

Service Delivery Indicators (SDI) *Health Survey Refresh*

FACT SHEET



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What are the SDI health surveys?

The SDI health surveys are nationally-representative, facility-based surveys measuring primary health care service delivery as experienced by the average citizen.

They aim to improve the monitoring of service delivery to increase public accountability, good governance, and targeted intervention by assessing quality and performance of health services from the citizen's perspective.

- **Identify levels and trends** in health service delivery from the citizen's perspective.
- **Identify disparities** to learn from high-performers and support low-performers with targeted interventions.
- **Create benchmarks** for comparison over time for tracking national progress.
- **Generate internationally-comparable metrics** for global accountability and learning.



RESPONSIVE INPUTS
FOR POLICY NEEDS

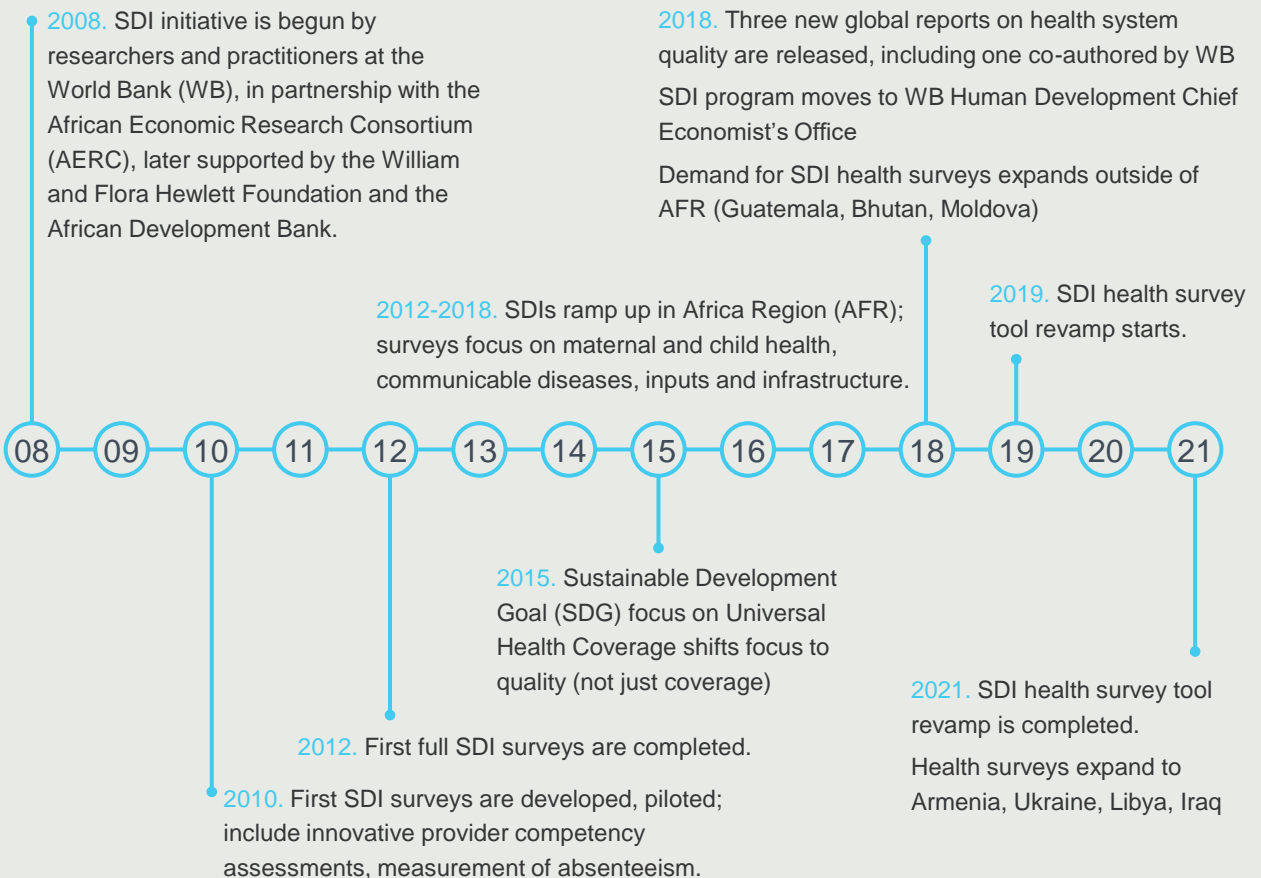


STRENGTHENS
CAPACITY



PLATFORM FOR INNOVATION
AND RESEARCH

How have the SDI health surveys evolved over time?



