All about the
# Service Provision Assessment (SPA)
Quality of Care

What is the Service Provision Assessment?

The Service Provision Assessment (SPA) is a comprehensive assessment of quality of care provision measured in health facilities across a country. SPA have been conducted by The Demographic and Health Surveys (DHS) Program and supported by USAID since 1997 thus allowing examination of trends in certain countries. 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. The scope of a SPA flows directly from the SPA quality of care framework.

How does the SPA define quality of care?

Since there is no universally agreed upon definition of quality of care, it was crucial to establish quality of care framework to guide the SPA. The SPA quality of care framework draws on other quality of care frameworks and definitions to ensure that the SPA examines all relevant aspects of quality of care.

Figure 1. SPA Quality of Care Framework
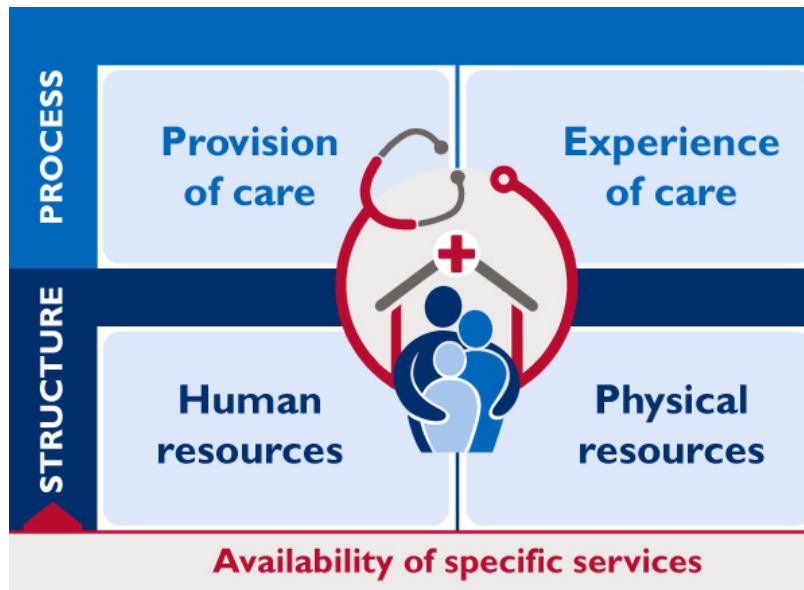
Quality of care starts with the **availability of specific services** at a health facility, as shown in red at the bottom of Figure 1. When a service is available, quality of care can be assessed by looking at two aspects of quality: structure and process.

- **Structural quality** (see lower quadrants in Figure 1) includes both human and physical resources. *Human resources* include healthcare worker training, management, and supervision, while *physical resources* examine the availablity of commodities, medicines, and equipment, and if available whether they are valid and functioning.

- **Process quality** (see upper quadrants in Figure 1) includes the *provision of care*, which encompasses the degree to which clients received care that was up to standards, as well as the *experience of care*, which assesses client-reported provider-client communication and client-centered care.

Taken together, these different aspects provide a holistic view of quality of care within a health facility.

Further, the SPA collects data on monthly client flows and GPS data that can facilitate linkage with population surveys for calculation of effective coverage.

Read briefs on the SPA Revision Process or the Revised SPA Methodology
For more information about the SPA, visit https://dhsprogram.com/Methodology/Survey-Types/SPA.cfm
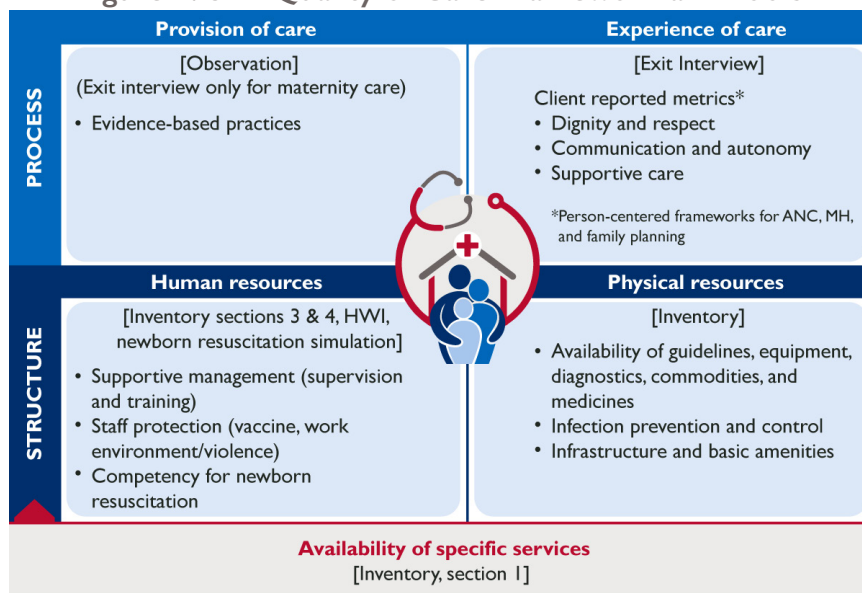
What tools does the SPA use to measure quality of care?

