Audit of prescriptions: two-stage cluster sampling method: clusters and prescriptions chosen with equal probability

- Required sample size for each of six geographical divisions, \( n = 720 \)
- Total facilities randomly chosen with equal probability, \( n = 24 \)
- Equal number of prescriptions assessed randomly per facility, \( n = 180 \)
- Total number of prescriptions being assessed in 24 UHCs, \( n = 4320 \)

Systematic observations of injection safety practices:
Team members, \( n = 8 \); Total number of visits per facility, \( n = 7 \) [each facility was observed for 4 hours per visit over a period of 7 days]

- Hospital facilities, \( n = 24 \)
- Service providers, \( n = 5 \times 24 = 120 \)
- Waste handlers, \( n = 2 \times 24 = 48 \)
- Injection events, \( n = 4 \times 120 = 480 \)

Six focus groups with doctors: convenient & network sampling
- Approached, \( n = 53 \)
  - Agreed, \( n = 46 \)
  - Attended, \( n = 43 \)

In-depth interviews: convenient & network sampling
- Doctors:
  - Approached, \( n = 26 \)
  - Agreed, \( n = 23 \)
  - Attended, \( n = 18 \)
- Injection providers:
  - Approached, \( n = 18 \)
  - Agreed, \( n = 15 \)
  - Attended, \( n = 14 \)
- Waste handlers:
  - Approached, \( n = 7 \)
  - Agreed, \( n = 6 \)
  - Attended, \( n = 6 \)