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# Introducing the Revised Service Provision Assessment

Summary: The Demographic and Health Surveys (DHS) Program is pleased to present revised questionnaires for the Service Provision Assessment (SPA). The revised SPA has a greater emphasis on measuring Quality of Care (QoC) through improvements to the existing tools and a focus on patient-centered experience of care. Brand new is a newborn resuscitation simulation to assess health care provider knowledge and skills, as well as an early postnatal care client exit interview for women who delivered at the facility. Download SPA questionnaires from The DHS Program website and stay tuned for more SPA resources to be made available on The DHS Program website as they are developed.



## What is the SPA?

The Service Provision Assessment (SPA) is a health facility-based survey that collects information on service availability and Quality of Care (QoC) measures, including physical and human resources, as well as provision of evidence-based care and client-centered and respectful experience of care. The SPA measures whether a health facility is equipped to provide a safe and supportive environment to deliver quality health care services including amenities, diagnostics, commodities, trained staff, timely supportive supervision, infection control, and effective management. Beyond structural quality, the SPA measures whether clients receive high-quality care and whether clients feel the care they received was client-centered and respectful.

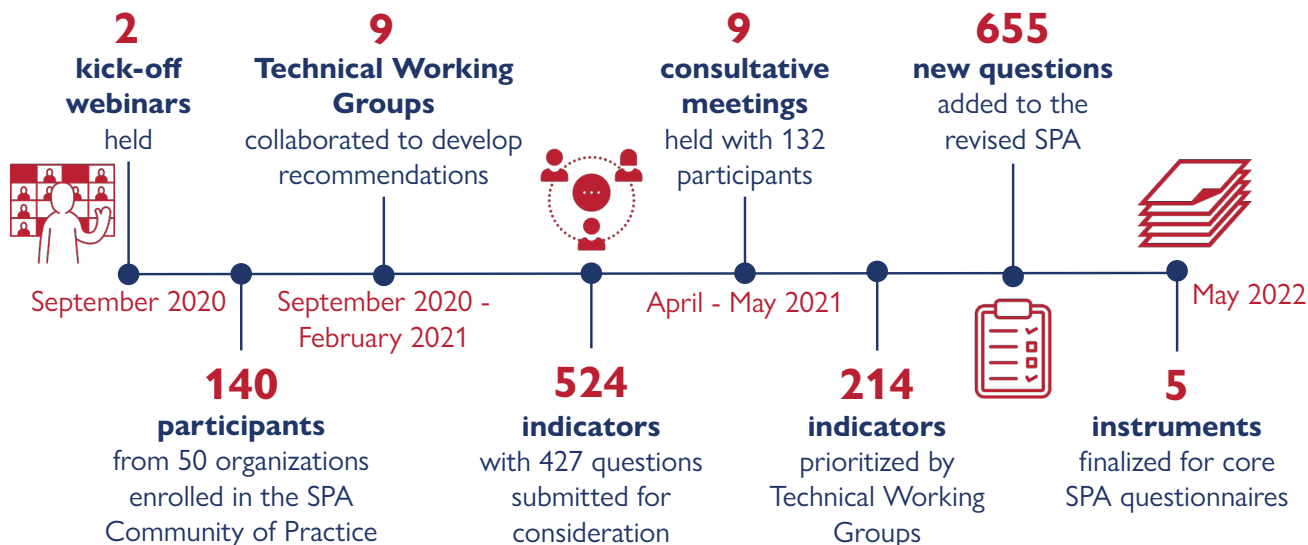
The SPA assesses availability of a wide array of services and provides indicators related to QoC—focusing on readiness, process, and experience—in the areas of antenatal care (ANC), family planning (FP), maternity care, and sick child services. Data are collected from a representative sample of health facilities managed by government, private, and nongovernmental

organizations. Information is presented at the national and subnational levels, by facility type, and managing authority. In addition to standard indicators, the SPA can be adapted to meet individual country needs.

Since 1999, more than 30 SPAs have been conducted in [18 countries](#). In 2012, the SPA questionnaires were revised to harmonize with the World Health Organization's Service Availability and Readiness Assessment (SARA). The SPA has been redesigned again in 2022, this time with the goal of including more programmatically relevant data on QoC and increasing the use of SPA data. Specifically, the revised SPA focuses on service provision in addition to provider knowledge and competency by collecting additional process quality and experience of care measures for maternal and child health and family planning. The revised SPA also assesses provider skill in newborn resuscitation through simulation. The revised SPA aims to balance accuracy, cost, and implementation practicality.

