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# Nutrition Data in the Service Provision Assessment (SPA) Survey

## What is the SPA?

The SPA is a nationally representative health facility assessment that provides a comprehensive overview of a country's health service delivery. The survey covers formal sector health facilities, including public and private facilities.

SPA surveys cover several key health services. This brief focuses on the nutrition data in SPA.

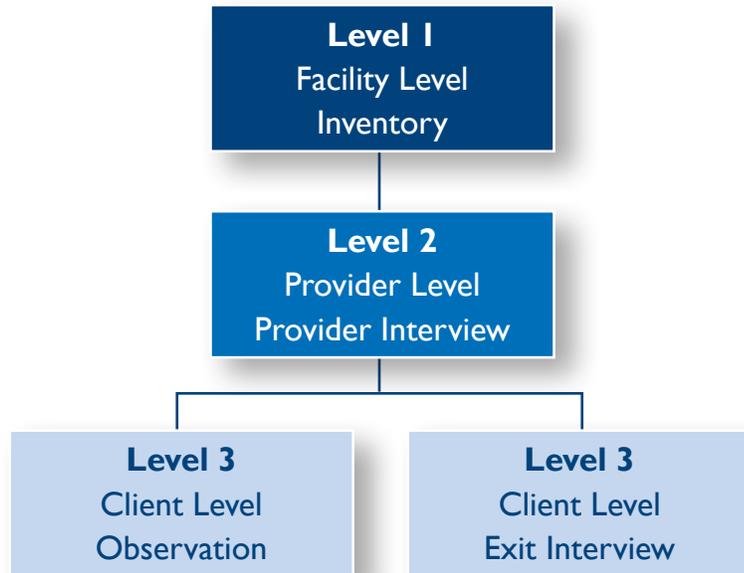


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SPA surveys include:

- Inventory of service availability, facility infrastructure, equipment and medicines
- Interviews with health care providers on their qualifications and recent in-service training
- Observations of client-provider interactions
- Exit interviews with clients whose consultations were observed

## How is SPA data collected?



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## Where have SPA surveys been conducted?

### Most Recent:

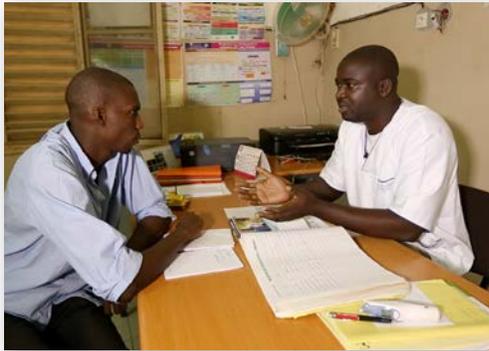
- Bangladesh 2014
- Egypt 2004\*
- Ghana 2002\*
- Guyana 2004\*
- Haiti 2013
- Kenya 2010\*
- Namibia 2009\*
- Nepal 2015
- Rwanda 2007\*
- Senegal 2016
- Tanzania 2014-15
- Uganda 2007\*

### Ongoing:

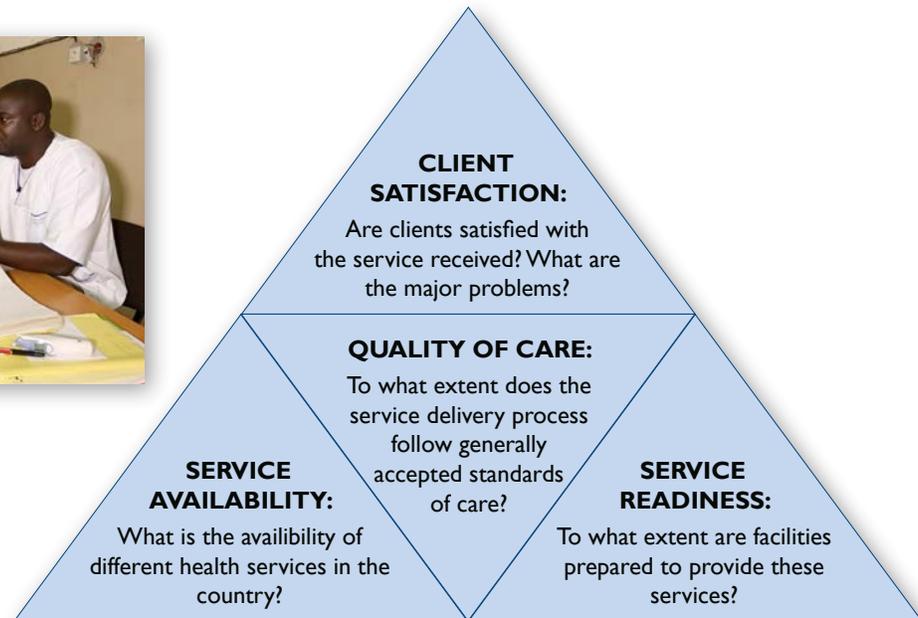
- Afghanistan 2018
- Bangladesh 2017
- Democratic Republic of Congo 2017
- Haiti 2017
- Senegal 2017

\* Surveys conducted using earlier versions of the SPA questionnaire

# What questions can a SPA answer?



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## Service Availability

Service availability is the physical presence of health services at the facility.

