANNEE 07 8EME ANNEE 08 NE SAIT PAS 98	CODE MOINS D'1 AN 00 1ERE ANNEE 01 2EME ANNEE 02 3EME ANNEE 03 7E FAMILIALE 01 8E FAMILIALE 02 9E FAMILIALE 03 NE SAIT PAS 98	CODE MOINS D'1 AN 00 1ERE ANNEE 01 2EME ANNEE 02 3EME ANNEE 03 4EME ANNEE 04 5EME ANNEE 05 6EME ANNEE 06 7EME ANNEE 07 NE SAIT PAS 98	CODE MOINS D'1AN 00 1ERE ANNEE 01 2EME ANNEE 02 3EME ANNEE 03 4EME ANNEE 04 5EME ANNEE 05 6E ANNEE ET + 06 NE SAIT PAS 98	

306	HEURE DE FIN D'INTERVIEW.	HEURE ..... MINUTES .....	<table border="1"><tr><td data-bbox="1226 199 1274 262"> </td><td data-bbox="1274 199 1323 262"> </td></tr><tr><td data-bbox="1226 283 1274 346"> </td><td data-bbox="1274 283 1323 346"> </td></tr></table>				

307	<b>OBSERVATIONS DE L'ENQUETEUR</b>
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<b>OBSERVATION DES PATIENTES AYANT REÇU DES SOINS PRENATALS</b>	
<b>IDENTIFICATION DE LA FORMATION SANITAIRE</b>	
Nom de la FOSA _____  Localisation de la FOSA _____  Code de la FOSA.....  Type de FOSA (1 = Hôpital de référence; 2 = Hôpital de district; 3 = Centre de santé; 4 = Dispensaire; 6 = Autre _____)  Statut de la FOSA: (1= Public; 2 = Agrée; 3 = Privée; 96 = Autre _____)	CODE FOSA..... <input type="text"/> <input type="text"/> <input type="text"/>  TYPE FOSA ..... <input type="text"/>  STATUT FOSA..... <input type="text"/> <input type="text"/>
<b>INFORMATION AGENT DE SANTE / CLIENTE</b>	
Fonction de l'agent de santé: (1 = Médecin Spécialiste ; 2 = Médecin Généraliste ; 3=Infirmier A1 ; 4=Infirmier A2 ; 5=Infirmier A3 ; 7 = Auxiliaire de Santé; 96=Autre _____)  Sexe de l'agent de santé: (1 = FÉMININ 2 = MASCULIN).....  Code de l'agent de santé .....  Code de la cliente .....	FONCTION AGENT DE SANTÉ ..... <input type="text"/> <input type="text"/>  SEXE DE L'AGENT DE SANTÉ ..... <input type="text"/>  CODE DE L'AGENT DE SANTÉ ..... <input type="text"/> <input type="text"/>  CODE DE LA CLIENTE ..... <input type="text"/> <input type="text"/>
<b>INFORMATIONS SUR L'INTERVIEW</b>	
Date: _____    Nom de l'enquêteur _____  Heure de début de l'interview	JOUR ..... <input type="text"/> <input type="text"/>  MOIS ..... <input type="text"/> <input type="text"/>  ANNÉE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2    0    0    1  CODE ENQUETEUR .... <input type="text"/> <input type="text"/>  HEURE..... <input type="text"/> <input type="text"/>  MINUTES..... <input type="text"/> <input type="text"/>

**Observation des soins prénatals**

100

ENQUÊTEUR : OBTENEZ LA PERMISSION DE LA CLIENTE AINSI QUE CELLE DE L'AGENT DE SANTE AVANT DE COMMENCER A FAIRE L'OBSERVATION. SOYEZ AUSSI DISCRET QUE POSSIBLE ET, EN AUCUNE MANIERE, NE PRENEZ PART A LA CONVERSATION. ASSUREZ-VOUS QUE L'AGENT DE SANTÉ SAIT QUE VOUS N'ÊTES PAS LA POUR L'ÉVALUER ET QUE VOUS N'ÊTES PAS UN "EXPERT" A CONSULTER DURANT LA VISITE. ESSAYEZ DE VOUS ASSEoir DERRIERE LA PATIENTE, MAIS SANS FAIRE FACE DIRECTEMENT A L'AGENT DE SANTÉ. POUR CHACUNE DES QUESTIONS LISTÉES CI-DESSOUS, ENCERCLEZ LA RÉPONSE QUI REFLETE LE PLUS FIDELEMENT POSSIBLE VOTRE ÉVALUATION DE CE QUI S'EST PASSÉ DURANT CES DIALOGUES

**A LIRE A L'AGENT DE SANTÉ:** Bonjour. Je représente le Ministère de la Santé. Nous réalisons une enquête sur les établissements de santé qui fournissent des services aux femmes et aux enfants dans le but de trouver des moyens d'améliorer la prestation des services. Je voudrais assister à la consultation de cette femme en tant qu'observateur, pour savoir comment est fourni un service de santé dans ce pays.

Ces informations sont complètement confidentielles. Vous pouvez, si vous le souhaitez, arrêter cette interview à n'importe quel moment.

Puis-je rester pour observer la consultation?

\_\_\_\_\_  
SIGNATURE DE L' ENQUÊTEUR

\_\_\_\_\_  
DATE

(Indique que le consentement de l'agent a été demandé)

100a

PERMISSION ACCORDÉE PAR L'AGENT DE SANTÉ

OUI..... 1  
NON ..... 2

→FIN

**A LIRE A LA FEMME:** Bonjour. Je représente le Ministère de la Santé. Nous réalisons une enquête sur les établissements de santé qui fournissent des services aux femmes et aux enfants dans le but de trouver des moyens d'améliorer la prestation des services. Je voudrais assister à la consultation, en tant qu'observateur, pour savoir comment est fourni un service de santé dans ce pays.

Ces informations sont complètement confidentielles et n'affecteront pas la qualité des soins que vous allez recevoir maintenant et dans le futur. Après la consultation, mon collègue souhaiterait parler avec vous de votre expérience ici.

Avez-vous des questions à me poser à ce propos ?

Puis-je rester pour observer votre consultation?

\_\_\_\_\_  
SIGNATURE DE L'ENQUETEUR

\_\_\_\_\_  
DATE

(Indique que le consentement de l'agent a été demandé)

100b

PERMISSION ACCORDÉE PAR LA CLIENTE

OUI..... 1  
NON ..... 2

→FIN

No	QUESTIONS	MODALITÉS ET CODES			ALLER À
		OUI	NON	NSP	
101	INDIQUER SI LA PATIENTE EFFECTUE SA PREMIÈRE VISITE PRÉNATALE POUR CETTE GROSSESSE? SI L'AGENT DE SANTÉ NE POSE PAS LA QUESTION ET QUE LA PATIENTE NE FOURNIT PAS L'INFORMATION, ENRIGISTRER 8 (NE SAIT PAS.)				
		1	2	8	
102	INDIQUER SI L'AGENT DE SANTÉ DEMANDE OU SI LA PATIENTE FOURNIT LES INFORMATIONS SUR LES POINTS SUIVANTS:				
		OUI	NON	NSP	
	A) ÂGE?	1	2	8	
	B) NOMBRE DE GROSSESSES?	1	2	8	
	C) DATE DES DERNIÈRES RÈGLES?	1	2	8	
	D) FAUSSE COUCHE?	1	2	8	
	E) ENFANTS DÉCÉDÉS DURANT LA PREMIÈRE SEMAINE?	1	2	8	
	F) SAIGNEMENTS GRAVES PENDANT OU APRES ACCOUCHEMENT DURANT UNE GROSSESSE PRÉCÉDENTE?	1	2	8	
	G) ACCOUCHEMENT ASSISTÉ DURANT UNE GROSSESSE PRÉCÉDENT? (Césarienne, ventouse, ou forceps)	1	2	8	
103	LES SYMPTÔMES DE CETTE GROSSESSE				
	A) SAIGNEMENTS DURANT CETTE GROSSESSE?	1	2	8	
	B) EST-CE QUE LA PATIENTE PREND DES MÉDICAMENTS?	1	2	8	
	C) EST-CE QUE LA PATIENTE SENT LE BÉBÉ BOUGER?	1	2	8	
	D) AUCUN AUTRE PROBLEME LIÉ A LA GROSSESSE ACTUELLE?	1	2	8	
104	INDIQUER SI L'AGENT DE SANTÉ EFFECTUE LES TESTS SUIVANTS?				
		OUI	NON	NSP	
	A) VÉRIFIÉ LA TENSION DE LA PATIENTE?	1	2	8	
	B) PALPÉ LA PATIENTE POUR CONNAITRE LA POSITION DU FOETUS?	1	2	8	
	C) ÉCOUTÉ L'ABDOMEN DE LA PATIENTE POUR ENTENDRE LES BATTEMENTS DU COEUR DU FOETUS?	1	2	8	
	D) EFFECTUE OU ENVOIE-T-IL AILLEURS POUR LE TEST DE SYPHILIS?	1	2	8	
	E) EFFECTUE OU ENVOIE-T-IL AILLEURS POUR LE TEST DE VIH?	1	2	8	
	F) EFFECTUE OU ENVOIE-T-IL AILLEURS POUR LE CONSEIL ET TRAITEMENT VOLONTAIRE DU VIH/SIDA?	1	2	8	
105	A CETTE FOSA, EST-CE QU'ON PREND LA TENSION A UN AUTRE ENDROIT, AVANT LA CONSULTATION?	1	2	8	

No	QUESTIONS	MODALITÉS ET CODES			ALLER À
106	EST-CE QUE L'AGENT SANTE A REGARDE LE CARNET DE SANTÉ DE LA FEMME AVANT OU DURANT LE CONSULATION?	OUI .....	1		
		NON.....	2		
		NSP .....	3		
	INDIQUER SI L'AGENT DE SANTÉ PRESCRIT OU FOURNIT LES MÉDICAMENTS SUIVANTS A LA PATIENTE ET EST-CE QUE L'AGENT DE SANTÉ DONNE A LA PATIENTE DES CONSEILS :				
107	PRESCRIT OU FOURNIT LES MÉDICAMENTS SUIVANTS	OUI	NON	NSP	
	1) PRESCRIT OU FOURNIT COMPRIMÉS DE FER ET/OU ACIDE FOLIQUE ?	1	2	8	
	2) EXPLIQUE CE QUE C'EST LE FER ET POURQUOI ON EN A BESOIN?	1	2	8	
	3) EXPLIQUE COMMENT ON DOIT PRENDRE LE FER?	1	2	8	
108	1) PRESCRIT OU FOURNIT LE VACCIN ANTI-TETANIQUE	1	2	8	
	2) EXPLIQUE POURQUOI ON A BESOIN DU VACCIN ANTI-TETANIQUE?	1	2	8	
109	1) PRESCRIT OU FOURNIT DES ANTIPALUDÉENS?	1	2	8	
	2) EXPLIQUE POURQUOI ON A BESOIN DES MÉDICAMENTS ANTI-PALUDÉENS?	1	2	8	
	3) EXPLIQUE COMMENT ON DOIT PRENDRE LES MÉDICAMENTS ANTI-PALUDÉENS?	1	2	8	
110	EST-CE QUE L'AGENT DE SANTÉ DONNE A LA PATIENTE DES CONSEILS SUR:				
	A) LE TYPE ET LA QUANTITÉ DE NOURRITURE A MANGER DURANT LA GROSSESSE?	1	2	8	
	B) DES SYMPTÔMES SUIVANTS ET L'AGENT DE SANTÉ A DIT A LA PATIENTE QU'ELLE DEVRA ALLER À UNE FORMATION DE SANTÉ SI ELLE RESSENT UN DES SYMPTOMES?				
	1) SAIGNEMENTS VAGINAUX?	1	2	8	
	2) FIÈVRE?	1	2	8	
	3) GRANDE FATIGUE ET ESSOUFLEMENT?	1	2	8	
	4) VISAGE ET PIEDS GONFLÉS?	1	2	8	
	C) INFORME LA PATIENTE SUR L'EVOLUTION DE SA GROSSESSE?	1	2	8	
111	EST-CE QUE L'AGENT DE SANTÉ DONNE A LA PATIENTE DES CONSEILS :				
	A) D'AVOIR RECOURS A UN PROFESSIONNEL DE LA SANTÉ POUR L'ASSISTER PENDANT L'ACCOUCHEMENT?	1	2	8	
	B) DISCUTER OU ELLE VA ACCOUCHER?	1	2	8	
	C) DISCUTER AVEC ELLE CE QU'ELLE DOIT AVOIR PRÊT AVANT L'ACCOUCHEMENT	1	2	8	
	D) L'ALLAITEMENT EXCLUSIF JUSQU'A 6 MOIS?	1	2	8	
	E) DISCUTER SI ELLE VEUT UTILISER LA PLANIFICATION FAMILIALE APRÈS L'ACCOUCHEMENT	1	2	8	



No	QUESTIONS	MODALITÉS ET CODES			ALLER À
112	DEMANDE A LA PATIENTE SI ELLE A DES QUESTIONS A POSER?	1	2	8	
113	UTILISE BOÎTE D'IMAGES EN DONNANT DES CONSEILS?	1	2	8	
114	EST-CE QUE L'AGENT DE SANTÉ A ECRIT QUELQUE CHOSE DANS LE CARNET DE SANTÉ/FICHE/REGISTRE DURANT OU APRÈS LA CONSULTATION?	1	2	8	
115	NOTER L'HEURE DE FIN DE L'INTERVIEW	HEURE ..... <input type="text"/> <input type="text"/> MINUTES... <input type="text"/> <input type="text"/>			
116	<b>COMMENTAIRES DE L'ENQUÊTEUR</b>				

<b>INTERVIEW DE SORTIE POUR LES PATIENTES AYANT REÇU DES SOINS PRENATALS</b>	
<b>IDENTIFICATION DE LA FORMATION SANITAIRE</b>	
Nom de la FOSA _____	
Localisation de la FOSA _____	
Code de la FOSA.....	CODE FOSA..... <input type="text"/> <input type="text"/> <input type="text"/>
Type de structure: (1 = Hôpital de référence; 2 = Hôpital de district; 3= Centre de santé; 4=Dispensaire; 96=Autre _____)	TYPE FOSA ..... <input type="text"/>
Statut de la FOSA (1= Public; 2 = Agrée; 3 = Privé; 96 = Autre _____)	STATUT FOSA ..... <input type="text"/> <input type="text"/>
<b>PROVIDER/CLIENT INFORMATION</b>	
Fonction de l'agent de santé: (1 = Médecin Spécialiste ; 2 = Médecin Généraliste ; 3=Infirmier A1 ; 4=Infirmier A2 ; 5=Infirmier A3 ; 7 = Auxiliaire de Santé; 96=Autre _____)	FONCTION AGENT DE SANTÉ ..... <input type="text"/> <input type="text"/>
Sexe de l'agent de santé: (1 = FÉMININ 2 = MASCULIN) .....	SEXE DE L'AGENT DE SANTÉ ..... <input type="text"/>
CODE de l'agent de santé	CODE DE L'AGENT DE SANTÉ ..... <input type="text"/> <input type="text"/>
Code de la cliente .....	CODE DE LA CLIENTE ..... <input type="text"/> <input type="text"/>
<b>INFORMATION SUR L'INTERVIEW</b>	
Date : _____	JOUR ..... <input type="text"/> <input type="text"/>
	MOIS..... <input type="text"/> <input type="text"/>
	ANNÉE ..... <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 0 <input type="text"/> 1
Nom de l'enquêteur _____	CODE ENQUETEUR ..... <input type="text"/> <input type="text"/>
Heure de début de l'interview :	HEURE ..... <input type="text"/> <input type="text"/>
	MINUTES..... <input type="text"/> <input type="text"/>

## Interview de sortie pour les patientes ayant reçu des soins prénatals

### Section 1. Information sur la visite

NO.	QUESTIONS	MODALITÉS ET CODES	PASSER A
100	<p style="text-align: center;"><b>ENQUÊTEUR : PRESENTEZ-VOUS A LA PATIENTE AYANT RECU DES SOINS PRENATALS</b></p> <p>Bonjour : En vue d'améliorer la qualité des soins offerts dans cette FOSA, nous aimerions connaître votre expérience ici. Toute information que vous fournissez restera strictement confidentielle. De même, votre participation ou refus de collaborer à cette interview, n'aura aucun effet négatif sur les futures prestations de services que vous aurez à recevoir dans cette structure de santé. Par ailleurs, vous pourrez également refuser de répondre à certaines questions ou mettre fin à cette interview dès que vous le souhaitez.</p> <p>Avez-vous des questions à me poser à ce propos?            Acceptez-vous de participer à cette interview?</p> <p style="text-align: center;">_____            SIGNATURE DE L'ENQUÊTEUR</p> <p style="text-align: center;">_____            DATE</p>		
100a	Puis-je commencer l'interview?	OUI/LA PATIENTE ACCEPTE..... 1 NON/LA PATIENTE REFUSE..... 2	→ STOP
101	De combien de mois êtes-vous enceinte?	MOIS..... <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> NE SAIT PAS ..... 98	
102	Pour cette grossesse est-ce votre première visite prénatale?	OUI ..... 1 NON ..... 2	
103	Est-ce que l'agent de santé vous a donné ou prescrit des comprimés de fer ou d'acide folique? SI OUI, DEMANDER À VOIR LES COMPRIMÉS.	OUI, VU..... 1 OUI, PAS VU ..... 2 PAS D'ORDONNANCE OU COMPRIÈES..... 3	
104	Est-ce que l'agent de santé vous a donné ou prescrit l'un ou l'autre de ces médicaments? SI OUI, DEMANDER A REGARDER LES COMPRIMÉS DE CHLOROQUINE ET DE FANSIDAR .	OUI, VU..... 1 OUI, PAS VU ..... 2 PAS D'ORDONNANCE OU MEDICAMENT..... 3	
105	Est-ce que l'agent de santé vous a expliqué pourquoi il est nécessaire de revenir à l'établissement de santé si vous aviez des problèmes?	OUI ..... 1 NON ..... 2	→ 107
106	Quelles sont les raisons pour lesquelles vous devez revenir à l'établissement de santé?  (ENTOURER TOUT CE QUI EST MENTIONNÉ.)  INSISTER : Rien d'autre?	SAIGNEMENTS..... A FIÈVRE..... B VISAGE/PIEDS ENFLÉS ..... C FATIGUE/ESSOUFLEMENT .... D AUTRE ..... X (PRECISER)	

NO.	QUESTIONS	MODALITÉS ET CODES	PASSER A
107	Est-ce que l'agent de santé vous a dit ce que vous devez manger pendant la grossesse?	OUI ..... 1 NON ..... 2	
108	Qu'est-ce que l'agent de santé vous a conseillé de faire si vous avez des problèmes durant cette grossesse?  (ENTOURER TOUT CE QUI EST MENTIONNÉ).	CONSULTER A LA FOSA ..... A DIMINUER LES ACTIVITÉS ... B CHANGER DE REGIME ALIMENTAIRE ..... C RIEN ..... D AUTRE _____ X  (PRECISER)	
109	Est-ce que l'agent de santé vous a parlé de l'importance de l'allaitement exclusif?	OUI ..... 1 NON ..... 2	
110	Pendant combien de mois l'agent de santé vous a conseillé d'allaiter exclusivement votre enfant au sein?	MOIS..... <input type="text"/> <input type="text"/>  NE SAIT PAS ..... 98	
111	Où pensez-vous que vous allez accoucher?	FOSA ..... 1 HORS FOSA..... 2 NE SAIT PAS ..... 8	→113 →201
112	Pour quelle raison, n'irez-vous pas accoucher dans une formation sanitaire?  (ENTOURER TOUT CE QUI EST MENTIONNÉ.)  INSISTER: Rien d'autre?	TROP CHER..... A TROP LOIN/ PAS ACCESSIBLE ..... B PRÉFÈRE ACCOUCHER A DOMICILE ..... C AUTRE _____ X  (PRECISER)	
113	Est-ce que l'agent de santé vous a indiqué le matériel nécessaire qu'on doit avoir en cas d'accouchement en dehors de la FOSA?	OUI ..... 1 NON ..... 2	

## Section 2. Satisfaction du patient

NO.	QUESTIONS	MODALITÉS ET CODES	PASSER A						
201	<p>Maintenant, permettez-moi de vous poser des questions concernant les soins que vous avez reçus aujourd'hui. Toutefois, pour nous permettre d'améliorer les services de soins prénatales, j'aimerais recueillir votre véritable opinion sur les questions que nous allons aborder ensemble.</p> <p>Quand vous êtes arrivée ici, combien de temps avez-vous attendu avant qu'un personnel de la structure vienne vous consulter (NOM)?</p>	<p>NOMBRE DE MINUTES.....</p> <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>A ÉTÉ CONSULTÉE            AUSSITÔT ..... 000            NE SAIT PAS ..... 998</p>							
202	Pensez-vous que vous avez eu assez de temps avec l'agent de santé?	OUI, ASSEZ DE TEMPS ..... 1 NON, PAS ASSEZ DE TEMPS..... 2							
203	Est-ce que l'agent de santé vous a dit comment progressait votre grossesse?	OUI ..... 1 NON ..... 2							
204	Aviez-vous des questions à poser à l'agent de santé sur votre grossesse?	OUI ..... 1 NON ..... 2	→ 207						
205	Avez-vous la possibilité de poser à l'agent de santé toutes les questions que vous aviez, seulement quelques unes, ou n'avez-vous du tout pu poser aucune de vos questions ?	OUI, TOUTES MES QUESTIONS ..... 1 OUI, QUELQUES UNES ..... 2 NON AUCUNE ..... 3	→ 207						
206	Est-ce que l'agent de santé a répondu à vos questions entièrement, partiellement ou il n'a pas du tout répondu?	OUI, ENTIÈREMENT ..... 1 OUI, PARTIELLEMENT ..... 2 NON, AUCUNE RÉPONSE..... 3 PAS SÛR ..... 8							
207	Pensez-vous que les autres patientes pouvaient voir ce qui se passait durant votre consultation?	OUI ..... 1 NON ..... 2 PAS SÛR ..... 8							
208	Pensez-vous que les autres patientes pouvaient entendre ce qui se disait durant votre consultation?	OUI ..... 1 NON ..... 2 PAS SÛR ..... 8							
209	Êtes-vous membre d'une mutuelle de santé?	OUI ..... 1 NON ..... 2							
210	<p>Au total, combien avez-vous payé pour les soins que vous avez reçu aujourd'hui?</p> <p>INCLURE TOUS LES FRAIS RELEVANT DE LA CONSULTATION, Y COMPRIS LES EXAMINS DE LABORATOIRE, LES MÉDICAMENTS ET TOUT AUTRE SERVICE QUE VOUS AVEZ REÇU AUJOURD'HUI.</p>	<p>SOMME TOTALE ( en Frw)</p> <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>N' A RIEN PAYÉ .....00000            NE SAIT PAS .....99998</p>							

NO.	QUESTIONS	MODALITÉS ET CODES	PASSER A
211	Maintenant, je vais vous poser des questions concernant des problèmes que les patients rencontrent fréquemment dans les structures de santé. Pour chacun des problèmes que je vais vous citer, dites moi, à votre avis, s'il est très sérieux, s'il est mineur ou s'il n'existe pas du tout dans cette structure. A) Le temps d'attente pour voir l'agent de santé? B) Disponibilité des médicaments ou autres fournitures? C) Heures d'ouverture? D) Etat de propreté? E) Accueil / disponibilité?	SER MIN INEX NSP  TEMPS ATTENTE 1 2 3 4 DISP MÉDIC/FOURN 1 2 3 4 HEURES OUV 1 2 3 4 PROPRETE LOCAUX 1 2 3 4 ACCUEIL 1 2 3 4	

### Section 3. Caractéristiques personnelles du patient

NO.	QUESTIONS	MODALITÉS ET CODES	PASSER A
301	Quel âge aviez-vous à votre dernier anniversaire?	ÂGE EN ANNÉES ... <input type="text"/> <input type="text"/>	
302	Avez-vous fréquenté l'école?	OUI.....1 NON .....2	→305
303	Quel est le niveau d'instruction le plus élevé que vous avez atteint : Primaire, Primaire réformé, Post-Primaire, Secondaire, Supérieur?	PRIMAIRE.....1 PRIMAIRE REFORME .....2 POST-PRIMAIRE/CERAR/ CERAI/FAMILIALE.....3 SECONDAIRE.....4 SUPÉRIEUR .....5 NSP .....8	
304	Quelle est la classe la plus élevée que vous avez achevé à ce niveau?	CLASSE/ANNÉE ..... <input type="text"/> <input type="text"/>	

CODES POUR Q.303 ET Q.304

NIVEAU	PRIMAIRE (ANCIEN OU NOUVEAU SYSTEME 6ANS) CODE =1	PRIMAIRE REFORME (8ans) CODE =2	POST-PRIMAIRE (CERAR, CERAI, familiale) CODE= 3	SECONDAIRE CODE = 4	SUPERIEUR CODE = 5	NE SAIT PAS CODE = 8
CLASSE/ ANNEE ACHEVEE	CODE MOINS D'1AN 00 1ERE ANNEE 01 2EME ANNEE 02 3EME ANNEE 03 4EME ANNEE 04 5EME ANNEE 05 6EME ANNEE 06 NE SAIT PAS 98	CODE MOINS D'1AN 00 1ERE ANNEE 01 2EME ANNEE 02 3EME ANNEE 03 4EME ANNEE 04 5EME ANNEE 05 6EME ANNEE 06 7EME ANNEE 07 8EME ANNEE 08 NE SAIT PAS 98	CODE MOINS D'1 AN 00 1ERE ANNEE 01 2EME ANNEE 02 3EME ANNEE 03 7E FAMILIALE 01 8E FAMILIALE 02 9E FAMILIALE 03 NE SAIT PAS 98	CODE MOINS D'1 AN 00 1ERE ANNEE 01 2EME ANNEE 02 3EME ANNEE 03 4EME ANNEE 04 5EME ANNEE 05 6EME ANNEE 06 7EME ANNEE 07 NE SAIT PAS 98	CODE MOINS D'1AN 00 1ERE ANNEE 01 2EME ANNEE 02 3EME ANNEE 03 4EME ANNEE 04 5EME ANNEE 05 6E ANNEE ET + 06 NE SAIT PAS 98	

305	HEURE DE FIN DE L'INTERVIEW.	HEURE .....	<input type="text"/> <input type="text"/>	
306 COMMENTAIRES DE L'ENQUETEUR		MINUTES	<input type="text"/> <input type="text"/>	

## QUESTIONNAIRE D'INVENTAIRE DE LA FORMATION SANITAIRE

### IDENTIFICATION DE LA FORMATION SANITAIRE

Nom de la FOSA _____ Localisation de la FOSA _____ Code de la FOSA ..... Type de la FOSA : (1= Hôpital de référence, 2 = Hôpital de district; 3 = Centre de Santé, 4 = Dispensaire, 6 = Autre) Province ..... District sanitaire ..... Commune ..... Statut de la FOSA : (1=Public ; 2=Agrée ; 3=Privé ; 96=Autre)	CODE FOSA ..... <input type="text"/> <input type="text"/> <input type="text"/> TYPE FOSA ..... <input type="text"/> PROVINCE..... <input type="text"/> <input type="text"/> DISTRICT ..... <input type="text"/> <input type="text"/> COMMUNE ..... <input type="text"/> <input type="text"/> STATUT FOSA..... <input type="text"/> <input type="text"/>
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Lecture GPS Lecture ..... Longitude ..... Altitude ..... Waypoint .....	<table style="width: 100%;"> <tr> <td>N/S</td> <td>Degrés</td> <td>Minutes</td> <td>Millièmes</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/> <input type="text"/></td> <td><input type="text"/> <input type="text"/></td> <td><input type="text"/> <input type="text"/> <input type="text"/></td> </tr> <tr> <td>E/O</td> <td>Degrés</td> <td>Minutes</td> <td>Millièmes</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/> <input type="text"/></td> <td><input type="text"/> <input type="text"/></td> <td><input type="text"/> <input type="text"/> <input type="text"/></td> </tr> <tr> <td colspan="3"></td> <td>Mètres</td> </tr> <tr> <td colspan="4"><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td> </tr> </table>	N/S	Degrés	Minutes	Millièmes	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	E/O	Degrés	Minutes	Millièmes	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>				Mètres	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
N/S	Degrés	Minutes	Millièmes																						
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			Mètres																						
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																									

Position de la personne interviewée : (1=Directeur/Titulaire de la FOSA ; 2=Médecin ; 3=Infirmier ; 4=Auxiliaire de santé ; 6=Autre) Date Nom de l'enquêteur _____	POSITION INTERVIEWEE <input type="text"/> JOUR..... <input type="text"/> <input type="text"/> MOIS ..... <input type="text"/> <input type="text"/> ANNEE ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CODE ENQUETEUR <input type="text"/> <input type="text"/>
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<b>RÉSUMÉ DES QUESTIONNAIRES CONCERNANT L'ÉTABLISSEMENT DE SANTÉ</b> Nombre de Interviews du personnel Observations de la consultation de l'enfant malade Interviews de sortie de la personne qui s'occupe de l'enfant malade Observations des soins prénatals Interviews de sortie pour les patientes ayant reçu les soins prénatals	PERSONNEL ..... <input type="text"/> <input type="text"/> OBSERV. ENF. MALADE..... <input type="text"/> <input type="text"/> SORTIE ENFANT MALADE... <input type="text"/> <input type="text"/> OBSERV.PRENATAL..... <input type="text"/> <input type="text"/> SORTIE PRENATAL ..... <input type="text"/> <input type="text"/>
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<b>HEURE DE DÉBUT DE L'INTERVIEW</b>	HEURE ..... <input type="text"/> <input type="text"/> MINUTES ..... <input type="text"/> <input type="text"/>
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TROUVER L'AGENT TITULAIRE OU LA PERSONNE AYANT LA POSITION LA PLUS ÉLEVÉE PRÉSENTE DANS L'ÉTABLISSEMENT. DIRE LA PRÉSENTATION SUIVANTE :  
 Bonjour. Je représente le Ministère de la Santé. Nous effectuons une enquête sur les établissements de santé qui fournissent des services aux femmes et aux enfants dans le but de trouver des moyens pour améliorer ces services. Nous aimerions parler avec vous de cet établissement et de votre expérience dans un service de santé. Soyez certain que nous ne relèverons aucun nom; vous pouvez interrompre cette interview quand vous le souhaitez.

SIGNATURE DE L'ENQUÊTEUR ..... DATE .....

