

USING RESULTS FROM COVERAGE ASSESSMENT SURVEYS TO IMPROVE PROGRAM OPERATION



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Jessica Blankenship PhD
Helen Keller International



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POST EVENT COVERAGE SURVEYS



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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



PECS TIMELINE ILLUSTRATED



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6 Months



Child Health Days



Child Health Days



January

February

March

April

May

June

July

August

September

October

November

December

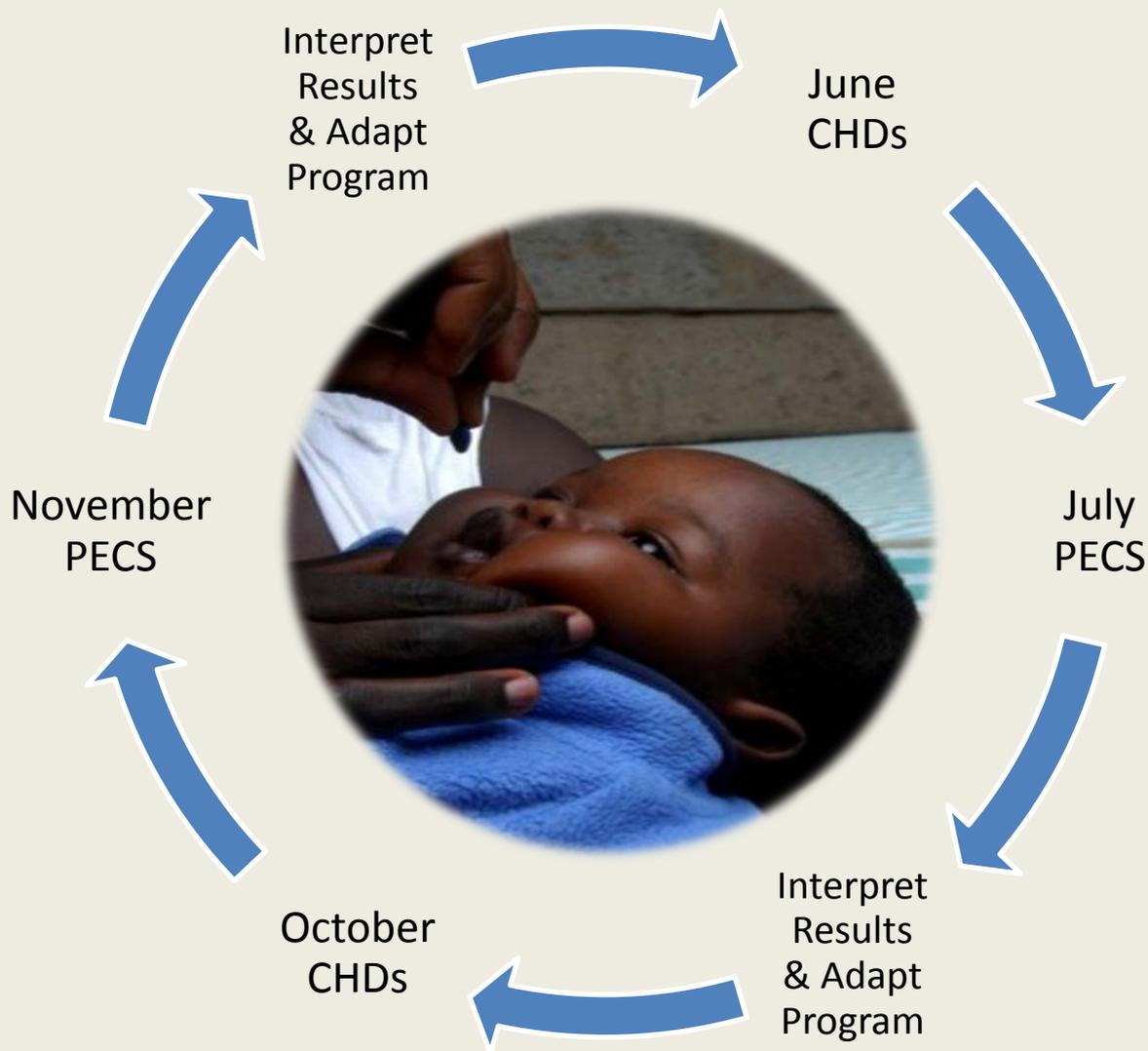
PECS

PECS



4-6 Weeks

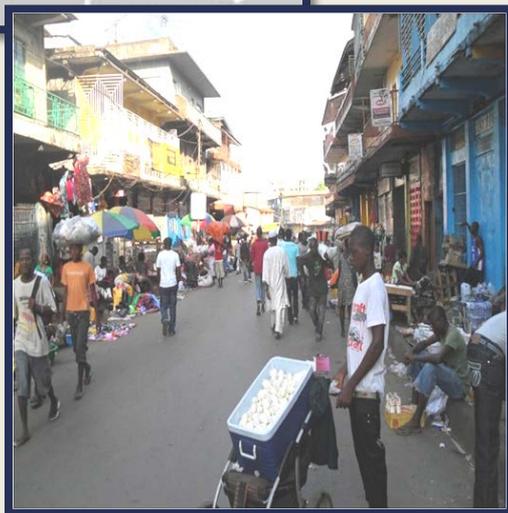
PECS ARE A KEY COMPONENT OF THE PROGRAMME COURSE CORRECTION CYCLE



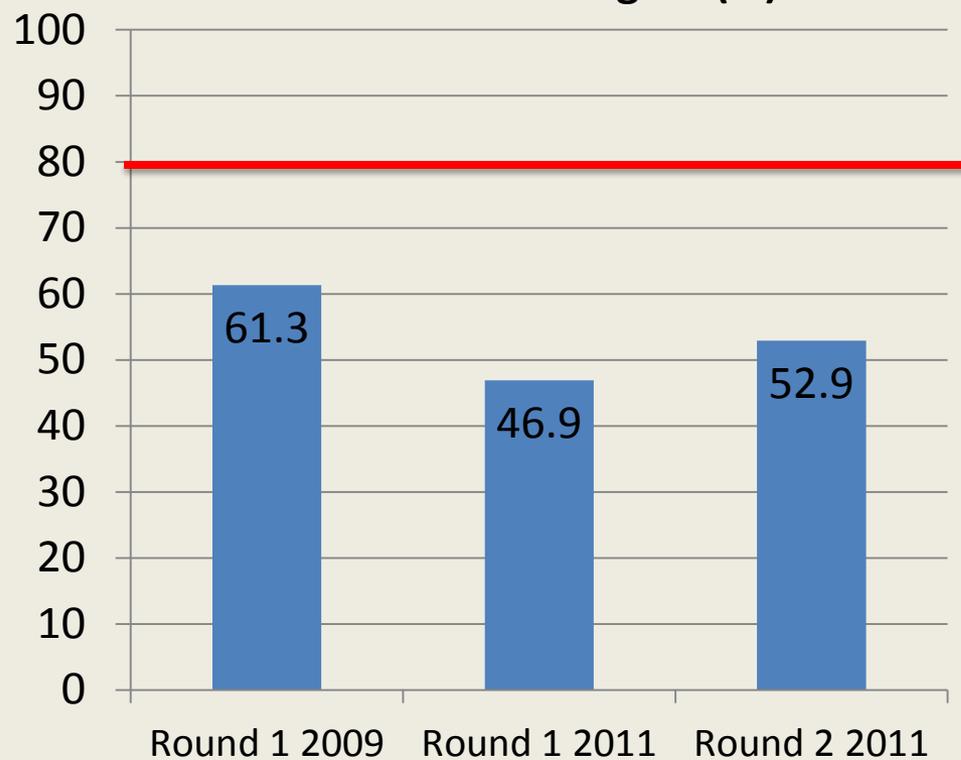
USING PECS DATA TO INFORM PROGRAMME STRATEGY: CAMEROON



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Coverage of VAS for children 6-59 months in Littoral Region (%)



USING PECS DATA TO INFORM PROGRAMME STRATEGY: CAMEROON



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.



USING PECS DATA TO INFORM PROGRAMME STRATEGY: CAMEROON

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

Semaine Africaine de Vaccination(SAV) / Semaine d'Actions de Santé et de Nutrition Infantile et Maternelle (SASNIM)
au Cameroun du 26 au 30 avril 2013



Faisons vacciner les enfants de 0 à 5 ans contre la **Polio**

Faisons vacciner tous les enfants non vaccinés de 0 à 11 mois

C'est gratuit

Donnons le traitement préventif contre le **Palu** aux femmes enceintes et faisons les vacciner contre le **Tétanos**

Donnons la **vitamine A** aux enfants de 6 mois à 5 ans et aux femmes venant d'accoucher



SEMAINE D' ACTIONS DE SANTE ET DE NUTRITION INFANTILE ET MATERNELLE

26 au 28 avril 2013

Qui reçoit quoi? Tout est gratuit!