### Antenatal Care Services (ANC)

- Anemia testing
- Counseling on breastfeeding
- Folic acid supplementation
- Iron supplementation
- Urine glucose testing
- Routinely assess blood pressure
- Routinely assess height during pregnancy
- Routinely assess weight during pregnancy

### Curative Care Services for Children Under Age 5

- Diagnose and/or treat child malnutrition
- Iron supplementation
- Vitamin A supplementation
- Zinc supplementation
- Routinely conduct child weighing
- Routinely plot child's weight on graph

### Delivery and Newborn Care Services

- Routinely observes initiation of breastfeeding in the first hour
- Routinely observes giving newborn prelacteal liquids

- Routinely observes skin-to-skin
- Routinely observes weighing the newborn immediately

### Growth Monitoring Services

- Growth monitoring services

### HIV/AIDS Care and Support Services

- Nutritional rehabilitation services i.e. education and provision of nutritional supplements
- Fortified protein supplementation
- Micronutrient supplementation, such as vitamins or iron

### Non-communicable Disease Services

- Non-communicable or chronic disease services

### Prevention of Mother-to-Child Transmission (PMTCT) of HIV infection services

- Infant and young child feeding counseling for PMTCT
- Nutritional counseling for HIV positive pregnant women and their infants

## Service Readiness

Service readiness is the capacity of health facilities to provide services, including basic amenities, equipment, trained staff, and essential medicines.

### Equipment observed and functioning



- Adult weighing scale
- Blood chemistry analyzer
- Child weighing scale available
- Digital/manual blood pressure apparatus
- Dip sticks for urine glucose
- Glucometer and glucometer test strips
- Growth charts
- HemoCue, colorimeter, or hemoglobinmeter
- IMCI\* chart booklet
- IMCI mother's cards
- Infant weighing scale
- Stadiometer/height rod/height or length board
- Tape measure
- Visual aids for client education on ANC
- Visual aids for teaching caretakers IMCI

The **Integrated Management of Childhood Illness (IMCI)** strategy promotes the treatment and management of childhood illnesses. It incorporates aspects of nutrition such as diagnosis and treatment of malnutrition and anemia and infant and young child feeding counseling. †

**Growth monitoring** is the routine collection of body measurements e.g. weight and height. It is used to monitor a child's health and development.

### Medicines available and not expired



- Albendazole, Mebendazole (deworming)
- Amlodipine, Nifedipine pills/capsules (high blood pressure)
- Folic acid pills
- Glibenclamide (oral treatment for type 2 diabetes)
- Glucose injectable solution
- Iron and folic acid pills
- Iron pills
- Insulin injections
- Simvastatin (high cholesterol)

**Micronutrients**—vitamins and minerals—are essential to body processes. They are provided to those at risk of deficiency. Common micronutrient interventions include iron and folic acid supplementation for pregnant women, and iron and vitamin A supplementation for children.

\*Integrated Management of Childhood Illness (IMCI)

## Service Readiness *(continued)*

### Guidelines Available



- ✓ National and/or other guidelines for ANC
- ✓ IMCI and/or other guidelines
- ✓ IYCF counseling guidelines
- ✓ Guidelines for growth monitoring
- ✓ National and/or other guidelines for diagnosis and management of cardiovascular diseases such as hypertension
- ✓ National and/or other guidelines for diagnosis and management of diabetes
- ✓ National and/or other guidelines for PMTCT
- ✓ National guidelines for clinical management of HIV/AIDS

**Healthy diets** low in fat, sugars and sodium are known to reduce the risk of several non-communicable diseases including cardiovascular diseases and type 2 diabetes. The World Health Organization recommends reducing the intake of sodium and increasing intake of potassium to reduce blood pressure and risk of cardiovascular disease in adults. ‡

**Mother-to-child transmission of HIV** can occur postnatally through breastfeeding. The majority of countries have adopted the approach of promoting and supporting breastfeeding and the provision of lifelong antiretroviral treatment among mothers living with HIV. ^

### Provider Training



- ✓ Training on breastfeeding<sup>1</sup>
- ✓ Training on complementary feeding in infants<sup>1</sup>
- ✓ Training on early and exclusive breastfeeding<sup>2</sup>
- ✓ Training on infant and young child feeding<sup>3</sup>
- ✓ Training on ANC screening (e.g. urine glucose)
- ✓ Training on nutritional assessment for pregnant women
- ✓ Training on micronutrient deficiencies and/or nutritional assessment of children
- ✓ Training on IMCI
- ✓ Training on thermal care this includes skin-to-skin care
- ✓ Training on newborn nutrition counseling of mother with HIV
- ✓ Training on diagnosis and/or management of diabetes
- ✓ Training on diagnosis and/or management of cardiovascular diseases such as hypertension

**Breastfeeding** is beneficial to both mother and child. Optimal breastfeeding practices include early initiation of breastfeeding within the first hour of life, exclusive breastfeeding for the first 6 months, and the introduction of appropriate complementary foods while continuing to breastfeed up to 24 months or beyond. §

Immediate and uninterrupted **skin-to-skin contact** between the baby and mother for the first hour of life after birth is a recommended newborn practice that is important for establishing early breastfeeding.