**Revised SPA Questionnaires:** <https://dhsprogram.com/publications/publication-SPAQ8-SPA-Questionnaires-and-Manuals.cfm>

Figure 1. Timeline of the SPA revision process.



### SPA Revision Process

Through an open process of consultative meetings with technical experts, representatives from WHO, UNICEF, Ministries of Health, and USAID staff, The DHS Program expanded the breadth of topics covered in the SPA questionnaires to meet emerging data needs. Representatives from USAID Missions and Ministries of Health from Afghanistan, Bangladesh, Burkina Faso, Haiti, Kenya, Nepal, Rwanda, Senegal, and Tanzania, among others collaborated through an online Community of Practice, attended consultative meetings, and submitted 801 pages of recommendations. The DHS Program reviewed the submitted material, discussed the proposals, and made recommendations on each requested revision. Final decisions on the indicators and revised instruments were made in collaboration with the USAID management team.

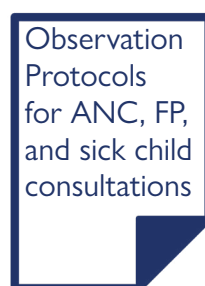
### What's New in the Revised SPA?

Key services and topics assessed in the SPA include:

- Child Health (updated)
- Antenatal Care (updated)
- Delivery and Newborn Care (updated)
- Family Planning (updated)
- Malaria (updated)
- Nutrition (updated)
- Health System Strengthening (updated)
- Water, Sanitation, and Hygiene (updated)
- **Emergency Preparedness\***
- **Gender-Based Violence\***
- HIV/AIDS
- Non-Communicable Diseases (updated)
- **Post-Abortion Care\***
- Primary Health Care (updated)
- **Reproductive Cancers\***
- Sexually Transmitted Infections (STIs)
- Tuberculosis

**\*New in revised SPA**

### Instruments in Revised SPA



# Why conduct a SPA?

The revised SPA:

- **Provides data on QoC indicators** in two dimensions – structure (service readiness including physical and human resources) and process (service provision including both technical and experiential quality).

- **Includes improved metrics for experience of care in the client exit interview questionnaire.**

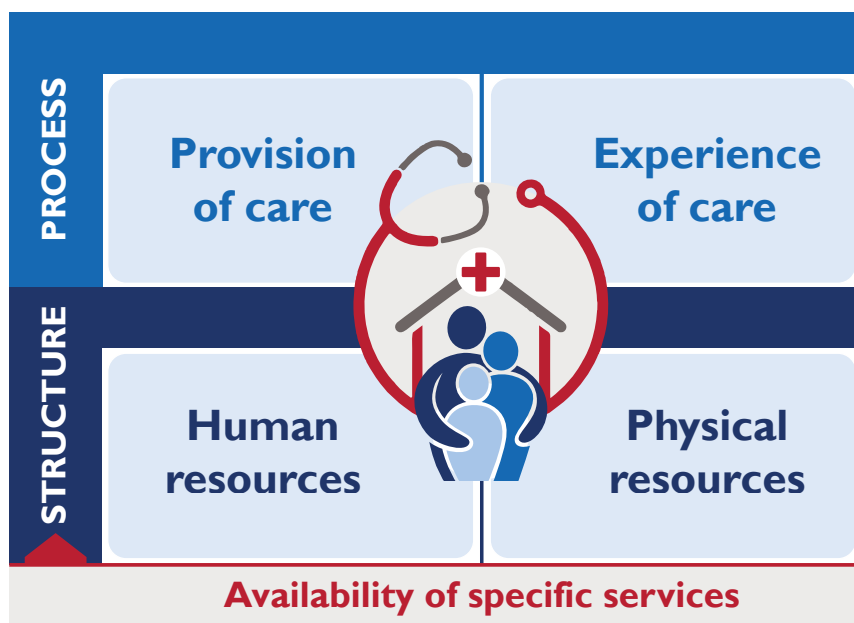
Validated measures of person-centered care are included in antenatal and maternity care and a validated measure of family planning quality is included for family planning. Relevant items from the person-centered care measures are

included in the sick child caretaker exit interview. Cross-cutting domains (respect, communication, emotional support, satisfaction) will be asked across the four existing client exit interviews, resulting in a common set of experience of care indicators for all health areas.

