Rwanda

Rwanda

Service Provision Assessment Survey 2001

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

June 2003

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).

Suggested citation:

Ministry of Health [Rwanda], National Population Office [Rwanda], and ORC Macro. 2003. *Rwanda Service Provision Assessment Survey 2001.* Calverton, Maryland: Ministry of Health, National Population Office, and ORC Macro.

Contents

Contents iii
Tables and Figures ix
Preface xiii
Acknowledgements xv
Key Findings and Recommendations xvii
Abbreviations xxiii

Chapter 1 Survey Methodology

1.1 Overview 1
1.2 Institutional Framework and Objectives of the Study 1
1.3 Data Collection Instruments 1
1.4 Sample 2

1.4.1 Sample of Facilities 2
1.4.2 Sample of Health Service Providers 3
1.4.3 Sample for Observations 5

1.5 Study Implementation 6

1.5.1 Training and Supervision of Data Collectors 6
1.5.2 Methods for Data Collection 6
1.5.3 Data Analysis 6

1.6 Process for Data Management and Report Writing 7

Chapter 2 Overview of the Health System in Rwanda

2.1 General Organization of the Health System 9
2.2 Overview of Operating Authorities for Health Services 9

2.2.1 Public Sector 9
2.2.2 Government-assisted Health Facilities 10
2.2.3 Private Sector 10
2.2.4 Traditional Medicine 11

2.3 Geographic Distribution and Populations Served by Health Facilities 11
2.4 Package of Health Services 11

2.4.1 Minimum Package of Activities for the Peripheral Level 12
2.4.2 Complementary Package of Activities for District Hospitals 12
2.4.3 Complementary Package of Activities for National Referral Hospitals 13

2.5 Progress in Implementing the Minimum Package of Activities and the Complementary Package of Activities 13
2.6 Use of Curative Consultation Services 14

2.7 Issues Related to Quality of Care ... 14
2.8 Supervision ... 14
2.9 System of Supply and Distribution of Medications ... 15
2.10 Availability of Human Resources ... 15
2.11 Basic Qualifications for Health Personnel ... 16
2.12 Health-sector Financing ... 16

Chapter 3 Facility-level Infrastructure, Resources, and Systems

3.1 Basic Infrastructure and Resources Supportive of Utilization of Services ... 17

3.1.1 Availability of a Range of Services and Qualified Staff ... 17
3.1.2 Availability of Services through Community Outreach ... 20
3.1.3 Facility Infrastructure Supportive of Client Utilization and Quality Services ... 21
3.1.4 Infrastructure and Resources to Support Quality 24-hour Emergency Services ... 23

3.2 Management Systems to Support and Maintain Quality and Appropriate Utilization of Health Services ... 26

3.2.1 Routine Management Meetings ... 27
3.2.2 Supportive Supervision Activities ... 27
3.2.3 Management Practices Supporting Community Involvement ... 30
3.2.4 Funding Mechanisms That Decrease Financial Barriers to Utilization of Health Services ... 32

3.3 Logistics Systems for Vaccines, Contraceptives, and Medicines (Pharmaceutical Commodities) ... 32

3.3.1 Storage and Management Systems for Vaccines ... 33
3.3.2 Storage and Management Systems for Contraceptive methods and Medicines ... 35

3.4 Systems for Preventing Transmission of Infection ... 37

3.4.1 Capacity for Processing Equipment for Reuse ... 37
3.4.2 Infection Prevention and Hazardous Waste Control in Service Delivery Area ... 41

Chapter 4 Child Health Services

4.1 Background ... 43

4.1.1 SPA Approach to Collection of Child Health Information ... 43
4.1.2 Health Situation of Children in Rwanda ... 43

4.2 Availability of Child Health Services ... 44
4.3 Capacity to Provide Quality Immunization Services ... 45

4.3.1 Capacity to Maintain the Quality of Vaccines ... 46

4.3.2 Availability of Vaccines ... 47
4.3.3 Availability of Equipment and Supplies for Vaccination Sessions ... 47
4.3.4 Availability of Administrative Components for Monitoring Immunization Activities ... 48

4.4 Capacity to Provide Quality Consultation Services for Sick Children ... 49

4.4.1 Infrastructure and Resources to Support Quality of Sick Child Services ... 50
4.4.2 Equipment and Supplies for Assessing the Sick Child ... 52
4.4.3 Essential Medicines for Sick Child Services ... 53
4.4.4 Management Practices Supportive of Quality Services ... 55