(indique que le consentement du répondant a été demandé)

001a	Puis-je continuer?	OUI.....1 NON.....2	→ FIN
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**Section 0. Interview/ Observation dès l'arrivée**

NO.	QUESTIONS	CODE	ALLER À																																																									
001b	À QUELLE HEURE L'ÉTABLISSEMENT A-T-IL OUVERT?	HEURE..... <input type="text"/> <input type="text"/> ..... MINUTES..... <input type="text"/> <input type="text"/> TOUTES LES 24 HEURES.....24 NE SAIT PAS.....98	→ 004																																																									
002	À QUELLE HEURE LE PREMIER PATIENT EST-IL ARRIVÉ?	HEURE..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/> NE SAIT PAS.....98																																																										
003	À QUELLE HEURE LE PREMIER PATIENT-A T-IL ÉTÉ VU?	HEURE..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/> NE SAIT PAS.....98																																																										
004	Combien de jours par semaine, cet établissement est-il ouvert pour des consultations? (les patients de l'extérieur sont ceux qui viennent pour des soins préventifs ou ceux qui sont malades mais qui repartent chez eux le même jour)	JOURS <input type="text"/> NE SAIT PAS.....8																																																										
005	EST-CE QU'IL Y A DES AFFICHES POUR LES SUJETS SUIVANTS?	<table border="1"> <thead> <tr> <th colspan="3">OUI</th> <th rowspan="2">PAS D'AFFICHE</th> </tr> <tr> <th>EXTERIEUR SEULEMENT</th> <th>INTERIEUR SEULEMENT</th> <th>LES DEUX</th> </tr> </thead> <tbody> <tr> <td>a) PLANIFICATION FAMILIALE</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>b) SOINS PRÉNATALS</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>c) ASSISTANCE À L'ACCOUCHEMENT</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>d) SOINS POSTNATALS</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>e) TRO/DIARRHÉE</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>f) VACCINATIONS</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>g) NUTRITION</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>h) ALLAITEMENT</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>li) IST</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>j) VIH/SIDA</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </tbody> </table>	OUI			PAS D'AFFICHE	EXTERIEUR SEULEMENT	INTERIEUR SEULEMENT	LES DEUX	a) PLANIFICATION FAMILIALE	1	2	3	4	b) SOINS PRÉNATALS	1	2	3	4	c) ASSISTANCE À L'ACCOUCHEMENT	1	2	3	4	d) SOINS POSTNATALS	1	2	3	4	e) TRO/DIARRHÉE	1	2	3	4	f) VACCINATIONS	1	2	3	4	g) NUTRITION	1	2	3	4	h) ALLAITEMENT	1	2	3	4	li) IST	1	2	3	4	j) VIH/SIDA	1	2	3	4	
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NO.	QUESTIONS	CODE	ALLER À																																																																								
006	À quelle heure l'établissement est-il fermé pour les consultations extérieures?	HEURES ..... MINUTES ..... OUVERT 24H/24.....95 NE SAIT PAS .....98																																																																									
<b>Section 1: Informations Générales</b>																																																																											
101	En quelle année cet établissement a-t-il ouvert?  INSISTER: depuis combien d'années cet établissement fonctionne-t-il?	ANNÉE D'OUVERTURE.....1 NBRE ANNÉES .....2  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS .....9998																																																																									
102	Est-ce que cet établissement dispose d'un agent de santé professionnel présent dans la structure tout le temps (24 heures sur 24)?	OUI .....1 NON .....2	→ 104																																																																								
103	Est-ce que cet établissement a un agent de santé professionnel disponible à l'appel, tout le temps après les heures normales de service ?	OUI.....1 NON .....2																																																																									
104	Maintenant, je voudrais vous poser des questions sur le personnel qui fournit les services qui nous intéressent dans le cadre de cette étude. Nous voudrions savoir les qualifications et l'effectif du personnel affecté de manière permanente aux services de consultation externe. Si quelqu'un est médecin ou infirmier spécialisé, nous voulons savoir quelle est <b>sa qualification de base</b> . Pour le personnel qui intervient dans plusieurs domaines, la réponse est « Plus d'une ». Compter chaque agent une seule fois dans le tableau ci-dessous:																																																																										
	<table border="1"> <thead> <tr> <th>QUALIFICATION</th> <th>SOINS INFANTILES</th> <th>PF</th> <th>SOINS PRENAT.</th> <th>ACOUCHEMENTS</th> <th>IST/VIH/SIDA</th> <th>PLUS D'UNE</th> <th>AUTRE</th> </tr> </thead> <tbody> <tr> <td>a) MÉDECIN-SPECIALISTE</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b) MÉDECIN-GENERALISTE</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c) INFIRMIER A1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d) INFIRMIER A2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>e) INFIRMIER A3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>f) AUXILIAIRE DE SANTÉ</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>g) AUTRE</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>h) TOTAL</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	QUALIFICATION	SOINS INFANTILES	PF	SOINS PRENAT.	ACOUCHEMENTS	IST/VIH/SIDA	PLUS D'UNE	AUTRE	a) MÉDECIN-SPECIALISTE								b) MÉDECIN-GENERALISTE								c) INFIRMIER A1								d) INFIRMIER A2								e) INFIRMIER A3								f) AUXILIAIRE DE SANTÉ								g) AUTRE								h) TOTAL									
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104a	ENQUÊTEUR: AJOUTER LES TOTAUX PARTIELS ET DEMANDER AU REpondANT SI LE TOTAL GENERAL EST CORRECTE.	TOTAL PERSONNEL DE LA FOSA <input type="text"/> <input type="text"/> <input type="text"/>																																																																									
105	Avez-vous une estimation de la population de la zone de rayonnement de cette structure c'est-à-dire la taille de la population qui vit dans la zone desservie par cet établissement?  SI OUI: quelle est la population de la zone?	POPULATION ZONE DE RAYONNEMENT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> N'A PAS DE ZONE DE RAYONNEMENT .....99995 NE SAIT PAS.....99998																																																																									
NO.	QUESTIONS	CODE	ALLER À																																																																								

				A
106	Est-ce que cet établissement admet des patients pour hospitalisation?	OUI ..... 1 NON ..... 2		→108
107	Est-ce que cet établissement a des lits pour les patients placés sous observation durant la nuit?	OUI ..... 1 NON ..... 2		→111
108	Combien y-a-t-il de lits disponibles pour les patients hospitalisés dans cet établissement?	NOMBRE ... <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS..... 998		
109	Combien de patients ont été hospitalisés ou placés sous observation durant la nuit, au cours des 12 derniers mois?	NOMBRE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS..... 9998		
110	Si la période à laquelle se réfère le nombre de patients est inférieure à 12 mois, indiquez le nombre de mois concerné.	MOIS DES DONNEES . <input type="text"/> <input type="text"/> NE SAIT PAS.....98		
111	Combien de patients non hospitalisés ont été vus dans cet établissement le mois dernier?	NOMBRE ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS..... 9998		
112	Cet établissement a-t-il un programme de stratégie avancée? (c'est-à-dire quand le personnel de l'établissement visite régulièrement les villages ou cellule pour offrir des services)	OUI ..... 1 NON ..... 2		→115
113	Est-ce que ce programme de stratégie avancée comprend des activités en matière de :	OUI	NON	NE SAIT PAS
	a) ÉDUCATION OU CONSEILS ?	1	2	8
	b) TRAITEMENT DES ENFANTS MALADES?	1	2	8
	c) CONSEIL EN PLANIFICATION FAMILIALE OU PROVISION?	1	2	8
	d) VACCINATIONS?	1	2	8
	e) DÉPISTAGE DE GROSSESSES PRÉCOCES ET ADMISSION EN SOINS PRÉNATALS ?	1	2	8
	f) ACCOUCHEMENT?	1	2	8
	g) VISITES À DOMICILE ?	1	2	8
	h) DISTRIBUTION DE COMPRIMÉS DE FER/FOLATES?	1	2	8
	i) SOINS POSTPARTUM?	1	2	8
	j) SURVEILLANCE DE LA CROISSANCE DE L'ENFANT?	1	2	8
	k) TRAINEMENT DES IST?	1	2	8
	l) CONSEIL OU TEST HIV?	1	2	8
	m) AUTRE _____ ?	1	2	8
114	Combien de cellules différentes sont régulièrement visitées dans le cadre de la stratégie avancée, au cours d'un trimestre ?	NOMBRE ..... <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS..... 998		
115	Est-ce que cet établissement a un Comité de Santé, c'est-à-dire de discussions de ses méthodes de gestion et administratives?	OUI.....1 NON .....2		→120

NO.	QUESTIONS	CODE	ALLER À
116	Quel est la fréquence des réunions du Comité de Santé ?	MOIS .....1 TRIMESTRE .....2 SEMESTRE .....3 AUTRE .....6 JAMAIS .....0	→ 120
117	A quel mois remonte la dernière réunion du Comité ? (ECRIEZ LE MOIS DE CETTE REUNION).	MOIS ..... <input type="text"/> <input type="text"/> NE SAIT PAS .....98	→ 120
118	Y-a-t-il un compte rendu de la dernière réunion du Comité de Santé ?	OUI, OBSERVÉ .....1 OUI, rapporte .....2 NON .....3 NE SAIT PAS .....8	
119	Est-ce que les membres de la communauté participent aux réunions du Comité?	OUI .....1 NON .....2	
120	Est-ce que cette FOSA a un système de MUTUELLE ?	OUI .....1 NON .....2 NE SAIT PAS .....8	
121	Une visite de supervision est une visite formative de quelqu'un de votre organisation ou du MINISANTE pour se rendre compte de ce qui se passe et pour travailler avec le personnel pour améliorer le service. A quand remonte votre dernière visite de supervision ?	LE MOIS DERNIER .....1 LES 3 DERNIERS MOIS .....2 LES 6 DERNIERS MOIS .....3 IL Y A PLUS DE 6 MOIS .....4 PAS DE VISITE DE SUPERVISION .....5 NE SAIT PAS .....8	→ 126 → 126 → 126
122	Que s'est-il passé durant cette visite de supervision? (ENTOURER TOUT CE QUI EST MENTIONNÉ)  INSISTER: rien d'autre?	RÉVISION DE FICHIERS/DOSSIERS ..... A TENUE DE RÉUNIONS ..... B VÉRIFICATION/ACHATS DE FOURNITURE ..... C OBSERVATION DE CONSULTATIONS ..... D DISCUSSION DE PROBLÈMES ..... E ÉVALUATION MEDICAMENTS ... F EVALUATION FINANCES ..... G AUTRE ..... (PRECISER) ..... X NE SAIT PAS ..... W	
123	Quels sont les services qui ont été visités par un superviseur au cours des 6 derniers mois?	GESTION ..... A LABORATOIRE ..... B PHARMACIE ..... C SERVICE NUTRITION ..... D SERVICE CROISSANCE DES ENFANTS ..... E SERVICE PEV ..... F SERVICE MATERNITÉ ..... G SERVICE INFANTILE ..... H PLANIFICATION FAMILIALE ..... I SERVICE CONSULATION ..... J AUTRE ..... (PRECISER) ..... X NE SAIT PAS ..... W	

NO.	QUESTIONS	CODE	ALLER À
124	Qui a effectué une visite de supervision dans cet établissement au cours des 6 derniers mois?  (ENTOURER TOUT CE QUI EST MENTIONNÉ)  VÉRIFIER: personne d'autre?	EQUIPE CADRE DE DISTRICT .... A COORDINATEUR DE PLANIFICATION FAMILIALE..... B COORDINATEUR SANTÉ MATERNELLE/INFANTILE ..... C COORDINATEUR VACCINATION ..... D COORDINATEUR EDP ..... E COORDINATEUR PROGRAMME IST/VIH ..... F AUTRE (PRÉCISER)..... X NE SAIT PAS..... W	
125	Combien de visites de supervision séparées avez-vous eu au cours des 6 derniers mois? DEMANDER A VOIR LE REGISTRE DE SUPERVISION	NOMBRE ..... <input type="text"/> <input type="text"/> NE SAIT PAS..... 98	
126	Y-a-t-il dans cet établissement un moyen pour connaître l'opinion des patients qui viennent ici ?	OUI.....1 NON .....2	→ 129
127	Comment évaluez-vous l'opinion des patients/clients?  (Encercler tout ce qui est mentionné)  INSISTER: Aucun autre moyen?	INTERVIEW EN FIN DE CONSULTATION..... A SUIVI DU PATIENT ..... B BOITE POUR SUGGESTION..... C QUESTIONNAIRE AUTO-ADMINISTRÉ..... D REUNIONS COMMUNAUTAIRES E AUTRE..... X	
128	Au cours de l'année passée, l'établissement a-t-il modifié ses programmes ou services à cause de l'opinion de patients?	OUI.....1 NON .....2 NE SAIT PAS.....8	
129	Est-ce que cet établissement dispose de l'électricité?	OUI.....1 NON .....2	→ 132
130	Pendant combien d'heures par jour l'électricité est-elle disponible?	HEURES PAR JOUR <input type="text"/> <input type="text"/> NE SAIT PAS.....98	
131	Est-ce qu'il vous arrive de manquer d'électricité durant les heures où il y a des patients qui ont besoin de services ou quand vous avez besoin d'utiliser les équipements électriques pour le service des patients ? SI OUI, INDIQUER LA FREQUENCE DE CES COUPURES	FREQUEMMENT..... 1 RAREMENT ..... 2 JAMAIS ..... 3	
132	Quelle est la source habituelle d'approvisionnement en eau de cette structure?	ROBINET .....10 FONTAINE PUBLIQUE .....11 PUITS PROTEGE .....20 PUITS NON PROTEGE.....21 EAU DE PLUIE .....22 RIVIERE/LAC/MARRE .....30 MULTIPLES SOURCES .....40 AUTRE..... 96 PAS D'EAU .....00	→ 136

NO.	QUESTIONS	CODE	ALLER À
133	Comment l'eau utilisée lors des examens/consultations est-elle fournie?	ROBINET .....1 SEAU/BASSINE..... 2 PAS DE SYSTEME FIXE .....3	
134	À quelle distance se trouve la source d'approvisionnement de l'eau utilisée par cet établissement ?	À MOINS DE 500 MÈTRES.....1 ENTRE 500 ET 1000 MÈTRES .....2 À PLUS D'1 KM.. .....3 NE SAIT PAS.....8	
135	Est-ce que l'eau est disponible toute l'année ou seulement saisonnièrement ?	TOUTE L'ANNÉE.....1 SAISONNIÈREMENT .....2 NE SAIT PAS.....8	
136	Y-a-t-il de l'eau filtrée pour boire disponible pour les patients ?	OUI.....1 NON .....2	
137	Est-ce que cet établissement est équipé d'un téléphone qui marche ou d'un système de phonie ?	OUI.....1 NON .....2	→ 139
138	Est-ce que, dans cet établissement, il est possible d'avoir accès à un téléphone ou à une phonie en cas d'urgence?	OUI.....1 NON .....2	
139	Y-a-t-il des toilettes ou des latrines pour les patients ?	OUI, FONCTIONNENT .....1 OUI, NE FONCTIONNENT PAS.....2 NON .....3	
140	Puis-je voir la salle d'attente pour les patientes? ENQUÊTEUR: VÉRIFIER S'IL Y A DES PLACES ABRITÉES DU SOLEIL ET DE LA PLUIE.	ABRITÉES .....1 NON ABRITÉES .....2	
141	Que faites-vous des objets qui peuvent être contaminés, que vous voulez détruire?	BRULÉS..... A ENTERRÉS ..... B JETÉS DANS LA POUBELLE ..... C AUTRE ..... X	
142	ENQUÊTEUR: DEMANDER A VOIR L'ENDROIT OU ON DEPOSE LES ORDURES (LES OBJETS DE LA QUESTION 141)	ORDURES VISIBLES .....1 ORDURES NON VISIBLES .....2 ENDROIT DE DEPOT NON INSPECTE .....3	

POUR CHACUN DES ARTICLES SUIVANTS, VERIFIER D'ABORD POUR VOIR S'IL EST DISPONIBLE DANS L'ETABLISSEMENT. SI L'ARTICLE Y EST, VERIFIER S'IL FONCTIONNE OU PAS.

	ARTICLE	a) L'ARTICLE EST -IL DISPONIBLE? POSER LA QUESTION POUR CHAQUE ARTICLE				b) L'ARTICLE FONCTIONNE-T-IL?		
		OBSERVÉ	RAPPORTE	PAS DISPONIBLE	NE SAIT PAS	OUI	NON	NE SAIS PAS
143	GROUPE ELECTROGENE	1	2	3→145	8→145	1	2	8
144	CARBURANT POUR GROUPE ELECTROGENE	1	2	3→145	8→145			
145	AUTOCLAVE (STERILISATEUR AVEC CHALEUR HUMIDITE)	1	2	3→146	8→146	1	2	8
146	POUPENEL (STERILISATEUR AVEC CHALEUR SECHE)	1	2	3→147	8→147			
147	STERILISATEUR AVEC VAPEUR	1	2	3→148	8→148	1	2	8

	ARTICLE	a) L'ARTICLE EST-IL DISPONIBLE? POSER LA QUESTION POUR CHAQUE ARTICLE				b) L'ARTICLE FONCTIONNE-T-IL?		
		OBSERVÉ	RAPPORTE	PAS DISPONIBLE	NE SAIT PAS	OUI	NON	NE SAIT PAS
148	MANOMETRE, MINUTERIE	1	2	3→149	8→149	1	2	8
149	SOURCE D'ECLAIRAGE	1	2	3→150	8→150	1	2	8
NO.	QUESTIONS				CODE			ALLER À
150	Quelle est la méthode la plus fréquemment utilisée pour <b>la stérilisation des seringues et aiguilles</b> .				POUPENEL..... 01 AUTOCLAVE..... 02 STÉRILISATION A VAPEUR ..... 03 EBULLITION & P. CHIMIQUES ... 04 PRO.CHIMIQUES SEULEMENT . 05 EBULLITION SEULEMENT ..... 06 AUCUN..... 95 AUTRE (PRÉCISER)..... 96 NE SAIT PAS ..... 98 SERINGUES USAGE UNIQUE....00			
151	Quelle est la méthode la plus fréquemment utilisée pour <b>la stérilisation des autres équipements médicaux?</b> (par ex. les instruments chirurgicaux).				POUPENEL..... 01 AUTOCLAVE..... 02 STÉRILISATEUR VAPEUR ..... 03 EBULLITION ET P.CHIMIQUES.. 04 P.CHIMIQUES SEULEMENT..... 05 EBULLITION SEULEMENT ..... 06 AUCUN..... 95 AUTRE (PRÉCISER)..... 96 NE SAIT PAS ..... 98			
SI LA RÉPONSE DE Q.150 ET Q.151 EST « AUCUN » OU NE SAIT PAS, CHERCHEZ SI UNE AUTRE PERSONNE PLUS INFORMÉE POURRAIT FOURNIR DES RÉPONSES À CES QUESTIONS. SI NON, PASSEZ À →Q.201								
152	DEMANDER COMBIEN DE TEMPS DURENT LES STÉRILISATIONS OU DÉSINFECTION APRÈS QUE LA TEMPÉRATURE, LA PRESSION OU L'EBULLITION REQUISE AIENT ÉTÉ ATTEINTE ? (INDIQUER LES DURÉES EN MINUTES) .				TEMPS SOUS CHALEUR APRÈS AVOIR ATTEINT LA TEMPÉRATURE DESIRÉE	SYSTEME PAS UTILISÉ	NE SAIT PAS	
	A) AUTOCLAVE: TEMPS SANS EMBALLAGE				<input type="text"/> <input type="text"/> Minutes	3	8	
	TEMPS AVEC EMBALLAGE				<input type="text"/> <input type="text"/> Minutes	3	8	
	B) EBULLITION OU VAPEUR SOUS PRESSION - DÉSINFECTION DE HAUT NIVEAU (DHN) -				<input type="text"/> <input type="text"/> Minutes	3	8	
	C) PRODUITS CHIMIQUES - DÉSINFECTION DE HAUT NIVEAU (DHN)-				<input type="text"/> <input type="text"/> Minutes	3	8	

NO.	QUESTIONS	CODE			ALLER À
		OUI	NON	PAS DISPONIBLE	
153	CONSERVATION DES ARTICLES STERILISES				NE SAIS PAS
	A) Articles stérilisés à l'autoclave enveloppés dans un tissu stérile, scellés avec un ruban adhésif. Le lieu de conservation est propre et sec.	1	2	3	8
	B)Articles stérilisés à l'autoclave ou désinfectés, conservés dans une récipient avec un couvercle qui ferme hermétiquement (demandez à voir le récipient ; n'ouvrez pas le récipient).	1	2	3	8
	C) Autres (préciser)		2	3	8
154	Est-ce qu'il y a une indication de la date à laquelle les équipements ont été stérilisés ? (VERIFIER UN OU DEUX ARTICLES)	OUI.....1 NON .....2 NE SAIT PAS.....8			
155	ÉVALUER SI L'ÉTABLISSEMENT EST PROPRE OU NON.  UNE STRUCTURE EST PROPRE SI ON A BALAYE ; SI ON A ESSUYE LA TABLE ; S'IL N Y A PAS DE POUSSIERE OU AUTRE SALETE PARTOUT. LA FOSA N'EST PAS PROPRE S'IL Y A DE LA SALETE/POUSSIERE/DEBRIS AU SOL OU SUR LES TABLES OU AUTRE GUICHET.	PROPRE .....1 N'EST PAS PROPRE .....2			



## Section 2: Services de soins infantiles

N <sup>o</sup> .	QUESTIONS	CODES	ALLER À
201	Est-ce que cet établissement dispose de services de soins de santé infantile? (Les services de santé infantile comprennent des soins préventifs et curatifs pour les enfants)	OUI.....1 NON.....2	→301
202	Pendant combien de jours par semaine y-a t-il des consultations pour les enfants malades?	JOURS..... <input type="checkbox"/> NE SAIT PAS.....8	
203	Pendant combien d'heures par jour, y-a t-il des consultations pour les enfants malades?	HEURES..... <input type="checkbox"/> <input type="checkbox"/> NE SAIT PAS.....98	

**SERVICES DE SOINS INFANTILES DISPONIBLES DANS L'ÉTABLISSEMENT:** Je voudrais maintenant vous poser des questions sur les services disponibles dans cet établissement; je voudrais savoir aussi pendant combien de temps ces services sont disponibles. POSER LA QUESTION NO.204 POUR CHAQUE SERVICE/ VACCINATION ET S'IL EST DISPONIBLE, CONTINUER DANS LE TABLEAU AVEC LA QUESTION SUIVANTE. SI LE SERVICE N'EST PAS DISPONIBLE CONTINUER AVEC LE SERVICE SUIVANT. SI LA RÉPONSE À Q. 207 EST NÉGATIVE, CONTINUER AVEC LE SERVICE SUIVANT.

SERVICE/ VACCIN	204 Est-ce que l'établissement fournit le service à l'extérieur et/ou l'intérieur?	205 Est-ce que l'établissement fournit le service aujourd'hui à l'intérieur ?	206 Combien des jours par semaine est-ce le service disponible à l'intérieur ?	207 Avez-vous eu une interruption du service ou un manque de vaccins pour assurer le service au cours des 6 derniers mois?	208 Pendant combien de jours le service a-t-il été interrompu/ n'avez-vous pas pu fournir le service au cours des 6 derniers mois? Ne sais pas=998	209 ENCERCLEZ CHACUNE DES CAUSES D'INTERRUPTION DES SERVICES CITEE.
a) vaccination BCG	OUI..... 1 NON..... 2 → 204b	OUI..... 1 NON ..... 2	<input type="checkbox"/> JOURS	OUI ..... 1 NON..... 2 → 204b	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE VACCIN .....A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..B MANQUE DE PERSONEL ..... C AUTRES (PRECISER) .....X
b) vaccination Polio	OUI..... 1 NON ..... → 204c	OUI..... 1 NON ..... 2	<input type="checkbox"/> JOURS	OUI ..... 1 NON..... → 204c	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE VACCIN .....A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..B MANQUE DE PERSONEL ..... C AUTRES (PRECISER) .....X
c) vaccination DTCoq	OUI..... 1 NON ..... → 204d	OUI..... 1 NON ..... 2	<input type="checkbox"/> JOURS	OUI ..... 1 NON..... → 204d	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE VACCIN .....A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..B MANQUE DE PERSONEL ..... C AUTRES (PRECISER) .....X
(d) Vaccination Rougeole	OUI..... 1 NON ..... → 204e	OUI..... 1 NON ..... 2	<input type="checkbox"/> JOURS	OUI ..... 1 NON..... → 204e	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE VACCIN .....A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..B MANQUE DE PERSONEL ..... C AUTRES (PRECISER) .....X
e) Vaccination Hépatite B	OUI..... 1 NON ..... → 204f	OUI..... 1 NON ..... 2	<input type="checkbox"/> JOURS	OUI ..... 1 NON..... → 204f	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE VACCIN .....A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..B MANQUE DE PERSONEL ..... C AUTRES (PRECISER) .....X
f) Anti- tétanique	OUI..... 1 NON ..... → 204g	OUI ..... 1 NON..... 2	<input type="checkbox"/> JOURS	OUI ..... 1 NON ..... → 204g	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE VACCIN .....A MANQUE LES AUTRES FOURNITURES POUR LE SERVICE ..B MANQUE DE PERSONEL ..... C AUTRES (PRECISER) .....X

SERVICE POUR L'ENFANT	204 Est-ce que l'établissement fournit le service a l'extérieur et/ou l'intérieur?	205 Est-ce que l'établissement fournit le service aujourd'hui à l'intérieur ?	206 Combien des jours par semaine est-ce le service à l'intérieur ?	207 Avez-vous eu une interruption du service ou un manqué de médicament pour assurer le service dans les 6 dernier mois?	208 Pendant combine de jours le service a-t-il été interrompu/n'avez-vous pas pu fournir le service dans les 6 dernier mois? Ne sais pas=998	209 ENCERCLEZ CHACUNE DES CAUSES D'INTERRUPTION DES SERVICES CITEE
g) Surveillance de la croissance de l'enfant	OUI..... 1 NON ..... 2 → 204h	OUI..... 1 NON ..... 2	<input type="checkbox"/> JOURS	OUI..... 1 NON..... 2 → 204h	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE MEDICAMENT .....A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..B MANQUE DE PERSONEL ..... C AUTRES (PRESCISER)
h) Conseils en nutrition traitement de la malnutrition	OUI..... 1 NON ..... → 204i	OUI..... 1 NON ..... 2	<input type="checkbox"/> JOURS	OUI..... 1 NON..... → 204i	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE MEDICAMENT .....A MANQUE DES AUTRES FOURNITURESPOUR LE SERVICE ..B MANQUE DE PERSONEL ..... C AUTRES (PRECISER) .....X
i) TRAITEMENT de la diarrhée/ provision de SRO	OUI..... 1 NON ..... → 204j	OUI..... 1 NON ..... 2	<input type="checkbox"/> JOURS	OUI..... 1 NON..... → 204j	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE MEDICAMENT .....A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..B MANQUE DE PERSONEL ..... C AUTRES (PRECOSER).....X
j) TRAITEMENT des maladies respiratoires de l'enfant	OUI..... 1 NON ..... → 204k	OUI..... 1 NON ..... 2	<input type="checkbox"/> JOURS	OUI..... 1 NON..... → 204k	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE MEDICAMENT .....A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..B MANQUE DE PERSONEL ..... C AUTRES (PRECISER) .....X
k)TRAITEMENT de Paludisme	OUI..... 1 NON ..... 2 → 210	OUI..... 1 NON ..... 2	<input type="checkbox"/> JOURS	OUI..... 1 NON..... → 210	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE MEDICAMENT .....A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..B MANQUE DE PERSONEL ..... C AUTRES (PRECISER) .....X

210	Combien coûte le service suivant, en situation ordinaire, en FRANCS RWANDAIS ? (NE SAIT PAS=9998 ; GRATUIT=0000 ; NE FOURNIT PAS LE SERVICE=9995) ;		
a) Carnet pour l'enfant vaccination	UNE FOIS	<input type="text"/>	
b) vaccination BCG	SERINGUES	<input type="text"/>	
	CONSULTATION/SERVICE	<input type="text"/>	
c) vaccination Polio	CONSULTATION/SERVICE	<input type="text"/>	
d) vaccination DTCoq	SERINGUES	<input type="text"/>	
	CONSULTATION/SERVICE	<input type="text"/>	
e) Vaccination Rougeole	SERINGUES	<input type="text"/>	
	CONSULTATION/SERVICE	<input type="text"/>	
f) Vaccination Hépatite B	SERINGUES	<input type="text"/>	
	CONSULTATION/SERVICE	<input type="text"/>	
g) Anti-tétanique	CARTE (UNE FOIS)	<input type="text"/>	
	SERINGUES	<input type="text"/>	
	CONSULTATION/SERVICE	<input type="text"/>	
h) Surveillance de la croissance de l'enfant	CARTE (UNE FOIS)	<input type="text"/>	
	CONSULTATION	<input type="text"/>	
i) Conseils en nutrition traitement de la malnutrition	CONSULTATION	<input type="text"/>	
j) TRAITEMENT de la diarrhée/ provision de SRO	CONSULTATION	<input type="text"/>	
k) TRAITEMENT des maladies respiratoires de l'enfant	CONSULTATION	<input type="text"/>	
l) TRAITEMENT de Paludisme		<input type="text"/>	
	CONSULTATION	<input type="text"/>	

