



# Institute for Health Metrics and Evaluation

## Data Release Information Sheet

### ***Data Summary***

Dataset name: Zambia Gavi FCE Health Facility Survey 2014

Project name: Gavi Full Country Evaluation (FCE) Project in Zambia

Date of release: April 11, 2018

#### Summary:

This survey was conducted as part of the Gavi Full Country Evaluation (FCE) project in Zambia. Gavi FCEs are prospective studies covering the period 2013-2016 that aim to assess the barriers to and drivers of immunization program performance. The Zambia FCE Health Facility Survey was conducted in 22 districts purposely selected to overlap with those where a baseline facility survey for the [Access, Bottlenecks, Costs, and Equity \(ABCE\) Project in Zambia](#) was performed. The districts provide a geographically and demographically representative sample of Zambia's health system. For this survey, data on financing, staffing, facility procedures and guidelines, vaccine stocks, and supply delivery (including cold chain temperature measurements) were collected from a representative sample of 171 health facilities. Data were collected through interviews of health providers, direct observation of facility areas, and assisted observation of immunization sessions.

### **Acknowledgements**

#### Contributing organizations:

- Institute for Health Metrics and Evaluation (IHME)
- Department of Economics, University of Zambia

#### Funders:

- Gavi, the Vaccine Alliance

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## ***File Inventory***

<b>File Name</b>	<b>Description</b>	<b>Date Finalized</b>
IHME_GAVI_ZMB_HFS_2014_Y2018M04D11.CSV	Public use survey dataset	April 11, 2018
IHME_GAVI_ZMB_HFS_2014_CODEBOOK_Y2018M04D11.CSV	Codebook, with descriptions of all variables included in the dataset	April 11, 2018
IHME_GAVI_ZMB_HFS_2014_QUESTIONNAIRE_Y2018M04D11.PDF	Questionnaire	April 11, 2018
IHME_GAVI_ZMB_HFS_2014_INFO_SHEET_Y2018M04D11.PDF	Data release information sheet	April 11, 2018

## ***Data Structure***

The data are structured such that each row represents a set of observations from an individual observer for a given facility.

## ***Methodological Statement***

### **Conceptual model**

A conceptual model for assessing health system performance is the WHO Health System building blocks. According to this framework, effective delivery of immunization services at health facilities requires a number of inputs: adequate and well-trained human resources, sufficient finances, sufficient stocks of vaccines and related products, and adequate equipment, particularly cold chain equipment. The institutional setup should then ensure that these inputs are used effectively in immunization service delivery. Further, institutional governance and leadership systems are put in place to enhance system performance through effective mechanisms for EPI planning, supervision, monitoring, and oversight.

### **Study design**

A health facility survey was designed to evaluate the performance of health system EPI programs. The survey was designed to capture data on a range of indicators spanning the six components of the WHO HS building blocks model described earlier. These included:

- Inputs: the availability of items needed to provide health services, including human resources, infrastructure, and EPI medical supplies and equipment.
- Outputs: the volume of immunization services provided
- Supply-side constraints and bottlenecks: factors that affect the ease or difficulty with which patients received services they sought, including vaccine availability, stock-outs, cold chain capacity, personnel training, and availability of logistical support.

## Sample

A two-stage stratified sampling approach was used to generate a nationally-representative sample of facilities across 22 districts in Zambia. In the first step, a nationally-representative sample of districts was established. In this stage, Zambia's 72 districts were clustered according to the district's coverage of skilled birth attendants (SBA), a per capita wealth score, and the district's average population density. Districts were categorized as having low, medium, or high SBA coverage. Wealth scores were based on self-reported assets and were used to categorize districts as poor, middle income, or wealthy. District-level SBA and asset-based wealth scores were derived from the 2007 Demographic and Health Survey (DHS). This process produced 21 unique district-level clusters. The national capital, Lusaka, was selected from its cluster because it contained the nation's largest teaching facility. A single district was randomly selected from each of the remaining 20 clusters. The final sample included 22 districts.

In the second step of the sampling approach, facilities were selected within the sampled districts. In Zambia, facilities are classified at four levels: tertiary hospitals, secondary-level or general hospitals, district level hospitals, and health centres and health posts. This survey focuses on district-level hospitals, health clinics, and health posts, which constitute primary health facilities. In Zambia, immunization services are delivered mostly at primary level facilities. Hospitals operated by the military or police forces were excluded because UNZA could not obtain consent from national-level administrators. Typically, there is one hospital (usually either a district level or general hospital) in each district. This means that the selection of the 38 hospitals in the sample was influenced by location. Four health facilities (health centres and health posts) were also randomly selected from each district. Two health facilities were located within 10 kilometers of the District Health Office (DHO), and two were located greater than 10 kilometers away from the DHO. Based on the location in the districts and in accordance with the Ministry of Health classification, the sampled health facilities were categorized as either rural or urban. The survey was conducted between July 2014 and November 2014.

## Codebooks

Variable names, labels and the corresponding module and question can be found in the file "[IHME\\_GAVI\\_ZMB\\_HFS\\_2014\\_CODEBOOK\\_Y2018M04D11.CSV](#)."

## Public Use Dataset Notes

This is a public use dataset. The data have been de-identified. Variables determined to contain identifiable private information, or potentially identifiable private information, for health facilities, health workers, and/or other individuals have been removed in accordance with IHME's microdata release protocol. The protocol's determination for variables that constitute identifiable private information is based primarily on [HIPAA'S De-identification Standard](#).

Variables that have been removed include:

- All "COMMENTS\_" variables
- All "\_osp" ("Please specify other ...") variables (e.g., who\_assisted\_osp)
- All variables containing dates, excluding fiscal year dates (fy\_date)

## ***Additional Information***

### **Terms and Conditions**

<http://www.healthdata.org/about/terms-and-conditions>

### **Contact information**

To request further information about the Gavi Full Country Evaluation (FCE) Project in Zambia, please contact IHME:

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These files may be updated periodically, so we appreciate hearing feedback or additional information about how these data are being used.