Why is a methodological refresh of the SDI health survey needed?

The SDI health survey methodological refresh was driven by a global call-to-action, articulated in three global reports released in 2018, for improving quality of facility-based care to achieve progress towards Universal Health Coverage

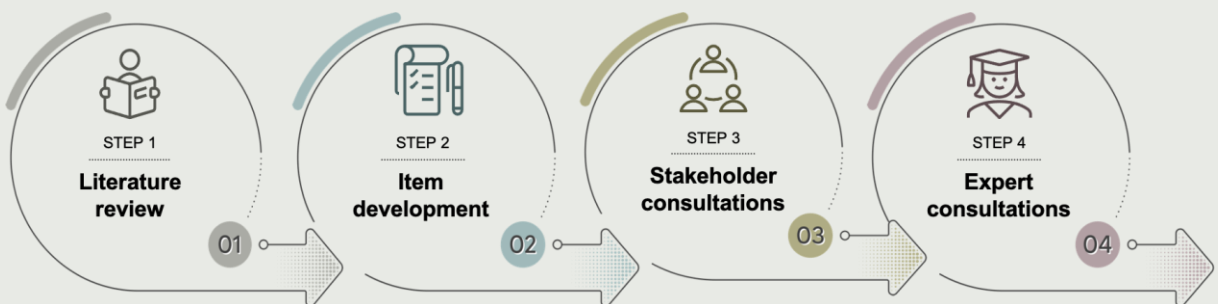


These three reports noted gaps in measurement and highlighted the need for a new generation of health facility surveys that would provide a comprehensive assessment of quality of care.

For the SDI health survey, these recommendations pointed to the need to:

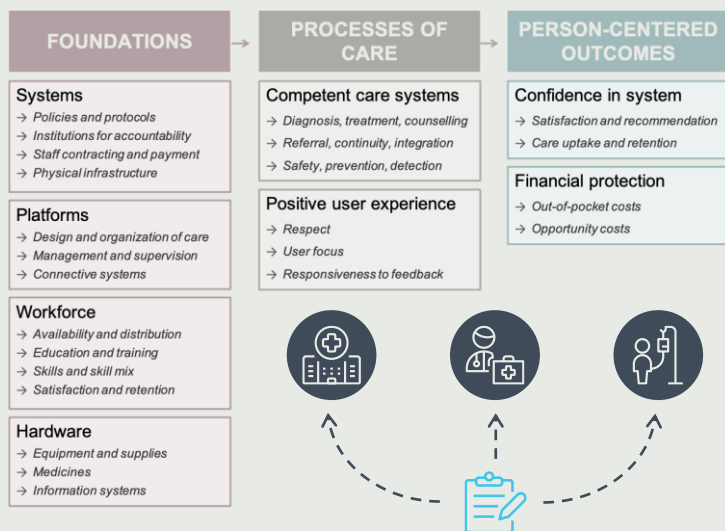
- Update definitions, expand coverage of components or domains of quality of care measured.
- Employ rigorous and efficient sampling methodology.
- Expand beyond reproductive health and infectious diseases to bring attention to non-communicable diseases.
- Include assessment of resilience, preparedness for pandemics/climate disasters.
- Comprehensively assess the foundations of care (physical inputs) to assess service readiness for essential services.
- Assess capacity for and performance of providing coordinated care, vertical care integration.
- Assess health care provider work environment and job satisfaction as a correlate of their performance.
- Improve measurement of patient preferences for, experience of, and satisfaction with care; out-of-pocket expenditures.

What was the process for the SDI health survey refresh?



The SDI health survey refresh process included four steps: 1) literature review of the latest frameworks for primary health care service delivery, including development of a new framework that builds on the previous ones; 2) item development, drawing on other international survey tools, global standards and guidelines for quality of care and clinical practice, and ensuring backwards-compatibility with the previous version of the SDI; 3) stakeholder consultations with clients in multiple countries to ensure that the design and content is responsive to their policy and program needs, and can be adapted to a given context; 4) expert consultations with internal World Bank and external academic and research leaders in quality of care to ensure that the tools are of the highest quality.

What is the guiding framework, structure and content of the refreshed SDI health survey instruments?



A new framework was created that serves as a primary health care service delivery framework and provides the guiding principles and key domains for the methodological refresh. This framework, which builds on the *Primary Health Care Performance Initiative* and *The Lancet Global Health Commission on High Quality Health Systems in the SDG Era* frameworks, defined the scope of the methodological refresh.

