Data Collection Procedure for Injection Safety Assessment

World Health Organization

Information to be collected

- Structured observations of facilities and worksites, including available supplies
- Structured observations of practices
- Reported availability of equipment and supplies
- Occupational health issues

Piloting of the data collection instrument

- Each data collection instrument should be pilot tested in the country for its suitability for:
  - Particular circumstances
  - Right nomenclature
- Pilot testing can be done in a limited number of facilities before the training
- Changes in the instruments according to local setting may be necessary but they should be kept to a minimum in order to maintain standardization

Parameters for field work for assessment of health facilities

Number of survey teams	4
Number of facilities to be visited by 1 team in 1 day	3-4 primary level 1 second level
Number of survey regions to visit	8
Number of facilities to be visited by each team	10 public and 10 private
Number of working days it will take to complete assessment	10 if only public facilities 20 if private also included

Standardization

- Field workers should ideally be taken to actual facilities to practice assessment before actual data collection
- The principal investigator and field workers have to become confident on the usage of the tool during this process
- Standardization should be conducted in facilities which will not be part of the assessment

Timing of the visits

- Visits should be planned at times when most procedures are performed-usually in the morning
- Each team will have about five hours to work in the day considering the travel time
- If facilities are informed weeks in advance they may make changes in their practices (phenomenon know as Hawthorne effect)

Cross checking

- In order to ensure consistency and completeness of data
- Cross checking of data at the end of the day is important
- Where possible field workers should be supervised in the field and after data collection