NO.	QUESTIONS	CODE	ALLER À			
211	FILTRE: SI UN OUI EST ENCERCLÉ À Q. 204 [de a) à f)], ENCERCLER '1', SI NON, ENCERCLER '2'	OUI ..... 1 NON ..... 2	→243			
212	Pendant combien de heures par jour effectue-t-on les vaccinations?	HEURES PAR JOUR <input type="text"/> <input type="text"/> NE SAIT PAS..... 98				
213	Depuis combien d'années cette structure effectue –t-elle des vaccinations ?	ANNÉES VACC DISPONIBLES <input type="text"/> <input type="text"/> NE SAIT PAS..... 98				
214	POUR CHACUN DES ARTICLES SUIVANTS, VERIFIER D'ABORD POUR VOIR S'IL EST DISPONIBLE DANS LA PIECE OU LE SERVICE EST OFFERT OU DANS UNE PIECE ADJACENTE. SI NON, DEMANDER A VOIR L'ARTICLE S'IL SE TROUVE A UNE DISTANCE RAISONNABLE DANS LA STRUCTURE.					
	FOURNITURES POUR VACCINATION	OBSERVÉ	RAP- PORTE	PAS DISPONIBLE	NE SAIT PAS	
	a) Boîte aiguilles/	1	2	3	8	
	b) Seringues à usage unique	1	2	3	8	
	c) Seringues réutilisables	1	2	3	8	
	d) Produits pour laver les mains (savon, serviette)	1	2	3	8	
	e) Eau	1	2	3	8	
	f) Carnet de vaccination pour enfants	1	2	3	8	
215	Y-a-t-il un registre des vaccinations ?	OUI, REGISTRE VU ..... 1 OUI, REGISTRE PAS VU ..... 2 PAS DE REGISTRE TENU..... 3	→217 →217			
216	A quand remonte l'inscription la plus récente ?	AU COURS DE 7 DERNIERS JOURS ..... 1 PLUS DE 7 JOURS..... 2				
217	Avez-vous une estimation de la population cible d'enfants à vacciner dans la zone de rayonnement de cette structure ?  SI OUI : Combien d'enfants avez-vous à vacciner?	POPULATION ZONE RAYONNEMENT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> N'A PAS DE ZONE DE RAYONNEMENT .....9995 NE SAIT PAS .....9998	→222 →222			
218	Quel était le taux de déperdition de DTCoq sur les douze derniers mois de l'année écoulée?	TAUX DE DEPERDITON DTCoq(%) <input type="text"/> <input type="text"/> NE SAIT PAS..... 98				
219	Quel est le taux de couverture pour la rougeole sur les douze derniers mois de l'année écoulée ?	TAUX COUVERT. ROUGEOLE (%) <input type="text"/> <input type="text"/> NE SAIT PAS..... 98				
220	FILTRE: SI 218 ET 219 EST ENCERCLÉ À « 98 » (NE SAIT PAS) ENCERCLER '1', SINON, ENCERCLER '2'	OUI ..... 1 NON..... 2	→222			
221	COMMENT LE REpondant A-T-IL OBTENU L'INFORMATION SUR LA COUVERTURE VACCINALE ?	RAPPORT ..... 1 GRAPHIQUE ..... 2 AUTRE ..... 6 (PRECISER) NE SAIT PAS ..... 8				

NO.	QUESTIONS	CODE	ALLER À
222	Est-ce que cet établissement conserve des vaccins ou les obtenez-vous d'une autre structure?	CONSERVE VACCINS ..... 1 SE RAVITAILLE AILLEURS ..... 2	→ 231
223	Quel type d'équipement utilisez-vous pour conserver les vaccins?	REFRIGERATEUR ..... 1 GLACIERE ..... 2	→ 226
224	Quelle est la source d'énergie utilisée par le réfrigérateur ?  (ENTOURER TOUT CE QUI EST MENTIONNÉ)	ÉLECTRICITÉ ..... A KÉROSÈNE ..... B GAZ ..... C ÉNERGIE SOLAIRE ..... D AUTRE ..... X	
225	Y-a-t-il un thermostat pour la congélation?	OUI ..... 1 NON ..... 2 PAS DE CONGÉLATION ..... 3	
226	Y-a-t-il un thermomètre en état de marche à l'intérieur du réfrigérateur ou de la glacière?	OUI ..... 1 NON ..... 2	→ 231
227	ENQUÊTEUR: QUELLE EST LA TEMPÉRATURE DANS LE RÉFRIGÉRATEUR OU LA GLACIERE ?	TEMPÉRATURE EN ° C <input type="text"/> <input type="text"/>	
228	Y-a-t-il un graphique des températures ?	OUI ..... 1 NON ..... 2	→ 231
229	ENQUÊTEUR: EST-CE QUE LE RELEVÉ DE TEMPÉRATURE EST À JOUR POUR LES 30 DERNIERS JOURS?	OUI ..... 1 NON ..... 2	
230	ENQUÊTEUR: ENREGISTRER LE NOMBRE DE JOURS PENDANT LESQUELS LA TEMPÉRATURE ÉTAIT AU-DESSUS DE 8° C OU AU-DESSOUS DE 0° C AU COURS DES 30 DERNIERS JOURS.	NOMBRES DE JOURS ..... <input type="text"/> <input type="text"/>	
231	Quels sont les moyens normaux de maintien de la chaîne de froid pendant les visites extérieures?	ACCUMULATEUR DE FROID ..... 1 ACHETE DE LA GLACE ..... 2 ACCU FROID + ACHAT GLACE ..... 3 PAS DE VISITES EXTERIEURES ..... 4	
232	Y-a-t-il des accumulateurs de froid dans le réfrigérateur?	OUI ..... 1 NON ..... 2	
233	Combien de glacières avec accumulateurs de froid avez-vous disponibles ?	UN ENSEMBLE ..... 1 DEUX ENSEMBLES OU PLUS ..... 2 AUCUN ..... 3	

Puis-je voir vos stocks des vaccins (OBSERVEZ DANS LE RÉFRIGÉRATEUR S'IL Y A, AU MOINS, UNE AMPOULE NON PÉRIMÉE)					
VACCINE	234 Enregistrer si au moins 1 vaccin non-périmé a été observé	235 Est-ce que vous avez observé un vaccin périmé?	236 Les vaccins, sont-ils rangés selon la date de péremption?	237 Au cours des 6 derniers mois, est-il arrivé que l'établissement manque de VACCIN?	238) Pendant combien de jours au cours des 6 derniers mois, est- que vous avez manqué de VACCIN?
a) BCG	OUI, OBSERVE..... 1 RAPPORTE, PAS VU.... 2 PAS DISPONIBLE 3→237a NSP..... 8→237a	OUI..... 1 NON ..... 2 NE SAIS PAS ..... 8	OUI.....1 NON .....2 NE SAIS PAS.....8	OUI ..... 1 NON ..... 2→234b NSP..... 8→234b	<input type="text"/> <input type="text"/> <input type="text"/>
b) POLIO	OUI, OBSERVE..... 1 RAPPORTE, PAS VU.... 2 PAS DISPONIBLE 3→237b NSP..... 8→237b	OUI..... 1 NON ..... 2 NE SAIS PAS ..... 8	OUI.....1 NON .....2 NE SAIS PAS.....8	OUI ..... 1 NON ..... 2→234c NSP..... 8→234c	<input type="text"/> <input type="text"/> <input type="text"/>
c) DTCoq	OUI, OBSERVE..... 1 RAPPORTE, PAS VU.... 2 PAS DISPONIBLE 3→237c NSP..... 8→237c	OUI..... 1 NON ..... 2 NE SAIS PAS ..... 8	OUI.....1 NON .....2 NE SAIS PAS.....8	OUI ..... 1 NON ..... 2→234d NSP..... 8→234d	<input type="text"/> <input type="text"/> <input type="text"/>
d) ROUGEOLE avec diluant	OUI, OBSERVE..... 1 RAPPORTE, PAS VU.... 2 PAS DISPONIBLE 3→237d NSP..... 8→237d	OUI..... 1 NON ..... 2 NE SAIS PAS ..... 8	OUI.....1 NON .....2 NE SAIS PAS.....8	OUI ..... 1 NON ..... 2→234e NSP..... 8→234e	<input type="text"/> <input type="text"/> <input type="text"/>
e) HÉPATITE B	OUI, OBSERVE..... 1 RAPPORTE, PAS VU.... 2 PAS DISPONIBLE 3→237e NSP..... 8→237e	OUI..... 1 NON ..... 2 NE SAIS PAS ..... 8	OUI.....1 NON .....2 NE SAIS PAS.....8	OUI ..... 1 NON ..... 2→234f NSP..... 8→234f	<input type="text"/> <input type="text"/> <input type="text"/>
f) ANTI- TETANIQUE	OUI, OBSERVE..... 1 RAPPRORTE, PAS VU.. 2 PAS DISPONIBLE 3→237f NSP..... 8→237f	OUI..... 1 NON ..... 2 NE SAIS PAS ..... 8	OUI.....1 NON .....2 NE SAIS PAS.....8	OUI ..... 1 NON ..... 2→239 NSP..... 8→239	<input type="text"/> <input type="text"/> <input type="text"/>

No	QUESTIONS	CODES	ALLER À
239	Y-a-t-il un inventaire écrit pour les VACCINS?	OUI ..... 1 NON ..... 2	→241
240	ENQUETEUR: L'INVENTAIRE ÉCRIT EST-IL À JOUR ET COMPLET?	OUI, OBSERVÉ, A JOUR ..... 1 OUI, OBSERVÉ, PAS A JOUR ..... 2 OUI, NON OBSERVÉ ..... 3 NON ..... 4	
241	Est-ce que la formation sanitaire détermine la quantité de vaccins dont elle a besoin et passe la commande, ou est-ce que la quantité que vous recevez est déterminée par quelqu'un d'autre?	DETERMINE PROPRES BESOINS ET PASSE COMMANDE ..... 1 BESOIN DETERMINE AILLEURS. 2	→243
242	SI DETERMINE AILLEURS: Est-ce que vous recevez toujours une quantité fixe ou est-ce que la quantité que vous recevez varie avec votre niveau d'activités?	QUANTITE BASEE SUR NIVEAU D'ACTIVITES ..... 1 APPROVISIONNEMENT STANDARD FIXE ..... 2	
243	Est-ce que cet établissement organise des discussions sur la santé de l'enfant?	OUI ..... 1 NON ..... 2	→ 245
244	Est-ce que ces conseils ou ces discussions portent sur les sujets suivants:  a) Prévention de la diarrhée? b) Identification et/ou traitement des IRA? c) Réhydratation Orale d) Nutrition de l'enfant? e) Vaccination? f) Paludisme?	OUI NON NSP  DIARRHÉE..... 1 2 8 IRA ..... 1 2 8 RÉHYDRATATION 1 2 8 NUTRITION..... 1 2 8 VACCINATION..... 1 2 8 PALUDISME..... 1 2 8	

POUR CHACUN DES ARTICLES SUIVANTS, VERIFIER D'ABORD POUR VOIR S'IL EST DISPONIBLE DANS LA PIECE OU LE SERVICE EST OFFERT OU DANS UNE PIECE ADJACENTE. SI NON, DEMANDER A VOIR L'ARTICLE S'IL SE TROUVE A UNE DISTANCE RAISONNABLE DE LA SERVICE. SI IL Y A L'ARTICLE, VERIFIER S'IL FONCTIONNE OU NON.

ARTICLE	(a) L'ARTICLE EST-IL DISPONIBLE?				(b) L'ARTICLE FONCTIONNE-T-IL?		
	OBSERVÉ	RAPPO RTE	PAS DISPONIBLE	NE SAIS PAS	OUI	NON	NE SAIS PAS
245							
a) Pèse bébé	1	2	3→245b	8→245b	1	2	8
b) Pèse enfants (de 25 +kg)	1	2	3→245c	8→245c	1	2	8
c) Thermomètre	1	2	3→245d	8→245d	1	2	8
d) Montre avec une troteuse ou un dispositif pour chronométrer	1	2	3→245e	8→245e	1	2	8
e) Article pour l'hygiène des mains (savon, serviettes)	1	2	3	8			
f) Eau	1	2	3	8			
g) Récipient pour mélanger SRO	1	2	3	8			
h) Tasse et cuillère	1	2	3	8			



246	PROTOCOLES/MATERIELS POUR ENSEIGNEMENT	OBSERVÉ	RAPPO RTE	PAS DISPONIBLE	NE SAIS PAS			
	a) Des manuels de référence pour la prise en charge des maladies de l'enfant (PCIME)	1	2	3	8			
	b) Brochures (PCIME)	1	2	3	8			
	c) Graphique (PCIME)	1	2	3	8			
	d) Les fiches de conseil pour l'éducation de l'accompagnatrice de l'enfant	1	2	3	8			
	e) des brochures ou des prospectus que les patients peuvent prendre au sujet de le santé infantile	1	2	3	8			

NO.	QUESTIONS	CODE	ALLER À
247	Y-a-t-il un registre des patients où l'information sur la consultation de chaque enfant est écrite? SI OUI : Puis-je le voir?	OUI, REGISTRE VU ..... 1 OUI, REGISTRE PAS VU ..... 2 PAS DE REGISTRE TENU .... 3	→249 →249
248	A quant remonte la plus récente inscription?	AU COURS DE 7 DERNIERS JOURS ..... 1 PLUS DE 7 JOURS ..... 2	
249	Gardez-vous une fiche pour chaque patient? SI OUI : Puis-je voir une fiche non remplie?	OUI, FICHE OBSERVÉ ..... 1 OUI, FICHE PAS VUE ..... 2 PAS DE FICHE INDIVIDUELLES	→301
250	Gardez-vous l'adresse de chaque patient pour un éventuel suivi?	OUI..... 1 NON..... 2	

### SECTION 3: SERVICES DE LA PLANIFICATION FAMILIALE

NO.	QUESTIONS	CODE	ALLER À
301	Est-ce que cet établissement fournit des services de planification familiale (La planification familiale est une méthode ou un dispositif pour espacer ou limiter les naissances)	OUI ..... 1 NON ..... 2	→401
302	Pendant combien de jours par semaine, cet établissement fournit-il normalement des services de planification familiale?	JOURS ..... <input type="text"/> NE SAIT PAS ..... 8	
303	Pendant combien d'heures par jour, cet établissement fournit-il normalement des services de planification familiale?	HEURES ..... <input type="text"/> <input type="text"/> NE SAIT PAS ..... 98	

MÉTHODE	304 Est-ce que l'établissement fournit le service à l'extérieur et/ou l'intérieur?	305 Est-ce que l'établissement fournit le service aujourd'hui à l'intérieur ?	306 Combien des jours par semaine est-ce le service disponible à l'intérieur?	307 Avez-vous eu une interruption du service ou un manqué de médicament pour assurer le service dans les 6 dernier mois?	308 Pendant combine de jours le service a-t-il été interrompu/n'avez-vous pas pu fournir le service dans les 6 dernier mois? Ne sais pas=998	309 ENCERCLEZ CHACUNE DES CAUSES D'INTERRUPTION DES SERVICES CITEE
a) Pilules oestro-progestatives	OUI ..... 1 NON ..... 2 → 304b	OUI ..... 1 NON ..... 2	<input type="text"/> JOURS	OUI ..... 1 NON .... 2 → 304b	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE METHODE ..... A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..... B MANQUE DE PERSONEL ..... C AUTRES (PRECISER) ..... X
b) Pilules à base de progestérone seulement	OUI ..... 1 NON ..... → 304c	OUI ..... 1 NON ..... 2	<input type="text"/> JOURS	OUI ..... 1 NON ..... → 304c	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE METHODE ..... A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..... B MANQUE DE PERSONEL ..... C AUTRES (PRECISER) ..... X
c) Injections pour chaque deux mois (Norigynon ?)	OUI ..... 1 NON ..... → 304d	OUI ..... 1 NON ..... 2	<input type="text"/> JOURS	OUI ..... 1 NON ..... → 304d	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE METHODE ..... A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..... B MANQUE DE PERSONEL ..... C AUTRES (SPECIFY) ..... X
d) Injections pour chaque trois mois (Depo )	OUI ..... 1 NON ..... → 304e	OUI ..... 1 NON ..... 2	<input type="text"/> JOURS	OUI ..... 1 NON ..... → 304e	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE METHODE ..... A MANQUE LES AUTRES FOURNITURES POUR LE SERVICE ..... B MANQUE DE PERSONEL ..... C AUTRES (PRECISER) ..... X
e) implants	OUI ..... 1 NON ..... 2 → 304f	OUI ..... 1 NON ..... 2	<input type="text"/> JOURS	OUI ..... 1 NON ..... → 304f	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE METHODE ..... A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..... B MANQUE DE PERSONEL ..... C AUTRES (PRECISER) ..... X
f) Condom masculin	OUI ..... 1 NON ..... 2 → 304g	OUI ..... 1 NON ..... 2	<input type="text"/> JOURS	OUI ..... 1 NON .... 2 → 304g	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE METHODE ..... A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..... B MANQUE DE PERSONEL ..... C AUTRES (PRECISER) ..... X

MÉTHODE	304 Est-ce que l'établissement fournit le service à l'extérieur et/ou l'intérieur?	305 Est-ce que l'établissement fournit le service aujourd'hui à l'intérieur ?	306 Combien des jours par semaine est-ce le service disponible à l'intérieur ?	307 Avez-vous eu une interruption du service ou un manqué de médicament pour assurer le service au cours dans les 6 dernier mois?	308 Pendant combien de jours le service a-t-il été interrompu/n'avez-vous pas pu fournir le service dans les 6 dernier mois? Ne sais pas=998	309 ENCERCLEZ CHACUNE DES CAUSES D'INTERRUPTION DES SERVICES CITEE
g) Condom féminin	OUI ..... 1 NON ..... →304h	OUI ..... 1 NON ..... 2	<input type="text"/> JOURS	OUI ..... 1 NON ..... →304h	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE METHODE ..... A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..... B MANQUE DE PERSONEL ..... C AUTRES (PRECISER) ..... X
h) DIU	OUI ..... 1 NON ..... →304i	OUI ..... 1 NON ..... 2	<input type="text"/> JOURS	OUI ..... 1 NON ..... →304i	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE METHODE ..... A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..... B MANQUE DE PERSONEL ..... C AUTRES (PRECISER) ..... X
i) Stérilisation masculine	OUI ..... 1 NON ..... →304j	OUI ..... 1 NON ..... 2	<input type="text"/> JOURS	OUI ..... 1 NON ..... →304	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE METHODE ..... A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..... B MANQUE DE PERSONEL ..... C AUTRES (PRECISER) ..... X
j) Stérilisation féminine	OUI ..... 1 NON ..... →304k	OUI ..... 1 NON ..... 2	<input type="text"/> Jours	OUI ..... 1 NON ..... →304	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE METHODE ..... A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..... B MANQUE DE PERSONEL ..... C AUTRES (PRECISER) ..... X
k) Méthode naturelle de planification familiale	OUI ..... 1 NON ..... →304l	OUI ..... 1 NON ..... 2	<input type="text"/> JOURS	OUI ..... 1 NON ..... →304l	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE METHODE ..... A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..... B MANQUE DE PERSONEL ..... C AUTRES (PRECISER) ..... X
l) Spermicides	OUI ..... 1 NON ..... 2 →304	OUI ..... 1 NON ..... 2	<input type="text"/> JOURS	OUI ..... 1 NON ..... 2 →304	<input type="text"/> <input type="text"/> <input type="text"/> JOURS	MANQUE DE METHODE ..... A MANQUE DES AUTRES FOURNITURES POUR LE SERVICE ..... B MANQUE DE PERSONEL ..... C AUTRES (PRECISER) ..... X

	MÉTHODE	310 SERVICE DISPONIBLE	311 Nombre de clients au cours du dernier trimestre. NSP=998	312 Il y a combien d'années que l'établissement a commencé à offrir la méthode ?
a)	Pilules oestro-progestatives	OUI ..... 1 NON ..... 2→310b	NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/>  EN COURS <input type="text"/> <input type="text"/> <input type="text"/>	MOINS D'1 ANNÉE ..... 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8
b)	Pilules à base de progestérone seulement	OUI ..... 1 NON ..... 2→310c	NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/>  EN COURS <input type="text"/> <input type="text"/> <input type="text"/>	MOINS D'1 ANNÉE ..... 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8
c)	Injections tous les deux mois (Noristerat)	OUI ..... 1 NON ..... 2→310d	NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/>  EN COURS <input type="text"/> <input type="text"/> <input type="text"/>	MOINS D'1 ANNÉE ..... 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8
d)	Injections tous les trois mois (Depo)	OUI ..... 1 NON ..... 2→310e	NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/>  EN COURS <input type="text"/> <input type="text"/> <input type="text"/>	MOINS D'1 ANNÉE ..... 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8
e)	implants	OUI ..... 1 NON ..... 2→310f	NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/>  EN COURS <input type="text"/> <input type="text"/> <input type="text"/>	MOINS D'1 ANNÉE ..... 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8
f)	Condom masculin	OUI ..... 1 NON ..... 2→310g	NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/>  EN COURS <input type="text"/> <input type="text"/> <input type="text"/>	MOINS D'1 ANNÉE ..... 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8
g)	Condom féminin	OUI ..... 1 NON ..... 2→310h	NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/>  EN COURS <input type="text"/> <input type="text"/> <input type="text"/>	MOINS D'1 ANNÉE ..... 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8
h)	DIU	OUI ..... 1 NON ..... 2→310i	NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/>  EN COURS <input type="text"/> <input type="text"/> <input type="text"/>	MOINS D'1 ANNÉE ..... 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8
i)	Stérilisation masculine	OUI ..... 1 NON ..... 2→310j	NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/>  EN COURS <input type="text"/> <input type="text"/> <input type="text"/>	MOINS D'1 ANNÉE ..... 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8
j)	Stérilisation féminine	OUI ..... 1 NON ..... 2→310k	NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/>  EN COURS <input type="text"/> <input type="text"/> <input type="text"/>	MOINS D'1 ANNÉE ..... 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8
k)	Méthode naturelle planification familiale	OUI ..... 1 NON ..... 2→310l	NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/>  EN COURS <input type="text"/> <input type="text"/> <input type="text"/>	MOINS D'1 ANNÉE ..... 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8
l)	Spermicides	OUI ..... 1 NON ..... 2→313	NOUVELLE <input type="text"/> <input type="text"/> <input type="text"/>  EN COURS <input type="text"/> <input type="text"/> <input type="text"/>	MOINS D'1 ANNÉE ..... 1 1-5 ANNÉES..... 2 PLUS DE 5 ANNÉES..... 3 NE SAIT PAS..... 8

NO.	QUESTIONS	CODE				ALLER À
313	En moyenne, combien de (unités/cycles) de MÉTHODE sont données	a) Nouvelle utilisatrice? pas disponible.....95	b) Utilisatrice en cours continu? pas disponible.....95			
	a) Pilules oestro-progestatives?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	b) Pilules à base de progestérone seulement	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	c) Condoms (masculin)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
314	Est-ce que cet établissement fournit des conseils de façon spécifique pour les groupes suivants:  a) Aux non-utilisatrices? b) Aux nouvelles utilisatrices? c) aux utilisatrices en cours? d) aux adolescentes? e) Aux mères célibataires? f) Aux hommes?	<p style="text-align: right;">OUI NON NSP</p> NON-UTILISATRICES ..... 1 2 8 NOUVELLES UTILISATRICES ..... 1 2 8 UTILISATRICES EN COURS ..... 1 2 8 ADOLESCENTES ..... 1 2 8 MÈRE CELIBATAIRE ..... 1 2 8 HOMMES ..... 1 2 8				
315	SI UNE RÉPONSE À 314 EST '1', ENCERCLER 'OUI'. SINON, ENCERCLER 'NON'.	OUI.....1	NON .....2			→317
316	Est-ce- que ces conseils portent sur : a) Les effets secondaires? b) Les IST ? c) L'éducation et la prévention contre les IST et le VIH/SIDA ?	<p style="text-align: right;">OUI NO N NSP</p> EFFETS SECONDAIRES ..... 1 2 8 IST ..... 1 2 8 PRÉVENTION ..... 1 2 8				
317	Est-ce que cet établissement dispose de formulaires de consentement ? SI OUI, DEMANDER A VOIR LE FORMULAIRE DE CONSENTEMENT	OUI, OBSERVE .....1	OUI, PAS VU .....2	NON .....3		→319 →319
318	Indiquer pour chacune des méthodes suivantes si on utilise un formulaire de consentement	OUI	NON	PAS DISPO- NIBLE	NE SAIS PAS	
	a) PILULES ORAUX	1	2	3	4	
	b) INJECTION	1	2	3	4	
	c) IMPLANTS	1	2	3	4	
	d) DIU	1	2	3	4	
	e) STÉRILISATION FÉMININE	1	2	3	4	
	f) STÉRILISATION MASCULINE	1	2	3	4	
319	Puis-je voir la salle où les clients en planification familiale reçoivent des conseils ?  ENQUÊTEUR: EXAMINER LA SALLE.	PIÈCE SÉPARÉE .....1 SALLE AVEC RIDEAUX .....2 AUTRES ÉLÉMENTS .....3 MEME SALLE QUE SALLE D'ATTENTE .....4				

NO.	QUESTIONS	CODE			ALLER À			
		OBSERVÉ	RAPPORTÉ	PAS DISPONIBLE				
320	Lesquels des matériaux suivants sont disponibles pour le counselling ?				NE SAIT PAS			
	a) Modèle pour démontrer l'usage du condom	1	2	3	8			
	b) Brochures/dépliants à donner aux patientes?	1	2	3	8			
	c) Boîtes à images pour les différentes méthodes?	1	2	3	8			
	d) Affiche de promotion de la planification familiale disponible?	1	2	3	8			
321	Est-ce que le prestataire de services de planification familiale traite les IST de manière routinière où les clients sont-ils envoyés à une autre prestataire ou à une autre structure pour traitement?	TRAITE IST .....1 ENVOIE AILLEURS DANS LE MÊME FOSA .....2 ENVOIE À AUTRE FOSA.....3 PAS DE TRAITEMENT.....4						
DEMANDER A VOIR L'ENDROIT OU LES EXAMENS POUR LA PLANIFICATION FAMILIALE SONT EFFECTUES. POUR CHACUN DES ARTICLES DE LA LISTE CI-DESSOUS, VERIFIER D'ABORD SI L'ARTICLE EST DISPONIBLE DANS LA SALLE OU LE SERVICE EST OFFERT OU DANS UNE PIECE ADJACENTE (CECI COMPREND LA SALLE DE CONSULTATION PELVIENNE SI ELLE EST DIFFERENTE DE LA SALLE DE CONSULTATION GENERALE). SI NON, DEMANDER A VOIR L'ARTICLE S'IL SE TROUVE QUELQUE PART A UNE DISTANCE RAISONNABLE DANS L'ETABLISSEMENT. SI L'ARTICLE EST DISPONIBLE, VERIFIER S'IL FONCTIONNE OU NON.								
322	Si la salle a déjà été observée pour les autres services, Indiquer à quelle service.	SOINS PRÉNATALS..... 1 CONSULTATIONS IST ..... 2 ACCOUCHEMENTS ..... 3 SALLE PAS OBSERVEE .....4			→ 325 → 325 → 325			
323	ENQUÊTEUR: VÉRIFIER L'ÉCLAIRAGE GENERAL DANS LA SALLE D'EXAMEN	ÉCLAIRAGE VERTICAL ..... 1 LAMPE ..... 2 LUMIÈRE DU JOUR/ FENETRES. 3 MAL ÉCLAIRÉE ..... 4						
	<b>LES ARTICLES POUR LE SERVICE DE PLANIFICATION FAMILIALE</b>	<b>(a) L'ARTICLE EST-IL DISPONIBLE? (POSER LA QUESTION POUR CHACUN DES ARTICLES)</b>			<b>(b) L'ARTICLE FONCTIONNE- T-IL?</b>			
324	<b>LA SALLE ET LES FOURNITURES</b>	<b>OBSERVÉ</b>	<b>RAPPORTE</b>	<b>PAS DISPONIBLE</b>	<b>NE SAIT PAS</b>	<b>OUI</b>	<b>NON</b>	<b>NE SAIT PAS</b>
	a) Intimité visuelle	1	2	3	8			
	b) Intimité auditive	1	2	3	8			
	c) Lampes baladeuses/gynéco/torches	1	2	3→324d	8→324d	1	2	8
	d) Table gynécologique ou lit d'examen	1	2	3→324e	8→324e	1	2	8
	e) Produits pour laver les mains (savon, serviette)	1	2	3	8			
	f) Eau	1	2	3	8			
	g) Gants propres							
	h) Boîte d'objets tranchants (Boite aiguilles/Tambour)	1	2	3	8			
	i) Désinfectant 0,5%	1	2	3	8			

325	LES ARTICLES POUR LE SERVICE PLANIFICATION FAMILIALE EQUIPEMENT PRÉCISER DE METHOD	(a) L'ARTICLE EST-IL DISPONIBLE? (POSER LA QUESTION POUR CHACUN DES ARTICLES)				(b) FONCTIONNER?		
		OBSERVÉ	RAPPORTE	PAS DISPONIBLE	NE SAIT PAS	OUI	NON	NE SAIT PAS
	a) Tensiomètre	1	2	3→325b	8→325b	1	2	8
	b) Stéthoscope	1	2	3→325c	8→325c	1	2	8
	c) Balance pour adulte	1	2	3→325d	8→325d	1	2	8
	d) Spéculum vaginal	1	2	3→325e	8→325e	1	2	8
	e) Gants stériles	1	2	3	8			
	f) Pince porte tampon	1	2	3	8			
	g) Pince à servir	1	2	3	8			
	h) Pince anatomique	1	2	3	8			
	i) Ciseaux	1	2	3	8			
	j) Kit DIU	1	2	3	8			
	k) Kit Norplant	1	2	3	8			
326	Protocoles de SR pour chaque méthode de PF offerte	1	2	3	8			

NO.	QUESTIONS	CODE	ALLER À
327	Y-a-t-il un registre des patients où l'information sur la consultation de chaque cliente est écrite? SI OUI : Puis-je le voir?	OUI, REGISTRE VU ..... 1 OUI, REGISTRE PAS VU ..... 2 PAS DE REGISTRE TENU .... 3	→329 →329
328	A quand remonte la plus récente inscription?	AU COURS DE 7 DERNIERS JOURS ..... 1 PLUS DE 7 JOURS ..... 2	
329	Gardez-vous une fiche pour chaque patient? SI OUI : Puis-je voir une fiche non remplie?	OUI, FICHE OBSERVÉE ..... 1 OUI, FICHE PAS VUE ..... 2 PAS DE FICHE ..... 3	
330	Gardez-vous l'adresse de chaque patient pour un éventuel suivi?	OUI..... 1 NON..... 2	
331	NOTER LE NOMBRE DE PATIENTS EN PLANIFICATION FAMILIALE QUI ONT ETE REFERES AU LABORATOIRE POUR ETRE TESTÉS DES IST AU COURS DES 12 DERNIERS MOIS	NOMBRE PATIENTS TESTÉS IST <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS..... 998	→ 333
332	Si la période à laquelle se réfère le nombre de patients est inférieure à 12mois, indiquez le nombre de mois concerné.	MOIS DES DONNEES . <input type="text"/> <input type="text"/> NE SAIT PAS.....98	
333	Noter le nombre de patients envoyés chez un spécialiste le mois dernier par le service de planification familiale	NOMBRE PATIENTS REFERES <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS..... 998	
334	Est-ce que cet établissement fait payer les patients en planification familiale ou bien demande-t-il une donation pour un des services de planification familiale fournis?	OUI ..... 1 NON.....2	→401
335	Est-ce que l'établissement fait payer la consultation en planification familiale ?	OUI ..... 1 NON.....2	→337
336	A combien s'élève le tarif d'une consultation?	FRW <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
337	Est-ce que l'établissement fait payer pour la fiche/carte pour patient ?	OUI ..... 1 NON.....2	→339



