

# All about the Service Provision Assessment (SPA)

## Service Provision Assessment (SPA) Methodology

The Service Provision Assessment (SPA) is a comprehensive assessment of quality of care at health facilities across a country. The SPA uses a holistic approach to examine quality of care from multiple perspectives by looking at infrastructure, human resources, and clinical interactions, including from the client's perspective.

### How does a SPA assess quality of care?

The Service Provision Assessment uses five different types of questionnaires to assess quality of care:



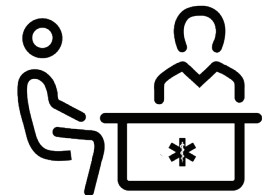
- **Inventory:** The inventory assesses structural quality, primarily physical resources like the availability of guidelines, equipment, diagnostics, commodities, and medicines in assessed health facilities. Interviewers verify the existence and functionality of certain items, including amenities like reliable electricity, and basic water and sanitation services including for people with limited mobility. The inventory questionnaire includes three modules designed to measure availability of services as well as structural quality indicators:

- 1 Overall availability of different services in health facilities, such as antenatal care (ANC), family planning (FP), delivery services and curative care for sick children, as well as services for malaria, nutrition, HIV, TB, reproductive cancers, non-communicable diseases, and gender based violence
- 2 General physical and human resources - staff coverage, communication, sources of water, electricity, facility infrastructure, health care waste management, processing of equipment for reuse, pharmaceuticals, laboratory diagnostic capacity, emergency preparedness, and infection prevention and control
- 3 Service-specific physical and human resources.

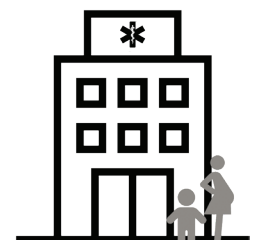
- **Health worker interview:** The health worker interview collects information from providers about the human resources aspects of structural quality – their professional qualifications, the services they provide, recent in-service training, and their work environment. To better assess quality of care, the health worker interview has been expanded to measure providers' experience of verbal and physical abuse in the workplace, direct and proxy work satisfaction, and management of other staff.



- **Observation of consultations with sick children, antenatal care clients, and family planning clients:** Interviewers observe client-provider consultations for three priority services using observation protocols: ANC, FP, and curative care for sick children. Observations assess how often consultations follow generally accepted standards of care, including integrated management of childhood illnesses (IMCI). The number of consultations observed depends on the number of providers and clients in the facility that day.



- **Exit interviews with family planning clients, antenatal care clients, sick children's caretakers, and postpartum women:** Interviewers also talk to clients who were observed for ANC, FP, and sick child services when they are leaving the facility to assess the client's experience of the care they received. Postpartum women who delivered at the facility are selected for the early postnatal care exit interview. Exit interviews focus on the client's experience of care and include questions on client-provider communication and respectful



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treatment, as well as a set of common experience of care questions. Data gathered in exit interviews can be used to calculate validated person-centered antenatal care and maternity care scales, as well as a validated family planning quality of care scale.

- **Newborn resuscitation simulation:** The SPA includes assessment of health providers involved in labor and delivery and newborn care on their skills in newborn resuscitation via a newborn resuscitation simulation. Since newborns who need resuscitation is a rare event, it is unlikely to be observed by interviewers during a SPA. Thus, assessing provider skills through simulation allows estimates of general levels of providers' resuscitation skills. The newborn resuscitation simulation tool was adapted from materials from the Helping Babies Breathe Project.



## Which types of health facilities are included in a SPA?

Health facilities of all types are included in a SPA, ranging from tertiary hospitals to health posts. The different types of health facilities will vary depending on the country's health system. Additionally, the SPA includes facilities of all managing authorities, this can be public sector, private sector, faith-based organizations, or non governmental organizations.

## How are health facilities, health workers, and clients chosen to participate in a SPA?

The SPA employs specific sampling methodology to ensure that the data collected are representative of the country's health system.



At the facility level, the SPA considers the type of facility, managing authority, and subnational levels like regions or provinces to determine the number of facilities needed to collect reliable data. A typical SPA sample size is between 400 to 1,500 health facilities depending on the number of domains and number of health facilities in the country. All facilities of specific interest (such as hospitals) may be included in the sample, depending on the country-specific data needs.



At the provider level, the SPA uses convenient random sampling to determine which health workers are eligible to be interviewed. All providers linked to a selected health facility who are present on the day of the survey and provide services assessed in the SPA comprise the health worker frame for sampling. In general, the sample of health workers should cover all health services provided in the facility. All health workers who helped in completing the inventory questionnaire or who are selected for service observations (ANC, FP, and sick child services) are selected to participate in the health worker interview. Health workers that provide normal delivery or essential newborn care in facilities with normal delivery services are eligible for the newborn resuscitation simulation. In facilities with more than three delivery or newborn care staff, a systematic sample of up to three health workers are invited to participate in the simulation. Those health workers are invited to participate in the health worker interview as well. If the selected health workers for the health worker interview do not provide all services offered in the facility, more health workers should be selected so that all health services are covered in the sample of health workers.



At the client level, up to three providers are first selected for each service area (ANC, FP, and sick child services). For each selected provider, all clients visiting the facility and waiting to see the provider are listed. For each selected provider, priority or rare eligible clients are listed separately (sick infants under 2 months of age and first visit ANC and new FP clients). For each selected provider, all priority or rare eligible clients are selected. These clients are prioritized because they are rare, and the SPA has several indicators that are based on consultations with these specific groups. For non-priority clients, up to eight clients are observed for each provider. All observed clients or caretakers of sick children are eligible for exit interviews before they leave the facility. All postpartum women who delivered at the facility are selected for the early postnatal care exit interview.