Tous les enfants de 0 à 5 ans	Tous les enfants de 6 à 11 mois	Tous les enfants de 12 à 59 mois	Toutes les femmes enceintes	Toutes les femmes qui ont accouché il y a moins de 2 mois
> Vaccins selon le calendrier	> Vitamine A > Vaccins selon le calendrier	> Vitamine A > Médicaments contre les vers intestinaux	> Vaccins contre le tétanos > TPI contre le paludisme (à partir du 4 ^{ème} mois de la grossesse)	> Vitamine A

Les équipes passeront de maison en maison pour donner la Vitamine A et les médicaments contre les vers intestinaux.

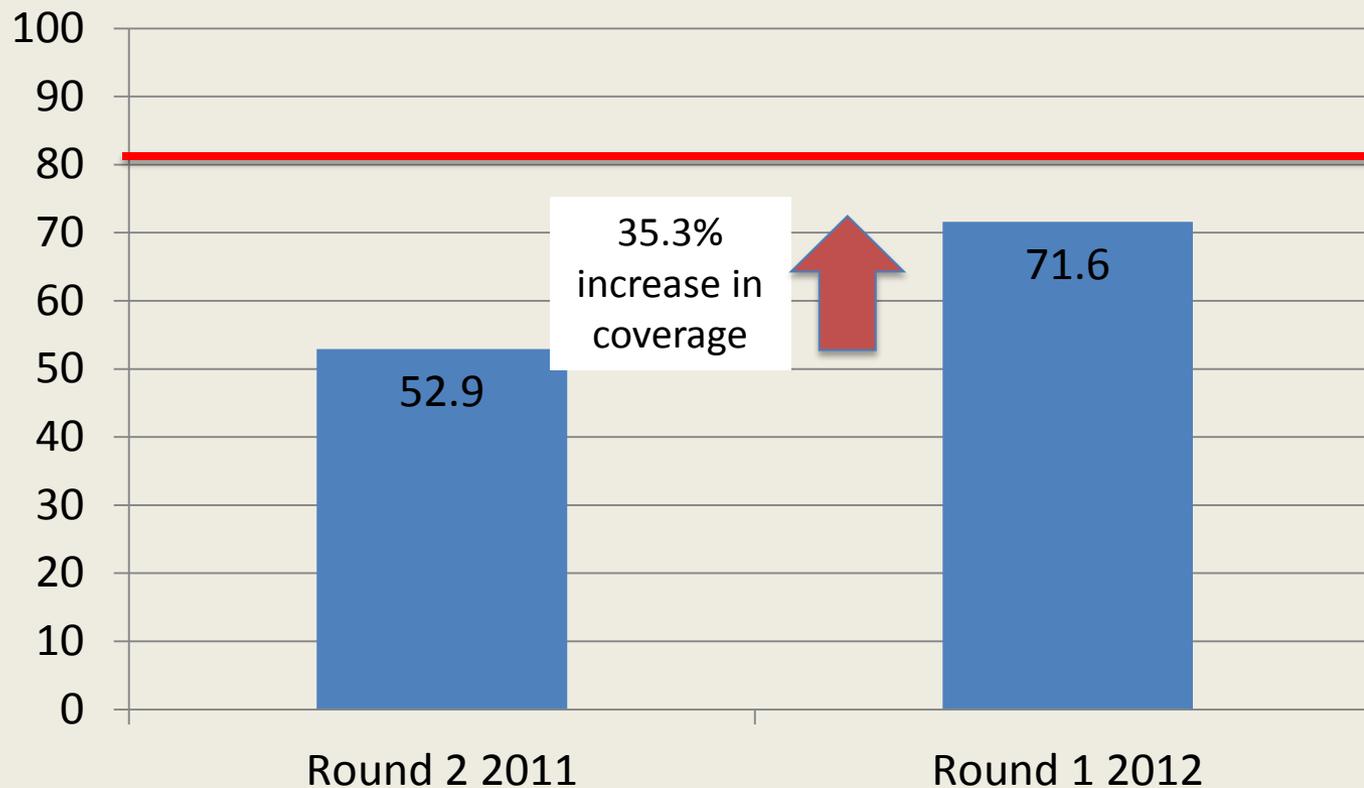
Pour les vaccins et le traitement du paludisme, aller au centre de santé ou au poste de vaccination le plus proche.



