

Eswatini - Service Availability and Readiness Assessment (SARA) Eswatini 2017

Ministry of Health

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Identification

SURVEY ID NUMBER

SWZ-MOH-SARA-2017-vFINAL

TITLE

Service Availability and Readiness Assessment (SARA) Eswatini 2017

COUNTRY

Name	Country code
Eswatini	SWZ

STUDY TYPE

Service Availability and Readiness Assessment Survey [HFA/SARA]

ABSTRACT

The Ministry of Health (MoH) in Eswatini implemented a Service Availability and Readiness Assessment (SARA) in 2017. The purpose of this assessment was to ensure that the Eswatini Ministry of Health has an evidence-based understanding of service availability, readiness and the quality of health services that are provided in all public and private facilities, using the Eswatini Essential Health Care Package (EHCP) as the guiding framework.

The 2017 SARA survey used census sampling where all health facilities providing any health sector-based interventions were surveyed regardless of ownership and facility type. The assessment had three parts which were concurrently conducted: i) a cross-sectional survey of health facilities to assess readiness ii) a data quality review (DQR) that was conducted by an independent contractor and iii) a quality of care assessment.

This report covers the following categories of indicators:

1. General service availability and readiness

- Basic amenities
- Basic equipment
- Standard precautions for infection prevention
- Diagnostic capacity
- Essential medicines

2. Service-specific availability

- Sexual and reproductive health including maternal and neonatal health services (MNH), antenatal care (ANC), obstetric emergencies, family planning (FP) and adolescent youth health services
- Communicable diseases including malaria treatment, TB screening and treatments, HIV counselling and testing, prevention of mother to child transmission (PMTCT), sexually transmitted diseases prevention and treatment services (STI), HIV care and support services and ARVs prescription and client management services.
- Non-communicable diseases including cardiovascular diseases, cervical cancer, chronic respiratory disease and diabetes.
- Allied services including basic surgical, comprehensive surgical and blood transfusion services

3. Tracer medicines availability and readiness

- Medicines for communicable disease
- Non-communicable diseases medicines
- Mental health and neurological medicines
- Palliative care medicines

KIND OF DATA

Sample survey data [ssd]

UNIT OF ANALYSIS

Public and private health facilities

Version

VERSION DESCRIPTION

vFINAL: Report only

VERSION DATE

2017-12-22

Scope

NOTES

The SARA survey is designed to generate a set of core indicators on key inputs and outputs of the health system, which can be used to measure progress in health system strengthening over time. The SARA focuses on three main areas: service availability, general service readiness and service-specific readiness.

A basic approach to SARA is to collect data that are comparable both across countries and within countries (i.e. across regions and/or districts) using a standard core questionnaire developed by WHO in collaboration with the United States Agency for International Development (USAID). Usually, a country adopts the standard core questionnaire with adaptations to certain elements such as types of facilities, managing authority of facilities, national guidelines for services, staffing categories and national policies for medicines (e.g. for tuberculosis, HIV/AIDS). The SARA survey requires visits to health facilities with data collection based on key informant interviews and observation of key items. The survey can either be carried out as a sample or a census; the choice between these methodologies will depend on a number of elements including the country's resources, the objectives of the survey and the availability of a master facility list (MFL).

Coverage

GEOGRAPHIC COVERAGE

Nationally representative, as well as representative at regional level

UNIVERSE

The survey covered 280 public and private health facilities across all levels of care in 4 regions in Eswatini

Producers and sponsors

PRIMARY INVESTIGATORS

Name
Ministry of Health

FUNDING AGENCY/SPONSOR

Name	Role
Eswatini Government	Provision of human resources for data collection and supervision

OTHER IDENTIFICATIONS/ACKNOWLEDGMENTS

Name	Role
Ministry of Health Senior Management Team	Technical direction and support
Ministry of Health M&E Team	Data collection, management and analysis, and report writing
Civil Society and Developmental Partners	Completion of SARA report

Sampling

SAMPLING PROCEDURE

A census of 280 public and private health facilities was implemented in the 4 regions of Eswatini: Hhohho, Manzini, Lubombo and Shiselweni. Five percent of the sampled health facilities were selected for data verification at the beginning of the survey.

RESPONSE RATE

100%

Data Collection

DATES OF DATA COLLECTION

Start	End
2017-10-02	2017-10-27

DATA COLLECTION MODE

Face-to-face [f2f]

DATA COLLECTION NOTES

A training for enumerators was conducted for 5 days. The training used a range of didactic, interactive and practical approaches. Enumerators were oriented on the purpose and processes of the SARA assessment and the assessment tools as part of the training. The training also covered use of the mobile devices for data collection. A pilot was conducted during the training with minor modifications made on the tools prior to data collection.

A pre-test (data verification) was conducted in 14 health facilities in 1 region at the beginning of the survey. Data collection started on 2nd October, 2017 and was completed on 27th October, 2017. Several teams were deployed with each team comprised of 1 supervisor, 1 data collector and 2 nurses.

The interviews averaged 3 hours for the questionnaire and observational checklist.

Questionnaires

QUESTIONNAIRES

The SARA core questionnaires overview:

Section 1: Cover page

Section 2: Staffing

Section 3: Inpatient and observation beds

Section 4: Infrastructure

Section 5: Available services

Section 6: Diagnostics

Section 7: Medicines and commodities

Section 8: Interviewers observations.

This tool was adapted to the Eswatini context prior to their application in the field. Tailoring included ensuring that the variables in the questionnaires (e.g. for equipment, drugs, and guidelines), data elements and indicators reflected local packages of care and policies. Where this was not possible, the revisions reflected international standards.

Besides the SARA core questionnaire for assessing service availability and readiness, data quality review (DQR), USAID and Measure Evaluation data quality and Global Fund approved questionnaire for assessing quality of care (QoC) tools were also used.

Data Processing

DATA EDITING

Data was consolidated into a single dataset and analysed for duplicates, incongruences, coding errors and missing entries. Where possible, errors were corrected with the support of team supervisors that formed part of the analysis team. Data cleaning was done in CPro whereby facilities were all identified using auto generated unique codes.

Metadata production

DDI DOCUMENT ID

DDI-SWZ-SARA-2017-vFINAL

PRODUCERS

Name	Abbreviation	Role
World Health Organization	WHO	Documentation of assessment

DATE OF METADATA PRODUCTION

2021-11-15

DDI DOCUMENT VERSION

Final version (April 2019)

Data Description