

Health Information System Strengthening:

Standards and Best Practices for Data Sources

MODULE 6:

Health Facility Assessments



This module is one of 12 HIS data source modules in *Health Information System Strengthening: Standards and Best Practices for Data Sources*. The full series of modules (available at <https://www.measureevaluation.org/resources/publications/tr-17-225>) is intended to provide health authorities and other health information stakeholders with a reference guide that, along with other sources, can help align the HIS data sources with international standards and best practices.

Type of Data Generated: Health Resources Inventories

Description

A health facility assessment (HFA) provides periodic information on the status of service delivery across a country's network of health facilities. The information collected reflects both inputs made to the health system—in terms of infrastructure, personnel, medicines, and equipment—and outputs of the health system to the population in terms of availability of different types of services and quality of services provided (MEASURE Evaluation & USAID, 2008).

Although much of the information collected through service-related inventories can be collected efficiently through a well-functioning RHIS, the advantages of collecting information through an HFA are to (1) enhance the scope of information on health system inputs and outputs (beyond data that are routinely collected), (2) periodically validate comparable data in the RHIS, and (3) provide subjective information on staff and patient satisfaction and on patient consultation processes.

HFA data are collected through a facility census or survey in which trained enumerators visit facilities and conduct activities, including various inventories, interviews with staff and patients, and observation of service delivery. Table 10 summarizes the difference between a health facility survey (enumeration of a sample of facilities) and health facility census (enumeration of all facilities).

Table 10. Summary of differences between health facility census and health facility survey

	Description	Strengths	Limitations
Health facility census	Periodic census of all public and private healthcare facilities within a country.	Provides information useful to planners at all levels, such as basic characteristics (ownership, facility type, coordinates), availability and functionality of basic infrastructure, staffing, service provision, and general status	Time consuming and can be costly; Requires a complete and updated master facility list to identify all healthcare facilities; Access to all facilities may be problematic.
Health facility survey	Periodic survey of a representative sample of public and private healthcare facilities within a country	May collect more detailed information than a facility census, including verification of service statistics, assessment of quality of care from staff and patient interviews, and observations on service provision	Time consuming and costly; Information likely to be representative only at the national level. Requires a complete and updated master facility list for the sampling frame. Access to selected facilities may be problematic.

Source: Adapted from the World Health Organization (WHO) (2008, p. 6)

Types of Indicators

Indicators derived from HFAs measure aspects of the health system, including the following:

- Health service infrastructure, amenities, and equipment
- Availability of health workers, standard precautions, and essential medicines
- Availability of and readiness to deliver various types of health services and diagnostic capacity
- Satisfaction of clients and service providers with the service delivery environment
- Accuracy with which service inputs and outputs are being recorded and reported (RHIS data quality)

Alternative Data Sources

Health resource inventories can be programmed through the RHIS for routine collection or through the separate data subsystem, which includes the human resources information system, the logistical management information system, and the MFL. Special surveys of patients and providers can be conducted to assess satisfaction with services, and data quality can be assessed through record reviews and supervisory visits.

Standards

Facility Census

A facility census is designed to enumerate all public and private facilities in the country. Inventory data from the facility census should correspond with each facility listed in the MFL, so it provides reliable measures of health service availability, as well as baseline information, with which future progress can be compared. The WHO recommends updating the facility census database every five years using the updated MFL as a reference list. In the interim, more in-depth surveys can also be conducted.

The WHO Service Availability and Readiness Assessment (SARA) methodology and instruments are designed to collect basic data on service availability and readiness (WHO, 2015a; WHO, 2015b). A facility census conducted with SARA instruments measures the availability and readiness of specific service areas, including family planning, neonatal and child health, HIV and prevention of mother-to-child transmission, tuberculosis and malaria, basic and comprehensive emergency obstetric care, and noncommunicable diseases. In practice, however, a full SARA census is not often conducted because it is time consuming and costly.

SARA instruments also collect data on health workforce staff, adherence to standard precautions, and the availability of essential medicines and basic supplies and equipment. Key tracer indicators from each of these domains indicate basic elements of service quality and are used to compute composite indicators developed by WHO and USAID for service readiness (WHO, 2015a).