USING PECS DATA TO INFORM PROGRAMME STRATEGY: CAMEROON



Coverage of VAS in children 6-59 months in Littoral Region (%)



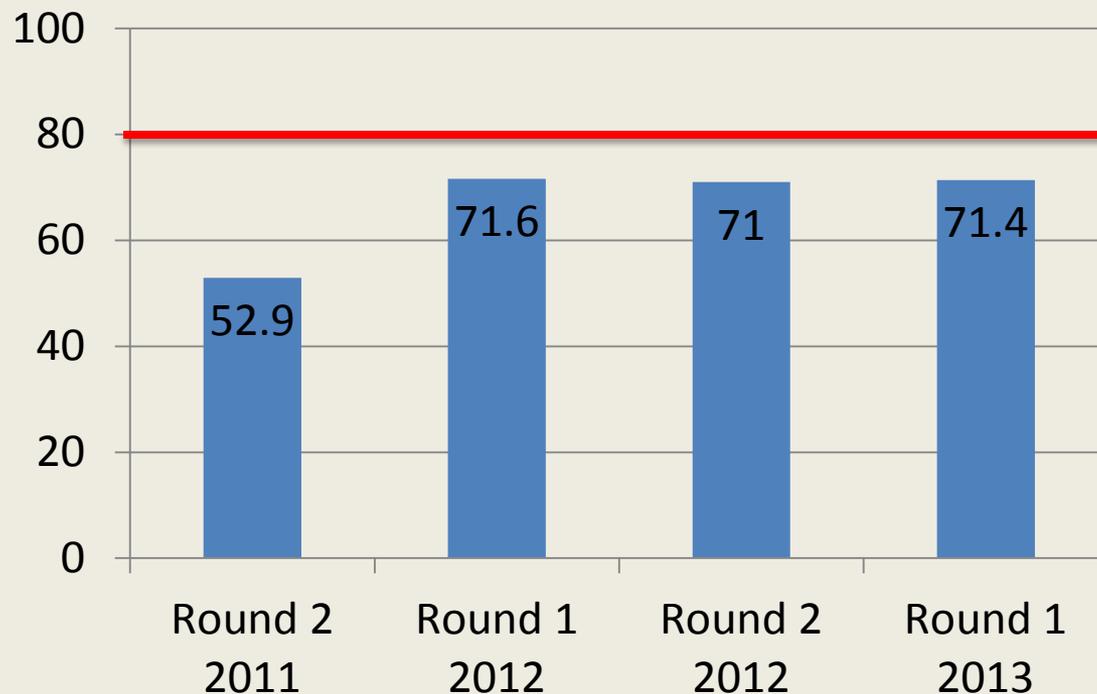
USING PECS DATA TO INFORM PROGRAMME STRATEGY: CAMEROON