338	À combien s'élève le tarif d'un fiche/carte pour patient?	FRW	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
339	Combien l'établissement fait-il payer pour chacune des méthodes ?	COUT EN FRW GRATUIT ..... 00000 PAS DISPONIBLE ..... 99995 NSP ..... 99998					
	a) PILULE (1 CYCLE)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	b) INJECTIONS		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	c) IMPLANT		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	d) CONDOM MASCULIN (3 UNITS)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	e) DIU		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	f) STÉRILISATION FÉMININE		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	g) STERILISATION MASCULINE		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Section 4: Services de santé maternelle (sous-section 1: Soins Prénatals)**

NO.	QUESTIONS	CODE				ALLER À
401	Est-ce que cet établissement offre des services de santé maternelle ? (Les services de santé maternelle sont les services qui s'occupent des grossesses)	OUI..... 1	NON ..... 2			→501
402	Est-ce que cet établissement organise des sessions d'enseignement ou des discussions sur la santé maternelle?	OUI..... 1	NON ..... 2			→405
403	Est-ce que ces sessions ou discussions sur la santé couvrent les sujets suivants:	OUI NON NSP				
	a) Besoins nutritifs durant la grossesse	ALIMENTATION..... 1	2	8		
	b) Allaitement	ALLAITEMENT..... 1	2	8		
	c) Signes de danger pendant la grossesse	SIGNES DE DANGER . 1	2	8		
	d) Soins des nouveau-nés	NOUVEAU-NÉS..... 1	2	8		
	e) Soins prénatals	SOINS PRÉNATALS..... 1	2	8		
	f) Préparation à la naissance	NAISSANCE ..... 1	2	8		
	g) Anémie durant la grossesse	ANÉMIE ..... 1	2	6		
	h) Besoins en fer	FER..... 1	2	6		
	i) Planification familiale	PLANIFICATION FAMILIALE..... 1	2	6		
	j) Visites dans les salles d'accouchement	VISITES SALLES ACCOUCHEMENT..... 1	2	8		
404	Est-ce -que l'établissement dispose du matériel suivant:	OBSERVE	RAPPORTE	PAS DISPONIBLE	NE SAIT PAS	
	a) POSTERS	1	2	3	8	
	b) BROCHURES	1	2	3	8	
	c) FICHES DE TRAVAIL	1	2	3	8	
	d) FICHES DE CONSEILS POUR LA MÈRE	1	2	3	8	
405	Est-ce que cet établissement offre des soins prénatals?	OUI..... 1	NON ..... 2			→428
406	Pendant combien de jours par semaine, cet établissement fournit-il normalement des services prénatal ?	JOURS .....	<input type="text"/>			
		NE SAIT PAS .....	8			
407	Pendant combien d'heures par jour, cet établissement fournit-il normalement des services prénatals	HEURES .....	<input type="text"/>			
		NE SAIT PAS .....	98			
408	Est-ce que l'établissement fournit le service aujourd'hui <b>A L'INTERIEUR?</b>	OUI..... 1	NON ..... 2			

NO.	QUESTIONS	CODE				ALLER À
409	Est-ce que, dans cet établissement, les services suivants sont normalement effectués au cours de la première visite prénatale, lors des visites suivantes ou est-ce qu'ils ne sont pas effectués du tout?	1ERE VISITE	VISITE SUIVANTE	CHAQUE VISITE	AUCUNE.	
	a) Obtenir le <b>DOSSIER MÉDICAL</b> et obstétrique de la patiente?	1	2	3	5	
	b) <b>PESER</b> la patiente?	1	2	3	5	
	c) <b>PRENDRE LA TENSION</b> de la patiente?	1	2	3	5	
	d) <b>FAIRE</b> à la patiente une <b>INJECTION ANTI-TÉTANIQUE?</b>	1	2	3	5	
	e) Prescrire de la <b>CHIMIO PRÉVENTION CONTRE LE PALUDISME?</b>	1	2	3	5	
	f) Offrir le <b>COUNSELING ET TEST</b> volontaire pour <b>VIH/SIDA</b> ?	1	2	3	5	
410	Est-ce que, dans cet établissement, les services suivants sont normalement effectués au cours de la première visite prénatale, lors des visites suivantes ou est-ce qu'ils ne sont pas effectués du tout?	1ERE VISITE	VISITE SUIVANTE	CHAQUE VISITE	AUCUNE.	
	a) Rechercher la syphilis?	1	2	3	5	
	b) Mesurer l'hémoglobine?	1	2	3	5	
	c) Analyser l'urine pour protéine ?	1	2	3	5	
411	Est-ce que le prestataire de soins prénatals traite les IST de manière systématique ou les clients sont-ils envoyés à un(e) autre prestataire ou à une autre structure pour traitement?	TRAITE IST ..... 1 ENVOIE AILLEURS DANS LE MÊME FOSA..... 2 ENVOIE À AUTRE FOSA ..... 3 PAS DE TRAITEMENT ..... 4				
412	Puis-je voir la salle où les patientes ayant besoin de soins prénatals sont examinées?  ENQUETEUR: EXAMINER LA SALLE.	PIÈCE SÉPARÉE ..... 1 SALLE AVEC RIDEAUX ..... 2 AUTRES ÉLÉMENTS ..... 3 MEME SALLE QUE SALLE D'ATTENTE ..... 4				

NO.	QUESTIONS	CODE	ALLER À
	DEMANDER A VOIR OU LES EXAMENS POUR LA SOINS PRÉNATALS SONT EFFECTUES. POU CHACUN DES ARTICLES DE LA LISTE CI-DESSOUS, VERIFIER D'ABORD SI L'ARTICLE EST DISPONIBLE DANS LA SALLE OU LE SERVICE EST OFFERT OU DANS UNE PIECE ADJACENTE (CECI COMPREND LA SALLE DE CONSULTATION PELVINNE SI ELLE EST DIFFERENTE DE LA SALLE DE CONSULTATION GENERALE) . SI NON, DEMANDER A VOIR L'ARTICLE S'IL SE TROUVE QUELQUE PART A UNE DISTANCE RAISONNABLE DANS L'ETABLISSEMENT. SI L'ARTICLE EST DISPONIBLE, VERIFIER S'IL FONCTIONNE OU NON.		
413	Si la salle a déjà été observée pour les autres services, Indiquer à quelle service.	SERVICE PF .....1 CONSULTATIONS IST .....2 ACCOUCHEMENT .....3 SALLE PAS OBSERVEE .....4	→416 →416 →416
414	ENQUETEUR: VÉRIFIER L'ÉCLAIRAGE GENERAL DANS LA SALLE D'EXAMEN	ÉCLAIRAGE VERTICAL.....1 LAMPE.....2 LUMIÈRE DU JOUR/ FENETRES .3	
<b>ARTICLES POUR LES SOINS PRÉNATALS</b>			
		<b>(a) L'ARTICLE EST-IL DISPONIBLE? POSER LA QUESTION POUR CHAQUE ARTICLE</b>	<b>(b) L'ARTICLE FONCTIONNE-T-IL?</b>
415	LA SALLE ET L'EQUIPEMENT	<b>OBSERVÉ</b> <b>RAPPORTE</b> <b>PAS DISPONIBLE</b> <b>NE SAIT PAS</b>	<b>OUI</b> <b>NON</b> <b>NSP</b>
	a) Intimité visuelle	1    2    3    8	
	b) Intimité auditive	1    2    3    8	
	c) Lampes baladeuses/ gynéco/torches	1    2    3→415d    8→415d	1    2    8
	d) Table gynécologique ou lit d'examen	1    2    3→415e    8→415e	1    2    8
	e) Produits pour laver les mains (savon, serviette)	1    2    3    8	
	f) Eau	1    2    3    8	
	g) Gants propres		
	h) Boite objets tranchants (Boite aiguilles)	1    2    3    8	
	i) Désinfectant 0,5%	1    2    3    8	
416	<b>EQUIPEMENT</b>		
	a) Tensiomètre	1    2    3→416b    8→416b	1    2    8
	b) Stéthoscope	1    2    3→416c    8→416c	1    2    8
	c) Balance pour adultes	1    2    3→416d    8→416d	1    2    8
	d) Stéthoscope de Pinard (pour le fœtus)	1    2    3→416e    8→416e	1    2    8
	e) Pèse-bébé (avec graduation de 100 gm)	1    2    3→416f    8→416f	1    2    8
	f) Thermomètre	1    2    3→416g    8→416g	1    2    8
	g) Ruban de mesure	1    2    3    8	
	h) Protocoles pour soins de santé maternelle	1    2    3    8	
NO.	QUESTIONS	CODE	ALLER À

417	Est-ce que cet établissement a une relation formelle avec les accoucheuses traditionnelles (AT)?	OUI ..... 1 NON ..... 2	→419
418	Est-ce que cet établissement a un document sur le programme des accoucheuses traditionnelles, par ex. la liste des accoucheuses affiliées à l'établissement et la formation qu'elles ont suivies?  SI OUI : Puis-je voir la documentation?	OUI, OBSERVÉ ..... 1 OUI, PAS VU ..... 2 NON ..... 3 NE SAIT PAS ..... 8	
419	Y-a-t-il un registre des patients où l'information sur la consultation de chaque cliente est écrite? SI OUI : Puis-je le voir?	OUI, REGISTRE VU ..... 1 OUI, REGISTRE PAS VU ..... 2 PAS DE REGISTRE TENU ..... 3	→421 →421
420	A quand remonte la plus récente inscription?	AU COURS DE 7 DERNIERS JOURS ..... 1 PLUS DE 7 JOURS ..... 2	
421	NOTER LE NOMBRE DE CONSULTATIONS PRÉNATALES VUES AU COURS D'UNE PERIODE DE 12 MOIS Y COMPRIS LES FEMMES QUI VIENNENT POUR UNE OU PLUSIEURS VISITES	NOMBRE DE VISITE PRÉNATALES <input type="text"/> <input type="text"/> <input type="text"/>  NE SAIT PAS ..... 998	→423
422	Si la période à laquelle se réfère le nombre de consultations est inférieure à 12mois, indiquez le nombre de mois concerné.	MOIS DE DONNEES .... <input type="text"/> <input type="text"/>  NE SAIT PAS ..... 98	
423	Avez-vous une estimation du nombre total de naissances dans la zone de rayonnement de l'établissement au cours des 12 derniers mois? SI OUI: Combien de naissances y-a-t-il eu?	ESTIMATION LES NAISSANCE <input type="text"/> <input type="text"/> <input type="text"/>  NE SAIT PAS ..... 998	→426
424	Quel est le taux de couverture des consultations prénatales au cours des 12 derniers mois?	% COUVERTURE ..... <input type="text"/> <input type="text"/> PRÉNATALE  NE SAIT PAS ..... 98	→426
425	Comment le répondant-a-t-il obtenu les informations sur la couverture des consultations prénatales?	RAPPORT ..... 1 GRAPHIQUE ..... 2 AUTRE ..... 6 (PRÉCISER) NE SAIT PAS ..... 8	
426	Gardez-vous une carte/fiche pour chaque patient prénatales? SI OUI: Puis-je voir une carte/ fiche non remplie?	OUI, CARTE OBSERVÉE ..... 1 OUI, CARTE PAS VUE ..... 2 PAS DE CARTE INDIVIDUELLE ..... 3	
427	Gardez-vous l'adresse de chaque patient pour un éventuel suivi?	OUI ..... 1 NON ..... 2	
428	Avez-vous eu une visite de supervision dans les services de maternité au cours des 6 derniers mois?	OUI ..... 1 NON ..... 2	→430
429	Combien de visites de supervision séparées avez-vous eu au cours des 6 derniers mois?	NOMBRE DE VISITES DE SUPERVISION <input type="text"/> <input type="text"/> NE SAIT PAS ..... 98	
430	Est-ce que cet établissement dispose de procédures pour le transport de femmes en urgence obstétrique?	OUI ..... 1 NON ..... 2	→434

NO.	QUESTIONS	CODE			ALLER À	
431	Laquelle des situations suivantes décrit le mieux le système Le <b>plus fréquemment utilisé</b> pour le transport en cas d'urgence?	DISPONIBILITÉ				
		24 HEURES	HEURES OFFICIELLES	NE SAIT PAS		
	A) VEHICULE POUR URGENCE SEULEMENT QUI RESTE À LA FOSA	1	2	8		
	B) VEHICULE A L'HOPITAL DE DISTRICT (ON DOIT DEMANDER A CE QU'IL SOIT ENVOYÉ A LA FOSA)	1	2	8		→433
	C) VEHICULE POUR CAS NON URGENTS	1	2	8		→433
D) LOCATION DE VEHICULE QUAND DE BESOIN (AVEC SOUTIEN FINANCIER DE L'ETABLISSEMENT)	1	2	8	→433		
432	Est-ce que le véhicule est disponible et en état d'entretien?  SI OUI: Puis-je voir le véhicule?	OUI, VU/FONCTIONNE .....	1			
		OUI, VU/NE FONCTIONNE PAS .....	2			
		VEHICULE EN DEPLACEMENT, PAS VU .....	3			
		NE SAIT PAS .....	4			
433	En utilisant ce véhicule en combien de minutes arrive-t-on à l'établissement de référence le plus proche?	SAISON SECHE .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	→435
		SAISON PLUVIEUSE .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		NE SAIT PAS .....	998			
434	Quel est le moyen le plus couramment utilisé pour transporter les femmes en cas d'urgence obstétrique?	PERSONNES PORTENT .....	1			
		VEHICULE TRACTION ANIMALE .	2			
		VEHICULE A MOTEUR .....	3			
		COMBINAISON DE CE QUI PRECEDE .....	4			
		AUTRE (PRECISER) .....	6			
		NE SAIT PAS .....	8			

## SECTION 4: Service de Santé Maternelle (Sous-Section 2 Accouchements)

NO.	QUESTIONS	CODE	ALLER À
435	Y-a-t-il une maternité qui dépend de cet établissement?	OUI..... 1 NON ..... 2	→501
436	Combien de lits de maternité y-a-t-il dans cet établissement?	NOMBRE DE LITS..... <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> DE MATERNITÉ  PAS DE LITS PROPRE POUR LA MATERNITE ..... 95 NE SAIT PAS ..... 98	
437	Est-ce que les personnels de santé font des accouchements à domicile de manière routinière où en cas d'urgence?	OUI, ROUTINE..... 1 OUI, URGENCE SEULEMENT..... 2 NON ..... 3	→440
438	Est-ce qu'il y a un trousseau d'urgence pour l'accouchement à domicile en cas d'urgence?	OUI, SAC D'URGENCE VU..... 1 OUI, SAC D'URGENCE PAS VU ..... 2 NON ..... 3	→440 →440
439	AU MINIMUM, LE TROUSSEAU D'URGENCE DOIT CONTENIR: - Savon; ciseaux ou lame, pince; lien pour cordon ombilical; injectable ergométrine avec seringues et aiguilles	TOUS LES ARTICLES PRESENTS..... 1 CERTAINS ARTICLES MANQUENT ... 2	
440	Est-ce qu'un agent avec des compétences en matière d'accouchements est présent ou disponible à l'appel 24 heures sur 24 y compris les week-end pour prodiguer des soins?	OUI, PRESENT..... 1 OUI, A L'APPEL ..... 2 NON ..... 3	
DEMANDER A VOIR OU SONT LES LA SALLES D'ACCOUCHEMENTS. POUR CHACUN DES ARTICLES DE LA LISTE CI-DESSOUS, VERIFIER D'ABORD SI L'ARTICLE EST DISPONIBLE DANS LA SALLE. SI NON, DEMANDER A VOIR L'ARTICLE S'IL SE TROUVE QUELQUE PART A UNE DISTANCE RAISONNABLE DANS L'ETABLISSEMENT. SI L'ARTICLE EST DISPONIBLE, VERIFIER S'IL FONCTIONNE OU PAS.			
441	Si la salle a déjà été observée pour les autres services, Indiquer à quelle service.	SERVICE PF ..... 1 CONSULTATIONS IST..... 2 SOINS PRÉNATALS ..... 3 SALLE PAS OBSERVEE ..... 4	→444 →444 →444
442	ENQUETEUR: VÉRIFIER L'ÉCLAIRAGE GÉNÉRALE DANS LA SALLE D'EXAMINATION	ÉCLAIRAGE VERTICAL ..... 1 LAMPE..... 2 LUMIÈRE DU JOUR/ FENETRES . 3	

443	LES ARTICLES POUR LES ACCOUCHEMENTS	(a) L'ARTICLE EST DISPONIBLE? POSER LA QUESTION POUR CHACUN DES ARTICLES.				(b) L'ARTICLE FONCTIONNE-T-IL?		
	LA SALLE ET L'EQUIPEMENT	OBSERVÉ	RAPPORTE	PAS DISPONIBLE	NE SAIS PAS	OUI	NON	NSP
	a) Intimité visuelle	1	2	3	8			
	b) Intimité auditive	1	2	3	8			
	c) Lampes baladeuses/gynéco/torches	1	2	3→443d	8→443d	1	2	8
	d) Table gynécologique ou lit d'examen	1	2	3→443e	8→443e	1	2	8
	e) Produits pour laver les mains (savon, serviette)	1	2	3	8			
	f) Eau	1	2	3	8			
	g) Gants propres							

LES ARTICLES POUR LES ACCOUCHEMENTS		(a) L'ARTICLE EST DISPONIBLE? POSER LA QUESTION POUR CHACUN DES ARTICLES.				(b) L'ARTICLE FONCTIONNE-T-IL?		
LA SALLE ET L'EQUIPEMENT	OBSERVÉ	RAPPOR-TE	PAS DISPONI-BLE	NE SAIT PAS	OUI	NON	NSP	
	h) Boîte objets tranchants (Boîte aiguilles)	1	2	3	8			
	i) Désinfectant 0,5%	1	2	3	8			
444	EQUIPEMENT POUR L'ACCOUCHEMENT							
	a) Source de lumière fonctionnant 24h/24	1	2	3→445	8→445	1	2	8
445	POUR L'ENFANT							
	a) Table de réanimation pour bébé	1	2	3→445b	8→445b			
	b) Appareil manuel de respiratoire (Ambu bag, Hudson silicone réanimation)	1	2	3→445c	8→445c	1	2	8
	c) Aspirateur néonatal (Delee ou poire)	1	2	3→445d	8→445d	1	2	8
	d) Source de chaleur pour bébé prématuré (couveuse ou lumière)	1	2	3→445e	8→445e	1	2	8
	e) Pèse-bébé	1	2	3→445f	8→445f	1	2	8
	f) Liens/catgut pour corde ombilicale	1	2	3	8			
	g) Couverture ou serviette pour envelopper le bébé	1	2	3	8			
446	Equipement et fourniture							
	a) Perfusion Intra-venous (sodium chloride; ou solution physiologique de Ringer, ou dextros) non périmée.	1	2	3	8			
	b) Ensemble perfusion intraveineuse	1	2	3	8			
	c) Ergométrine maléate (non périmée)	1	2	3	8			
	d) Seringues et aiguilles	1	2	3	8			
	e) Aiguilles et matériel pour effectuer des sutures	1	2	3	8			
	f) Ciseaux/lames	1	2	3→446g	8→446g	1	2	8
	g) Porte aiguilles	1	2	3→446h	8→446h	1	2	8
	h) Antiseptiques pour la peau (chlorhexodome)	1	2	3	8			
447	PROTOCOLES							
	a) Partogrammes	1	2	3	8			
	b) Protocoles pour la prise en charge des accouchements d'urgence	1	2	3	8			



NO.	QUESTIONS	CODE				ALLER À		
448	Est -ce que cet établissement effectue des accouchements à l'aide de forceps ou de ventouse?	OUI ..... 1 NON..... 2				→450		
	SI OUI: DEMANDER A VOIR L'EQUIPEMENT	<b>a) L'ARTICLE EST DISPONIBLE?</b> POSER LA QUESTION POUR CHACUN DES ARTICLES.				<b>(b) L'ARTICLE FONCTIONNE-T-IL?</b>		
449		OBSERVÉ	RAPPORTE	PAS DISPONIBLE	NE SAIS PAS	OUI	NON	NSP
	A) Forceps	1	2	3→449b	8→449b	1	2	8
	B) Ventouse	1	2	3→450	8→450	1	2	8
450	Est ce que cet établissement fournit des soins après un avortement?	OUI ..... 1 NON..... 2				→452		
		<b>(a) L'ARTICLE EST DISPONIBLE?</b>				<b>(b) L'ARTICLE FONCTIONNE-T-IL?</b>		
451	SI OUI: DEMANDER A VOIR L'EQUIPEMENT	OBSERVÉ	RAPPORTE	PAS DISPONIBLE	NE SAIT PAS	OUI	NON	NSP
	A) Aspirateur évacuation	1	2	3→451b	8→451b	1	2	8
	B) Kit de curetage (curettes)	1	2	3→451c	8→451c			
	C) Autre (préciser)	1	2	3→452	8→452	1	2	8
452	Est-ce que cet établissement effectue systématiquement les opérations suivantes immédiatement après la naissance d'un bébé?	OUI NON NE SAIS PAS						
	A) ASPIRER AVEC SONDE	1 2 8						
	B) SECHER AVEC TISSU	1 2 8						
	C) DONNER A LA MÈRE	1 2 8						
	D) PESER L'ENFANT	1 2 8						
	E) Baigner l'enfant	1 2 8						
453	Est-ce que cet établissement donne systématiquement au nouveau-né OPV (Polio 0) avant qu'il ne quitte l'établissement?	OUI ..... 1 NON..... 2						
454	Est-ce que cet établissement donne systématiquement de la vitamine A à la mère avant qu'elle ne quitte l'établissement ?	OUI ..... 1 NON..... 2						
455	Est-ce que cet établissement organise régulièrement des sessions pour passer en revue les cas de décès maternels ou des nouveaux-nés ; aussi que de ceux qui ont été sauvés de justesse ?	OUI, POUR MERE..... 1 OUI, POUR NOUVEAUX-NES ..... 2 OUI, POUR LES DEUX ..... 3 NON ..... 4						
456	Puis-je voir un partogramme complété?	OBSERVÉ ..... 1 NON OBSERVÉ ..... 2 N'EN A PAS..... 3						
457	Est-ce que cet établissement dispose d'un registre contenant l'information sur les femmes ayant accouché dans l'établissement?	OUI, OBSERVÉ ..... 1 OUI, NON OBSERVÉ ..... 2 NON..... 3				→459 →459		

NO.	QUESTIONS	CODE	ALLER A
458	A quand remonte la dernière naissance?	AU COURS DES 30 DERNIERS JOURS.....1 PLUS DE 30 JOURS .....2	
459	Combien de femmes ont accouché dans cet établissement au cours des 12 derniers mois?	NOMBRE D'ACCOUCHEMENTS <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS..... 998	→463
460	Si le nombre de naissances se rapporte à une période de moins de 12 mois, indiquer la durée considérée, en mois.	MOIS DE DONNEES.... <input type="text"/> <input type="text"/> NE SAIT PAS.....98	
461	Quel est le taux de couverture des naissances au cours des 12 derniers mois?	% COUVERTURE ..... <input type="text"/> <input type="text"/> NAISSANCES NE SAIT PAS.....98	→463
462	Comment le répondant a-t-il obtenu l'information sur la couverture des naissances?	RAPPORT .....1 GRAPHIQUE .....2 AUTRE .....6 (PRECISER) NE SAIT PAS.....8	
463	Est-ce que cet établissement effectue des césariennes?	OUI .....1 NON.....2	→469
DEMANDER A VOIR LA SALLE D'OPERATIONS, VERIFIER LES ELEMENTS DE LA LISTE SUIVANTE D'EQUIPEMENTS ET FOURNITURES SONT DISPONIBLES DANS LA SALLE			
	DEMANDER A VOIR L'EQUIPEMENT	(a) L'ARTICLE EST-IL DISPONIBLE?	(b) L'ARTICLE FONCTIONNE-T-IL?
464		OBSERVÉ RAPPORTE PAS DISPONIBLE NE SAIS PAS	OUI NON NSP
	A) TABLE D'OPERATION	1 2 3→464b 8→464b	1 2 8
	B) LUMIERE POUR OPERATION	1 2 3→464c 8→464c	1 2 8
	C) ZONE DE STERILISATION CONTIGUE A LA SALLE D'OPERATION	1 2 3→464d 8→464d	
	D) PLATEAU AVEC OBJETS STERILISES PRET	1 2 3→465 8→465	
465	Est-ce que cet établissement dispose d'un personnel formé pour effectuer des césariennes, présent dans l'établissement ou "à l'appel" 24h/24(y compris les week-ends)?	OUI .....1 NON.....2	
466	Combien de césariennes ont été effectuées dans cet établissement au cours des 12 derniers mois?	NOMBRE DE CÉSARIENNES <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS .....998	→468
467	Si le nombre de césariennes se rapporte à une période de moins de 12 mois, indiquer la durée considérée, en mois.	MOIS DES DONNEES .... <input type="text"/> <input type="text"/> NE SAIT PAS ..... 98	

NO.	QUESTIONS	CODE	ALLER À
468	A quand remonte la dernière césarienne?  NE SAIS PAS = 98, 9998	JOUR..... <input type="text"/> <input type="text"/>  MOIS ..... <input type="text"/> <input type="text"/>  ANNEE ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
469	Est-ce que cet établissement effectue des transfusions sanguines?	OUI ..... 1 NON..... 2	→472
470	Est-ce que cet établissement a une BANQUE DE SANG ?	OUI ..... 1 NON..... 2	
471	Est-ce qu'il y a un registre de l'établissement concernant les transfusions sanguines? SI OUI, DEMANDER A LE VOIR	OUI, REGISTRE VU..... 1 OUI, PAS VU ..... 2 PAS DE REGISTRE ..... 3	
472	Dans cet établissement, quelle est la durée moyenne d'un séjour après un accouchement normal?	NUMBRES D'HEURES ..... <input type="text"/> <input type="text"/>  NE SAIT PAS ..... 98	
473	Dans cet établissement, combien coûtent normalement les services suivants?:  a) Une consultation prénatale?  b) Un accouchement sans épisiotomie ?  c) Des soins postnatals?  NE SAIT PAS.....99998 GRATUIT .....00000 PAS DISPONIBLE .....99995	COUT EN FRW  PRÉNATAL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  ACCOU- CHEMENT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  POST NATAL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

## Section 5: Services IST/VIH/SIDA

NO.	QUESTIONS	CODE	ALLER À
501	Est-ce que cet établissement offre des conseils concernant les IST?	OUI ..... 1 NON ..... 2	
502	Est ce que cet établissement offre la possibilité d'effectuer des tests pour les IST?	OUI ..... 1 NON ..... 2	
503	Est-ce que cet établissement offre la possibilité de recevoir un traitement contre les IST avec un service spécialisé ou en consultations générales	OUI, CLINIQUE SPECIALE ..... 1 OUI, CONSULTATIONS GENERALES ..... 2 PAS DE SERVICE ..... 3	
504	SI LA RÉPONSE À 501, 502 OR 503 EST " OUI", ENCERCLER '1', SINON ENCERCLER '2'.	OUI ..... 1 NON ..... 2	→506
505	Est ce que cet établissement dirige les patients vers des spécialistes pour des conseils, des tests ou des traitement des IST?	OUI ..... 1 NON ..... 2	→518 →518
506	Depuis combien d'années offrez-vous des services pour les IST?	NOMBRE D'ANNÉES <input type="text"/> <input type="text"/> NE SAIT PAS ..... 98	
507	Combien de jours par semaine, ces services concernant les IST sont-ils disponibles ?	JOURS ..... <input type="text"/>	
508	Comment établit-on les diagnostics de IST dans cet établissement ?	APP.SYNDROMIQUE (OBSERVATION DES SYMPTOMES) ..... 1 APP.CLINIQUE (LABORATOIRE).2 AUTRE ..... 6 (PRECISER)	
509	Y-a-t-il un registre des patients avec IST où l'information sur la consultation de chaque cliente est écrite? SI OUI : Puis-je le voir?	OUI, REGISTRE VU ..... 1 OUI, REGISTRE PAS VU ..... 2 PAS DE REGISTRE TENU..... 3	→512 →512
510	A quant remonte la plus récente inscription?	AU COURS DE 7 DERNIERS JOURS ..... 1 PLUS DE 7 JOURS ..... 2	
511	NOTER LE NOMBRE DE PATIENTS IST VUS DANS UN PERIODE DE 12 MOIS.	NOMBRE PATIENTS IST <input type="text"/> <input type="text"/> <input type="text"/> NE SAIT PAS ..... 998	
511a	Si la période à laquelle se réfère le nombre de patients est inférieure à 12mois, indiquez le nombre de mois concerné.	MOIS DES DONNEES.. <input type="text"/> <input type="text"/> NE SAIT PAS ..... 98	
512	Est-ce que cet établissement déclare au gouvernement ou à son siège de l'organisation dont il dépend, les cas suivants : a) Syphilis? b) Gonorrhée? c) VIH?	OUI NON NSP SYPHILIS ..... 1 2 8 GONORRHÉE..... 1 2 8 VIH ..... 1 2 8	
513	Est-ce que cet établissement a mis en place un règlement qui garantit la confidentialité aux patients ayant une IST? SI OUI, PUIS-JE VOIR LE PROTOCLE/FORMULAIRE/RÉGLEMENT ?	OUI,OBSERVÉ ..... 1 OUI, PAS VU..... 2 PAS DE RÉGLEMENT ..... 3	
514	Y-a-t-il un tarif des consultations pour les IST dans cet établissement ?	OUI ..... 1 NON ..... 2	→516