Three questionnaires were developed, each distinguished by who the intended respondent was – facility manager, health care providers, patients – for clarity and ease of administration. The domains and subdomains in the framework are covered across the three questionnaires.

What does the refreshed SDI health survey measure?

FACILITIES

- Basic characteristics
- Outpatient, inpatient, referral counts
- Management, supervision
- Patient fees and revenue
- Staffing
- Services
- Trainings
- Availability of guidelines/documentation
- Infrastructure
- Equipment and supplies
- Medicines
- Pandemic/disaster preparedness

HEALTH CARE PROVIDERS

- Diagnostic and treatment capacity of key health conditions (hypertension, diabetes, tuberculosis, depression, stunting, malaria, diarrhea, pneumonia, post-partum hemorrhage, neonatal asphyxia)
- Adherence to clinical guidelines
- User focus and respectful care
- Work environment
- Workload
- Job satisfaction
- Training and career advancement opportunities
- Absenteeism

PATIENTS

- Demographics
- User focus, including wait time
- Services received
- Antenatal care, sick child visit, non-communicable disease care experience
- Referrals
- Out-of-pocket expenditures, time cost
- Risk factor knowledge
- Expectations from and satisfaction with care

What are the methods for assessment and sampling procedures?

Methods ————— **FACILITIES** ————— Sampling

- Measure facility-level indicators of service delivery and quality of primary care
- In-person interview with facility manager
- Direct observation of amenities, infrastructure, equipment and supplies
- Paper or digital record and inventory review



- Nationally- and sub-nationally representative sample of health facilities drawn probability proportional to size based on catchment population

Methods ————— **HEALTH CARE PROVIDERS** ————— Sampling

- Measure provider-level indicators of effort, clinical knowledge and competence, and work environment
- In-person interview with health care providers
- Clinical case simulations (vignettes)
- Surprise (unannounced) visit



- Random sample of health care providers working within selected health facilities drawn proportional to total health care providers; stratified by provider cadre as relevant
- Sampling done prior to facility visits by obtaining staff rosters for each facility ahead of time

Methods ————— **PATIENTS** ————— Sampling

- Measure patient experience and satisfaction with care
- In-person patient exit interview with patient or his/her proxy
- Anchoring vignettes to measure expectations and satisfaction with care



- Random sample of patients receiving care at the selected health facilities over the course of the entire day
- Recruitment upon entry and interviewed during exit to reduce potential bias in sampling and response

What are the SDI health survey field logistics?

Field team of 2-6 enumerators depending on the size of the facility

————— DAY 1 ————— → DAY 2 —————→

In-person visit to health facilities		Unannounced surprise visit to health facilities	
<p><i>Facility questionnaire</i></p> <ul style="list-style-type: none"> → interview head of facility → direct observation of availability of inputs 	<p><i>Provider questionnaire</i></p> <ul style="list-style-type: none"> → interview a sample of providers → work environment → clinical competency assessment 	<p><i>Patient questionnaire</i></p> <ul style="list-style-type: none"> → exit interviews with a sample of patients at the facility → experience of care → patient satisfaction 	<p><i>Provider questionnaire</i></p> <ul style="list-style-type: none"> → observe provider absence
			<p><i>Facility questionnaire</i></p> <ul style="list-style-type: none"> → any unfinished business

What are the steps in implementing a health SDI survey?



STEP 1 DEFINE

Scope definition and task team orientation
1-2 months

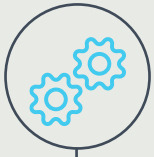
- Introduce SDI survey to WB Health Nutrition and Population country team and client (i.e., Ministry of Health representatives)
- Define the scope, objectives, priorities and timeline of the survey
- Determine task team composition and clarify roles



STEP 2 DESIGN

Survey design and instrument adaptation
2-6 months

- Understand national primary health care system architecture and service mandate
- Define sampling strategy and sample
- Adapt instruments to fit the country context
- Finalize logistics for field implementation



STEP 3 IMPLEMENT

Implementation and quality control
2-4 months

- Assess the feasibility, risk and performance of the survey tools and team
- Collect high-quality data, create dataset(s) for analysis



STEP 4 ANALYZE

Data analysis and results validation
4-6 months

- Analyze data, compile and validate results
- Prepare analytical products for dissemination



STEP 5 DISSEMINATE

Dissemination and stakeholder consultation
1-2 months

- Promote the use of SDI survey data and findings for research, evidence-based policy, accountability
- Ensure local capacity building for health services and policy research