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 (%)**



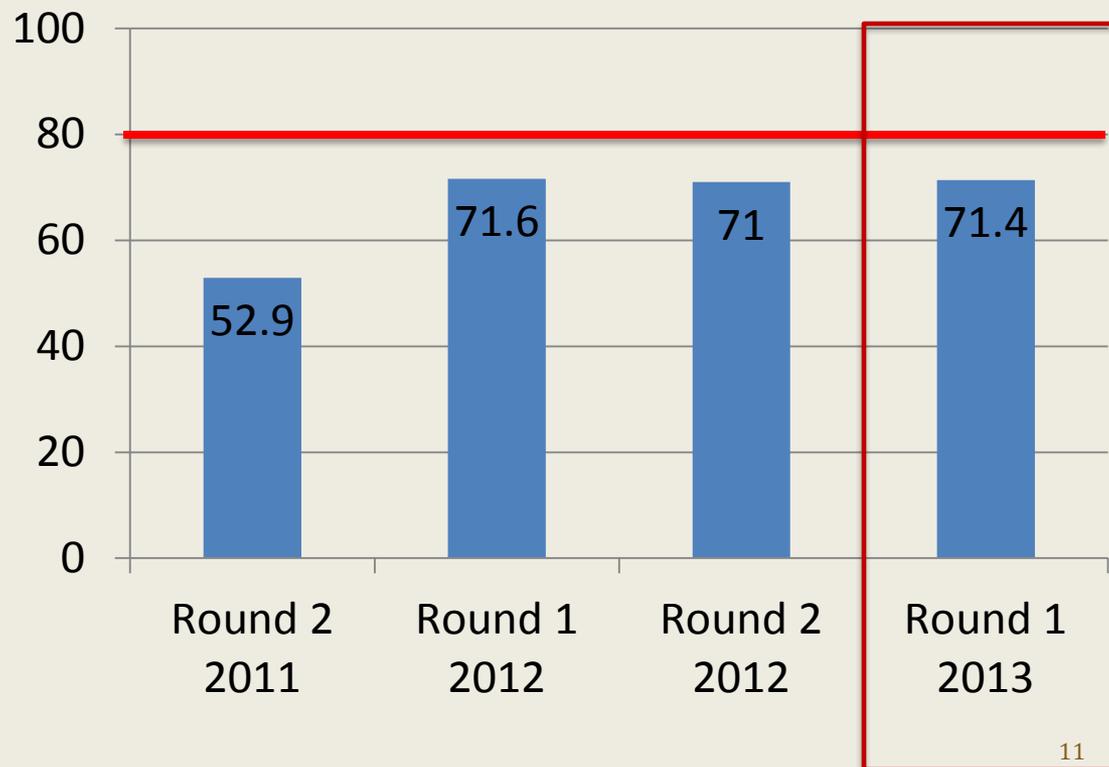
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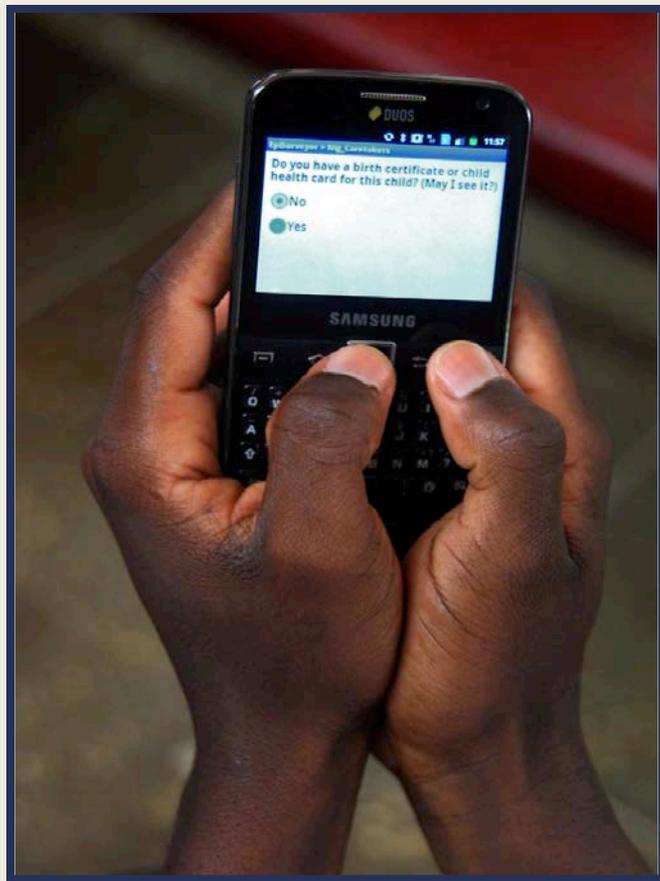
**Coverage of VAS in children 6-59
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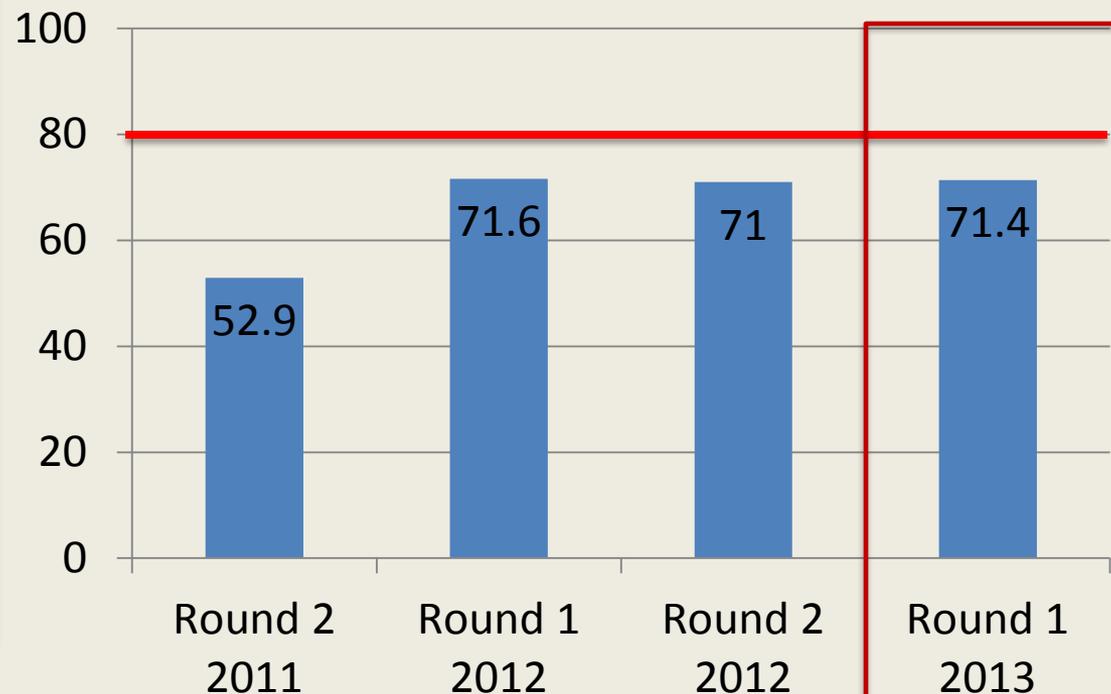
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Coverage of VAS in children 6-59 months in Littoral Region (%)



