# Service Delivery - Quality of Care / Service Provision Assessment

## Percent of facilities prepared to provide the essential services

Definition:

This composite indicator combines several indicators for preparedness to provide a given service at a minimum standard. It measures the percentage of facilities with each of the following:

* All essential equipment present, functioning, and located in the service delivery area or in reasonable proximity for utilization;
* All essential medications and supplies present; and
* At least one set of staff members assigned to the facility who have either professional or inservice
training that qualifies them to provide the service following standard procedures.

Purpose:

This indicator provides information on the preparedness of a facility to offer a specific service with a minimum standard of quality. It can be used to identify gaps between planned service standards and actual resources on-site, which are required to provide the service to the given standard. These gaps will most often reflect problems with the support systems, such as the commodities and logistics systems, staff allocation, or staff training.

One important aspect of this indicator is that it assesses the resource availability at the delivery site. Evaluators interpret as "not available" any essential items absent from the service delivery area (e.g., a blood pressure gauge sitting in another service delivery area, or supplies locked in a storage closet). This approach more realistically assesses a facility's capability for meeting service standards.

Preparedness is an important measure, because a facility that fails to meet the indicator standard is incapable of providing the service to the established standard.

Evaluators may analyze facility service availability by type of facility, by geographic area, or by sector (e.g., government, private for profit, private non-profit).

The service provision assessment (SPA) provides an assessment at a single point in time. However, one can evaluate changes over time by repeating the SPA at a given facility or at a set of facilities at periodic intervals (e.g., 3-5 years). With a representative sample, the picture of preparedness should accurately reflect the overall situation at a given level of analysis (e.g., region or nation), although it may not provide an accurate picture of an individual facility.

## Percent of facilities with systems that support quality service delivery (assessed separately for each service)

Definition:

This composite indicator combines several indicators for support systems required for quality service delivery. It measures the percentage of facilities with each of the following:

* Resources and systems adequate for preventing transmission of infection;
* Service-specific written protocols for service delivery;
* Visual aids for educating clients about the service;
* Service providers with in-service training on a related topic within the prior 12 months;
* Service providers supervised while providing the service within the prior 6 months;
* Information systems providing basic information on clients and services provided;
* Use of individual client records/charts; and
* Systems for monitoring service coverage (where relevant).

## Quick investigation of quality

Definition:

In contrast to the service provision assessment (SPA), which spans multiple areas of reproductive health, the quick investigation of quality (QIQ) is a set of 25 "short list" indicators that were specifically designed to collectively measure quality of care in family planning programs.

These key indicators, which are relevant to client behavior and outcomes and are by no means comprensive, serve as "markers" for a wide range of behaviors or conditions; facilities that perform well on these should perform well on the larger set. The 25 Indicators within the QIQ include:

PROVIDER

* Demonstrates good counseling skills (composite)
* Assures client of confidentiality
* Asks client about reproductive intentions (more children? when?)
* Discusses with client which method she would prefer
* Mentions HIV/AIDS (initiates or responds)
* Discusses dual method use
* Treats client with respect/courtesy
* Tailors key information to the particular needs of the specific client
* Gives accurate information on the method accepted (how to use, side effects, complications)
* Gives instructions on when to return
* Follows infection control procedures outlined in guidelines
* Recognizes/identifies contraindication consistent with guidelines
* Performs clinical procedures according to guidelines

STAFF (other than provider)

* Treat clients with dignity and respect

CLIENT

* Participates actively in discussion and selection of method (is “empowered”)
* Receives her method of choice
* Client believes the provider will keep her information confidential

FACILITY

* Has all (approved) methods available; no stockouts
* Has basic items needed for delivery of methods available through SDP (sterilizing equipment, gloves, blood pressure cuff, specula, adequate lighting, water)
* Offers privacy for pelvic exam/IUD insertion (no one can see)
* Has mechanisms to make programmatic changes based on client feedback
* Has received a supervisory visit in past months
* Adequate storage of contraceptives and medicines (away from water, heat, direct sunlight) is on premises
* Has state-of-the-art clinical guidelines
* Waiting time is acceptable

## Percent of facilities where \_\_% of clients receive the service that meets the expected standards

Definition:

This composite indicator combines several service delivery indicators for providing good quality client
consultation and examination. The indicator measures the percentage of facilities in which providers use standard procedures in their interaction with clients, such as:

* Eliciting essential history and client information;
* Conducting essential physical examination and monitoring;
* Providing treatment or intervention that followed standards, based on the client assessment; and
* Providing essential information to the client during counseling.