Facility Survey

A facility survey is conducted on a nationally representative sample of facilities using the MFL as a facility sampling frame. The Service Provision Assessment (SPA) is a comprehensive facility survey methodology designed to collect basic data on service availability and readiness as well as a wider range of quality measures (Demographic and Health Surveys [DHS] Program, n.d.a).

The SPA contains several questionnaire instruments. The inventory questionnaire is harmonized with WHO and USAID service readiness indicators (USAID & WHO, 2012). Other SPA instruments include (1) the SPA

observation questionnaire to determine the extent to which patient consultations follow generally accepted standards of care for antenatal care, integrated management of child illnesses, and family planning; (2) the SPA exit interview questionnaire to provide information on the client's perception of the service delivery environment; and (3) the SPA health provider questionnaire to measure professional qualifications of staff and attitudes about the work environment.

Model SARA and SPA country reports can be found on the WHO Health Statistics and Information website (WHO, 2016) and the USAID-funded DHS Program website (DHS Program, n.d.b).

Best Practices

- **Maintain an MFL** with unique identifiers and basic service provision information for each public and private facility, including hospitals, health centers, laboratories, and pharmacies. The updated MFL serves as the reference list for a facility census and serves as a facility sampling frame for a facility survey.
- **Conduct a facility assessment every five years** using standard SARA or SPA instruments to validate or augment information captured through the RHIS.
- **Conduct an in-depth facility survey periodically** using SPA instruments to collect a wider range of quality measures for health services.

References: Module 6

Demographic and Health Surveys Program. (n.d.a). SPA overview. Retrieved from <http://dhsprogram.com/What-We-Do/Survey-Types/SPA.cfm>

Demographic and Health Surveys Program. (n.d.b). Publications. SPA final reports 1999–2015. Retrieved from <http://dhsprogram.com/publications/Publication-Search.cfm>

MEASURE Evaluation & U.S. Agency for International Development. (2008). *Profiles of health facility assessment methods*. Report of the International Health Facility Assessment Network. Arlington, VA: MEASURE Evaluation. Retrieved from https://www.k4health.org/sites/default/files/migrated_toolkit_files/tr-06-36.pdf

U.S. Agency for International Development & World Health Organization (WHO). (2012). *Measuring service availability and readiness: A health facility assessment methodology for monitoring health system strengthening. Service readiness indicators*. Geneva, Switzerland: WHO. Retrieved from http://dhsprogram.com/pubs/pdf/SPAQ5/Service_Readyness_Indicators_042012.pdf

World Health Organization (WHO). (2008). *Toolkit on monitoring health systems strengthening: Service delivery*. Geneva, Switzerland: WHO. Retrieved from http://www.who.int/healthinfo/statistics/toolkit_hss/EN_PDF_Toolkit_HSS_ServiceDelivery.pdf

World Health Organization (WHO). (2015a). *Service availability and readiness assessment (SARA): An annual monitoring system for service delivery. Reference Manual, Version 2.2*. Geneva, Switzerland: WHO. Retrieved from http://www.who.int/healthinfo/systems/sara_reference_manual/en/

World Health Organization (WHO). (2015b). *Service availability and readiness assessment (SARA): An annual monitoring system for service delivery. Implementation guide, Version 2.2*. Geneva, Switzerland: WHO. Retrieved from http://www.who.int/healthinfo/systems/sara_implementation_guide/en/

World Health Organization. (2016). Service availability and readiness assessment (SARA) SARA reports, 2010–2016. Retrieved from http://www.who.int/healthinfo/systems/sara_reports/en/

MEASURE Evaluation

University of North Carolina at Chapel Hill
123 West Franklin Street, Suite 330
Chapel Hill, NC 27516 USA
Phone: +1 919-445-9350
measure@unc.edu
www.measureevaluation.org

This publication was produced with the support of the United States Agency for International Development (USAID) under the terms of the MEASURE Evaluation cooperative agreement AID-OAA-L-14-00004. MEASURE Evaluation is implemented by the Carolina Population Center, University of North Carolina at Chapel Hill in partnership with ICF International; John Snow, Inc.; Management Sciences for Health; Palladium; and Tulane University. Views expressed are not necessarily those of USAID or the United States government. TR-17-225F



USAID
FROM THE AMERICAN PEOPLE