<sup>1</sup> Asked as part of child health services

<sup>2</sup> Asked as part of newborn care services

<sup>3</sup> Asked as part of maternal health services (antenatal, postnatal and PMTCT)

# Service Delivery

## Observations of antenatal care consultation

### Anemia testing

- Provider examined client for conjunctiva/ palms for anemia
- Provider asked about, performed, or referred the client for an anemia test

### Breastfeeding counseling

- Provider discussed early initiation and prolonged breastfeeding
- Provider discussed exclusive breastfeeding

### IFA supplementation

- Provider prescribed or gave the client iron pills or folic acid or both
- Provider explained the purpose of iron or folic acid
- Provider explained how to take iron or folic acid pills
- Provider explained side effects of iron or folic acid pills

### Maternal nutrition

- Provider discussed nutrition (i.e., quality and quantity of food to eat) during pregnancy

### Pregnancy monitoring

- Provider examined legs/feed/hands for edema
- Provider took client's blood pressure
- Provider weighed the client
- Provider measured fundal height using tape measure

### Quality of consultation interaction

- Provider asked if the client had any questions and encouraged answers
- Provider used visual aids for health education or counseling during consultation
- Provider looked at client's ANC card



## Client exit interview after antenatal care visit

### Breastfeeding counseling

- During this visit (or previous visits) a provider gave advice on the importance of exclusive breastfeeding for a specific period of time
- Provider recommended the client to exclusively breastfeed for six months

### IFA supplementation

- During this visit (or previous visits) a provider prescribed/gave iron pills, folic acid, or iron with folic acid
- During this visit (or previous visits) a provider explained how to take iron pills

- During this visit (or previous visits) a provider explained the side effects of iron pills
- Client identified at least one side effect of iron pills: nausea, black stools, or constipation

### Maternal nutrition

- During this visit (or previous visits) a provider talked about nutrition or what is good for pregnant women to eat during pregnancy

(continued on next page)

## Service Delivery *(continued)*

### Observations of sick child care consultations

#### Anemia testing

- Provider checked pallor by looking at child's conjunctiva
- Provider checked pallor by looking at child's palms

#### Micronutrient supplementation and deworming

- Provider asked if the child received vitamin A within the past six months
- Provider asked if the child received deworming\* medication within past six months

#### Growth monitoring/nutritional assessment

- Provider pressed both feet of the child to check for edema
- Provider weighed the child
- Provider plotted the child's weight on growth chart
- Provider mentioned the child's weight or growth to the caretaker, or discussed the growth chart

#### Infant and young child feeding counseling

- Provider asked about normal feeding habits or practices when the child is not ill
- Provider asked about normal breastfeeding habits or practices when the child is not ill
- Provider asked about feeding or breastfeeding habits or practices for the child during this illness
- Infant and young child feeding counseling
- Provider asked about normal feeding habits or practices when the child is not ill
- Provider asked about normal breastfeeding habits or practices when the child is not ill

#### Quality of consultation interaction

- Provider used a visual aid to educate caretaker
- Provider looked at child's ANC card



### Caretaker exit interview after sick child visit

#### Growth monitoring/nutritional assessment

- Child was weighted at the facility
- Someone talked to client about the child's weight and how the child was growing

#### Infant and young child feeding counseling

- Provider asked about the types of foods and amounts that the child normally eats when not sick
- Provider talked to the client about feeding solid foods to the child during illness
- Provider talked to the client about giving fluids (or breast milk, if the child is breastfed) to the child during illness

\* Although deworming is also recommended for pregnant women, it is not for nutritional reasons.

<sup>‡</sup> WHO. 2012. Guideline: Sodium Intake for Adults and Children. Geneva:World Health Organization.

<sup>‡</sup> WHO. 2012. Guideline: Potassium Intake for Adults and Children. Geneva:World Health Organization.

<sup>§</sup> WHO. 2013. Essential Nutrition Actions: Improving Maternal, Newborn, Infant and Young Child Health and Nutrition. Geneva:World Health Organization.

<sup>‡</sup> WHO. 2014. Integrated Management of Childhood Illness: Distance Learning Course. Geneva:World Health Organization.

<sup>^</sup> WHO, UNICEF. 2016. Guideline: Updates on HIV and Infant Feeding: The Duration of Breastfeeding, and Support from Health Services to Improve Feeding Practices among Mothers Living with HIV. Geneva:World Health Organization.



For more information on nutrition data in SPA see:

Lindsay Mallick, Gheda Temsah, and Rukundo K. Benedict. 2018. *Facility-based Nutrition Readiness and Delivery of Maternal and Child Nutrition Services using Service Provision Assessment Surveys*. DHS Comparative Reports No. 49. Rockville, Maryland, USA: ICF

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