



Institute for Health Metrics and Evaluation

Data Release Information Sheet

Data Summary

Dataset name: South Africa HealthRise Endline Health Facility Survey 2018

Project name: HealthRise Project in South Africa

Date of release: November 22, 2019

Summary: HealthRise is a collaborative multicountry initiative to implement and evaluate innovative community-based programs intended to improve heart disease and diabetes care in underserved communities. Conducted as part of HealthRise South Africa, this health facility survey was carried out in 38 facilities in the Pixley ka Seme district in the province of Northern Cape and the uMgungundlovu district in the province of KwaZulu-Natal. The survey was adapted from questionnaires created and conducted for the HealthRise projects in South Africa and India in 2015. Data were collected about facility capacity, equipment availability, pharmaceutical and supply stocks, staffing, and services provided. Patient exit interviews were also conducted with eligible patients at health facilities. The data were collected through computer-assisted personal interviews (CAPI).

Acknowledgements

Contributing organizations:

- Institute for Health Metrics and Evaluation (IHME)
- Social Surveys Africa

Funders:

- Medtronic Foundation

Suggested Citation:

Institute for Health Metrics and Evaluation (IHME), Social Surveys Africa. South Africa HealthRise Endline Health Facility Survey 2018. Seattle, United States of America: Institute for Health Metrics and Evaluation (IHME), 2019.

File Inventory

File Name	Description	Version Date
IHME_HRISE_ZAF_HFS_2018_FAC_M1_Y2019M11D22.CSV	Health Facility Module 1: Inputs, Finances, Revenues, Staff Characteristics, Facility Management	November 22, 2019
IHME_HRISE_ZAF_HFS_2018_FAC_M2_Y2019M11D22.CSV	Health Facility Module 2: Outputs, Outpatient Care, Inpatient Care, Cardiovascular Disease and Diabetes Information, Emergency Care, Laboratory and Diagnostic Tests	November 22, 2019
IHME_HRISE_ZAF_HFS_2018_FAC_M3_Y2019M11D22.CSV	Health Facility Module 3: Medical Equipment Inventory (Assisted Observation), Staff Inventory (Assisted Observation), Laboratory (Assisted Observation), Pharmacy (Assisted Observation), Direct Observation	November 22, 2019
IHME_HRISE_ZAF_HFS_2018_PATIENT_Y2019M11D22.CSV	Patient Exit Interview Module	November 22, 2019
IHME_HRISE_ZAF_HFS_2018_FAC_M1_CODEBOOK_Y2019M11D22.CSV	Health Facility Module 1 Codebook	November 22, 2019
IHME_HRISE_ZAF_HFS_2018_FAC_M2_CODEBOOK_Y2019M11D22.CSV	Health Facility Module 2 Codebook	November 22, 2019
IHME_HRISE_ZAF_HFS_2018_FAC_M3_CODEBOOK_Y2019M11D22.CSV	Health Facility Module 3 Codebook	November 22, 2019
IHME_HRISE_ZAF_HFS_2018_PATIENT_CODEBOOK_Y2019M11D22.CSV	Patient Exit Interview Module Codebook	November 22, 2019
IHME_HRISE_ZAF_HFS_2018_FAC_M1_QUEST_Y2019M11D22.PDF	Health Facility Module 1 Questionnaire	November 22, 2019
IHME_HRISE_ZAF_HFS_2018_FAC_M2_QUEST_Y2019M11D22.PDF	Health Facility Module 2 Questionnaire	November 22, 2019

File Name	Description	Version Date
IHME_HRISE_ZAF_HFS_2018_FAC_M3_QUEST_Y2019M11D22.PDF	Health Facility Module 3 Questionnaire	November 22, 2019
IHME_HRISE_ZAF_HFS_2018_PATIENT_QUEST_Y2019M11D22.PDF	Patient Exit Interview Module Questionnaire	November 22, 2019
IHME_HRISE_ZAF_HFS_2018_INFO_SHEET_Y2019M11D22.PDF	Data Release Information Sheet	November 22, 2019

Data Structure

For the facility survey, the data are structured such that each row represents a set of observations for a given facility. Information from facility modules can be linked using the *custom_id* variable, a unique identifier which notes a specific facility.

