Service Availability and Readiness Assessment (SARA)

An annual monitoring system for service delivery

Implementation Guide
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Version 2.2
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The service availability and readiness assessment (SARA) methodology was developed through a joint World Health Organization (WHO) – United States Agency for International Development (USAID) collaboration. The methodology builds upon previous and current approaches designed to assess service delivery including the service availability mapping (SAM) tool developed by WHO, and the service provision assessment (SPA) tool developed by ICF International under the USAID-funded MEASURE DHS project (monitoring and evaluation to assess and use results, demographic and health surveys) project, among others. It draws on best practices and lessons learned from the many countries that have implemented health facility assessments as well as guidelines and standards developed by WHO technical programmes and the work of the International Health Facility Assessment Network (IHFAN).

Particular thanks are extended to all those who contributed to the development of the service readiness indicators, indices, and questionnaires during the workshop on "Strengthening Monitoring of Health Services Readiness" held in Geneva, 22–23 September 2010.

Many thanks to The Norwegian Agency for Development Cooperation (Norad) whom has supported Statistics Norway to take part in the development of the SARA tools. The support has contributed to the development and implementation of a new electronic questionnaire in CSPro and data verification guidelines.

A special thanks to the Medicines Information and Evidence for Policy unit at WHO for their contribution to the SARA training materials and to the Unidad de Calidad y Seguridad de la Atención Médica-Hospital General de México for their contribution of photographs to the SARA data collectors’ guide.

Project Management Group
The SARA methodology and tool were developed under the direction and management of Kathy O’Neill and Ashley Sheffel with valuable inputs from Ties Boerma and Marina Takane.

Project Advisory Group
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3. Questionnaire adaptation
The standard SARA questionnaire for measuring service availability and readiness should be adapted for country use to reflect the needs and specificities of each health-care system. When adapting the health facility questionnaire, consideration should be given to how changes will affect data collection, and adjustments should be made to ascertain that definitions are specific enough to assure comparability across the country and within districts.

It is important to remember that the SARA methodology is not intended to provide comprehensive data on all aspects of health system functioning. Rather, it focuses on key "tracer" elements that are critical to programmes that are scaling up or that are indicative of the essential health system underpinnings or "readiness" to do so. This should be kept in mind while adapting the questionnaire and adding additional questions or modules.
3.1 Country adaptation

The adaptation of the SARA questionnaire should take place in the planning and preparation phase. It should be conducted by the SARA survey technical team in close collaboration with national stakeholders and the key resource persons from the appropriate technical units.

The following areas of the SARA tool should always be adapted to the country context:

<table>
<thead>
<tr>
<th>Areas</th>
<th>References</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health facility types</td>
<td>National classification of health infrastructures</td>
<td>The facility types classification should reflect the national classification, including both public and private structures. It should be in conformity with the service package offered by each facility profile (based on the national Basic Package of Essential Services, if available).</td>
</tr>
<tr>
<td>Health facility managing authority</td>
<td>National classification of health infrastructures</td>
<td>The managing authority types should reflect the national classification of authorities potentially in charge of a facility.</td>
</tr>
<tr>
<td>Staffing categories</td>
<td>Official categorization of human resources for health</td>
<td>The proposed human resources list available in the questionnaire should be mapped to the official classification of certified health personnel and appropriate cadres added.</td>
</tr>
<tr>
<td>Guidelines for services</td>
<td>National guidelines for health services</td>
<td>List of guidelines in the questionnaire should reflect official guidelines.</td>
</tr>
<tr>
<td>Country specific medicines policy</td>
<td>National drug policy and any other specific drug policies (essential medicines, TB, immunization schedule, ...)</td>
<td>Standard lists of tracer items for medicines/vaccines are proposed in the questionnaire according to international standards*. If there is a country specific regimen for certain treatments it should be edited accordingly (tracer items).</td>
</tr>
<tr>
<td>ARV national protocol</td>
<td>ARV national protocol</td>
<td>The ARV section of the questionnaire lists all ARV drugs. The ARV section should be customized based on the official recommended first line treatment and medicines recommended for PMTCT.</td>
</tr>
<tr>
<td>Trained staff</td>
<td>Official training cycle for health workers</td>
<td>A standard of 2 years interval in training cycle updates for staff is used in the questionnaire. If the timeframe for staff training updates is different according to the official policy it should be reflected in the questionnaire.</td>
</tr>
</tbody>
</table>

* Detailed references for medicines are available in the SARA Indicators Index.
3. Questionnaire adaptation

3.2 Editing the structure of the questionnaire

The SARA questionnaire is also available in electronic format along with automated tools for data processing and production of results. If these automated tools are to be used, editing the structure of the questionnaire should be done as follows:

- **Adding a question**: Country-specific questions that are key in measuring tracer elements for service delivery can be added to the questionnaire. A practical and recommended way to number these specific country questions is to use the country ISO.2 code*. For example:
  - SL_01: where SL corresponds to the ISO.2 code for Sierra Leone + numbering (sequential according to the number of questions added)

*For detail list of country ISO codes please refer to: [http://www.iso.org/iso/country_codes/iso_3166_code_lists/country_names_and_code_elements.htm](http://www.iso.org/iso/country_codes/iso_3166_code_lists/country_names_and_code_elements.htm)

- **Deleting a question**: It is possible that certain questions might not be relevant and applicable to a country. In this case a question can be deleted. It should be removed from the questionnaire and the question number should be deleted as well and not re-used. This should remain occasional: the SARA aims to measure a minimum of tracer elements that are defined for service delivery. Deleting too many questions will change the measurement’s parameters.

- **Changing a question’s text**: Question text should not be replaced by another question text. Clarification can be added in parenthesis to help the respondent understand the question if needed. It is very important to keep each question with its original numbering, therefore we ask that you add or delete questions but DO NOT change the content of existing questions.

- **Skip patterns**: Any addition or deletion affecting a skip pattern in the questionnaire should be updated accordingly.

3.3 Important tips

- **Do not change numbering**: the original numbering structure of the standard questionnaire should be kept. Changing the numbering will affect links to the existing tools for automated data processing and results production.

- The goal of the SARA is to measure based on key tracer items the minimum package of services that should be available in the health facilities. It is important not to stray from the SARA concept by adding a long list of additional items (SARA doesn’t aim to be a census of all items that should be present in a facility).

- It is also important to remember that adding more to the tool will impact the training, the data collection and the data analysis. Any question addition should also be consider in term of the analysis outputs. Before a question is added, it should first be added to the analysis plan so that it is clear how it will be used in the analysis.
3.4 Questionnaire implementation

The SARA questionnaire is available in paper and electronic format.

**Paper questionnaire:** Any changes should be made according to the country adaptation.

**Electronic questionnaire:** For the SARA survey, the recommended software for electronic questionnaires is CSPro. A standard version of the questionnaire is available in that format and all changes should be made according to the country adaptation. Further information on CSPro can be found at:


[http://www.census.gov/population/international/software/cspro/csprodownload.html](http://www.census.gov/population/international/software/cspro/csprodownload.html)

3.5 Adding modules

Commonly, the SARA questionnaire is jointly administered with a data verification module that allows for a record review in health facilities being surveyed.

The Data Verification module will also need to be adapted based on country requirements. Adaptation consists of the selection of 4 or 5 core indicators from the proposed module list. The selection should be reflected in the paper version as well as the electronic format of the DV section (also available in CSPro format).

The SARA questionnaire can also be used in conjunction with additional modules such as management assessment or quality of care. These specific modules are not part of the standard package and will need to be designed accordingly.