

Generalization of QC Data: Sampling and Such

April 23, 1999

Sampling Issues:

Selection of Facilities

- Selection of facilities depends upon the objective of the monitoring exercise
- Logistical concern: availability of complete lists for the target population (i.e., government providers, private providers, etc.)
- When using a subsample of facilities (i.e., NGO clinics), the results apply only to this set of facilities and are not representative overall

Sample Populations for QC Field Tests

- Ecuador - census of CEMOPLAF and APROFE facilities - no other facilities visited
- Zimbabwe - census of SEATS clinics
- Uganda - Probability sample of 10 DISH Project districts and 3 non-DISH project districts
- Turkey - representative sample of all Istanbul facilities offering FP

Conclusion

- To monitor change in QC it is important to use a comparable set of facilities; any changes in the sample require a new baseline
- The QC recommended sampling approach gives the experience of the client in the system rather than the facility

Sampling Issues: Selection of Clients

- In contrast to most other facility data collection, the recommended unit of analysis in QC studies is the client
- Requires information on family planning client load from each facility (unless doing a census)
- Given this approach, problems if the expected number of clients do not visit during the data collection

Sampling Issues: Limitations

- Low prevalence countries will require longer periods or special designs to collect adequate numbers of clients
- Difficulties if no information on client load for facilities
- Analysis problems if client load is not achieved

Next Steps

- Further consideration of sampling for both study design and analysis is needed
- Suggest the development of guidelines to sampling to accompany the QC indicator study protocols