NO.	QUESTIONS	CODE	ALLER À					
515	Quel est le tarif d'une consultation pour IST? (en Francs Rwandais))	COUT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> NE SAIT PAS ..... 99998						
516	Est-ce que l'établissement fournit des médicaments pour le traitement des IST?	OUI ..... 1 NON ..... 2	→518					
517	Ces médicaments sont-ils gratuits?	OUI ..... 1 NON ..... 2						
518	Est-ce que cet établissement offre des services de conseils pour le VIH/SIDA?	OUI ..... 1 NON ..... 2						
519	Est-ce que cet établissement offre la possibilité d'effectuer des tests de détection du VIH/SIDA?	OUI ..... 1 NON ..... 2						
520	SI LES RÉPONSES À 518 OU 519 SONT " OUI", ENCERCLER '1', SINON ENCERCLER '2'.	OUI ..... 1 NON ..... 2	→522					
521	Est-ce que l'établissement dirige les patients vers des spécialistes pour des conseils, des tests ou des traitements du VIH/SIDA?	OUI ..... 1 NON ..... 2	→527 →527					
522	Depuis combien d'années offrez-vous des services qui traitent le VIH/SIDA?	NOMBRES D'ANNÉES ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> NE SAIT PAS ..... 98						
523	Combien de jours par semaine ces services sont-ils disponibles?	JOURS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>						
524	Est-ce que cet établissement a mis en place un règlement qui garantit la confidentialité aux patients soignés pour le VIH/SIDA? SI OUI, DEMANDER A VOIR LE PROTOCOLE/FORMULAIRE/REGLEMENT.	OUI,OBSERVÉ ..... 1 OUI, PAS VU..... 2 PAS LE RÉGLEMENT ..... 3						
525	Est-ce que cet établissement a un formulaire de consentement pour les test du VIH/SIDA ? SI OUI, DEMANDER DE VOIR UN FORMULAIRE DE CONSENTEMENT.	OUI,OBSERVÉ ..... 1 OUI, PAS VU..... 2 NON, PAS DE FORMULAIRE ..... 3 NE FAIT PAS LE TEST ..... 4						
526	Est-ce que cet établissement fournit aux patients atteints du VIH/SIDA une formation/des conseils pour effectuer des soins à la maison?	OUI ..... 1 NON ..... 2						
527	L'établissement offre-t-il les services suivants aux patients testés positifs au VIH/SIDA : a) Soutien psycho-social par un spécialiste b) Suivi chez un spécialiste pour des soins spéciaux	OUI NON NSP						
		PSYCHO-SOCIA..... 1 2 8 SUIVI..... 1 2 8						
528	Est-ce que cet établissement se charge normalement d'informer le partenaire du client atteint de MST ou VIH/SIDA? (ACTIVE=PAR FOSA ; PASSIVE=PAR CLIENT)	OUI, NOTIFICATION ACTIVE ..... 1 OUI, NOTIFICATION PASSIVE ..... 2 NON ..... 3						
529	Est-ce que cet établissement fournit aux patients hospitalisés pour une MST ou pour le SIDA des séances d'éducation ? SI OUI, DEMANDER A OBSERVER LES MATERIELS D'EDUCATION UTILISES POUR LES SÉANCES D'EDUCATION (Posters, brochures, fiches de conseils)	OUI ..... 1 NON ..... 2	→531					

NO.	QUESTIONS		CODE			ALLER À		
			RAPPORTÉ	PAS DISPONIBLE	NE SAIS PAS			
530	LES MATERIELS POUR ENSEIGNEMENT	OBSERVÉ	RAPPORTÉ	PAS DISPONIBLE	NE SAIS PAS			
	UTILISATION DU CONDOM	1	2	3	8			
	MOYEN DE PRÉVENTION DU VIH/SIDA	1	2	3	8			
	LES CONSÉQUENCES DU VIH/SIDA	1	2	3	8			
531	Des condoms sont-ils disponibles sur place pour les patients HIV/IST?		OUI..... 1 NON ..... 2			→534		
532	Y-a-t-il un tarif pour les condoms?		OUI..... 1 NON ..... 2			→534		
533	Combien coûte les condoms (pour 4 unités)*?		FRW					
534	Est-ce que cet établissement offre la possibilité de suivre un traitement pour la tuberculose?		OUI..... 1 NON ..... 2					
535	Puis-je voir la salle où les patients en HIV/MST reçoivent des conseils ?  ENQUETEUR: EXAMINER LA SALLE.		PIÈCE SÉPARÉE ..... 1 SALLE AVEC RIDEAUX ..... 2 AUTRES ÉLÉMENTS ..... 3 MEME SALLE QUE SALLE D'ATTENTE ..... 4					
DEMANDER A VOIR OU LES EXAMENS POUR LES IST OU VIH/SIDA SONT EFFECTUES. POUR CHACUN DES ARTICLES DE LA LISTE CI-DESSOUS, VERIFIER D'ABORD SI L'ARTICLE EST DISPONIBLE DANS LA SALLE. SI NON, DEMANDER A VOIR L'ARTICLE S'IL SE TROUVE QUELQUE PART A UNE DISTANCE RAISONNABLE DANS L'ETABLISSEMENT. SI L'ARTICLE EST DISPONIBLE, VERIFIER S'IL FONCTIONNER OU NON.								
536	Si la salle a déjà été observée pour les autres services, Indiquer à quelle service.		SERVICE PF..... 1 SERVICE ACCOUCHEMENT ..... 2 SOINS PRÉNATALS ..... 3 SALLE PAS OBSERVEE ..... 4			→539 →539 →539		
537	ENQUETEUR: VÉRIFIER L'ÉCLAIRAGE GÉNÉRALE DANS LA SALLE D'EXAMINATION		ÉCLAIRAGE VERTICAL..... 1 LAMPE ..... 2 LUMIÈRE DU JOUR/ FENETRES. 3					
	<b>LES ARTICLES POUR LES EXAMINATIONS</b>	<b>(a) L'ARTICLE EST-IL DISPONIBLE? POSER LA QUESTION POUR CHACUN DES ARTICLES.</b>			<b>(b) L'ARTICLE FONCTIONNE-T-IL?</b>			
538	<b>LA SALLE ET L'ÉQUIPEMENT</b>	<b>OBSERVÉ</b>	<b>RAPPORTÉ</b>	<b>PAS DISPONIBLE</b>	<b>NE SAIS PAS</b>	<b>OUI</b>	<b>NON</b>	<b>NSP</b>
	a) Intimité visuelle	1	2	3	8			
	b) Intimité auditive	1	2	3	8			
	c) Lampes baladeuses/gynéco/torches	1	2	3→538d	8→538d	1	2	8
	d) Table gynécologique ou lit d'examen	1	2	3→538e	8→538e	1	2	8
	e) Produits pour laver les mains (savon, serviette)	1	2	3	8			
	f) Eau	1	2	3	8			
	g) Gants propres							
	h) Boîte objets tranchants (Boîte aiguilles)	1	2	3	8			
	i) Désinfectant 0,5%	1	2	3	8			

	LES ARTICLES POUR LES EXAMINATIONS	(a) L'ARTICLE EST-IL DISPONIBLE? POSER LA QUESTION POUR CHACUN DES ARTICLES.				(b) L'ARTICLE FONCTIONNE-T-IL?		
		OBSERVÉ	RAPPORTÉ	PAS DISPONIBLE	NE SAIS PAS	OUI	NON	NSP
	LA SALLE ET L'EQUIPEMENT							
539	EQUIPEMENTS ET FOURNITURES							
	a) Speculum	1	2	3 → 539b	8 → 539b	1	2	8
	b) Ecoillor monté (Tige)	1	2	3	8			
540	PROTOCOLES/MATERIELS D'ENSEIGNEMENT							
	a) Protocoles cliniques pour IST	1	2	3	8			
	b) Protocoles pour utilisation de l'approche syndromique dans la prise en charge des IST	1	2	3	8			
	c) Protocoles pour traitement VIH/SIDA	1	2	3	8			
	d) Brochure d'information sur VIH/SIDA pour donner au client	1	2	3	8			

### LES TEST CLINIQUE POUR IST/VIH/SIDA

TEST		541. Est-ce que les agents de santé de cet établissement ordonnent des tests?	542. Où le test est-il effectué? CODES: 1=À L'ÉTABLISSEMENT; 2=ÉCHANTILLON PRÉLEVÉ À L'ÉTABLISSEMENT ET ENVOYÉ AILLEURS POUR ETRE TESTÉ; 3=PATIENT ENVOYÉ DANS UN AUTRE ÉTABLISSEMENT POUR ETRE TESTER; 6=AUTRE	543. Au bout de combien de jours le patient reçoit-il les résultats?	544. Combien coûte le TEST en Francs Rwandais?
Syphilis	a) RPR ou VDRL	OUI..... 1 NON.. 2 → 541b	OÙ LE TEST EST-IL EFFECTUÉ <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	b) TPHA	OUI..... 1 NON.. 2 → 541c	OÙ LE TEST EST-IL EFFECTUÉ <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
c) Coloration Gram		OUI..... 1 NON.. 2 → 541d	OÙ LE TEST EST-IL EFFECTUÉ <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
d) Culot Frais		OUI..... 1 NON.. 2 → 541e	OÙ LE TEST EST-IL EFFECTUÉ <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
VIH	e) Elisa	OUI..... 1 NO..... 2 → 541f	OÙ LE TEST EST-IL EFFECTUÉ <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	f) VIH Rapide	OUI..... 1 NO..... 2 → 541g	OÙ LE TEST EST-IL EFFECTUÉ <input type="checkbox"/>	<input type="text"/>	<input type="text"/>

	g) Western Blott	OUI..... 1 NO..... 2 → 600	OÙ LE TEST EST-IL EFFECTUÉ <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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## SECTION 6 : LABORATOIRE

600	Est-ce que cette FOSA fait les tests de laboratoire à l'établissement ? (Si une réponse quelconque à la question 542 ou à la question 410 est « 1 », la réponse est OUI)	OUI..... 1 NON ..... 2	→601 →701
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DEMANDER A VOIR OU SONT EFFECTUES LES EXAMENS DE LABORATOIRES SI DES TESTS SONT EFFECTUES DANS L'ETABLISSEMENT

601	Est-ce que l'établissement a, au moins, un technicien de laboratoire?	OUI ..... 1 NON..... 2	
602	Dans cet établissement, effectuez-vous des tests pour les trichomonas?	OUI ..... 1 NON..... 2	

	LES EQUIPEMENT ET RÉACTIFS LABORATOIRE	(a) L'ARTICLE EST-IL DISPONIBLE? POSER LA QUESTION POUR CHACUN DES ARTICLES..				(b) L'ARTICLE FONCTIONNE-T-IL?		
		OBSERVÉ	RAPPORTE	PAS DISPONIBLE	NE SAIS PAS	OUI	NON	NSP
603	Microscope	1	2	3→604	8→604	1	2	8
604	Centrifugeuse	1	2	3→604	8→604	1	2	8
605	Lame pour GE	1	2	3	8			
	a) Giemsa	1	2	3	8			
	b) Leishman	1	2	3	8			
606	Bandelette Réactive (Albumine, Protéine, Sucre)	1	2	3	8			
607	Acide Acétique (Albumine, Protéine)	1	2	3	8			
	<b>TEST POUR REACTIF</b>							
608	HEMOGLOBINMETRE	1	2	3→609	8→609	1	2	8
	a) DRABKIN. Solution ou Photomètre	1	2	3	8			
609	Centrifugeuse à Hématocrite	1	2	3	8			
610	Echelle de TARQUIST	1	2	3	8			
	<b>TEST POUR HIV/SIDA</b>							
611	TEST RAPIDE	1	2	3	8			
612	ELISA+SCANNER	1	2	3→613	8→613	1	2	8
613	WESTERN BLOTT	1	2	3	8			
	<b>TEST POUR IST</b>							
614	VDRL	1	2	3	8			
	a) RPR (Réaginine Protéine Recherche)	1	2	3	8			
615	COLORATION AU GRAM	1	2	3	8			
	a) Cristal Violet solution	1	2	3	8			
	b) Réactif de lugol	1	2	3	8			
	c) Acétone	1	2	3	8			
	d) SOFRANIME SOLUTION	1	2	3	8			
616	Milieu de culture (gélose au CHOCOLAT)	1	2	3	8			

## SECTION 7 LES MÉTHODES PLANIFICATION FAMILIALE

700	ENQUÊTEUR: VÉRIFIER 301. SI PLANIFICATION FAMILIALE DISPONIBLE OU NON	PF DISPONIBLE.....1	PF NON DISPONIBLE.....2	→801
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### DEMANDER A OBSERVER LA PHARMACIE/ESPACE DE RANGEMENT OU SONT STOCKES LES MÉTHODES DE PLANIFICATION FAMILIALE

CONTRACEPTIFS DISPONIBLES DANS L'ÉTABLISSEMENT: Je voudrais maintenant vous poser des questions sur les contraceptifs disponibles dans l'établissement. Je voudrais aussi voir les contraceptifs que vous avez en stocks. POSER LA QUESTION N°. (a) POUR CHAQUE CONTRACEPTIF.ET, S'IL N'EST PAS DISPONIBLE, PASSER À LA METHODE SUIVANTE.

MÉTHODE	(a) Cette Méthode est-elle disponible actuellement ?	(b) Enregistrer si au moins 1 unité/cycle de la méthode non-périmée a été observé	(c) Est-ce que vous avez observé une méthode périmée?	(d) Les méthodes, sont-elles rangées selon la date de péremption?	(e) Au cours des 6 derniers mois, est-il arrivé que l'établissement manque de MÉTHODE ?	(f) Pendant combien de jours au cours des 6 derniers mois est-ce que vous avez manqué de MÉTHODE ?
701 Pilule oestro progestative	OUI ..... 1 NON..... 2→702	OUI, OBSERVE .....1 RAPPORTE,PAS VU ..... 2→702 NE SAIT PAS..... 8→702	OUI ..... 1 NON .....2 NE SAIT PAS..... 8	OUI ..... 1 NON.....2 NE SAIT PAS..... 8	OUI .....1 NON .....2 →702 NE SAIT PAS .....8→702	<input type="text"/> <input type="text"/> <input type="text"/>
702 Pilule progestative	OUI ..... 1 NON..... 2→703	OUI, OBSERVE .....1 RAPPORTE,PAS VU ..... 2→703 NE SAIT PAS..... 8→703	OUI .....1 NON .....2 NE SAIT PAS..... 8	OUI ..... 1 NON.....2 NE SAIT PAS..... 8	OUI .....1 NON .....2 →703 NE SAIT PAS .....8 →703	<input type="text"/> <input type="text"/> <input type="text"/>
703 Injection (1 mois) NORIGYNON	OUI ..... 1 NON..... 2→704	OUI, OBSERVE .....1 RAPPORTE,PAS VU ..... 2→704 NE SAIT PAS..... 8→704	OUI ..... 1 NON .....2 NE SAIT PAS..... 8	OUI ..... 1 NON.....2 NE SAIT PAS..... 8	OUI .....1 NON .....2 →704 NE SAIT PAS .....8→704	<input type="text"/> <input type="text"/> <input type="text"/>
704 Injection (3 mois) DEPO OU NORISTAT	OUI ..... 1 NON..... 2→705	OUI, OBSERVE .....1 RAPPORTE,PAS VU ..... 2→705 NE SAIT PAS..... 8→705	OUI ..... 1 NON .....2 NE SAIT PAS..... 8	OUI ..... 1 NON.....2 NE SAIT PAS..... 8	OUI.....1 NON.....2→705 NE SAIT PAS .....8→705	<input type="text"/> <input type="text"/> <input type="text"/>
705 Implants	OUI ..... 1 NON..... 2→706	OUI, OBSERVE .....1 RAPPORTE,PAS VU ..... 2→706 NE SAIT PAS..... 8→706	OUI ..... 1 NON .....2 NE SAIT PAS..... 8	OUI ..... 1 NON.....2 NE SAIT PAS..... 8	OUI.....1 NON.....2→706 NE SAIT PAS .....8→706	<input type="text"/> <input type="text"/> <input type="text"/>
706 Condoms (masculins)	OUI ..... 1 NON..... 2→707	OUI, OBSERVE .....1 RAPPORTE,PAS VU ..... 2→707 NE SAIT PAS..... 8→707	OUI ..... 1 NON .....2 NE SAIT PAS..... 8	OUI ..... 1 NON.....2 NE SAIT PAS..... 8	OUI.....1 NON.....2→707 NE SAIT PAS .....8→707	<input type="text"/> <input type="text"/> <input type="text"/>
707 Condoms (féminins)	OUI ..... 1 NON..... 2→708	OUI, OBSERVE .....1 RAPPORTE,PAS VU ..... 2→708 NE SAIT PAS..... 8→708	OUI ..... 1 NON .....2 NE SAIT PAS..... 8	OUI ..... 1 NON.....2 NE SAIT PAS..... 8	OUI .....1 NON.....2→708 NE SAIT PAS .....8→708	<input type="text"/> <input type="text"/> <input type="text"/>
708 DIU	OUI ..... 1 NON..... 2→709	OUI, OBSERVE .....1 RAPPORTE,PAS VU ..... 2→709 NE SAIT PAS..... 8→709	OUI ..... 1 NON .....2 NE SAIT PAS..... 8	OUI ..... 1 NON.....2 NE SAIT PAS..... 8	OUI .....1 NON.....2→709 NE SAIT PAS .....8→709	<input type="text"/> <input type="text"/> <input type="text"/>

709 SPERMICIDE	OUI ..... 1 NON..... 2→710	OUI, OBSERVE RAPPORTE,PAS VU .....1 2→710 NE SAIT PAS.....8→710	OUI ..... 1 NON.....2 NE SAIT PAS.....8	OUI ..... 1 NON.....2 NE SAIT PAS.....8	OUI .....1 NON.....2→710 NE SAIT PAS.....8→710	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
710	EST-CE QUE LE SYSTEME DE COMMANDE DES PRODUITS DE PF EST LE MÊME QUE CELUI DE COMMANDE DES MÉDICAMENTS POUR LES MALADES ?			OUI, LE MÊME ..... 1 NON, C'EST DIFFERENT..... 2	→713	
711	Est-ce que la formation sanitaire détermine la quantité de méthode dont elle a besoin et passe la commande, ou est-ce que la quantité que vous recevez est déterminée par quelqu'un d'autre?			DETERMINE PROPRES BESOINS ET PASSE COMMANDE..... 1 BESOIN DETERMINE AILLEURS. 2	→713	
712	SI DETERMINER AILLEURS: Est-ce que vous recevez toujours une quantité fixe ou est-ce que la quantité que vous recevez varie avec votre niveau d'activités?			QUANTITE BASEE SUR NIVEAU D'ACTIVITE...1 APPROVISIONNEMENT STANDARD FIXE.....2		
713	Est-ce que le magasin où les produits contraceptifs sont stockés est le même que le magasin des autres médicaments?			OUI, LA MÊME ..... 1 NON, C'EST DIFFERENT..... 2	→715	
714	OBSERVER LA PLACE OU LES PRODUITS SONT STOCKES ET INDIQUER LES RÉPONSES CORRECTES POUR CHACUNE DES CONDITIONS SUIVANTES					
	LES PRODUITS CONTRACEPTIFS SONT PROTÉGÉS DE :			OUI	NON	NE SAIT PAS
	a) EAU (Répondre NON si vous observez des traces sur les murs dues à l'eau, des trous au toit)			1	2	8
	b) SOLEIL (Répondre NON s'il y a des ouvertures dans la chambre par lesquels le soleil peut entrer)			1	2	8
	c) PAS D'ÉVIDENCE DE RONGEUR (rat, souris, chauve souris) (Répondre NON s'il y a des trous dans les boîtes causés par des rongeurs ou des produits partiellement consommés, des excréments de rongeurs, etc.)			1	2	8
715	Y-a-t-il un inventaire écrit pour les METHODES?			OUI ..... 1 NON ..... 2	→801	
716	ENQUETEUR: L'INVENTAIRE ÉCRIT EST-IL À JOUR ET COMPLET?			OUI, OBSERVÉ, A JOUR ..... 1 OUI, OBSERVÉ, PAS A JOUR..... 2 OUI, A JOUR NON OBSERVÉ ..... 3 NON , A JOUR, NON OBSERVE .. 4 NE SAIT PAS .....8		

**SECTION 8: LES MÉDICAMENTS**

**DEMANDER D'OBSERVER LA PHARMACIE/ESPACE DE RANGEMENT OU SONT GARDES LES MÉDICAMENTS**

MÉDICAMENTS ORAUX	(a) Ce MÉDICAMENT est-il disponible actuellement ?	(b) Enregistrer si au moins 1 médicament non-périmé a été observé	(c) Est-ce que vous avez observé un médicament périmé?	(d) Les médicaments, sont-ils rangés selon la date de péremption?	(e) Au cours des 6 derniers mois, est-il arrivé que l'établissement manque du MÉDICAMENT ?	(f) Pendant combien de jours au cours des 6 derniers mois est-ce que vous avez manqué du MÉDICAMENT ?
801) Aldomet PO	OUI..... 1 NON .....2→802	OUI, OBSERVE .....1 RAPPORTE,PAS VU .....2→802 NE SAIT PAS.....8→802	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI .....1 NON.....2→802 NE SAIT PAS..8→802	<input type="text"/> <input type="text"/> <input type="text"/>
802) Comprimés d'Amoxicilline ou sirop	OUI..... 1 NON .....2→803	OUI, OBSERVE .....1 RAPPORTE,PAS VU .....2→803 NE SAIT PAS.....8→803	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI .....1 NON.....2→803 NE SAIT PAS..8→803	<input type="text"/> <input type="text"/> <input type="text"/>
803) comprimé d'Ampicilline ou sirop	OUI..... 1 NON .....2→804	OUI, OBSERVE .....1 RAPPORTE,PAS VU .....2→804 NE SAIT PAS.....8→804	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI .....1 NON.....2→804 NE SAIT PAS..8→804	<input type="text"/> <input type="text"/> <input type="text"/>
804) aspirine	OUI..... 1 NON .....2→805	OUI, OBSERVE .....1 RAPPORTE,PAS VU .....2→805 NE SAIT PAS.....8→805	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI .....1 NON.....2→805 NE SAIT PAS..8→805	<input type="text"/> <input type="text"/> <input type="text"/>
805) Benzathine pénicilline	OUI..... 1 NON .....2→806	OUI, OBSERVE .....1 RAPPORTE,PAS VU .....2→806 NE SAIT PAS.....8→806	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI .....1 NON.....2→806 NE SAIT PAS..8→806	<input type="text"/> <input type="text"/> <input type="text"/>
806) Benzyl pénicilline	OUI..... 1 NON .....2→807	OUI, OBSERVE .....1 RAPPORTE,PAS VU .....2→807 NE SAIT PAS.....8→807	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI .....1 NON.....2→807 NE SAIT PAS..8→807	<input type="text"/> <input type="text"/> <input type="text"/>
807) Brufen	OUI..... 1 NON .....2→808	OUI, OBSERVE .....1 RAPPORTE,PAS VU .....2→808 NE SAIT PAS.....8→808	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI .....1 NON.....2→808 NE SAIT PAS..8→808	<input type="text"/> <input type="text"/> <input type="text"/>
808) Chloramphénicol	OUI..... 1 NON .....2→809	OUI, OBSERVE .....1 RAPPORTE,PAS VU .....2→809 NE SAIT PAS.....8→809	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI .....1 NON.....2→809 NE SAIT PAS..8→809	<input type="text"/> <input type="text"/> <input type="text"/>
809) Comprimés de Chloroquine	OUI ..... 1 NON.....2→810	OUI, OBSERVE .....1 RAPPORTE,PAS VU .....2→810 NE SAIT PAS.....8→810	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI .....1 NON.....2→810 NE SAIT PAS..8→810	<input type="text"/> <input type="text"/> <input type="text"/>

MÉDICAMENTS ORAUX	(a) Ce MÉDICAMENT est-il disponible actuellement ?	(b) Enregistrer si au mois 1 médicament non-périmé a été observé	(c) Est-ce que vous avez observé quelque médicament périmé?	(d) Le médicament, sont-ils rangés selon la date de péremption?	(e) Au cours des 6 derniers mois, est-il arrivé que l'établissement manque du MÉDICAMENTS ?	(f) Pendant combien de jours au cours des 6 derniers mois est-ce que vous avez manqué du MÉDICAMENT ?
810) Comprimés de Cotrimoxazole ou sirop	OUI ..... 1 NON..... 2→811	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→811 NE SAIT PAS..... 8→811	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→811 NE SAIT PAS..8→811	<input type="text"/> <input type="text"/> <input type="text"/>
811) Doxycycline	OUI ..... 1 NON..... 2→812	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→812 NE SAIT PAS..... 8→812	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→812 NE SAIT PAS..8→812	<input type="text"/> <input type="text"/> <input type="text"/>
812) EH (combiné Ethanbutol & INH)	OUI ..... 1 NON..... 2→813	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→813 NE SAIT PAS..... 8→813	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→813 NE SAIT PAS..8→813	<input type="text"/> <input type="text"/> <input type="text"/>
813) Ergométrine Maléate	OUI ..... 1 NON..... 2→814	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→814 NE SAIT PAS..... 8→814	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→814 NE SAIT PAS..8→814	<input type="text"/> <input type="text"/> <input type="text"/>
814) Érythromycine	OUI ..... 1 NON..... 2→815	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→815 NE SAIT PAS..... 8→815	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→815 NE SAIT PAS..8→815	<input type="text"/> <input type="text"/> <input type="text"/>
815) Éthanbutol <sup>4</sup>	OUI ..... 1 NON..... 2→816	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→816 NE SAIT PAS..... 8→816	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→816 NE SAIT PAS..8→816	<input type="text"/> <input type="text"/> <input type="text"/>
816) Fansidar (Sulphadoxine/ pyrimethamine)	OUI ..... 1 NON..... 2→817	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→817 NE SAIT PAS..... 8→817	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→817 NE SAIT PAS..8→817	<input type="text"/> <input type="text"/> <input type="text"/>
817) sulfate ferreux (Fer)	OUI ..... 1 NON..... 2→818	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→818 NE SAIT PAS..... 8→818	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→818 NE SAIT PAS..8→818	<input type="text"/> <input type="text"/> <input type="text"/>
818) Fer avec folique	OUI ..... 1 NON..... 2→819	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→819 NE SAIT PAS..... 8→819	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→819 NE SAIT PAS..8→819	<input type="text"/> <input type="text"/> <input type="text"/>
818a Acide folic	OUI ..... 1 NON..... 2→819	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→819 NE SAIT PAS..... 8→819	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→819 NE SAIT PAS..8→819	<input type="text"/> <input type="text"/> <input type="text"/>
819) Violet de gentianet	OUI ..... 1 NON..... 2→820	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→820 NE SAIT PAS..... 8→820	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→820 NE SAIT PAS..8→820	<input type="text"/> <input type="text"/> <input type="text"/>

MÉDICAMENTS ORAUX	(a) Ce MÉDICAMENT est-il disponible actuellement ?	(b) Enregistrer si au moins 1 médicament non-périmé a été observé	(c) Est-ce que vous avez observé un médicament périmé?	(d) Les médicaments, sont-ils rangés selon la date de péremption?	(e) Au cours des 6 derniers mois, est-il arrivé que l'établissement manque du MÉDICAMENT ?	(f) Pendant combien de jours au cours des 6 derniers mois est-ce que vous avez manqué du MÉDICAMENT ?
820) INH	OUI ..... 1 NON..... 2→821	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→821 NE SAIT PAS..... 8→821	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→821 NE SAIT PAS..8→821	<input type="text"/> <input type="text"/> <input type="text"/>
821) Mebendazole	OUI ..... 1 NON..... 2→822	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→822 NE SAIT PAS..... 8→822	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→822 NE SAIT PAS..8→822	<input type="text"/> <input type="text"/> <input type="text"/>
822) Metronidazole	OUI ..... 1 NON..... 2→823	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→823 NE SAIT PAS..... 8→823	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→823 NE SAIT PAS..8→823	<input type="text"/> <input type="text"/> <input type="text"/>
823) Acide Nalidixic	OUI ..... 1 NON..... 2→824	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→824 NE SAIT PAS..... 8→824	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→824 NE SAIT PAS..8→824	<input type="text"/> <input type="text"/> <input type="text"/>
824) Norfloxacin	OUI ..... 1 NON..... 2→825	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→825 NE SAIT PAS..... 8→825	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→825 NE SAIT PAS..8→825	<input type="text"/> <input type="text"/> <input type="text"/>
825) Nystatine Passaries	OUI ..... 1 NON..... 2→826	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→826 NE SAIT PAS..... 8→826	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→826 NE SAIT PAS..8→826	<input type="text"/> <input type="text"/> <input type="text"/>
826) SRO	OUI ..... 1 NON..... 2→827	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→827 NE SAIT PAS..... 8→827	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→827 NE SAIT PAS..8→827	<input type="text"/> <input type="text"/> <input type="text"/>
827) Paracétamol	OUI ..... 1 NON..... 2→828	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→828 NE SAIT PAS..... 8→828	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→828 NE SAIT PAS..8→828	<input type="text"/> <input type="text"/> <input type="text"/>
828) Probénicidic	OUI ..... 1 NON..... 2→829	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→829 NE SAIT PAS..... 8→829	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→829 NE SAIT PAS..8→829	<input type="text"/> <input type="text"/> <input type="text"/>
829) Pyrazinamide	OUI ..... 1 NON..... 2→830	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→830 NE SAIT PAS..... 8→830	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→830 NE SAIT PAS..8→830	<input type="text"/> <input type="text"/> <input type="text"/>
830) Rifampin ou Rifampincin	OUI ..... 1 NON..... 2→831	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→831 NE SAIT PAS..... 8→831	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→831 NE SAIT PAS..8→831	<input type="text"/> <input type="text"/> <input type="text"/>

MÉDICAMENTS ORAUX	(a) Ce MÉDICAMENT est-il disponible actuellement ?	(b) Enregistrer si au moins 1 médicament non-périmé a été observé	(c) Est-ce que vous avez observé un médicament périmé?	(d) Les médicaments, sont-ils rangés selon la date de péremption?	(e) Au cours des 6 derniers mois, est-il arrivé que l'établissement manque du MÉDICAMENTS ?	(f) Pendant combien de jours au cours des 6 derniers mois est-ce que vous avez manqué du MÉDICAMENT
831) Rifater (combined INH, rifampin & Pyrazinamide)	OUI ..... 1 NON..... 2→832	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→832 NE SAIT PAS..... 8→832	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→832 NE SAIT PAS..8→832	<input type="text"/> <input type="text"/> <input type="text"/>
832) Tétracycline	OUI ..... 1 NON..... 2→833	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→833 NE SAIT PAS..... 8→833	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→833 NE SAIT PAS..8→833	<input type="text"/> <input type="text"/> <input type="text"/>
833) Vitamine A 200,000 iu	OUI ..... 1 NON..... 2→834	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→834 NE SAIT PAS..... 8→834	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→834 NE SAIT PAS..8→834	<input type="text"/> <input type="text"/> <input type="text"/>
834) Vitamine A 25,000 iu	OUI ..... 1 NON..... 2→835	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→835 NE SAIT PAS..... 8→835	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→835 NE SAIT PAS..8→835	<input type="text"/> <input type="text"/> <input type="text"/>
OPHTHALMIQUE 835 Tétracycline en pommade ou gouttes de nitrate d'argent	OUI ..... 1 NON..... 2→836	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→836 NE SAIT PAS..... 8→836	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→836 NE SAIT PAS..8→836	<input type="text"/> <input type="text"/> <input type="text"/>
<b>MÉDICAMENTS INJECTION</b>						
836) Ampicillin injection	OUI ..... 1 NON..... 2→837	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→837 NE SAIT PAS..... 8→837	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→837 NE SAIT PAS..8→837	<input type="text"/> <input type="text"/> <input type="text"/>
837) Ceftriaxone inj	OUI ..... 1 NON..... 2→838	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→838 NE SAIT PAS..... 8→838	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→838 NE SAIT PAS..8→838	<input type="text"/> <input type="text"/> <input type="text"/>
838) Diazepam injection	OUI ..... 1 NON..... 2→839	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→839 NE SAIT PAS..... 8→839	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→839 NE SAIT PAS..8→839	<input type="text"/> <input type="text"/> <input type="text"/>
839) Gentamicine ou Kanamycine	OUI ..... 1 NON..... 2→840	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→840 NE SAIT PAS..... 8→840	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→840 NE SAIT PAS..8→840	<input type="text"/> <input type="text"/> <input type="text"/>

