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.

What is Person-Centered care?

Person-centered care (PCC) is defined as “providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that client values guide all clinical decisions” by the National Academy of Medicine¹. Other terms often used instead of person-centered care are respectful care or people-centered care. Aspects of PCC have been shown to have an effect on client satisfaction, future health care utilization, and health outcomes across different health service areas. The lack of provision of respectful care, poor provider-client communication, and denial of necessary emotional support have been identified as major issues in maternal health care, family planning, and sick child care.

How is Person-Centered care included in the SPA’s Quality of Care framework?

The DHS Program’s SPA Quality of Care framework echoes frameworks and definitions from WHO and others in highlighting the importance of measuring PCC in order to capture a complete picture of quality of care. The SPA Quality of Care framework includes two main aspects of quality: structure and process (as shown in Figure 1). Clients’ experience of care is a key component of process quality, along with the provision of care. In the SPA, experience of care comprises both client-reported provider-client communication and person-centered care. The SPA includes cross-cutting and validated measures of person-centered care that can be used by policymakers and program managers to improve this aspect of quality of care.

Figure 1. SPA Quality of Care Framework

How does the SPA measure Person-Centered care?
Each of the exit interviews included in the new SPA captures aspects of person-centered care, as do the observation tools.

All exit interviews for family planning clients, antenatal care clients, postpartum women and sick children’s caretakers
All exit interviews include questions about respectful treatment, client engagement in care, client-provider communication, privacy, and perceived discrimination, as well as physical and verbal abuse in the health facility.

Antenatal care exit interviews
Exit interviews with antenatal care clients include a validated 8-item scale measuring person-centered antenatal care²

Postnatal care exit interviews
Exit interviews with postpartum women include a validated 13-item scale measuring person-centered maternity care³

Observation tools (family planning clients, antenatal care clients, and sick children)
Data collectors will observe whether providers encourage questions, ask permission before carrying out exams or procedures, explain why they are carrying out exams or procedures, provide feedback on any exams or procedures done, or explain why they are giving any medicines or counseling/advice.

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Read briefs on the SPA Revision Process, SPA Methodology, Quality of Care, and Data Availability and Use
For more information about the SPA, visit https://dhsprogram.com/Methodology/Survey-Types/SPA.cfm