Subject: Senegal SPA 2012-2015, Drug Availability in Health Facilities
Posted by EniGee on Wed, 05 Jul 2017 10:08:43 GMT
View Forum Message <> Reply to Message

Dear forum members/admins,

I am conducting research about the availability of antimalarials, TB and ARVs in health facilities (public and private) in Senegal.

For this, I am examining the Data provided in the 2012-2013, 2013-2014 and 2014-2015 SPA. I have created an index for each of the drug types I am looking at by combining several variables into a single one. My outcome variable is binary (Available/Not Available) and the independent variables that are suited as control variables are 'region, managing authority status, urban vs. rural'.

What I would like to know is whether there is a method that is best suited to conduct a trend analysis on the availability of these 3 types of drugs.

I am still struggling with how to incorporate an interaction term and whether 'month' or 'year' would be most appropriate as a time indicator. From what I understand, the merged dataset is not a panel dataset, so that brings up the question of how to best consider the weights assigned (sample weight for each of the 3 surveys is a weight assigned to facilities).

Many thanks in advance and best wishes,

Eunice

Subject: Re: Senegal SPA 2012-2015, Drug Availability in Health Facilities
Posted by Liz-DHS on Wed, 05 Jul 2017 17:53:12 GMT
View Forum Message <> Reply to Message

A reply from senior sampling expert, Dr. Ruilin Ren:
Quote:
1. Regarding combining the different years data together, the 2012-2013 and 2013-2014 can be combined together, because the two years data collection used the same sampling frame. When combing the two collections, the hospitals and health centers are exhausted, means every hospitals and health centers in Senegal should be in the data, except a few not respondent. For the health posts, combing the two collections does not need to adjust the sampling weight because the total sampling fraction is approximately the same.
2. But the 2014-2015 data cannot be combined with previous years data because the 2015 data used an updated sampling frame. On the other hand, I don't see the necessity to combine the data for trend analysis, especially for comparative analysis.
3. Cautions should be paid when comparing the survey results at regional level because the survey was not designed for this purpose, the regional level sample size is not powered for trend detection, except for hospitals and health centers for two-year combined (2012-2014 vs 2015-2016) because they represent each a census.

Hope this helps

Ruilin

Subject: Re: Senegal SPA 2012-2015, Drug Availability in Health Facilities
Posted by karim100 on Thu, 06 Jul 2017 20:03:22 GMT

View Forum Message <> Reply to Message

Hi Liz,

Hope you are doing great. I have a similar question regarding combining the 2012-2013 and 2013-2014 SPA data-sets. I want to map the facilities from the 2012-2013 survey to the 2013-2014 one. In other words, I am planning to construct a panel data-set where facilities (at least some of them) are surveyed twice; once in 2012-2013 and a second time in 2013-2014. However, the problem is that there is no unique identifier for the same facilities across the two rounds of survey. Would you be able to kindly assist me with understanding the best way to merge the two data-sets?

Thank you very much in advance for your time and help.

Best,
Amir

Subject: Re: Senegal SPA 2012-2015, Drug Availability in Health Facilities
Posted by Liz-DHS on Mon, 02 Oct 2017 01:13:02 GMT

View Forum Message <> Reply to Message

Dear User, Your post has been referred to one of our experts. As soon as we have a response, we will post. Thank you!