USING RESULTS FROM COVERAGE ASSESSMENT SURVEYS TO IMPROVE PROGRAM OPERATION

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A post-event coverage survey (PECS) is a household survey conducted to validate coverage for a region of interest and evaluate effectiveness of programme activities.

Standard 30x30 cluster sampling methodology from the WHO Immunization Coverage cluster survey reference manual.

4 components:
- Household
- Health Workers
- Community Health Workers
- Community Leaders
Standardized survey modified in country to address specific barriers to high and equitable coverage of Child Heath Day (CHD) services

Key components of an HKI PECS:

- Streamlined: <25 questions with 30 clusters collected in under 2 weeks
- High level of internal training and oversight to ensure data quality
- Relatively inexpensive: < $30,000 for a 30x30 sample
PECS TIMELINE ILLUSTRATED

6 Months

Child Health Days

PECS

4-6 Weeks

Child Health Days

PECS
PECS are a key component of the programme course correction cycle.
Coverage of VAS for children 6-59 months in Littoral Region (%)

- Round 1 2009: 61.3%
- Round 1 2011: 46.9%
- Round 2 2011: 52.9%
Identified Major Barriers to High and Equitable Coverage

• Awareness:
  – Unaware of the CHD’s being held
  – No exposure to communication and social mobilization materials

• Distribution areas were too large for health workers to reach all houses during the CHDs
  – Caregivers stated that the distribution teams did not pass their house
  – Health workers and community health workers stated that they were unable to reach all households within the allotted CHD time.
Implemented Actions:

- **Awareness:**
  - Mass Communication Strategy with inexpensive blanketed messaging to increase awareness of key information on CHD’s
  - Disseminated through markets, religious houses, schools, health centers and through community health workers.

- **Large distribution areas:**
  - Increased number of teams to reduce total number of households to cover
Coverage of VAS in children 6-59 months in Littoral Region (%)

- Round 2 2011: 52.9%
- Round 1 2012: 71.6%

35.3% increase in coverage
Stagnation in coverage with no change in identified barriers:

- Awareness
- Distribution team did not pass
- Health workers state distribution areas too large
Stagnation in coverage with no change in identified barriers:

- Awareness
- Distribution team did not pass
- Health workers state distribution areas too large
Coverage of VAS in children 6-59 months in Littoral Region (%)
GEO-SPATIAL VISUALIZATION OF VITAMIN A COVERAGE

16) Votre enfant a-t-il reçu une capsule de vitamine A comme celle-ci au cours des 2 dernières semaines surtout pendant la campagne? (montrer capsule)

- Non: 249
- Oui: 646
- Je ne sais pas: 12

Display options without data

Children missed are in green
Barrier:

Areas which were difficult to access where skipped by distribution teams
Programme modification:

Increase supportive supervision to ensure all households are reached by distribution teams.
Coverage of VAS for children 6-59 months in Littoral Region (%)
Key components to using PECS

- Streamlined
- Systematic
- Affordable
- Provide timely feedback
HKI VITAMIN A SUPPLEMENTATION (VAS) COVERAGE

PECS Data
- 6-59m
- 6-11m
- 12-59m
- 6-59m Female
- 6-59m Male
- Deworming 12-59m

Administrative Data
- National 6-59m
  - HKI PECs Region 6-59m
  - Difference Between PECs & Admin Data
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Difference Between PECs & Admin Data
DYNAMIC DATA ENABLES RESPONSIVE PROGRAMMING TO ACHIEVE HIGH AND EQUITABLE COVERAGE
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