
5

Preparing for data collection in the field

The success of the medicine price survey depends on the data collectors in the field gathering and recording accurate, reliable data. This requires careful planning and preparation for fieldwork. Preparation for data collection involves the following activities:

- planning the data collection visits;
- preparing the Medicine Price Data Collection forms needed for field visits;
- preparing information materials and tools for data collectors; and
- arranging for regular communications.

The sample of medicine outlets should be selected, the list of survey medicines finalized and survey personnel chosen and trained, before beginning to prepare for data collection in the field.

The survey manager and area supervisors each have specific responsibilities in preparing for data collection.

5.1 PLANNING THE DATA COLLECTION VISITS

Who? Survey manager/Area supervisor

Before data collection starts, a schedule of visits to sample medicine outlets should be prepared for each survey area. The number of days required to collect the data can be estimated on the basis of the number of facilities to be visited in each geographical area, the distance between them and the mode of transport available. In general, two data collectors will require one to two hours plus travelling time for data collection in each facility.

5.1.1 Prepare a letter of introduction

Who? Survey manager

A letter of introduction from the survey manager will be invaluable in introducing area supervisors – and later data collectors – to staff in the medicine outlets being surveyed. The survey manager should prepare a letter of introduction containing the following information:

- the name of the organization conducting the survey and the survey manager's contact details;
- the purpose of the study;
- the names of the data collectors who will visit the facility; and
- the time required for data collection in each facility.

The letter should also provide reassurance that the anonymity of the facility or pharmacy will be maintained. (As countries have different regulations on ethical clearance it is important to check if clearance is necessary before starting a survey).

An example of a letter of introduction is included in Annex 4 and is provided as a Word file on the CD-ROM for local adaptation, as appropriate. The survey manager should provide area supervisors with sufficient signed copies for use during both the scheduling of field visits and the data collection visits.

5.1.2 Make initial contact with medicine outlets

Who? Area supervisors

It is essential that good relations be established with the pharmacist/dispenser in each facility to be surveyed, since they will have to set aside considerable time to provide information on medicine prices and availability. Ideally, area supervisors should visit them personally, in advance, to seek their permission for data collection in their facility or medicine outlet. They should show them the letters of endorsement and introduction, but should not inform them about the specific medicines included in the survey. An appointment should be made for data collection on a date and at a time that is convenient for the manager of the medicine outlet, avoiding peak periods when he or she may be busy with patients. Area supervisors should note the contact person's name and telephone number at each outlet. If in-person visits are not possible, then pharmacists/dispensers should be contacted by phone.

The day before the scheduled data collection visit, area supervisors should telephone medicine outlets to confirm the appointment.

If medicine outlets are located too far away to visit in person, they should be contacted by phone.

In addition to visiting sample facilities, back-up facilities should also be contacted and alerted of a potential data collection visit.

Contacting medicine outlets may be time-consuming, but it is important because it will greatly facilitate data collection.

5.1.3 Prepare a schedule of data collection visits

Who? Area supervisors

A written schedule should be prepared for each data collection team, indicating the date, time and location of each medicine outlet visit, including the name of the contact person. An example is provided in Fig. 5.1.

Fig. 5.1 Sample schedule of data collection visits**Survey area:** Eastern Region

Date and time of appointment	Medicine outlet name	Contact person	Location	Sector	Number	Back-up outlet name and contact details
23 March, 13h00	ABC Pharmacy	Mrs Nguyen	45 Main Street Eastern City Tel:+22 414 000	private	01	Main Street Chemist 59 Main Street Eastern City Mr Shah

5.2 PREPARING THE MEDICINE PRICE DATA COLLECTION FORMS NEEDED FOR FIELD VISITS

5.2.1 Generate the final Medicine Price Data Collection form using the automated workbook¹

Who? Survey manager

Following the data collection pilot test conducted as part of the training workshop, the survey manager should review and, if necessary, revise the list of survey medicines. For example, the strength of a supplementary medicine may need to be changed for one that is more commonly available.

Once the medicine list has been finalized, the final Medicine Price Data Collection form can be printed directly from the workbook. To access the Medicine Price Data Collection form, press on the Data Collection tab at the bottom of the workbook. From the menu of options at the top of the page, select File → Print.

5.2.2 Make sufficient copies of the Medicine Price Data Collection form for field visits

Who? Survey manager

A separate Medicine Price Data Collection form will be needed for:

- each medicine outlet in the study sample;
- each back-up facility; and
- each validation visit (area supervisors will collect data at 20% of medicine outlets surveyed for comparison with that of their data collectors).

For example, in a survey that includes 30 medicine outlets (5 per survey area x 6 survey areas) in each of the public, private and one 'other' sectors, you would need: 30 outlets/sector x 3 sectors = 90 forms for the study sample; an additional 90 forms for each back-up facility and 90 x 20% = 18 forms for validation visits, for a total of 198 forms.

If possible, the Medicine Price Data Collection form should be colour coded by sector by photocopying forms onto different coloured paper. Alternatively, coloured pens can be used to mark each form according to sector. Each area supervisor should receive the requisite number of forms corresponding to the sample in their survey area, including back-up facilities and validation visits. Where feasible, these should be distributed to area supervisors on the last day of the training workshop.

¹ See Chapter 3

5.2.3 Prepare a facility-specific Medicine Price Data Collection form for each medicine outlet to be visited

Who? Area supervisors

A separate Medicine Price Data Collection form should be prepared for each sample medicine outlet, back-up facility and validation facility. The area supervisor should add details of the medicine outlet to the first page of each form before the data collection visits in his/her survey area. On each day of data collection, data collectors should be supplied with Medicine Price Data Collection forms specific to the outlets they will be visiting that day.