- **Uses an improved sampling approach.** Facilities will continue to be selected using a stratified equal probability sampling for a nationally representative sample of formal facilities. The sampling approach for providers and clients has been modified to maximize the number of priority clients observed.
- **Includes monthly average number of clients for different services,** allowing for improved calculation of effective coverage estimates and sampling weights.
- **Features an early postnatal care client exit interview questionnaire for systematically selected postpartum women at discharge,** new in the revised SPA.
- **Includes a new questionnaire to assess eligible provider skill in newborn resuscitation through simulation.** Given the small number of deliveries occurring the day of the assessment and the small proportion of newborns needing resuscitation, it is typically not possible to observe providers' newborn resuscitation skills. Using a simulation approach allows for the evaluation of a larger number of providers.
- **Expands the health worker interview** to measure providers' experience of verbal and physical abuse in the workplace, direct and proxy work satisfaction, an expanded list of relevant training, provider's background, including COVID vaccination status and management of other staff, among other things.

Conducting a SPA can provide Ministries of Health and other stakeholders with valuable actionable information to monitor, evaluate, and improve health system performance in participating countries.

Figure 2. SPA Quality of Care Framework.



## What's Next for the SPA?

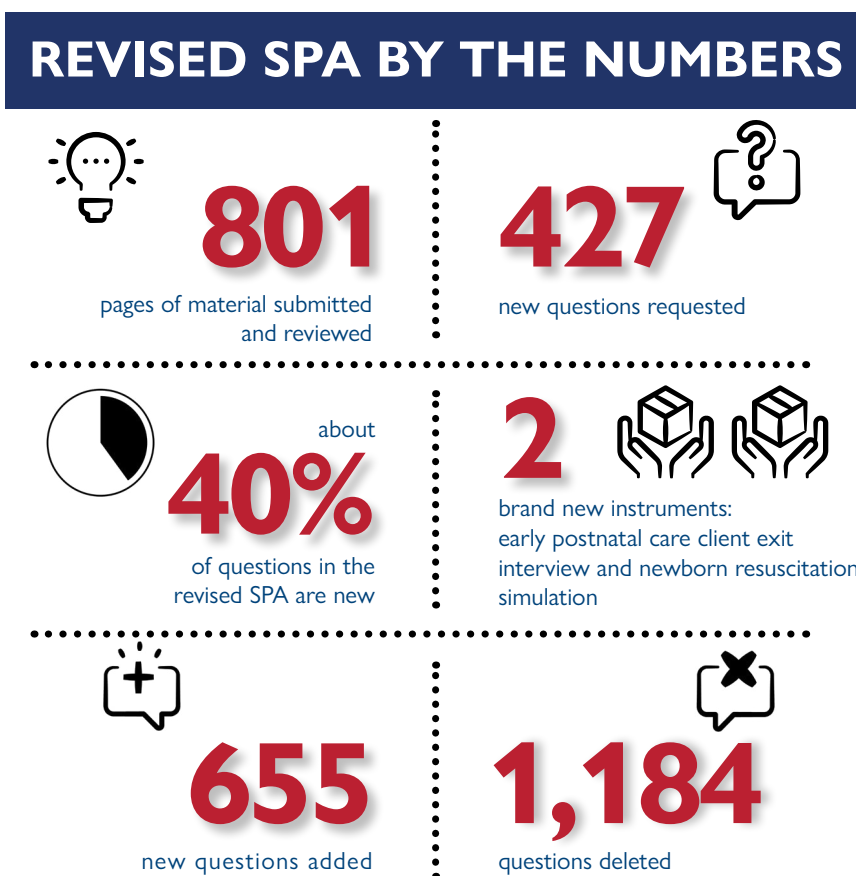
The DHS Program will update SPA supporting tools, including:

- CAPI programming for Windows data capture
- Tabulation plans for QoC Key Indicators Report (KIR) and Final Report
- SPA Capacity Assessment Tool for implementing agencies
- Training curriculum and interviewer manual
- KIR and Final Report template
- Recode file

The DHS Program will also create new tools to aid in the implementation of the revised SPA, including a SPA Sampling Manual, CAPI programming for Android data capture, formative research on optional modules, and French translation of the SPA questionnaires.

Access the [revised SPA questionnaires](#) on [The DHS Program website](#).

Figure 3. SPA revision by the numbers.



The Demographic and Health Surveys (DHS) Program assists countries worldwide in the collection and use of data to monitor and evaluate population, health, and nutrition programs.

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