4.5 Adherence to IMCI Guidelines for Sick Child Service Provision ... 57

4.5.1 Full Assessment of Illness ... 58
4.5.2 Reducing Missed Opportunities for Promoting Child Health Care ... 63
4.5.3 Counseling on Child Health Issues ... 65
4.5.4 Supporting Continuity of Care ... 65
4.5.5 Caretaker Opinion from Exit Interviews ... 66

Chapter 5 Family Planning Services

5.1 Background ... 67

5.1.1 SPA Approach to Collection of Family Planning Service Information ... 67
5.1.2 Family Planning Services in Rwanda ... 67

5.2 Availability of Family Planning Services ... 68
5.3 Components Supporting Quality Family Planning Services ... 72

5.3.1 Infrastructure and Resources for Quality Counseling ... 72
5.3.2 Equipment and Resources for Quality Family Planning Services ... 74
5.3.3 Management Practices Supportive of Quality Services ... 75

5.4 Family Planning Programs for Special Groups ... 77

Chapter 6 Maternal Health Services

6.1 Background ... 79

6.1.1 SPA Approach to Collection of Maternal Health Information ... 79
6.1.2 Maternal Health and the Utilization of Services in Rwanda ... 80

6.2 Availability of ANC Services ... 81
6.3 Capacity to Provide Quality ANC ... 82

6.3.1 Infrastructure and Resources to Support Quality Counseling for ANC ... 82

6.3.2 Equipment and Resources for Quality ANC and PNC Examinations ... 84
6.3.3 Equipment and Resources for Quality ANC and PNC Services ... 86
6.3.4 Management Practices Supportive of Quality ANC Services ... 90

6.4 Adherence to Standards for Providing Quality ANC Service ... 93

6.4.1 Assessment for Early Identification of Risk Signs or Symptoms ... 93
6.4.2 Counseling to Promote Healthy Outcome ... 96
6.4.3 Supporting Continuity of Care ... 98
6.4.4 Identification of Areas for Improvement in Service Delivery ... 99

6.5 Delivery Services and Emergency Obstetric Care: Capacity to Provide Quality Delivery and Newborn Care ... 99

6.5.1 Availability of Components of CEOC Services ... 99
6.5.2 Support for Safe Home Deliveries ... 101
6.5.3 Infrastructure and Resources to Support Quality Delivery Services ... 102
6.5.4 Equipment and Resources to Allow Quality Delivery Services ... 103

6.6 Newborn Care Practices ... 106
6.7 Management Practices Supportive of Quality Delivery Services ... 108

Chapter 7 Services for Sexually Transmitted Infections and HIV/AIDS

7.1 Background ... 111

7.1.1 SPA Approach to Collection of Information on STI and HIV/AIDS Services ... 111
7.1.2 Health Situation Related to STIs and HIV/AIDS in Rwanda ... 111
7.1.3 Government Policies and Programs Related to STIs and HIV/AIDS ... 112

7.2 Availability of STI Services ... 113
7.3 Components Supporting Quality STI Services ... 114

7.3.1 System Components to Support utilization of Services ... 114
7.3.2 Infrastructure and Resources for Quality Counseling ... 115
7.3.3 Availability of Equipment and Resources to Permit Quality Diagnosis and Treatment for STIs ... 117
7.3.4 Management Practices Supportive of Quality Services for STIs ... 120

7.4 Availability of Services Related to HIV/AIDS ... 123

7.4.1 SPA Approach to Collection of Information on HIV/AIDS Services ... 123
7.4.2 Overview of MoH Strategy for HIV/AIDS in Rwanda ... 123
7.4.3 Availability of Services for HIV/AIDS ... 124

7.5 Capacity to Provide Quality Services for HIV/AIDS Clients ... 126

7.5.1 Infrastructure and Resources to Support Quality Services Related to HIV/AIDS 126
7.5.2 Facility-level Implementation of Universal Precautions 127
7.5.3 Resources for Diagnosis and Management of HIV/AIDS-Related Illnesses 128
7.5.4 Management Practices Supportive of Quality Services 131

References 135

Appendix A: Additional Tables 139

Appendix B: Survey Personnel 185

Appendix C: Questionnaires 187

Tables and Figures

Chapter 1 Survey Methodology

Table 1.1 Rwanda SPA facility sample, actual and weighted numbers ... 3
Table 1.2 Sample of interviewed health care providers and weighted values for providers ... 4
Table 1.3 Sample of observed and interviewed clients ... 5