MÉDICAMENTS INJECTION	(a) Ce MÉDICAMENT est-il disponible actuellement ?	(b) Enregistrer si au moins 1 médicament non-périmé a été observé	(c) Est-ce que vous avez observé un médicament périmé?	(d) Les médicaments, sont-ils rangés selon la date de péremption?	(e) Au cours des 6 derniers mois, est-il arrivé que l'établissement manque du MÉDICAMENT ?	(f) Pendant combien de jours au cours des 6 derniers mois est-ce que vous avez manqué du MÉDICAMENT ?
840) Lidocaine ou xylocaine	OUI ..... 1 NON..... 2→841	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→841 NE SAIT PAS..... 8→841	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→841 NE SAIT PAS..8→841	<input type="text"/> <input type="text"/> <input type="text"/>
841) Lignocaine	OUI ..... 1 NON..... 2→842	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→842 NE SAIT PAS..... 8→842	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→842 NE SAIT PAS..8→842	<input type="text"/> <input type="text"/> <input type="text"/>
842) Sulfate de Magnésium ou hidralazine	OUI ..... 1 NON..... 2→843	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→843 NE SAIT PAS..... 8→843	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→843 NE SAIT PAS..8→843	<input type="text"/> <input type="text"/> <input type="text"/>
843) Oxytocines/ Ergometrine	OUI ..... 1 NON..... 2→844	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→844 NE SAIT PAS..... 8→844	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→844 NE SAIT PAS..8→844	<input type="text"/> <input type="text"/> <input type="text"/>
844) Procaine pénicilline	OUI ..... 1 NON..... 2→845	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→845 NE SAIT PAS..... 8→845	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→845 NE SAIT PAS..8→845	<input type="text"/> <input type="text"/> <input type="text"/>
845) Quinine	OUI ..... 1 NON..... 2→846	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→846 NE SAIT PAS..... 8→846	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→846 NE SAIT PAS..8→846	<input type="text"/> <input type="text"/> <input type="text"/>
846) Spectinomycin	OUI ..... 1 NON..... 2→847	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→847 NE SAIT PAS..... 8→847	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→847 NE SAIT PAS..8→847	<input type="text"/> <input type="text"/> <input type="text"/>
847) Streptomycine	OUI ..... 1 NON..... 2→848	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→848 NE SAIT PAS..... 8→848	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→848 NE SAIT PAS..8→848	<input type="text"/> <input type="text"/> <input type="text"/>
848) Eau stérile pour injections	OUI ..... 1 NON..... 2→849	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→849 NE SAIT PAS..... 8→849	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→849 NE SAIT PAS..8→849	<input type="text"/> <input type="text"/> <input type="text"/>
849) Antiretroviral	OUI ..... 1 NON..... 2→850	OUI, OBSERVE ..... 1 RAPPORTE,PAS VU ..... 2→850 NE SAIT PAS..... 8→850	OUI ..... 1 NON..... 2 NE SAIT PAS..... 8	OUI ..... 1 NON ..... 2 NE SAIT PAS ..... 8	OUI ..... 1 NON..... 2→850 NE SAIT PAS..8→850	<input type="text"/> <input type="text"/> <input type="text"/>



850	Est-ce que la formation sanitaire détermine la quantité des médicaments dont elle a besoin et passe la commande, ou est-ce que la quantité que vous recevez est déterminée par quelqu'un d'autre?	DETERMINE PROPRES BESOINS ET PASSE COMMANDE ..... 1 BESOIN DETERMINE AILLEURS..... 2			→852
851	SI DETERMINE AILLEURS: Est-ce que vous recevez toujours une quantité fixe ou est-ce que la quantité que vous recevez varie avec votre niveau d'activités?	QUANTITE BASEE SUR NIVEAU D'ACTIVITE ..... 1 APPROVISIONNEMENT STANDARD FIXE 2			
852	OBSERVEZ L'ENDROIT OU SONT STOCKES LES MEDICAMENTS ET INDIQUEZ LA REPONSE CORRECTE POUR CHACUNE DES CONDITIONS SUIVANTES:				
	LES MEDICAMENTS SONT PROTÉGÉS DE :	OUI	NON	NE SAIT PAS	
	a) EAU (Répondre NON si vous observez des traces sur les murs dues à l'eau, des trous au toit)	1	2	8	
	b) SOLEIL (Répondre NON s'il y a des ouvertures dans la chambre par les quels le soleil peut entrer)	1	2	8	
	c) PAS D'ÉVIDENCE DE RONGEUR (rat, souris, chauve souris) Répondre NON s'il y a des trous dans les boites causés par des rongeurs ou des produits partiellement consommés des excréments de rongeurs, etc.)	1	2	8	
853	Y-a-t-il un inventaire écrit pour les médicaments ?	OUI ..... 1 NON..... 2			→901
854	ENQUETEUR: L'INVENTAIRE ÉCRIT EST-IL À JOUR ET COMPLET?	OUI, OBSERVÉ, A JOUR..... 1 OUI, OBSERVÉ, PAS A JOUR..... 2 OUI, A JOUR NON OBSERVÉ..... 3 NON, A JOUR NON OBSERVE ..... 4 NE SAIT PAS..... 8			

**SECTION 9 : FOURNITURES**

**DEMANDEZ A OBSERVER LE MAGASIN OU L'ENDROIT OU SONT STOCKES  
LES FOURNITURES**

FOURNITURES	a) Les FOURNITURES sont-elles disponibles actuellement?	b) Vous-est-il arrivé, au cours des 6 derniers mois de manquer des FOURNITURES?	c) OBSERVER S'IL Y A, AU MOINS, 1 FOURNITURE
901) Antiseptiques (chlorhexidine, alcool à 90° ou autre)	OUI ..... 1 NON ..... 2 → 902	OUI ..... 1 NON ..... 2	OBSERVÉ ..... 1 NON OBSERVÉ ..... 2
902) Chlore ou eau de Javel	OUI ..... 1 NON ..... 2 → 903	OUI ..... 1 NON ..... 2	OBSERVÉ ..... 1 NON OBSERVÉ ..... 2
903) Gants stérilés	OUI ..... 1 NON ..... 2 → 904	OUI ..... 1 NON ..... 2	OBSERVÉ ..... 1 NON OBSERVÉ ..... 2
904) Gants propres	OUI ..... 1 NON ..... 2 → 905	OUI ..... 1 NON ..... 2	OBSERVÉ ..... 1 NON OBSERVÉ ..... 2
905) Porte-aiguille	OUI ..... 1 NON ..... 2 → 906	OUI ..... 1 NON ..... 2	OBSERVÉ ..... 1 NON OBSERVÉ ..... 2
906) Vêtements de protection	OUI ..... 1 NON ..... 2 → 907	OUI ..... 1 NON ..... 2	OBSERVÉ ..... 1 NON OBSERVÉ ..... 2
907) Seringues à usage unique	OUI ..... 1 NON ..... 2 → 908	OUI ..... 1 NON ..... 2	OBSERVÉ ..... 1 NON OBSERVÉ ..... 2
908) Seringues réutilisables	OUI ..... 1 NON ..... 2 → 909	OUI ..... 1 NON ..... 2	OBSERVÉ ..... 1 NON OBSERVÉ ..... 2
909) Aiguilles à usage unique	OUI ..... 1 NON ..... 2 → 910	OUI ..... 1 NON ..... 2	OBSERVÉ ..... 1 NON OBSERVÉ ..... 2
910) Des compresses pour la peau	OUI ..... 1 NON ..... 2 → 911	OUI ..... 1 NON ..... 2	OBSERVÉ ..... 1 NON OBSERVÉ ..... 2
911) Aiguilles et matériel pour effectuer des sutures	OUI ..... 1 NON ..... 2 → 912	OUI ..... 1 NON ..... 2	OBSERVÉ ..... 1 NON OBSERVÉ ..... 2

912. NOTER L'HEURE DE FIN DE L'INTERVIEW

HEURE.....

MINUTES.....

COMMENTAIRES

<b>QUESTIONNAIRE INTERVIEW DE L'AGENT DE SANTE</b>	
<b>IDENTIFICATION DE LA FORMATION SANITAIRE</b>	
<p>Nom de la FOSA _____</p> <p>Localisation de la FOSA _____</p> <p>Code de la FOSA .....</p> <p>Type de FOSA : (1 = Hôpital de référence; 2 = Hôpital de district; 3= Centre de santé; 4 = Dispensaire; 6 = Autre _____)</p> <p>Statut de la FOSA : (1 = Public; 2 = Agrée; 3 = Privé 96= Autre _____) .....</p>	<p>CODE FOSA <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>TYPE FOSA..... <input style="width: 20px; height: 20px;" type="text"/></p> <p>STATUT FOSA..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>
<b>Information sur l'agent de santé</b>	
<p>Fonction de l'agent de santé: (1 = Médecin Spécialiste ; 2 = Médecin Généraliste; 3=Infirmier A1 ; 4=Infirmier A2 ; 5=Infirmier A3 ; 7 = Auxiliaire de Santé; 96=Autre _____)</p> <p>Sexe de l'agent de santé: (1 = féminin; 2 = masculin)</p> <p>Code de l'agent de santé (Utiliser le même code que pour les questionnaires observation)</p>	<p>FONCTION AGENT DE SANTÉ ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>SEXE AGENT DE SANTÉ ..... <input style="width: 20px; height: 20px;" type="text"/></p> <p>CODE AGENT DE SANTÉ ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>
<b>INFORMATION SUR L'INTERVIEW</b>	
<p>Date: _____</p> <p>Nom de l'enquêteur _____</p> <p>Heure de début de l'interview:</p>	<p>JOUR ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>MOIS ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>ANNÉE ..... <input style="width: 20px; height: 20px;" type="text"/> 2 <input style="width: 20px; height: 20px;" type="text"/> 0 <input style="width: 20px; height: 20px;" type="text"/> 0 <input style="width: 20px; height: 20px;" type="text"/> 1</p> <p>CODE ENQUÊTEUR... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>HEURE..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>MINUTES ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>

## Interview de l'agent de santé

100 **ENQUÊTEUR:** A LIRE A L'AGENT DE SANTÉ.

Bonjour. Je représente le Ministère de la Santé. Nous réalisons une enquête sur les établissements de santé qui fournissent des services aux femmes et aux enfants dans le but de trouver des moyens d'améliorer la prestation des services. Je voudrais vous poser des questions à ce sujet.

Ces informations sont complètement confidentielles. Vous pouvez si vous le souhaitez, arrêter cette interview à n'importe quel moment.

Avez-vous des questions pour moi?  
 Acceptez-vous de participer à cette interview?

SIGNATURE DE L'ENQUÊTEUR..... DATE.....  
 (Indique que le consentement de l'agent a été demandé)

NO.	QUESTIONS	MODALITÉS ET CODES	PASSER A
<b>1. Formation et Expérience de l'agent de santé</b>			
100a	Puis-je continuer?	OUI.....1 NON .....2	→ STOP
101	En quelle année, avez-vous commencé à travailler dans cette structure?	ANNÉE ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
102	Maintenant, je voudrais vous poser des questions sur votre formation de base. Avant de commencer votre formation professionnelle, combien de années d'études, au total, avez-vous terminés avec succès?	ANNÉES..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
103	Quelle est votre qualification technique actuelle?	MEDECIN SPECIALISTE .....10 MEDECIN GENERALISTE .....11 INFIRMIER A1 .....20 INFIRMIER A2 .....21 INFIRMIER A3 .....22 AUXILIAIRE DE SANTÉ .....40 AUTRE .....96	
104	En quelle année, avez-vous terminé votre formation à l'école de médecine, de sciences infirmières ou tout autre établissement de formation ?	ANNÉE ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
105	Combien d'années après la formation de base que vous avez eue ( TELLE QUE SAISIE A LA QUESTION 102) sont nécessaires pour obtenir la qualification technique que vous avez actuellement ( TELLE QUE SAISIE A LA QUESTION 103) ? (Si moins d'une année, écrire "00" et indiquer le nombre de mois).	ANNÉES..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>  MOIS..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	

NO.	QUESTIONS	MODALITÉS ET CODES	PASSER A
106	En ce qui vous concerne maintenant, combien d'années de formation professionnelle, avez vous termin2 avec succès, en vue de l'obtention de votre qualification technique actuelle ?	ANNÉES ..... <input type="text"/> <input type="text"/>	

## 2. Soins de santé infantile

NO.	QUESTIONS	MODALITÉS ET CODES	PASSER A																											
201	Est-ce que vous donnez personnellement des soins de santé infantile?	OUI .....1 NON .....2	→301																											
202	Depuis combien d'années donnez-vous ces soins? SI MOINS D'UN AN ENRIGISTRER "00".	ANNÉES ..... <input type="text"/> <input type="text"/>																												
203	POSER LA QUESTION SUIVANTE POUR CHAQUE SUJET SPÉCIFIQUE : Avez-vous reçu une formation au cours des cinq dernières années (SUJET) depuis que vous avez achevé votre formation médicale ou infirmière ? SI OUI, avez-vous reçu cette formation au cours des 12 derniers mois?	<table border="1"> <thead> <tr> <th colspan="2">OUI</th> <th>NON,</th> </tr> <tr> <th>AU COURS DE 12 DERNIERS MOIS</th> <th>AU COURS DE 13-59 DERNIERS MOIS</th> <th>N'A PAS RECU DE FORMATION AU COURS DES 5 ANS</th> </tr> </thead> <tbody> <tr> <td>10) PEV/ CHAÎNE DE FROID</td> <td>2</td> <td>3</td> </tr> <tr> <td>21) TRAITEMENT INFÉCTION RESPIRATOIRE ALGUE (IRA) ?</td> <td>2</td> <td>3</td> </tr> <tr> <td>22) TRAITEMENT DE LA DIARRHÉE?</td> <td>2</td> <td>3</td> </tr> <tr> <td>23) TRAITEMENT DU PALUDISME ?</td> <td>2</td> <td>3</td> </tr> <tr> <td>30) NUTRITION/CARENCE EN MICRO-NUTRIMENTS?</td> <td>2</td> <td>3</td> </tr> <tr> <td>40 TRANSMISSION DU VIH/SIDA DE LA MÈRE À L'ENFANT ?</td> <td>2</td> <td>3</td> </tr> <tr> <td>96 AUTRE _____ (À PRECISER)</td> <td>2</td> <td>3</td> </tr> </tbody> </table>	OUI		NON,	AU COURS DE 12 DERNIERS MOIS	AU COURS DE 13-59 DERNIERS MOIS	N'A PAS RECU DE FORMATION AU COURS DES 5 ANS	10) PEV/ CHAÎNE DE FROID	2	3	21) TRAITEMENT INFÉCTION RESPIRATOIRE ALGUE (IRA) ?	2	3	22) TRAITEMENT DE LA DIARRHÉE?	2	3	23) TRAITEMENT DU PALUDISME ?	2	3	30) NUTRITION/CARENCE EN MICRO-NUTRIMENTS?	2	3	40 TRANSMISSION DU VIH/SIDA DE LA MÈRE À L'ENFANT ?	2	3	96 AUTRE _____ (À PRECISER)	2	3	
OUI		NON,																												
AU COURS DE 12 DERNIERS MOIS	AU COURS DE 13-59 DERNIERS MOIS	N'A PAS RECU DE FORMATION AU COURS DES 5 ANS																												
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40 TRANSMISSION DU VIH/SIDA DE LA MÈRE À L'ENFANT ?	2	3																												
96 AUTRE _____ (À PRECISER)	2	3																												

## 3. Planification familiale

NO.	QUESTIONS	MODALITÉS ET CODES	PASSER A									
301	Est-ce que vous donnez personnellement des services de planification familiale aux patients de cette structure?	OUI .....1 NON .....2	→401									
302	Depuis combien d'années donnez-vous ce service? SI MOINS D'UN AN ENRIGISTRER "00".	ANNÉES ..... <input type="text"/> <input type="text"/>										
303	POSER LA QUESTION SUIVANTE POUR CHAQUE SUJET SPÉCIFIQUE : Avez-vous reçu une formation au cours des cinq dernières années (SUJET) depuis que vous avez achevé votre formation médicale ou infirmière ? SI OUI, avez-vous reçu cette formation au cours des 12 derniers mois?	<table border="1"> <thead> <tr> <th colspan="2">OUI</th> <th>NON,</th> </tr> <tr> <th>AU COURS DE 12 DERNIERS MOIS</th> <th>AU COURS DE 13-59 DERNIERS MOIS</th> <th>N'A PAS RECU DE FORMATION AU COURS DES 5 ANS</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	OUI		NON,	AU COURS DE 12 DERNIERS MOIS	AU COURS DE 13-59 DERNIERS MOIS	N'A PAS RECU DE FORMATION AU COURS DES 5 ANS				
OUI		NON,										
AU COURS DE 12 DERNIERS MOIS	AU COURS DE 13-59 DERNIERS MOIS	N'A PAS RECU DE FORMATION AU COURS DES 5 ANS										

	10) CONSEILS EN PLANIFICATION FAMILIALE ?	1	2	3
	20 TECHNOLOGIE CONTRACEPTIVE (TC) ?	1	2	3
	30 EN APPROCHE SYNDROMIQUE DES IST ?	1	2	3
	96 AUTRE _____ (À PRECISER)	1	2	3

#### 4. Santé Maternelle

NO.	QUESTIONS	MODALITÉS ET CODES		PASSER A
401	Est-ce que vous donnez personnellement des soins prénatals?	OUI .....1	NON.....2	→404
402	Depuis combien d'années donnez-vous ce service?  SI MOINS D'UN AN ENRIGISTRER "00".	ANNÉES <input type="text"/> <input type="text"/>		
403	POSER LA QUESTION SUIVANTE POUR CHAQUE SUJET SPÉCIFIQUE : Avez-vous reçu une formation au cours des cinq dernières années (SUJET) depuis que vous avez achevé votre formation médicale ou infirmière ? SI OUI, avez-vous reçu cette formation au cours des 12 derniers mois?	OUI		NON,
		AU COURS DE 12 DERNIERS MOIS	AU COURS DE 13-59 DERNIERS MOIS	N'A PAS RECU DE FORMATION AU COURS DES 5 ANS
	10) SOINS PRÉNATALS ?	1	2	3
	20 CONSEILS/EDUCATION POUR LA SANTÉ DES FEMMES ENCEINTES ?	1	2	3
	30 PRISE EN CHARGE DES GROSSESSES À RISQUE ?	1	2	3
	50 TRANSMISSION DU VIH/SIDA DE LA MÈRE À L'ENFANT ?	1	2	3
	96 AUTRE _____ (À PRECISER)	1	2	3
404	Est-ce que personnellement vous donnez des soins à l'accouchement? Par là, je veux dire que c'est vous qui donnez les soins (personnellement).	OUI .....1	NON.....2	→409

NO.	QUESTIONS	MODALITÉS ET CODES	PASSER A																					
405	Depuis combien d'années donnez-vous ces soins à l'accouchement? SI MOINS D'UN AN ENRIGISTRER "00".	ANNÉES ..... <input type="text"/> <input type="text"/>																						
406	POSER LA QUESTION SUIVANTE POUR CHAQUE SUJET SPÉCIFIQUE : Avez-vous reçu une formation au cours des cinq dernières années (SUJET) depuis que vous avez achevé votre formation médicale? SI OUI, avez-vous reçu cette formation au cours des 12 derniers mois?	<table border="1"> <thead> <tr> <th colspan="2">OUI</th> <th rowspan="2">NON, N'A PAS RECU DE FORMATION AU COURS DES 5 ANS</th> </tr> <tr> <th>AU COURS DE 12 DERNIERS MOIS</th> <th>AU COURS DE 13-59 DERNIERS MOIS</th> </tr> </thead> <tbody> <tr> <td>10) SOINS DURANT LE TRAVAIL OU L' ACCOUCHEMENT ?</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>20 UTILISATION DES COURBES DE SUIVI DU TRAVAIL (PARTOGRAMME)?</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>30 FORMATION EN URGENCE OBSTETRICALE ?</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>96 AUTRE _____ (À PRÉCISER)</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>	OUI		NON, N'A PAS RECU DE FORMATION AU COURS DES 5 ANS	AU COURS DE 12 DERNIERS MOIS	AU COURS DE 13-59 DERNIERS MOIS	10) SOINS DURANT LE TRAVAIL OU L' ACCOUCHEMENT ?	1	2	3	20 UTILISATION DES COURBES DE SUIVI DU TRAVAIL (PARTOGRAMME)?	1	2	3	30 FORMATION EN URGENCE OBSTETRICALE ?	1	2	3	96 AUTRE _____ (À PRÉCISER)	1	2	3	
OUI		NON, N'A PAS RECU DE FORMATION AU COURS DES 5 ANS																						
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30 FORMATION EN URGENCE OBSTETRICALE ?	1	2	3																					
96 AUTRE _____ (À PRÉCISER)	1	2	3																					
407	Approximativement, combien d'accouchements avez-vous effectué en tant qu'agent en charge, pendant les 12 derniers mois? (INCLURE LES ACCOUCHEMENTS EFFECTUÉS DANS LES FORMATIONS SANITAIRES PUBLIQUES AINSI QUE LES STRUCTURES PRIVÉES ET LES DOMICILES)	NOMBRE D'ACCOUCHEMENTS <input type="text"/> <input type="text"/> <input type="text"/>																						
407a	SI LE NOMBRE D'ACCOUCHEMENTS DECLARE NE SE RAPPORTE PAS A UNE ANNEE COMPLETE , INDIQUER LE NOMBRE DE MOIS CONCERNE PAR CES ACCOUCHEMENTS	NOMBRE DE MOIS <input type="text"/> <input type="text"/>																						
408	Quand avez-vous utilisé un partogramme pour la dernière fois?	JAMAIS.....0 LA SEMAINE PASSÉE.....1 LE MOIS PASSÉ .....2 AU COURS DES 6 DER. MOIS.....3 IL YA 6 MOIS OU PLUS .....4 NE SAIT PAS.....8																						
409	Donnez-vous personnellement des soins aux nouveaux-nés?	OUI .....1 NON .....2	→412																					
410	Depuis combien d'années donnez-vous ces soins? SI MOINS D'UN AN ENRIGISTRER "00".	ANNÉES ..... <input type="text"/> <input type="text"/>																						



NO.	QUESTIONS	MODALITÉS ET CODES		PASSER A
411	POSER LA QUESTION SUIVANTE POUR CHAQUE SUJET SPÉCIFIQUE : Avez-vous reçu une formation au cours des cinq dernières années (SUJET) depuis que vous avez achevé votre formation médicale ou infirmière? SI OUI, avez-vous reçu cette formation au cours des 12 derniers mois?	OUI		NON, N'A PAS RECU DE FORMATION AU COURS DES 5 ANS
		AU COURS DE 12 DERNIERS MOIS	AU COURS DE 13-59 DERNIERS MOIS	
	10) SOINS AU NOUVEAU NÉ NORMAL ?	1	2	3
	20 RÉANIMATION NÉONATALE?	1	2	3
	50 TRANSMISSION DU VIH/SIDA DE LA MÈRE À L'ENFANT ?	1	2	3
96 AUTRE _____ (À PRÉCISER)	1	2	3	
412	Donnez-vous personnellement des soins post-natals?	OUI .....1	NON.....2	→501
413	Depuis combien d'années donnez-vous ces soins ? SI MOINS D'UN AN ENRIGISTRER "00".	ANNÉES..... <input type="text"/> <input type="text"/>		
414	POSER LA QUESTION SUIVANTE POUR CHAQUE SUJET SPÉCIFIQUE : Avez-vous reçu une formation au cours des cinq dernières années (SUJET) depuis que vous avez achevé votre formation médicale? SI OUI, avez-vous reçu cette formation au cours des 12 derniers mois?	OUI		NON, N'A PAS RECU DE FORMATION AU COURS DES 5 ANS
		AU COURS DE 12 DERNIERS MOIS	AU COURS DE 13-59 DERNIERS MOIS	
	10) SOINS POSTNATALS ?	1	2	3
	20) PLANIFICATION FAMILIALE?	1	2	3
	50) TRANSMISSION DU VIH/SIDA DE LA MÈRE À L'ENFANT ?	1	2	3
96) AUTRE _____ (À PRÉCISER)	1	2	3	

### 5. MST/VIH/SIDA

501	Donnez-vous personnellement des soins aux patients atteints d'infections sexuellement transmises (IST)?	OUI .....1	NON.....2	→504
502	Depuis combien d'années donnez-vous ces soins ? SI MOINS D'UN AN ENRIGISTRER "00".	ANNÉES..... <input type="text"/> <input type="text"/>		

NO.	QUESTIONS	MODALITÉS ET CODES		PASSER A
503	POSER LA QUESTION SUIVANTE POUR CHAQUE SUJET SPÉCIFIQUE : Avez-vous reçu une formation au cours des cinq dernières années (SUJET) depuis que vous avez achevé votre formation médicale? SI OUI, avez-vous reçu cette formation au cours des 12 derniers mois?	OUI		NON, N'A PAS RECU DE FORMATION AU COURS 5 ANS
		AU COURS DE 12 DERNIERS MOIS	AU COURS DE 13-59 DERNIERS MOIS	
	10) CONSEILS DE PREVENTION DES IST ?	1	2	3
	20) DIAGNOSTIC ET TRAITEMENTS DES ITS ?	1	2	3
	30 APPROCHE SYNDROMIQUE DES IST ?	1	2	3
	50 TRANSMISSION DU VIH/SIDA DE LA MÈRE À L'ENFANT ?	1	2	3
96 AUTRE _____ (À PRÉCISER)	1	2	3	
504	Donnez-vous personnellement des soins aux patients qui sont positifs au VIH/SIDA?	OUI .....	1	→601
		NON.....	2	
505	Si oui, quel type de soins offrez-vous?	OUI NON		
		CONSEILS/ACCOMPAGNEMENT PSYCHO-SOCIAL.....	1	2
		PRISE EN CHARGE MÉDICALE DE LA MALADIE.....	1	2
		THÉRAPIE ANTI-RETROVIRALE.....	1	2
506	Depuis combien d'années donnez-vous ces soins ? SI MOINS D'UN AN ENREGISTRER "00".	ANNÉES.....	<input type="text"/>	
507	POSER LA QUESTION SUIVANTE POUR CHAQUE SUJET SPÉCIFIQUE : Avez-vous reçu une formation au cours des cinq dernières années (SUJET) depuis que vous avez achevé votre formation médicale? SI OUI, avez-vous reçu cette formation au cours des 12 derniers mois?	OUI		NON, N'A PAS RECU DE FORMATION AU COURS 5 ANS
		AU COURS DE 12 DERNIERS MOIS	AU COURS DE 13-59 DERNIERS MOIS	
	10) CONSEILS DE PREVENTION DU VIH/SIDA ?	1	2	3
	11) CONSEILS/ACCOMPAGNEMENT PSYCHO-SOCIAL DE PATIENTS INFECTÉS PAR LE VIH/SIDA ?	1	2	3
	20 PRISE EN CHARGE MÉDICALE DES PATIENTS INFECTÉS PAR LE VIH/SIDA ?	1	2	3
	21 TRAITEMENT ANTI-RETROVIRAL DES PATIENTS INFECTÉS PAR LE VIH/SIDA ?			
	50 TRANSMISSION DU VIH/SIDA DE LA MÈRE À L'ENFANT ?	1	2	3
96 AUTRE _____ (À PRÉCISER)	1	2	3	

## 6. Supervision

NO	QUESTIONS	MODALITÉS ETCODES	PASSER A
601	Au cours des 6 derniers mois, avez-vous été supervisé dans votre travail?	OUI.....1 NON .....2	→701
602	Combien de fois, au cours des 6 derniers mois, avez-vous été supervisé dans votre travail?	NO DE FOIS <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
603	Qu'a fait votre superviseur la dernière fois qu'il/qu'elle a effectué une visite?	OUI    NON    NSP	
	1) Revu vos dossiers/rapports	VERIFIE DOSSIERS .....1	2    8
	2) Observé votre travail?	OBSERVE .....1	2    8
	3) Donné un feedback sur les performances?	DONNE FEEDBACK.....1	2    8
	4) Mise à niveau pour les questions administratives et techniques?	MISE A NIVEAU .....1	2    8
	5) Discuté des problèmes rencontrés?	DISCUSTE DES PROBLÈMES.....1	2    8
	6) Rien d'autre _____ ? (A PRECISER)	AUTRE _____ 1	2    8

## 7. Opinion de l'agent de santé

701	Dites-moi, trois principales solutions (ou problèmes dont la résolution) sont susceptibles d'améliorer votre travail ?	PÉNURIE DE PERSONNEL.....A TRAITER LE PERSONNEL MIEUX..... B PAYER MIEUX ..... C PLUS DE FORMATION ..... D MEILLEUR/PLUS DE SUPERVISION; PLUS DE CONSEILS SUR LE TRAVAIL..... E PLUS/MEILLEURS EQUIPEMENTS OU FOURNITURES..... F TRANSPORT INADAPTÉS POUR LES PATIENTS ..... G MEILLEUR ENVIRONNEMENT PHYSIQUE DE LA FOSA ..... H MEILLEURE SECURITÉ ..... I AUTRE _____ X	
702	MARQUER L'HEURE DE FIN DE L'INTERVIEW.	HEURE ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> MINUTES..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
703	<b>COMMENTAIRES DE L'ENQUÊTEUR</b>		

<b>OBSERVATION DE LA CONSULTATION DE L'ENFANT MALADE</b>							
<b>IDENTIFICATION DE LA FORMATION SANITAIRE</b>							
Nom de la FOSA _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">CODE FOSA .....</td> <td style="width: 40%; text-align: center;"><input type="text"/><input type="text"/><input type="text"/></td> </tr> <tr> <td>TYPE FOSA .....</td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>STATUT FOSA.....</td> <td style="text-align: center;"><input type="text"/><input type="text"/></td> </tr> </table>	CODE FOSA .....	<input type="text"/> <input type="text"/> <input type="text"/>	TYPE FOSA .....	<input type="text"/>	STATUT FOSA.....	<input type="text"/> <input type="text"/>
CODE FOSA .....		<input type="text"/> <input type="text"/> <input type="text"/>					
TYPE FOSA .....		<input type="text"/>					
STATUT FOSA.....		<input type="text"/> <input type="text"/>					
Localisation de la FOSA _____							
Code de la FOSA .....							
Type de FOSA: (1 = Hôpital de référence; 2 = Hôpital de district; 3= Centre de santé; 4=Dispensaire; 6= Autre _____)							
Statut de la FOSA (1= Public; 2 = Agrée; 3 = Privé; 96 = Autre _____)							
<b>INFORMATION AGENT DE SANTE /ENFANT MALADE</b>							
Fonction de l'agent de santé: (1 = Médecin Spécialiste ; 2 = Médecin Généraliste ; 3=Infirmier A1 ; 4=Infirmier A2 ; 5=Infirmier A3 ; 7 = Auxiliaire de Santé; 96=Autre _____)	FONCTION AGENT DE SANTÉ..... <input type="text"/> <input type="text"/>						
Sexe de l'agent de santé: (1 = FÉMININ 2 = MASCULIN).....	SEXE DE L'AGENT DE SANTÉ..... <input type="text"/>						
Code de l'agent de santé	CODE DE L'AGENT DE SANTÉ..... <input type="text"/> <input type="text"/>						
Code de l'enfant .....	CODE DE L'ENFANT .....						
Sexe de l'enfant malade: (1 = FÉMININ 2 = MASCULIN)	SEXE DE L'ENFANT MALADE .....						
Age de l'enfant	AGE EN MOIS .....						
	<input type="text"/> <input type="text"/>						
<b>INFORMATION SUR L'INTERVIEW</b>							
Date : _____	JOUR..... <input type="text"/> <input type="text"/>						
	MOIS..... <input type="text"/> <input type="text"/>						
	ANNÉE ..... <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; padding: 2px 5px;">2</td><td style="border: 1px solid black; padding: 2px 5px;">0</td><td style="border: 1px solid black; padding: 2px 5px;">0</td><td style="border: 1px solid black; padding: 2px 5px;">1</td></tr></table>	2	0	0	1		
2	0	0	1				
Nom de l'enquêteur _____	CODE ENQUETEUR..... <input type="text"/> <input type="text"/>						
Heure de début de l'interview :	HEURE..... <input type="text"/> <input type="text"/>						
	MINUTES..... <input type="text"/> <input type="text"/>						

**Observation de la consultation de l'enfant malade**

100 **AGENT ENQUÊTEUR:** OBTENEZ LA PERMISSION DE LA PERSONNE QUI ACCOMPAGNE L'ENFANT MALADE AINSI QUE CELLE DE L'AGENT DE SANTÉ AVANT DE COMMENCER L'OBSERVATION. SOYEZ AUSSI DISCRET QUE POSSIBLE ET, EN AUCUNE MANIÈRE, NE PRENEZ PART A LA CONVERSATION. ASSUREZ-VOUS QUE L'AGENT DE SANTÉ SAIT QUE VOUS N'ÊTES PAS LA POUR L'ÉVALUER ET QUE VOUS N'ÊTES PAS UN EXPERT A CONSULTER DURANT LA VISITE. ESSAYEZ DE VOUS ASSEoir DERRIÈRE LE PATIENT, MAIS SANS FAIRE FACE DIRECTEMENT A L'AGENT DE SANTÉ. POUR CHACUNE DES QUESTIONS LISTÉES CI-DESSOUS, ENCECERLEZ LA RÉPONSE QUI REFLÈTE LE PLUS FIDÈLEMENT POSSIBLE VOTRE ÉVALUATION DE CE QUI S'EST PASSÉ DURANT CES DIALOGUES.

