Rwanda - Rwanda Service Provision Assessment Survey 2001

National Population Office - Ministry of Health

Report generated on: May 8, 2015

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Overview

Identification

ID NUMBER
RWA-NISR-RSPA-2001-v01.

Version

VERSION DESCRIPTION
v1.0: Edited, anonymous dataset for public distribution

PRODUCTION DATE
2003-06

NOTES
This is the first version of the Service Provision Assessment survey. It 's an edited, anonymous public use microdata sample

Overview

ABSTRACT
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 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

KIND OF DATA
Sample survey data [ssd]

UNITS OF ANALYSIS
Public health facilities and government-assisted health facilities (GAHFs).

Scope

NOTES
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Coverage

GEOGRAPHIC COVERAGE
National coverage

GEOGRAPHIC UNIT
Provincial and National-level

UNIVERSE
The survey covered hospitals, health centers, and dispensaries and included both governmental (public) and government assisted non-governmental health facilities (GAHFs). And household-based health information collected in the 2000 Demographic and Health Survey in Rwanda

Producers and Sponsors

PRIMARY INVESTIGATOR(S)

Name	Affiliation
National Population Office	Ministry of Health

FUNDING

Name	Abbreviation	Role
The U.S. Agency for International Development	USAID	
Opinion Research Corporation Macro	ORC Macro	

Metadata Production

METADATA PRODUCED BY

Name	Abbreviation	Affiliation	Role
National Institute of Statistics of Rwanda	NISR	Gorvernment of Rwanda	Documentation of study

DATE OF METADATA PRODUCTION
2012-04-30

DDI DOCUMENT VERSION
Version 1.0 (April 2012)

DDI DOCUMENT ID
DDI-RWA-NISR-RSPA-2001-v1.0

Sampling

Sampling Procedure

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.

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.

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.

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.

Weighting

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. Provider data were weighted for analysis to ensure that analysis provided data representative of the eligible providers. There were no refusals for the interviews.

Questionnaires

Overview

The Rwanda Service Provision Assessment Survey 2001 was carried out using the following types of questionnaires:
• 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 Kinyarwandan for use when appropriate.

Data Collection

Data Collection Dates

Start	End	Cycle
2001-09-10	2001-11-17	N/A

Data Collection Mode

Face-to-face [f2f]

Data Collection Notes

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.

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.

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Data Collectors

Name	Abbreviation	Affiliation
National Population Ofice	ONAPO	Minisry of Health

Supervision

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.

Data Processing

Data Editing

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.

Data Appraisal

No content available