Chapter 2 Overview of the Health System in Rwanda

Table 2.1 Trends in utilization of curative consultation services ... 14
Table 2.2 Trends in manpower in the Ministry of Health ... 15

Chapter 3 Facility-level Infrastructure, Resources, and Systems

Table 3.1 Availability of services and qualified staff to meet basic client needs ... 19
Table 3.2 Service and facility infrastructure to support utilization and quality of services ... 22
Table 3.3 Service and facility infrastructure to support quality 24-hour emergency services ... 25
Table 3.4 Supportive management practices at the facility level ... 29
Table 3.5 Management practices supporting community feedback and access to services ... 31
Table 3.6 Storage conditions and stock monitoring systems for vaccines, contraceptives, and medicines ... 34
Table 3.7 Infection prevention and hazardous waste control ... 40

Figure 3.1 Availability of services and staff to meet basic client needs ... 20
Figure 3.2 Availability of specific health services through community outreach ... 21
Figure 3.3 Availability of items to support quality 24-hour emergency services ... 24
Figure 3.4 Facilities reporting routine management committee meetings ... 27
Figure 3.5 Supervision by persons external to facility ... 28
Figure 3.6 Client feedback systems ... 31
Figure 3.7 Elements for monitoring vaccine storage conditions ... 34
Figure 3.8 Elements for management of vaccine stock ... 35
Figure 3.9 Elements for storing and managing contraceptive methods ... 36
Figure 3.10 Elements for storing and managing medicine stock ... 36
Figure 3.11 Highest level of sterilization or HLD for which there is functioning equipment ... 38
Figure 3.12 Components to support quality sterilization or HLD ... 39
Figure 3.13 Percentage of facilities reporting use of reusable syringes and capacity for appropriate HLD processing ... 39
Figure 3.14 Facilities with stored sterile or HLD items ... 41
Figure 3.15 Infection prevention items in all assessed service delivery areas and facility hazardous waste control ... 42

Chapter 4 Child Health Services

Table 4.1 Availability of child health services ... 44
Table 4.2 Health system components required for childhood vaccination services ... 46
Table 4.3 Essential components to support quality consultation services for sick children ... 51
Table 4.4 Essential components to support quality consultation services for sick children ... 56
Table 4.5 Assessments, examinations, and treatment for sick children, classified by diagnosis or major symptom ... 61

Table 4.6 Provider practices related to health education and continuity of care 65

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) 45
Figure 4.2 Availability of vaccine among facilities that store vaccines 47
Figure 4.3 Availability of materials for a quality EPI program among facilities offering EPI services 48
Figure 4.4 Availability of items to support quality counseling services for sick children among facilities offering sick child services 50
Figure 4.5 Availability of equipment and supplies for examination and treatment among facilities offering sick child services 52
Figure 4.6 Availability of first-line medicines for treating sick children among facilities offering sick child services 53
Figure 4.7 Availability of prereferral medicines (injectables) among facilities offering sick child services 54
Figure 4.8 Availability of other essential medicines among facilities offering sick child services 55
Figure 4.9 In-service education received by interviewed child health service providers, by topic and timing of most recent education 57
Figure 4.10 Major danger signs assessed during observed sick child consultations 58
Figure 4.11 Major symptoms assessed during observed sick child consultations 59
Figure 4.12 Elements of physical examination conducted during observed sick child consultations 59
Figure 4.13 Nutritional elements assessed for observed sick children under 24 months of age 60
Figure 4.14 Essential advice observed being provided to caretakers of sick children 61
Figure 4.15 Events reported by caretakers of observed sick children 63
Figure 4.16 Preventive interventions observed for sick children 64

Chapter 5 Family Planning Services

Table 5.1 Availability of family planning services 69
Table 5.2 Frequency of availability of temporary family planning services 70
Table 5.3 Availability of infrastructure and resources to support quality services for temporary methods of family planning 72
Table 5.4 Management practices to support quality services for temporary methods of family planning 76
Table 5.5 Family planning activities targeted toward special groups 78

Figure 5.1 Method of contraception offered, and availability of method on the day of the survey 71
Figure 5.2 Conditions for quality examination of family planning clients 73
Figure 5.3 Percentage of facilities offering family planning that have equipment relevant to safe provision of combined oral contraceptives, IUDs, and implants available 74
Figure 5.4 In-service education received by interviewed family planning health providers, by topic and timing of most recent education 77