À LIRE À L'AGENT DE SANTÉ : Bonjour. Je représente le Ministère de la Santé. Nous réalisons une enquête sur les établissements de santé qui fournissent des services aux femmes et aux enfants dans le but de trouver des moyens d'améliorer la prestation des services. Je voudrais assister à la consultation de cette femme en tant qu'observateur, pour savoir comment est fourni un service de santé dans ce pays. Ces informations sont complètement confidentielles. Vous pouvez, si vous le souhaitez, arrêter cette interview à n'importe quel moment. Puis-je rester pour observer la consultation?

DATE \_\_\_\_\_

SIGNATURE DE L'ENQUÊTEUR  
(Indique que le consentement de l'agent a été demandé)

100a	PERMISSION ACCORDÉE PAR L'AGENT DE SANTÉ	OUI ..... 1 NON ..... 2	→ FIN
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À LIRE À LA PERSONNE QUI S'OCCUPE DE L'ENFANT: Bonjour. Je représente le Ministère de la Santé. Nous réalisons une enquête sur les établissements de santé qui fournissent des services aux femmes et aux enfants dans le but de trouver des moyens d'améliorer la prestation des services. Je voudrais assister à la consultation, en tant qu'observateur, pour savoir comment est fourni un service de santé dans ce pays. Ces informations sont complètement confidentielles et n'affecteront pas la qualité des soins que vous allez recevoir maintenant et dans le futur. Après la consultation, mon collègue souhaiterait parler avec vous de votre expérience ici. Vous pouvez me dire d'arrêter l'observation à n'importe quel moment. Puis-je rester?

DATE \_\_\_\_\_

SIGNATURE DE L' ENQUÊTEUR  
(Indique que le consentement de l'accompagnante a été demandé)

100b	PERMISSION ACCORDÉE PAR LA PERSONNE QUI S'OCCUPE DE L'ENFANT MALADE	OUI ..... 1 NON ..... 2	→ FIN
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**1. Interaction entre l'agent de santé et la personne qui s'occupe de l'enfant malade**

NO	QUESTIONS	CODES		
		OUI	NON	NSP
101	Est-ce que l'agent de santé a posé des questions sur ou est-ce que l'accompagnatrice a mentionné l'information suivante:			
	A) TOUX OU DIFFICULTÉS RESPIRATOIRES?	1	2	8
	B) DIARRHÉE?	1	2	8
	C) FIÈVE/CORPS CHAUD?	1	2	8
102	Est-ce que l'agent de santé a posé des questions sur ou est-ce que la personne accompagnatrice a mentionné si l'enfant:			
	A) EST INCAPABLE DE BOIRE OU DE TETER?	1	2	8
	B) VOMIT TOUT?	1	2	8
	C) A EU DES CONVULSIONS DURANT CETTE MALADIE?	1	2	8
103	Est-ce que l'agent de santé procède <u>à l'examen</u> ?			
	A) PREND LA TEMPERATURE DE L'ENFANT AVEC LA MAIN?			
	B) PREND LA TEMPERATURE DE L'ENFANT EN UTILISANT UN THERMOMETRE?	1	2	8
	C) COMPTE RYTHME RESPIRATOIRE?	1	2	8
	D) PINCE LA PEAU DE L'ABDOMEN?	1	2	8
	E) CHERCHE PALEUR DES PAUMES?	1	2	8
	F) VERIFIE PALEUR DE LA CONJONCTIVE OU BOUCHE?	1	2	8
	G) PESE L'ENFANT ?	1	2	8
	H) EST-CE QUE LE POIDS DE L'ENFANT EST REPRESENTÉ SUR UN GRAPHIQUE?	1	2	8
104	SI A CETTE FOSA ON DONNE LES SERVICES SUIVANTS AVANT LA CONSULTATION ET SI AUJOURD'HUI VOUS POUVEZ VERIFIER QUE CE <b>SYSTEME FONCTIONNE</b> , ENCERCLER "1" SI NON, ENCERCLER "2".			
	A) ON PESE L'ENFANT	1	2	8
	B) ON PREND LA TEMPERATURE	1	2	8
105	EST-CE QUE L'AGENT DE SANTÉ A REGARDÉ LE CARNET DE SANTÉ DE L'ENFANT AVANT OU DURANT LA CONSULTATION?	OUI.....1	NON.....2	NSP.....8
106	Est-ce que l'agent de santé pose d'autres questions ou effectue d'autres évaluations de la santé de l'enfant?	OUI	NON	NSP
	A) OBSERVÉ L'ENFANT EN TRAIN DE BOIRE OU DE TETER?	1	2	8
	B) POSE DES QUESTIONS SUR L'ALLAITEMENT DE L'ENFANT DURANT LA MALADIE?	1	2	8
	C) POSE DES QUESTIONS SUR LA NOURRITURE COMPLEMENTAIRE DE L'ENFANT PENDANT LA MALADIE?	1	2	8
	D) CONSULTE LE CARNET DE VACCINATIONS OU POSE DES QUESTIONS A LA PERSONNE ACCOMPAGNATRICE SUR LES VACCINS DE L'ENFANT?	1	2	8

NO	QUESTIONS	CODES		
		1	2	8
	E) MENTIONNE LE POIDS DE L'ENFANT OU COMMENTE LE GRAPHIQUE DE LA COURBE DE CROISSANCE DE L'ENFANT AVEC L'ACCOMPAGNATRICE?	1	2	8
107	Est-ce que l'agent de santé a:	OUI	NON	NSP
	A) EXPLIQUE A L'ACCOMPAGNATRICE LA NECESSITE DE DONNER PLUS DE LIQUIDES?	1	2	8
	B) EXPLIQUE A L'ACCOMPAGNATRICE LA NECESSITE DE CONTINUER A DONNER DE LA NOURRITURE A L'ENFANT OU DE L'ALLAITER A LA MAISON?	1	2	8
	C) COMMUNIQUÉ A LA PERSONNE QUI S'OCCUPE DE L'ENFANT LE DIAGNOSTIC?	1	2	8
	D) DÉCRIT LES SIGNES ET LES SYMPTÔMES A L'APPARITION DESQUELS IL FAUT RAMENER L'ENFANT EN CONSULTATION?	1	2	8
108	Est-ce que l'agent de santé a prescrit ou donné des médicaments au cours de cette consultation? Si oui, est-ce que l'agent de santé a :	1	2 → 109	8 → 109
	A) EXPLIQUÉ COMMENT ADMINISTRER LES MÉDICAMENTS ORAUX?	1	2	8
	B) DONNE LES PREMIERES DOSES DES MÉDICAMENTS PAR VOIE ORALE?	1	2	8
109	Est-ce que l'agent de santé a utilisé une boîte d'images durant cette consultation pour donner des conseils d'éducation en matière de santé?	1	2	8
110	SI À CETTE FOSA ON DONNE LES CONSEILS SUIVANTS AVANT LA CONSULTATION ET AUJOURD'HUI VOUS POUVEZ VÉRIFIER QUE CE <b>SYSTEME FONCTIONNE</b> , ENCERCLER "1". SI NON, ENCERCLE "2".			
	A) EFFECTUE L'ÉDUCATION POUR LA SANTÉ (AVANT OU APRÈS LA CONSULTATION)	1	2	8
	B) UN AUTRE AGENT DE SANTÉ OU PHARMACIEN DONNE LES CONSEILS POUR LES MÉDICAMENTS, APRÈS LA CONSULTATION.	1	2	8
111	Est-ce que l'agent de santé a inscrit quelque chose dans le carnet de consultation ou dans le registre des patients?	OUI.....1 NON.....2 IL N'Y A PAS DE CARNET OU REGISTRE.....3 NE SAIT PAS.....8		
112	RESULTAT DE LA CONSULTATION: EST-CE QUE L'ENFANT EST:	ENVOYE POUR TEST OU POUR PRENDRE MÉDICAMENT AILLEURS DANS LA FOSA.....1 ENVOYE A LA MAISON.....2 REFERE À UN AUTRE AGENT DANS LA MÊME FOSA POUR CONSULTATION.....3 HOSPITALISE DANS LA FOSA.....4 ENVOYE À UNE AUTRE FOSA.....5 NSP.....8		

NO.	QUESTIONS	MADALITES ET CODES	ALLER A.				
113	MARQUER L'HEURE DE LA FIN DE L'OBSERVATION	HEURE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					

## 2. Classification et Traitement

NO.	QUESTIONS	CODES	ALLER A
	L'INFORMATION SUIVANTE DOIT ETRE OBTENUE AUPRES DE L'AGENT DE SANTÉ APRES LA CONSULTATION. L'INFORMATION CONCERNE LA CLASSIFICATION OU DIAGNOSTIC DE LA MALADIE DE L'ENFANT ET DES TRAITEMENTS SPÉCIFIQUES ET CONSEILS DONNÉS PAR L'AGENT DE SANTÉ.		
201a	QUEL EST LE DIAGNOSTIC DE L'AGENT DE SANTÉ EN CE QUI CONCERNE LES DIFFICULTÉS RESPIRATOIRES/TOUX DE L'ENFANT?  (ENTOURER TOUT CE QUI S'APPLIQUE)  SI L'ENFANT N'A PAS DE DIFFICULTÉS RESPIRATOIRES/TOUX SELON L'AGENT DE SANTÉ, ENTOURER LE CODE "Y".	PNEUMONIE GRAVE ..... A PNEUMONIE..... B TOUX SEULEMENT ..... C OUI DIFFICULTÉS RESPIRATOIRE MAIS IL NE SAIT PAS CLASSIFIER . W AUTRE _____ .. X (PRECISER)  PAS DE TOUX/DIFFICULTÉS RESPIRATOIRES ..... Y	→ 202
201b	QU'EST-CE QUE L'AGENT DE SANTÉ ADMINISTRE OU PRESCRIT CONTRE LES DIFFICULTÉS RESPIRATOIRES/ <u>TOUX</u> DE L'ENFANT?  ENTOURER TOUT CE QUI S'APPLIQUE	ENVOI IMMÉDIATMENT AILLEURS ..... A  INJECTION ANTIBIOTIQUE ..... B COMPRIMÉS/SIROP ANTIBIOTIQUE ..... C AUTRE MÉDICAMENT DONNE PAR VOIE ORALE _____ . W (PRECISER) AUTRE _____ ... X (PRECISER) RIEN ..... Y	



NO.	QUESTIONS	CODES	ALLER A
202a	<p>QUEL EST LE DIAGNOSTIC DE L'AGENT DE SANTÉ EN CE QUI CONCERNE <u>LA DIARRHÉE OU DESHYDRATATION</u> DE L'ENFANT?</p> <p>ENTOURER TOUT CE QUI S'APPLIQUE</p>	<p><b>DIARRHÉE</b>  DIARRHÉE GRAVE PERSISTANTE.. A  DIARRHÉE PERSISTANTE ..... B  DYSENTERIE ..... C  OUI DIARRHÉE MAIS  NE SAIT PAS CLASSIFIER..... W  AUTRE.....X  (PRECISER)  PAS DE DIARRHÉE ..... Y</p> <p><b>DESHYDRATATION</b>  DESHYDRATATION GRAVE ..... A  DESHYDRATATION LÉGÈRE ..... B  OUI DESHYDRATION MAIS  NE SAIT PAS CLASSIFIER..... W  AUTRE..... X  (PRECISER)  PAS DE DESYDRATATION ..... Y</p>	
202b	<p>SI L'ENFANT N'A PAS EU DE DIARRHÉE SELON L'AGENT DE SANTÉ, ENTOURER LE CODE "Y".</p> <p>ENTOURER TOUT CE QUI S'APPLIQUE</p>		→203
202c	<p>QU'EST-CE QUE L'AGENT DE SANTÉ ADMINISTRE OU PRESCRIT CONTRE LA <u>DIARRHÉE/DESHYDRATATION</u>?</p> <p>ENTOURER TOUT CE QUI S'APPLIQUE</p>	<p>ENVOI IMMÉDIAT AILLEURS..... A  INJECTION ANTIBIOTIQUE..... B  COMPRIMÉS/SIROP  ANTIBIOTIQUE..... C  SRO/SOLUTION MAISON..... D  4 HEURES EN CLINIQUE ..... E  PERFUSION LIQUIDES ..... F  ENVOI AILLEURS..... G  CONSEILS  NOURRITURE/ALLAITEMENT ..... H  AUTRE..... X  (PRECISER)  RIEN..... Y</p>	

NO.	QUESTIONS	CODES	ALLER A
203a	<p>QUEL EST LE DIGNOSTIC DE L'AGENT DE SANTÉ EN CE QUI CONCERNE <u>LA FIÈVRE</u> DE L'ENFANT?</p> <p>ENTOURER TOUT CE QUI S'APPLIQUE</p> <p>SI L'ENFANT N'A PAS EU DE FIÈVRE SELON L'AGENT DE SANTÉ. ENTOURER LE CODE "Y".</p>	<p>ÉTAT FÉBRILE TRÈS GRAVE ..... A</p> <p>PALUDISME..... B</p> <p>FIÈVRE, MAIS NE PENSE PAS LE PALUDISME ..... C</p> <p>FIÈVRE, PAS DE PALUDISME ..... D</p> <p>ROUGEOLE AVEC COMPLICATIONS GRAVES ..... E</p> <p>ROUGEOLE AVEC COMPLICATIONS DES YEUX OU DE LA BOUCHE ..... F</p> <p>ROUGEOLE SIMPLE..... G</p> <p>OUI FIÈVRE MAIS NE SAIT PAS CLASSIFIER ..... W</p> <p>AUTRE ..... X</p> <p>(PRECISER)</p> <p>PAS DE FIÈVRE ..... Y</p>	<p>→204</p>
203b	<p>QU'EST-CE QUE L'AGENT DE SANTÉ ADMINISTRE OU PRESCRIT CONTRE LA <u>FIÈVRE</u>?</p> <p>ENTOURER TOUT CE QUI S'APPLIQUE</p>	<p>ENVOI IMMÉDIAT AILLEURS ..... A</p> <p>INJECTION ANTIBIOTIQUE ..... B</p> <p>COMPRIMÉS/SIROP ANTIBIOTIQUE C</p> <p>INJECTION ANTIPALUDÉENNE..... D</p> <p>COMPRIMÉS/SIROP ANTIPALUDÉENS ..... E</p> <p>PARACETAMOL/ASPIRINE ..... F</p> <p>AUTRE INJECTION: ..... W (PRECISER)</p> <p>AUTRE ..... X (PRECISER)</p> <p>RIEN..... Y</p>	
204	<p>EST-CE QUE L'AGENT DE SANTÉ VACCINE L'ENFANT OU L'ENVOIE AILLEURS POUR ETRE VACCINÉ?</p>	<p>AGENT DE SANTÉ A VACCINÉ ..... 1</p> <p>AGENT DE SANTÉ A REFERE AILLEURS DANS LA FOSA..... 2</p> <p>PAS D'ACTIVITÉS DE VACCINATION 3</p>	
205	<p>MARQUER L'HEURE DE FIN DE L'INTERVIEW</p>	<p>HEURE..... <input type="text"/> <input type="text"/></p> <p>MINUTES ..... <input type="text"/> <input type="text"/></p>	

<b>INTERVIEW DE SORTIE DE CONSULTATION DE LA PERSONNE QUI S'OCCUPE DE L'ENFANT MALADE</b>	
<b>IDENTIFICATION DE LA FORMATION SANITAIRE</b>	
Nom de la FOSA _____  Localisation de la FOSA _____  Code de la FOSA.....  Type de la FOSA : (1= Hôpital de référence; 2= Hôpital de district; 3= Centre de santé; 4=Dispensaire; 6= Autre _____)  Statut de la structure (1= Public; 2 = Agréé; 3 = Privé; 96 = Autre _____)	CODE FOSA ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>  TYPE FOSA ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>  STATUT FOSA ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<b>INFORMATION AGENT DE SANTE/ENFANT MALADE</b>	
Fonction de l'agent de santé: (1 = Médecin Spécialiste; 2 = Médecin Généraliste ; 3=Infirmier A1 ; 4=Infirmier A2 ; 5=Infirmier A3 ; 7 = Auxiliaire de Santé; 96=Autre _____)  Sexe de l'agent de santé: (1= FÉMININ 2 = MASCULIN) .....  Code de l'agent de santé  Code de l'enfant malade .....	FONCTION AGENT DE SANTÉ ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>  SEXE DE L'AGENT DE SANTÉ ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>  CODE DE L'AGENT DE SANTÉ ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>  CODE DE L'ENFANT MALADE ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<b>INFORMATION SUR L'INTERVIEW</b>	
Date : _____  Nom de l'enquêteur _____  Heure de début de l'interview :	JOUR ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> MOIS ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> ANNÉE ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> CODE ENQUETEUR ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> HEURE ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> MINUTES ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>

### SECTION 1. Information sur la visite

N°	QUESTIONS	MODALITÉS ET CODES	PASSER A
100	<p><b>ENQUETEUR: PRESENTEZ-VOUS A LA PERSONNE QUI S'OCCUPE DE L'ENFANT</b></p> <p>Bonjour: En vue d'améliorer la qualité des soins offerts dans cette FOSA, nous aimerions connaître votre expérience ici. Toute information que vous fournissez restera strictement confidentielle. De même, votre participation ou refus de collaborer à cette interview, n'aura aucun effet négatif sur les futures prestations de services que vous aurez à recevoir dans cette structure de santé. Par ailleurs, vous pourrez également refuser de répondre à certaines questions ou mettre fin à cette interview dès que vous le souhaitez.</p> <p>Avez-vous des questions à me poser à ce propos?</p> <p>SIGNATURE DE L'ENQUETEUR : _____            DATE: _____</p>		
100a	Puis-je commencer l'interview ?	OUI/l'accompagnant accepte ..... 1 NON/l'accompagnant refuse..... 2	→ FIN
101	Quel est le nom de l'enfant malade ?	NOM _____	
102	<p>En quel mois et en quelle année (NOM) est-il né ?</p> <p>Poussez vos investigations et estimer l'âge de l'enfant si la personne qui s'en occupe ne connaît pas la date de naissance exacte de celui-ci.</p>	MOIS..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> NSP MOIS ..... 98 ANNÉE..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> NSP ANNÉE..... 9998	→ 102a  → 102a
102a	<p>SI L'ACCOMPAGNATRICE NE CONNAIT PAS LA DATE DE NAISSANCE COMPLETE DE ( NOM), INSISTER :</p> <p>Quel âge (NOM) a ?</p>	ÂGE EN MOIS ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
103	<p>Pouvez-vous me dire la raison pour laquelle vous avez amené (NOM) à cette structure aujourd'hui?</p> <p>A) (NOM) tousse ou a des difficultés pour respirer?</p> <p>B) (NOM) a une diarrhée?</p> <p>C) (NOM) a une fièvre/le corps chaud?</p>	OUI NON TOUSSE /DIFFICULTÉ POUR RESPIRER ..... 1 2 DIARRHÉE. .... 1 2 FIÈVRE/CORPS CHAUD... 1 2	
104	<p>Pour quelle autre raison avez-vous amené (NOM) à cette structure?</p> <p>(ENTOURER TOUTES LES MODALITES CITÉES.)</p> <p>POUSSEZ VOS INVESTIGATIONS EN INSISTANT :            Quoi d'autre?</p>	PROBLÈMES DES YEUX..... A PLAIE SUR LA PEAU ..... B BLÉSSURE..... C PAS D'AUTRE RAISON .....D AUTRE A PRECISER..... X	
105	Avant que vous ne l'amenez à cette structure, pendant combien de temps (NOM) a-t-il souffert de cette maladie ?	NOMBRES DE JOURS <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
106	ENQUETEUR : vérifier 102 et 102a		
	ENFANT NE DEPUIS JANVIER 1999	ENFANT NE AVANT JANVIER 1999	

	OU ÂGE DE MOINS DE 36 MOIS ↓	OU ÂGE DE 36 MOIS OU PLUS	→ 109
107	(NOM) est-il allaité actuellement?	OUI ..... 1 NON ..... 2	→ 109
108	Qu'est-ce que l'agent de santé a dit quant à la fréquence à laquelle on donne le sein à (NOM) durant la maladie? Est-ce qu'il a dit de lui donner moins que d'habitude, avec la même fréquence ou plus que d'habitude?	DONNE MOINS ..... 1 DONNE MÊME QUANTITÉ ..... 2 DONNE PLUS ..... 3 DONNE RIEN A BOIRE ..... 4 N'A RIEN DIT ..... 5 NE SAIT PAS ..... 8	
109	(NOM) est-il nourri avec d'autres aliments ou boissons?	OUI ..... 1 NON ..... 2	→ 112
110	Que-est que l'agent de santé a dit quant à la fréquence à laquelle on donne à (NOM) à boire, durant la maladie. Est-ce qu'il a dit de lui donner moins que d'habitude, avec la même fréquence ou plus que d'habitude?	DONNE MOINS ..... 1 DONNE MÊME QUANTITÉ ..... 2 DONNE PLUS ..... 3 DONNE RIEN A BOIRE ..... 4 N'A RIEN DIT ..... 5 NE SAIT PAS ..... 8	
111	Que-est que l'agent de santé a dit quant à la fréquence à laquelle on donne à (NOM) à manger, durant la maladie? Est-ce qu'il a dit de lui donner moins que d'habitude, avec la même fréquence ou plus que d'habitude?	DONNE MOINS ..... 1 DONNE MÊME QUANTITÉ ..... 2 DONNE PLUS ..... 3 DONNE RIEN A MANGER ..... 4 N'A RIEN DIT ..... 5 NE SAIT PAS ..... 8	
112	L'agent de santé vous a-t-il dit la maladie dont (NOM) souffrait ?	OUI ..... 1 NON ..... 2	
113	Est-ce que l'agent de santé a donné ou prescrit un médicament à (NOM)?	OUI ..... 1 NON ..... 2	→ 119
114	Avez-vous tous les médicaments maintenant?	OUI ..... 1 NON, ..... 2	
115	Puis-je voir les médicaments donnés ou prescrits ?	VU TOUS LES MEDICAMENTS .... 1 VU QUELQUES MEDICAMENTS ET QUELQUES ORDONNANCES ..... 2 VU SEULEMENT LES ORDONNANCES ..... 3	
116	Est-ce qu'un personnel de la structure de santé vous a expliqué comment donner ces médicaments à (NOM) à la maison ?	OUI ..... 1 NON ..... 2	
117	Est-ce qu'un personnel de la structure de santé vous a montré comment donner ces médicaments à (NOM) à la maison ?	OUI ..... 1 NON ..... 2	
118	Est-ce qu'un personnel de la structure de santé a donné une dose de ces médicaments à (NOM)?	OUI ..... 1 NON ..... 2	
119	(NOM) a-t-il été vacciné aujourd'hui ?	OUI ..... 1 NON ..... 2	
120	Est ce qu'un personnel de la structure de santé a pesé (NOM) aujourd'hui ?	OUI ..... 1 NON ..... 2	→ 122

121	Est ce qu'un personnel de la structure de santé a discuté le résultat de la pesée, si le poids de (NOM) est bon ou non?	OUI ..... 1 NON ..... 2	
122	Est-ce qu'un personnel de la structure de santé vous a donné des conseils concernant l'alimentation en générale de (NOM)?	OUI ..... 1 NON ..... 2	
123	ENQUETEUR: vérifier 102 et 102a.  ENFANT NE DEPUIS JANVIER 1999 OU AGE DE MOINS DE 36 MOIS ↓ ENFANT NE AVANT JANVIER 1999 OU AGE DE 36 MOIS OU PLUS		→201
124	Est-ce que vous avez le carnet de santé de (NOM) avec vous ?	OUI ..... 1 NON ..... 2	→201
125	ENQUETEUR : DEMANDER POLIMENT A VOIR LE CARNET VACCINATION DE DE L'ENFANT.  INDIQUER SI UNE VACCINATION A ÉTÉ MENTIONNÉE DANS LE CARNET DE SANTÉ DE L'ENFANT.	OUI ..... 1 NON ..... 2	→201
126	ENQUETEUR : VERIFIER DANS LE CARNET DE VACCINATION ET NOTER SI L'ENFANT A RECU LES VACCINATIONS SUIVANTES. VERIFIER AUSSI LA DATE A LAQUELLE CHAQUE VACCINATION A ÉTÉ FAITE ET INSCRIRE CETTE DATE A LA COLONNE 2. SI AUCUNE DATE N'A ÉTÉ MENTIONNÉE DANS LE CARNET, INSCRIRE '98' POUR LE JOUR ET LE MOIS ET '9998' POUR L'ANNÉE.		
		L'ENFANT A RECU UN VACCIN	DATE
	POLIO-0	OUI ..... 1 NON/AUCUNE INSCRIPTION ..... 2	___/___/___ JOUR MOIS ANNEE
	BCG	OUI ..... 1 NON/AUCUNE INSCRIPTION ..... 2	___/___/___ JOUR MOIS ANNEE
	POLIO-1	OUI ..... 1 NON/AUCUNE INSCRIPTION ..... 2	___/___/___ JOUR MOIS ANNEE
	POLIO-2	OUI ..... 1 NON/AUCUNE INSCRIPTION ..... 2	___/___/___ JOUR MOIS ANNEE
	POLIO-3	OUI ..... 1 NON/AUCUNE INSCRIPTION ..... 2	___/___/___ JOUR MOIS ANNEE
	DTCoq-1	OUI ..... 1 NON/AUCUNE INSCRIPTION ..... 2	___/___/___ JOUR MOIS ANNEE
	DTCoq-2	OUI ..... 1 NON/AUCUNE INSCRIPTION ..... 2	___/___/___ JOUR MOIS ANNEE
	DTCoq-3	OUI ..... 1 NON/AUCUNE INSCRIPTION ..... 2	___/___/___ JOUR MOIS ANNEE

ROUGEOLE	OUI..... 1 NON/AUCUNE INSCRIPTION ..... 2	___ / ___ / ___ JOUR MOIS ANNEE	
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### Section 2. Satisfaction du patient