A SPA uses 5 kinds of questionnaires to measure the different aspects of quality of care as shown in Figure 2.

1. The **facility inventory** primarily assesses **availability of services** and *physical resources*, as well as some aspects of *human resources.*

2. The **healthcare worker interview** assesses *human resources* and is completed with providers at health facilities.

3. The **newborn resuscitation simulation** also assess *human resources*, specifically resuscitation skills among providers of labor and delivery and newborn care.

4. **Observations of client-provider interactions** assess the *provision of care* for three clinical areas— antenatal care, family planning, and sick child care.

5. After being observed, clients receiving antenatal care, family planning, and sick child services complete an **exit interview** to better understand the client's *experience of care*. In addition to these three services, women who are being discharged after giving birth in the health facility are also interviewed about their plans for delivery as well as their perception of care received during labor and delivery and early postnatal care.

Figure 2. SPA Quality of Care Framework and Tools

PROCESS

Provision of care
[Observation]
(Exit interview only for maternity care)
• Evidence-based practices

Experience of care
[Exit Interview]
Client reported metrics*
• Dignity and respect
• Communication and autonomy
• Supportive care
*Person-centered frameworks for ANC, MH, and family planning

STRUCTURE

Human resources
[Inventory sections 3 & 4, HWI, newborn resuscitation simulation]
• Supportive management (supervision and training)
• Staff protection (vaccine, work environment/violence)
• Competency for newborn resuscitation

Physical resources
[Inventory]
• Availability of guidelines, equipment, diagnostics, commodities, and medicines
• Infection prevention and control
• Infrastructure and basic amenities

Availability of specific services
[Inventory, section 1]

How do SPA data complement existing HMIS data to provide a robust picture of quality of care?

The quality of care data provided in a SPA complements existing HMIS data to provide a comprehensive assessment of quality of care. The SPA brings:

Large set of standardized QoC indicators. While the HMIS provides essential information for monitoring the health system, the information is limited in order to minimize the data collection burden on health care workers. The SPA provides over 600 indicators measuring structural and process quality for family planning, sick child, antenatal, and labor and delivery, and early postnatal care, as well as structural quality for many other clinical areas such as malaria, HIV, TB, reproductive cancers, non-communicable diseases, and gender-based violence.

Client and healthcare worker experience indicators. HMIS generally do not measure client or healthcare worker experience, while the SPA includes both client exit interviews and healthcare worker interviews. In most cases, the exit interview includes validated items on client-centered experience of care, as well as some cross-cutting items that speak to overall experience of care in primary health care. The healthcare worker interview includes questions about health care workers' experiences working at facilities and their work environment, such as timely receipt of salary, opportunities for growth, and physical or verbal abuse experienced at work. These data support programs and policies by helping to identify the drivers of low service uptake or poor service outcomes.

Client and healthcare worker characteristics. The SPA is able to link provision of care and experience of care indicators to specific client characteristics, thus providing important information about equity in healthcare. The SPA also collects education and employment characteristics of healthcare workers to assess whether the training and/ or supervision that they have received is translating to improved service delivery quality.

Data disaggregated by authority and health systems level. Data from the SPA can inform questions related to the levels of quality in private versus public facilities, as well as providing more complete information about quality of care at the national and subnational levels.

High quality data. Implementing a SPA includes rigorous methodologies to maximize data quality such as training of data collectors, standardization of observers' inter-rater reliability, and controlled data capture systems.