Fig. 5.2 shows the front page of the Medicine Price Data Collection form with information to be completed by area supervisors shaded in pink. Note that the date, the names of people who provided information on medicine prices and availability as well as the data collectors' names should be left blank for the data collectors to complete when conducting the survey.

5.2.4 Arrange for storage of completed Medicine Price Data Collection forms

Who? Area supervisors/Survey manager

Area supervisors should arrange to copy and store completed data collection forms in plastic bags until fieldwork is completed, at which time they will be transferred to the survey manager. The area supervisors should always keep a copy of all data collection forms, in case those sent to the survey manager are lost or damaged. The survey manager should arrange for the safe storage of all completed forms in secure conditions for an indefinite period, in the event that data need to be checked at a later date. Forms should be stored in a location that is protected from moisture, direct sunlight, rodents and insects.

Experience from the field has shown that data sometimes need to be checked several months after the data collection is completed. All data collection forms should therefore be kept in a safe location for an indefinite period.

5.3 PREPARING INFORMATION MATERIALS AND TOOLS FOR DATA COLLECTORS

Who? Area supervisors

Data collectors will need to bring the following tools and information with them on each day of data collection:

1. A list of data collection teams and contact information
2. Their area supervisor's contact details, including a mobile phone number to call in case of difficulty in the field
3. A schedule of visits to survey sites
4. The contact details of the sites to be visited
5. Details of back-up facilities to be visited if scheduled visits are not possible, or less than 50% of the medicines are available

Fig. 5.2 Front page of Medicine Price Data Collection Form showing information to be completed by area supervisors (in pink)

Medicine Price Data Collection form

Use a separate form for each medicine outlet

Date: _____ Survey area number: _____

Name of town/village/district: _____

Name of medicine outlet (optional): _____

Medicine outlet unique survey ID (mandatory): _____

Distance in km from nearest town (population >50 000): _____

Type of medicine outlet:

Public sector facility (specify level of care below):

- Primary care facility
- Secondary care facility
- Tertiary care facility

Private sector medicine outlet

Other sector medicine outlet (please specify): _____

Type of price:

Procurement price Price the patient pays

Type of data:

Sample outlet Back-up outlet Validation visit

Name of manager of the medicine outlet:

Name of person(s) who provided information on medicine prices and availability (if different from manager):

Name of data collectors:

Verification

To be completed by the area supervisor at the end of the day, once data have been verified

Signed: _____ Date: _____

6. Copies of letter(s) of endorsement and letter of introduction
7. Relevant handouts or instruction sheets
8. A Medicine Price Data Collection form for each sample medicine outlet to be visited that day
9. A Medicine Price Data Collection form for each back-up site that may need to be visited that day
10. A calculator for calculating the unit price of medicines
11. Pens (pencils should not be used to record data), a clipboard and other supplies
12. A notebook to record any significant events or findings
13. Field allowance for local expenses

Where feasible, each data collection team should also be equipped with a mobile phone and credit for use in contacting their area supervisor. Additional supplies that may be useful include an identity document with a photograph, a local map and extra calculator batteries.

Area supervisors should prepare resource kits containing the above items for each data collection team. Before each day of data collection, the area supervisor should ensure that data collectors have all the necessary tools and information with them, including the Medicine Price Data Collection forms specific to the medicine outlets and back-up facilities scheduled for that day.

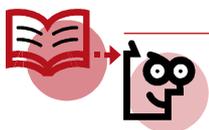
LESSONS FROM THE FIELD

Give clear written guidelines to data collectors and make sure that they have the area supervisor's and survey manager's contact details. Ensure that everyone (all personnel involved in the survey) understands the survey's importance.¹

5.4 ARRANGE FOR REGULAR COMMUNICATIONS

Who? Survey manager/Area supervisor

Throughout data collection, area supervisors should be available to provide advice to data collectors and answer any questions they may have. Providing data collectors with their area supervisor's mobile phone number, when feasible, is one way of ensuring timely communication.



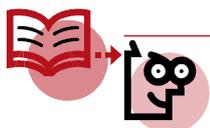
It is preferable to resolve any issues while data collectors are on site, since return trips to medicine outlets can be costly and time-consuming.

Data collectors should also meet with their area supervisor on a regular basis so that completed forms can be checked and any issues can be resolved. Ideally, this should occur at the end of each day of data collection so that errors do not carry

¹ Dr Anita Kotwani, Principal Investigator, Rajasthan Survey and technical adviser for medicine price and availability surveys in India. First regional training workshop on medicine prices. *Essential Drugs Monitor*, No.33, 2003. http://mednet2.who.int/edmonitor/33/EDM33_24_Workshop_e.pdf

over into future data collection visits. In addition, data collectors will be better able to recall the data collection visit, which may be useful in clarifying erroneous or illegible data. During data collection, data collectors should record how problems were solved or how data collection was simplified. These notes should be reviewed with the area supervisor during the debriefing.

The survey manager should also be available throughout data collection to respond to questions from area supervisors, and should provide them with a mobile phone number for this purpose. Ideally, the survey manager should visit each survey area during data collection to supervise activities. If this is not possible, he or she should arrange for regular communications with each area supervisor to receive updates on the data collection process.



**Remember, the more you prepare,
the smoother the survey will go.**