N°	QUESTIONS	MODALITÉS ET CODES	PASSER A
201	<p>Maintenant, permettez-moi de vous poser des questions concernant les soins que (NOM) a reçu aujourd'hui. Toutefois, pour nous permettre d'améliorer les services de soins de santé des enfants, j'aimerais recueillir votre véritable opinion sur les questions que nous allons aborder ensemble.</p> <p>Quand vous êtes arrivé ici, combien de temps avez-vous attendu avant qu'un personnel de la structure vienne consulter (NOM)?</p>	<p>NOMBRE DE MINUTES ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>A ÉTÉ CONSULTÉ AUSSITÔT .....000            NE SAIT PAS ..... 998</p>	
202	A votre avis, l'agent de santé vous a-t-il consacré suffisamment de temps pour la consultation ?	OUI, ASSEZ DE TEMPS .....1 NON, PAS ASSEZ DE TEMPS.....2	
203	Est-ce que l'agent de santé vous a parlé de la nature de la maladie de l'enfant?	OUI .....1 NON .....2	
204	Aviez-vous des questions que vous auriez aimé discuter avec l'agent de santé au moment de la consultation?	OUI .....1 NON .....2	→207
205	Aviez-vous la possibilité de poser toutes vos questions, quelques unes seulement ou n'aviez-vous même pas la possibilité de poser une seule question au moment de la consultation?	OUI, TOUTES MES QUESTIONS ...1 OUI, QUELQUES UNES .....2 NON, AUCUNE .....3	→207
206	Est-ce que l'agent de santé a répondu à toutes vos questions, à certaines seulement ou n'a-t-il pas répondu du tout?	OUI, ENTIÈREMENT.....1 OUI, PARTIELLEMENT .....2 NON, AUCUNE RÉPONSE.....3 PAS SÛR.....4	
207	Êtes-vous membre d'une mutuelle de santé?	OUI .....1 NON .....2	
208	<p>Au total, combien avez-vous payé pour les soins que vous avez reçu aujourd'hui?</p> <p>INCLURE TOUS LES FRAIS RELEVANT DE LA CONSULTATION, Y COMPRIS LES EXAMENS DU LABORATOIRE, LES MÉDICAMENTS ET TOUT AUTRE SERVICE QUE VOUS AVEZ RECU AUJOURD'HUI.</p>	<p>SOMME TOTALE (en FRW) <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>N'A RIEN PAYÉ .....00000            NE SAIT PAS .....99998</p>	

209	Maintenant, je vais vous poser des questions concernant des problèmes que les patients rencontrent fréquemment dans les structures de santé. Pour chacun des problèmes que je vais vous citer, dites moi, à votre avis, s'il est très sérieux, s'il est mineur ou s'il n'existe pas du tout dans cette structure.						SER MIN INEX NSP
	A) Le temps d'attente pour voir l'agent de santé?	TEMPS ATTENTE	1	2	3	4	
	B) Disponibilité des médicaments ou autres fournitures?	DISP. MÉDIC/FOURN	1	2	3	4	
	C) Heures d'ouverture?	HEURES	1	2	3	4	
	D) Etat de propreté?	PROPRETE LOCAUX	1	2	3	4	
	E) Accueil disponibilité?	ACCUEIL	1	2	3	4	

### SECTION 3. Caractéristiques individuelles du patient

No.	QUESTIONS	MODALITÉS ET CODES	PASSER A
301	Quel est votre lien de parenté avec {NOM}?	MÈRE.....1 PÈRE.....2 FRÈRE/SOEUR .....3 TANTE/ONCLE .....4 AUTRE (A PRECISER) ..... 5	
302	Quel âge aviez-vous à votre dernier anniversaire?	ÂGE EN ANNÉES ... <input type="text"/>	
303	Avez-vous fréquenté l'école?	OUI .....1 NON..... 2	→306
304	Quel est le niveau d'instruction le plus élevé que vous avez atteint : primaire, primaire réformé, post-primaire (CERAI/CERAR/ FAMILIALE), secondaire, supérieur?	PRIMAIRE.....1 PRIMAIRE REFORME .....2 POST-PRIMAIRE (CERAI/CERAR/FAMILIALE).....3 SECONDAIRE .....4 SUPÉRIEUR .....5 NE SAIT PAS .....8	
305	Quelle est la classe la plus élevée que vous avez achevé dans ce niveau?	CLASSE/ANNÉE <input type="text"/>	

#### CODES POUR Q.303 ET Q.304

NIVEAU	PRIMAIRE (ANCIEN OU NOUVEAU SYSTEME 6ANS) CODE =1	PRIMAIRE REFORME (8ans) CODE =2	POST-PRIMAIRE (CERAR, CERAI, familiale) CODE= 3	SECONDAIRE CODE = 4	SUPERIEUR CODE = 5	NE SAIT PAS CODE = 8
CLASSE/ ANNEE ACHEVEE	CODE MOINS D'1AN 00 1ERE ANNEE 01 2EME ANNEE 02 3EME ANNEE 03 4EME ANNEE 04 5EME ANNEE 05 6EME ANNEE 06 NE SAIT PAS 98	CODE MOINS D'1AN 00 1ERE ANNEE 01 2EME ANNEE 02 3EME ANNEE 03 4EME ANNEE 04 5EME ANNEE 05 6EME ANNEE 06 7EME ANNEE 07 8EME ANNEE 08 NE SAIT PAS 98	CODE MOINS D'1 AN 00 1ERE ANNEE 01 2EME ANNEE 02 3EME ANNEE 03 7E FAMILIALE 01 8E FAMILIALE 02 9E FAMILIALE 03 NE SAIT PAS 98	CODE MOINS D'1 AN 00 1ERE ANNEE 01 2EME ANNEE 02 3EME ANNEE 03 4EME ANNEE 04 5EME ANNEE 05 6EME ANNEE 06 7EME ANNEE 07 NE SAIT PAS 98	CODE MOINS D'1AN 00 1ERE ANNEE 01 2EME ANNEE 02 3EME ANNEE 03 4EME ANNEE 04 5EME ANNEE 05 6E ANNEE ET + 06 NE SAIT PAS 98	



306	HEURE DE FIN D'INTERVIEW.	HEURE .....  MINUTES .....	<table border="1"><tr><td data-bbox="1226 199 1274 262"> </td><td data-bbox="1274 199 1323 262"> </td></tr><tr><td data-bbox="1226 283 1274 346"> </td><td data-bbox="1274 283 1323 346"> </td></tr></table>				

307	<b>OBSERVATIONS DE L'ENQUETEUR</b>		
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<b>OBSERVATION DES PATIENTES AYANT REÇU DES SOINS PRENATALS</b>	
<b>IDENTIFICATION DE LA FORMATION SANITAIRE</b>	
Nom de la FOSA _____  Localisation de la FOSA _____  Code de la FOSA.....  Type de FOSA (1 = Hôpital de référence; 2 = Hôpital de district; 3 = Centre de santé; 4 = Dispensaire; 6 = Autre _____)  Statut de la FOSA: (1= Public; 2 = Agrée; 3 = Privée; 96 = Autre _____)	CODE FOSA..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>  TYPE FOSA ..... <input style="width: 20px; height: 20px;" type="text"/>  STATUT FOSA..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<b>INFORMATION AGENT DE SANTE / CLIENTE</b>	
Fonction de l'agent de santé: (1 = Médecin Spécialiste ; 2 = Médecin Généraliste ; 3=Infirmier A1 ; 4=Infirmier A2 ; 5=Infirmier A3 ; 7 = Auxiliaire de Santé; 96=Autre _____)  Sexe de l'agent de santé: (1 = FÉMININ 2 = MASCULIN).....  Code de l'agent de santé .....  Code de la cliente .....	FONCTION AGENT DE SANTÉ ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>  SEXE DE L'AGENT DE SANTÉ ..... <input style="width: 20px; height: 20px;" type="text"/>  CODE DE L'AGENT DE SANTÉ ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>  CODE DE LA CLIENTE ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<b>INFORMATIONS SUR L'INTERVIEW</b>	
Date: _____    Nom de l'enquêteur _____  Heure de début de l'interview	JOUR ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>  MOIS ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>  ANNÉE <input style="width: 20px; height: 20px; text-align: center; border: 1px solid black;" type="text" value="2"/> <input style="width: 20px; height: 20px; text-align: center; border: 1px solid black;" type="text" value="0"/> <input style="width: 20px; height: 20px; text-align: center; border: 1px solid black;" type="text" value="0"/> <input style="width: 20px; height: 20px; text-align: center; border: 1px solid black;" type="text" value="1"/>  CODE ENQUETEUR .... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>  HEURE..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>  MINUTES..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

**Observation des soins prénatals**

100	<p>ENQUÊTEUR : OBTENEZ LA PERMISSION DE LA CLIENTE AINSI QUE CELLE DE L'AGENT DE SANTE AVANT DE COMMENCER A FAIRE L'OBSERVATION. SOYEZ AUSSI DISCRET QUE POSSIBLE ET, EN AUCUNE MANIERE, NE PRENEZ PART A LA CONVERSATION. ASSUREZ-VOUS QUE L'AGENT DE SANTÉ SAIT QUE VOUS N'ÊTES PAS LA POUR L'ÉVALUER ET QUE VOUS N'ÊTES PAS UN "EXPERT" A CONSULTER DURANT LA VISITE. ESSAYEZ DE VOUS ASSEoir DERRIERE LA PATIENTE, MAIS SANS FAIRE FACE DIRECTEMENT A L'AGENT DE SANTÉ. POUR CHACUNE DES QUESTIONS LISTÉES CI-DESSOUS, ENCERCLEZ LA RÉPONSE QUI REFLETE LE PLUS FIDELEMENT POSSIBLE VOTRE ÉVALUATION DE CE QUI S'EST PASSÉ DURANT CES DIALOGUES</p> <p><b>A LIRE A L'AGENT DE SANTÉ:</b> Bonjour. Je représente le Ministère de la Santé. Nous réalisons une enquête sur les établissements de santé qui fournissent des services aux femmes et aux enfants dans le but de trouver des moyens d'améliorer la prestation des services. Je voudrais assister à la consultation de cette femme en tant qu'observateur, pour savoir comment est fourni un service de santé dans ce pays.</p> <p>Ces informations sont complètement confidentielles. Vous pouvez, si vous le souhaitez, arrêter cette interview à n'importe quel moment.</p> <p>Puis-je rester pour observer la consultation?</p> <p align="center">             _____ DATE              SIGNATURE DE L' ENQUÊTEUR              (Indique que le consentement de l'agent a été demandé)         </p>		
100a	PERMISSION ACCORDÉE PAR L'AGENT DE SANTÉ	OUI..... 1 NON ..... 2	➔ FIN
	<p><b>A LIRE A LA FEMME:</b> Bonjour. Je représente le Ministère de la Santé. Nous réalisons une enquête sur les établissements de santé qui fournissent des services aux femmes et aux enfants dans le but de trouver des moyens d'améliorer la prestation des services. Je voudrais assister à la consultation, en tant qu'observateur, pour savoir comment est fourni un service de santé dans ce pays.</p> <p>Ces informations sont complètement confidentielles et n'affecteront pas la qualité des soins que vous allez recevoir maintenant et dans le futur. Après la consultation, mon collègue souhaiterait parler avec vous de votre expérience ici.</p> <p>Avez-vous des questions à me poser à ce propos ?                  Puis-je rester pour observer votre consultation?</p> <p align="center">             _____ DATE              SIGNATURE DE L'ENQUETEUR              (Indique que le consentement de l'agent a été demandé)         </p>		
100b	PERMISSION ACCORDÉE PAR LA CLIENTE	OUI..... 1 NON ..... 2	➔ FIN

No	QUESTIONS	MODALITÉS ET CODES			ALLER À
		OUI	NON	NSP	
101	INDIQUER SI LA PATIENTE EFFECTUE SA PREMIÈRE VISITE PRÉNATALE POUR CETTE GROSSESSE? SI L'AGENT DE SANTÉ NE POSE PAS LA QUESTION ET QUE LA PATIENTE NE FOURNIT PAS L'INFORMATION, ENRIGISTRER 8 (NE SAIT PAS.)	OUI	NON	NSP	
		1	2	8	
102	INDIQUER SI L'AGENT DE SANTÉ DEMANDE OU SI LA PATIENTE FOURNIT LES INFORMATIONS SUR LES POINTS SUIVANTS:	OUI	NON	NSP	
	A) ÂGE?	1	2	8	
	B) NOMBRE DE GROSSESSES?	1	2	8	
	C) DATE DES DERNIÈRES RÈGLES?	1	2	8	
	D) FAUSSE COUCHE?	1	2	8	
	E) ENFANTS DÉCÉDÉS DURANT LA PREMIÈRE SEMAINE?	1	2	8	
	F) SAIGNEMENTS GRAVES PENDANT OU APRES ACCOUCHEMENT DURANT UNE GROSSESSE PRÉCÉDENTE?	1	2	8	
	G) ACCOUCHEMENT ASSISTÉ DURANT UNE GROSSESSE PRÉCÉDENT? (Césarienne, ventouse, ou forceps)	1	2	8	
	103	LES SYMPTÔMES DE CETTE GROSSESSE			
A)	SAIGNEMENTS DURANT CETTE GROSSESSE?	1	2	8	
	B) EST-CE QUE LA PATIENTE PREND DES MÉDICAMENTS?	1	2	8	
	C) EST-CE QUE LA PATIENTE SENT LE BÉBÉ BOUGER?	1	2	8	
	D) AUCUN AUTRE PROBLEME LIÉ A LA GROSSESSE ACTUELLE?	1	2	8	
104	INDIQUER SI L'AGENT DE SANTÉ EFFECTUE LES TESTS SUIVANTS?	OUI	NON	NSP	
	A) VERIFIÉ LA TENSION DE LA PATIENTE?	1	2	8	
	B) PALPÉ LA PATIENTE POUR CONNAITRE LA POSITION DU FOETUS?	1	2	8	
	C) ECOUTÉ L'ABDOMEN DE LA PATIENTE POUR ENTENDRE LES BATTEMENTS DU COEUR DU FOETUS?	1	2	8	
	D) EFFECTUE OU ENVOIE-T-IL AILLEURS POUR LE TEST DE SYPHILIS?	1	2	8	
	E) EFFECTUE OU ENVOIE-T-IL AILLEURS POUR LE TEST DE VIH?	1	2	8	
	F) EFFECTUE OU ENVOIE-T-IL AILLEURS POUR LE CONSEIL ET TRAITEMENT VOLONTAIRE DU VIH/SIDA?	1	2	8	
105	A CETTE FOSA, EST-CE QU'ON PREND LA TENSION A UN AUTRE ENDROIT, AVANT LA CONSULTATION?	1	2	8	

No	QUESTIONS	MODALITÉS ET CODES			ALLER À
106	EST-CE QUE L'AGENT SANTE A REGARDE LE CARNET DE SANTÉ DE LA FEMME AVANT OU DURANT LE CONSULATION?	OUI .....	1		
		NON.....	2		
		NSP .....	3		
	INDIQUER SI L'AGENT DE SANTÉ PRESCRIT OU FOURNIT LES MÉDICAMENTS SUIVANTS A LA PATIENTE ET EST-CE QUE L'AGENT DE SANTÉ DONNE A LA PATIENTE DES CONSEILS :				
107	PRESCRIT OU FOURNIT LES MÉDICAMENTS SUIVANTS	OUI	NON	NSP	
	1) PRESCRIT OU FOURNIT COMPRIMÉS DE FER ET/OU ACIDE FOLIQUE ?	1	2	8	
	2) EXPLIQUE CE QUE C'EST LE FER ET POURQUOI ON EN A BESOIN?	1	2	8	
	3) EXPLIQUE COMMENT ON DOIT PRENDRE LE FER?	1	2	8	
108	1) PRESCRIT OU FOURNIT LE VACCIN ANTI-TETANIQUE	1	2	8	
	2) EXPLIQUE POURQUOI ON A BESOIN DU VACCIN ANTI-TETANIQUE?	1	2	8	
109	1) PRESCRIT OU FOURNIT DES ANTIPALUDÉENS?	1	2	8	
	2) EXPLIQUE POURQUOI ON A BESOIN DES MÉDICAMENTS ANTI-PALUDÉENS?	1	2	8	
	3) EXPLIQUE COMMENT ON DOIT PRENDRE LES MÉDICAMENTS ANTI-PALUDÉENS?	1	2	8	
110	EST-CE QUE L'AGENT DE SANTÉ DONNE A LA PATIENTE DES CONSEILS SUR:				
	A) LE TYPE ET LA QUANTITÉ DE NOURRITURE A MANGER DURANT LA GROSSESSE?	1	2	8	
	B) DES SYMPTÔMES SUIVANTS ET L'AGENT DE SANTÉ A DIT A LA PATIENTE QU'ELLE DEVRA ALLER À UNE FORMATION DE SANTÉ SI ELLE RESSENT UN DES SYMPTOMES?				
	1) SAIGNEMENTS VAGINAUX?	1	2	8	
	2) FIÈVRE?	1	2	8	
	3) GRANDE FATIGUE ET ESSOUFLEMENT?	1	2	8	
	4) VISAGE ET PIEDS GONFLÉS?	1	2	8	
	C) INFORME LA PATIENTE SUR L'EVOLUTION DE SA GROSSESSE?	1	2	8	
111	EST-CE QUE L'AGENT DE SANTÉ DONNE A LA PATIENTE DES CONSEILS :				
	A) D'AVOIR RECOURS A UN PROFESSIONNEL DE LA SANTÉ POUR L'ASSISTER PENDANT L'ACCOUCHEMENT?	1	2	8	
	B) DISCUTER OU ELLE VA ACCOUCHER?	1	2	8	
	C) DISCUTER AVEC ELLE CE QU'ELLE DOIT AVOIR PRÊT AVANT L'ACCOUCHEMENT	1	2	8	
	D) L'ALLAITEMENT EXCLUSIF JUSQU'A 6 MOIS?	1	2	8	
	E) DISCUTER SI ELLE VEUT UTILISER LA PLANIFICATION FAMILIALE APRÈS L'ACCOUCHEMENT	1	2	8	

No	QUESTIONS	MODALITÉS ET CODES			ALLER À
112	DEMANDE A LA PATIENTE SI ELLE A DES QUESTIONS A POSER?	1	2	8	
113	UTILISE BOÎTE D'IMAGES EN DONNANT DES CONSEILS?	1	2	8	
114	EST-CE QUE L'AGENT DE SANTÉ A ECRIT QUELQUE CHOSE DANS LE CARNET DE SANTÉ/FICHE/REGISTRE DURANT OU APRÈS LA CONSULTATION?	1	2	8	
115	NOTER L'HEURE DE FIN DE L'INTERVIEW	HEURE ..... <input type="text"/> <input type="text"/> MINUTES... <input type="text"/> <input type="text"/>			
116	<b>COMMENTAIRES DE L'ENQUÊTEUR</b>				

<b>INTERVIEW DE SORTIE POUR LES PATIENTES AYANT REÇU DES SOINS PRENATALS</b>	
<b>IDENTIFICATION DE LA FORMATION SANITAIRE</b>	
Nom de la FOSA _____  Localisation de la FOSA _____  Code de la FOSA.....  Type de structure: (1 = Hôpital de référence; 2 = Hôpital de district; 3= Centre de santé; 4=Dispensaire; 96=Autre _____)  Statut de la FOSA (1= Public; 2 = Agrée; 3 = Privé; 96 = Autre _____)	CODE FOSA..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>  TYPE FOSA ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>  STATUT FOSA ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<b>PROVIDER/CLIENT INFORMATION</b>	
Fonction de l'agent de santé: (1 = Médecin Spécialiste ; 2 = Médecin Généraliste ; 3=Infirmier A1 ; 4=Infirmier A2 ; 5=Infirmier A3 ; 7 = Auxiliaire de Santé; 96=Autre _____)  Sexe de l'agent de santé: (1 = FÉMININ 2 = MASCULIN) .....  CODE de l'agent de santé  Code de la cliente .....	FONCTION AGENT DE SANTÉ ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>  SEXE DE L'AGENT DE SANTÉ ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>  CODE DE L'AGENT DE SANTÉ ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>  CODE DE LA CLIENTE ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<b>INFORMATION SUR L'INTERVIEW</b>	
Date : _____  Nom de l'enquêteur _____  Heure de début de l'interview :	JOUR ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> MOIS..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> ANNÉE ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> 2 <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> 0 <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> 0 <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> 1 CODE ENQUETEUR ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> HEURE ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> MINUTES..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>

## Interview de sortie pour les patientes ayant reçu des soins prénatals

### Section 1. Information sur la visite

NO.	QUESTIONS	MODALITÉS ET CODES	PASSER A
100	<p style="text-align: center;"><b>ENQUÊTEUR : PRESENTEZ-VOUS A LA PATIENTE AYANT RECU DES SOINS PRENATALS</b></p> <p>Bonjour : En vue d'améliorer la qualité des soins offerts dans cette FOSA, nous aimerions connaître votre expérience ici. Toute information que vous fournissez restera strictement confidentielle. De même, votre participation ou refus de collaborer à cette interview, n'aura aucun effet négatif sur les futures prestations de services que vous aurez à recevoir dans cette structure de santé. Par ailleurs, vous pourrez également refuser de répondre à certaines questions ou mettre fin à cette interview dès que vous le souhaitez.</p> <p>Avez-vous des questions à me poser à ce propos?                      Acceptez-vous de participer à cette interview?</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">SIGNATURE DE L'ENQUÊTEUR</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">DATE</p>		
100a	Puis-je commencer l'interview?	OUI/LA PATIENTE ACCEPTE.... 1 NON/LA PATIENTE REFUSE..... 2	→ STOP
101	De combien de mois êtes-vous enceinte?	MOIS..... <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> NE SAIT PAS ..... 98	
102	Pour cette grossesse est-ce votre première visite prénatale?	OUI ..... 1 NON ..... 2	
103	Est-ce que l'agent de santé vous a donné ou prescrit des comprimés de fer ou d'acide folique? SI OUI, DEMANDER À VOIR LES COMPRIMÉS.	OUI, VU..... 1 OUI, PAS VU ..... 2 PAS D'ORDONNANCE OU COMPRIMEÉS..... 3	
104	Est-ce que l'agent de santé vous a donné ou prescrit l'un ou l'autre de ces médicaments? SI OUI, DEMANDER A REGARDER LES COMPRIMES DE CHLOROQUINE ET DE FANSIDAR .	OUI, VU..... 1 OUI, PAS VU ..... 2 PAS D'ORDONNANCE OU MEDICAMENT..... 3	
105	Est-ce que l'agent de santé vous a expliqué pourquoi il est nécessaire de revenir à l'établissement de santé si vous aviez des problèmes?	OUI ..... 1 NON ..... 2	→ 107
106	Quelles sont les raisons pour lesquelles vous devez revenir à l'établissement de santé? (ENTOURER TOUT CE QUI EST MENTIONNÉ.) INSISTER : Rien d'autre?	SAIGNEMENTS..... A FIÈVRE..... B VISAGE/PIEDS ENFLÉS ..... C FATIGUE/ESOUFLEMENT.... D AUTRE _____ X (PRECISER)	



NO.	QUESTIONS	MODALITÉS ET CODES	PASSER A
107	Est-ce que l'agent de santé vous a dit ce que vous devez manger pendant la grossesse?	OUI ..... 1 NON ..... 2	
108	Qu'est-ce que l'agent de santé vous a conseillé de faire si vous avez des problèmes durant cette grossesse?  (ENTOURER TOUT CE QUI EST MENTIONNÉ).	CONSULTER A LA FOSA ..... A DIMINUER LES ACTIVITÉS ... B CHANGER DE REGIME ALIMENTAIRE ..... C RIEN ..... D AUTRE _____ X  (PRÉCISER)	
109	Est-ce que l'agent de santé vous a parlé de l'importance de l'allaitement exclusif?	OUI ..... 1 NON ..... 2	
110	Pendant combien de mois l'agent de santé vous a conseillé d'allaiter exclusivement votre enfant au sein?	MOIS..... <input type="text"/> <input type="text"/>  NE SAIT PAS ..... 98	
111	Où pensez-vous que vous allez accoucher?	FOSA ..... 1 HORS FOSA..... 2 NE SAIT PAS ..... 8	→113 →201
112	Pour quelle raison, n'irez-vous pas accoucher dans une formation sanitaire?  (ENTOURER TOUT CE QUI EST MENTIONNÉ.)  INSISTER: Rien d'autre?	TROP CHER..... A TROP LOIN/ PAS ACCESSIBLE ..... B PRÉFÈRE ACCOUCHER A DOMICILE ..... C AUTRE _____ X  (PRÉCISER)	
113	Est-ce que l'agent de santé vous a indiqué le matériel nécessaire qu'on doit avoir en cas d'accouchement en dehors de la FOSA?	OUI ..... 1 NON ..... 2	

## Section 2. Satisfaction du patient

NO.	QUESTIONS	MODALITÉS ET CODES	PASSER A						
201	<p>Maintenant, permettez-moi de vous poser des questions concernant les soins que vous avez reçus aujourd'hui. Toutefois, pour nous permettre d'améliorer les services de soins prénatales, j'aimerais recueillir votre véritable opinion sur les questions que nous allons aborder ensemble.</p> <p>Quand vous êtes arrivée ici, combien de temps avez-vous attendu avant qu'un personnel de la structure vienne vous consulter (NOM)?</p>	<p>NOMBRE DE MINUTES.....</p> <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>A ÉTÉ CONSULTÉE            AUSSITÔT ..... 000            NE SAIT PAS ..... 998</p>							
202	Pensez-vous que vous avez eu assez de temps avec l'agent de santé?	OUI, ASSEZ DE TEMPS ..... 1 NON, PAS ASSEZ DE TEMPS..... 2							
203	Est-ce que l'agent de santé vous a dit comment progressait votre grossesse?	OUI ..... 1 NON ..... 2							
204	Aviez-vous des questions à poser à l'agent de santé sur votre grossesse?	OUI ..... 1 NON ..... 2	→ 207						
205	Avez-vous la possibilité de poser à l'agent de santé toutes les questions que vous aviez, seulement quelques unes, ou n'avez-vous du tout pu poser aucune de vos questions ?	OUI, TOUTES MES QUESTIONS ..... 1 OUI, QUELQUES UNES ..... 2 NON AUCUNE ..... 3	→ 207						
206	Est-ce que l'agent de santé a répondu à vos questions entièrement, partiellement ou il n'a pas du tout répondu?	OUI, ENTIÈREMENT ..... 1 OUI, PARTIELLEMENT ..... 2 NON, AUCUNE RÉPONSE..... 3 PAS SÛR ..... 8							
207	Pensez-vous que les autres patientes pouvaient voir ce qui se passait durant votre consultation?	OUI ..... 1 NON ..... 2 PAS SÛR ..... 8							
208	Pensez-vous que les autres patientes pouvaient entendre ce qui se disait durant votre consultation?	OUI ..... 1 NON ..... 2 PAS SÛR ..... 8							
209	Êtes-vous membre d'une mutuelle de santé?	OUI ..... 1 NON ..... 2							
210	<p>Au total, combien avez-vous payé pour les soins que vous avez reçu aujourd'hui?</p> <p>INCLURE TOUS LES FRAIS RELEVANT DE LA CONSULTATION, Y COMPRIS LES EXAMINS DE LABORATOIRE, LES MÉDICAMENTS ET TOUT AUTRE SERVICE QUE VOUS AVEZ REÇU AUJOURD'HUI.</p>	<p>SOMME TOTALE ( en Frw)</p> <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>N' A RIEN PAYÉ .....00000            NE SAIT PAS .....99998</p>							

NO.	QUESTIONS	MODALITÉS ET CODES	PASSER A
211	Maintenant, je vais vous poser des questions concernant des problèmes que les patients rencontrent fréquemment dans les structures de santé. Pour chacun des problèmes que je vais vous citer, dites moi, à votre avis, s'il est très sérieux, s'il est mineur ou s'il n'existe pas du tout dans cette structure. A) Le temps d'attente pour voir l'agent de santé? B) Disponibilité des médicaments ou autres fournitures? C) Heures d'ouverture? D) Etat de propreté? E) Accueil / disponibilité?	SER MIN INEX NSP  TEMPS ATTENTE 1 2 3 4 DISP MÉDIC/FOURN 1 2 3 4 HEURES OUV 1 2 3 4 PROPRETE LOCAUX 1 2 3 4 ACCUEIL 1 2 3 4	

### Section 3. Caractéristiques personnelles du patient

NO.	QUESTIONS	MODALITÉS ET CODES	PASSER A
301	Quel âge aviez-vous à votre dernier anniversaire?	ÂGE EN ANNÉES ... <input type="text"/> <input type="text"/>	
302	Avez-vous fréquenté l'école?	OUI.....1 NON .....2	→305
303	Quel est le niveau d'instruction le plus élevé que vous avez atteint : Primaire, Primaire réformé, Post-Primaire, Secondaire, Supérieur?	PRIMAIRE.....1 PRIMAIRE REFORME .....2 POST-PRIMAIRE/CERAR/ CERAI/FAMILIALE.....3 SECONDAIRE.....4 SUPÉRIEUR .....5 NSP .....8	
304	Quelle est la classe la plus élevée que vous avez achevé à ce niveau?	CLASSE/ANNÉE ..... <input type="text"/> <input type="text"/>	

CODES POUR Q.303 ET Q.304

NIVEAU	PRIMAIRE (ANCIEN OU NOUVEAU SYSTEME 6ANS) CODE =1	PRIMAIRE REFORME (8ans) CODE =2	POST-PRIMAIRE (CERAR, CERAI, familiale) CODE= 3	SECONDAIRE CODE = 4	SUPERIEUR CODE = 5	NE SAIT PAS CODE = 8
CLASSE/ ANNEE ACHEVEE	CODE MOINS D'1AN 00 1ERE ANNEE 01 2EME ANNEE 02 3EME ANNEE 03 4EME ANNEE 04 5EME ANNEE 05 6EME ANNEE 06 NE SAIT PAS 98	CODE MOINS D'1AN 00 1ERE ANNEE 01 2EME ANNEE 02 3EME ANNEE 03 4EME ANNEE 04 5EME ANNEE 05 6EME ANNEE 06 7EME ANNEE 07 8EME ANNEE 08 NE SAIT PAS 98	CODE MOINS D'1 AN 00 1ERE ANNEE 01 2EME ANNEE 02 3EME ANNEE 03 7E FAMILIALE 01 8E FAMILIALE 02 9E FAMILIALE 03 NE SAIT PAS 98	CODE MOINS D'1 AN 00 1ERE ANNEE 01 2EME ANNEE 02 3EME ANNEE 03 4EME ANNEE 04 5EME ANNEE 05 6EME ANNEE 06 7EME ANNEE 07 NE SAIT PAS 98	CODE MOINS D'1AN 00 1ERE ANNEE 01 2EME ANNEE 02 3EME ANNEE 03 4EME ANNEE 04 5EME ANNEE 05 6E ANNEE ET + 06 NE SAIT PAS 98	

305	HEURE DE FIN DE L'INTERVIEW.	HEURE .....	<input type="text"/> <input type="text"/>	
306	COMMENTAIRES DE L'ENQUETEUR			