Chapter 6 Maternal Health Services

Table 6.1 Availability of antenatal care and tetanus toxoid vaccinations 81
Table 6.2 Availability of infrastructure and resources to support quality counseling and examinations for antenatal care 84

Table 6.3 Management support for quality antenatal care services 91
Table 6.4 General assessments, examinations, and interventions for assessment of current health status for observed antenatal care clients 94
Table 6.5 Availability of maternal health services... 100
Table 6.6 Availability of elements for quality delivery services.. 103
Table 6.7 Management support for quality delivery services 109

Figure 6.1 Availability of items for quality ANC counseling among facilities offering ANC 83
Figure 6.2 Topics routinely included in group maternal health education sessions, among facilities offering ANC.. 83
Figure 6.3 Items for physical examination and infection prevention 85
Figure 6.4 Essential materials for basic ANC 87
Figure 6.5 Oral medicines for managing common problems during ANC 88
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 89
Figure 6.7 In-service education received by interviewed ANC service providers, by topic and timing of most recent education 92
Figure 6.8 Percentage of observed ANC clients for whom indicated assessment was component of ANC 95
Figure 6.9 Percentage of observed first-visit ANC clients and follow-up visit clients who were given, referred for, or prescribed indicated test or intervention 95
Figure 6.10 Health education provided to observed ANC client who received indicated interventions 97
Figure 6.11 Health education topics discussed with first-visit ANC clients 97
Figure 6.12 Risk signs discussed with either first or follow-up visit ANC clients................................. 98
Figure 6.13 Basic supplies for delivery 104
Figure 6.14 Treatment interventions for common complications of labor and delivery 104
Figure 6.15 Availability of injectable emergency medicines among facilities providing delivery services 105
Figure 6.16 Routine practices for newborns among facilities offering delivery services 107
Figure 6.17 In-service educatino received by interviewed delivery service providers, by topic and timing of most recent education 110

Chapter 7 Services for Sexually Transmitted Infections and HIV/AIDS

Table 7.1 Availability of services for sexually transmitted infections.. 113
Table 7.2 Availability of infrastructure and resources to support quality counseling and examinations for sexually transmitted infections 116
Table 7.3 Management support for quality services for sexually transmitted infections.................. 121
Table 7.4 Availability of HIV/AIDS services 125
Table 7.5 Availability of services related to HIV/AIDS 129

Figure 7.1 Availability of items to support quality counseling for STIs 115
Figure 7.2 Availability of items to support quality physical examination for STIs 117
Figure 7.3 Laboratory testing among facilities reporting the use of etiological diagnosis................. 119
Figure 7.4 Availability of at least one medicine to treat indicated STI 120
Figure 7.5 In-service education received by interviewed STI service providers, by topic and timing of most recent education 122
Figure 7.6 Items for quality counseling for HIV/AIDS clients 127
Figure 7.7 Availability of HIV/AIDS tests at facilities offering HIV/AIDS services 130

Figure 7.8 Resources for providing TB services at facilities that offer both HIV/AIDS and TB services 130
Figure 7.9 Facilities where at least half of interviewed providers of HIV/AIDS services received indicated support 132
Figure 7.10 In-service education received by interviewed HIV/AIDS service providers, by topic and timing of most recent education 133

Preface

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

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

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

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

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

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

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

Prof. Abel Dushimimana
Minister of Health

Acknowledgments

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

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

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

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

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

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

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

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

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

John B. Ruzibuka
Director of the National Population Office

Key Findings and Recommendations

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

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

Facility Infrastructure and Infection Prevention

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

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

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

Service Availability

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

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

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

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

Facility Management

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

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

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

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

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

Management of Vaccines, Contraceptives, and Medicine Supplies

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

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

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

Service-Specific Findings

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

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

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

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

Child Health Services

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

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

Disposable syringes for immunization are universally available.

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

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

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

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

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

Family Planning Services

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

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

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

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

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

Maternal Health Services

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

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

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

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

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

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

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

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

STIs and HIV/AIDS

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

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

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

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

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

Abbreviations

AFB	Acid fast bacillus
AIDS	Acquired immunodeficiency syndrome
AIDSCAP	AIDS Control and Prevention
ANC	Antenatal care
ARI	Acute respiratory infection
AVSC (Engenderhealth)	Access to voluntary and safe contraception
BEOC	Basic essential obstetric care
BCG	Bacille de Calmette et Guérin
BUFMAR	Bureau des Formations Médicales Agrées 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