For the patient exit interview survey, the data are structured such that each row represents an interviewed individual/patient.

Facility-level information and patient-level information can be linked using values from the *custom_id* variable, present in all modules.

While *custom_id* serves as a unique identifier for each facility, the *unique_id* variable serves the same function for each individual respondent in the patient interview module. Additional information on the *unique_id* is available in the “Imputed Variables ...” section of the “Methodological Statement.”

Methodological Statement

Data Collection

Data from health facilities in Pixley ka Seme and uMgungundlovu districts in the provinces of Northern Cape and KwaZulu-Natal, respectively, were collected with the IHME HealthRise South Africa Endline Facility Survey in November 2018 by research associates hired by Social Surveys Africa. All data were collected with Surveybe™, which allows for survey adaptation and customization based on respondent answers. All data went through a thorough verification process between IHME and the Social Surveys Africa field team. Following data collection, the data were methodically cleaned and re-verified, and securely stored in databases hosted at IHME.

All instruments used for the HealthRise South Africa Endline Facility Survey are available through IHME’s Global Health Data Exchange (GHDx): <http://ghdx.healthdata.org/record/ihme-data/south-africa-healthrise-endline-health-facility-survey-2018>

Sampling/Population

Intervention facilities were facilities in Pixley ka Seme, Northern Cape and uMgungundlovu, KwaZulu-Natal at which HealthRise implementation partners conducted HealthRise program activities. Facilities in these same districts in which no HealthRise program activities were implemented were considered comparison facilities.

Sampled facilities were one of two types: community health centers (CHC) and provincial health centers (PHC). In Pixley ka Seme, the sample included all six intervention facilities and a random selection of 12 out of 22 comparison facilities that were surveyed at baseline. In uMgungundlovu, the sample included all 7 intervention facilities and a random selection of 14 of 16 comparison facilities that were surveyed at baseline. The order of non-selected facilities was randomized for use as alternates in case substitution was necessary.

At all selected facilities, a quota was defined for the number of participants needed for the patient survey based on intervention status and the number of facilities in the sample. In cases when there was an insufficient number of patients arriving at a selected facility over two days of surveying, additional patients above the quota number were surveyed at other facilities in an attempt to reach the total needed sample size. Patients were eligible for participation in the survey if they were age 30 or older and had ever been told by a medical professional that they have hypertension and/or diabetes. To efficiently identify patients for participation, field coordinators contacted each facility to learn when NCD patients commonly seek care or when patient volumes are highest. To ensure patients were selected at random, enumerators were instructed to approach the first potentially eligible patient, determine eligibility, and request consent to administer the survey. In both Pixley ka Seme and uMgungundlovu, NCD patient volumes were so low that all eligible patients were invited to participate.

Weighting

Sampling weights are not applicable to this dataset.

Imputed Variables and/or Constructed Variables – What was Imputed/Constructed and How

Unique_id is generated by IHME as a unique identifier. It is the concatenation of the values of the following variables: *fac_province*, *fac_block*, *customid*, *fieldstaff_id*, *supervisor_id*, and *auto_id*. This variable is present in all modules.

ENDLINE_FACILITY_ID is generated by IHME and serves to link unique facility identifiers in this dataset with those in the South Africa HealthRise Health Facility Survey 2015. This variable is present in all modules.

Known Data Quality Issues

Module 1 could not be conducted in one facility. Module 2 could not be conducted in two facilities. Module 3 could not be conducted in three facilities.

Many facilities did not maintain necessary documentation to respond to certain portions of the survey including financial records, personnel records, and facility utilization records. As such, data for these fields is regularly missing.

For variables containing sensitive or potentially identifiable information, all values have been replaced with "XXXX" to ensure the anonymity of the respondent.

Low volume of eligible participants at numerous health facilities at the time of the survey contributed to reduced sample sizes for the patient exit interview.

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](#).

Additional Information

Terms and Conditions

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

Contact information

To request further information about the HealthRise Project in South Africa, please contact IHME:

Institute for Health Metrics and Evaluation

2301 Fifth Ave., Suite 600

Seattle, WA 98121

USA

Telephone: +1-206-897-2800

Fax: +1-206-897-2899

Email: data@healthdata.org

www.healthdata.org

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