GEO-SPATIAL VISUALIZATION OF VITAMIN A COVERAGE



IDENTIFICATION OF A NEW BARRIER TO HIGH AND EQUITABLE COVERAGE



Barrier:

Areas which
were difficult
to access
where
skipped by
distribution
teams



PROGRAMMATIC MODIFICATION TO ACHIEVE HIGH AND EQUITABLE COVERAGE



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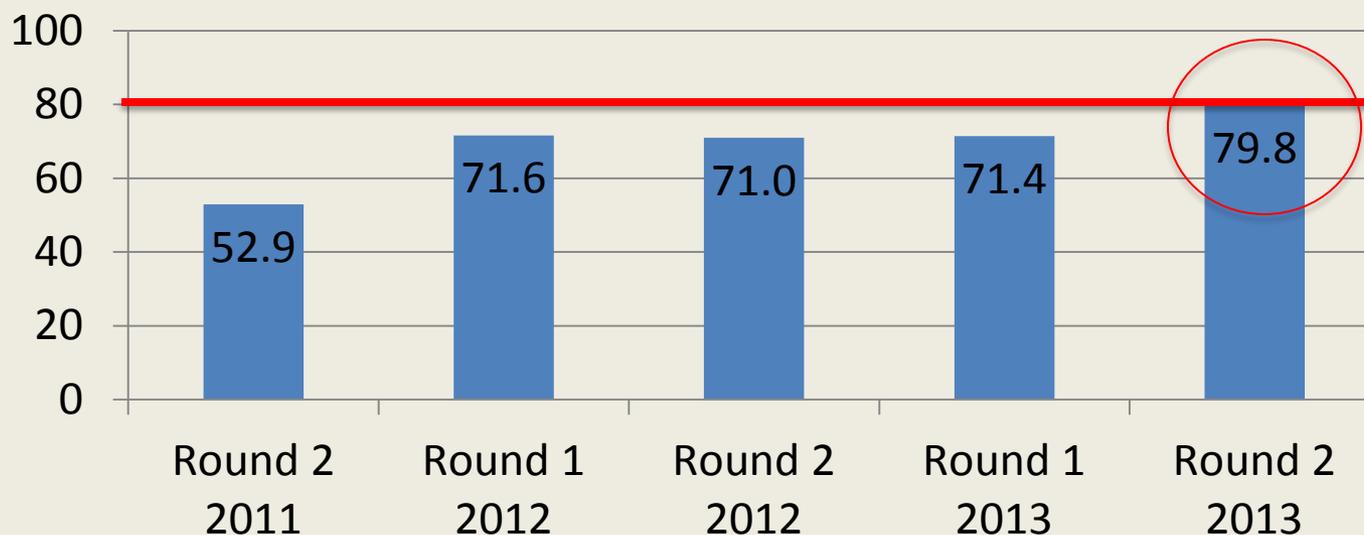
Programme modification:

Increase supportive supervision to ensure all households are reached by distribution teams

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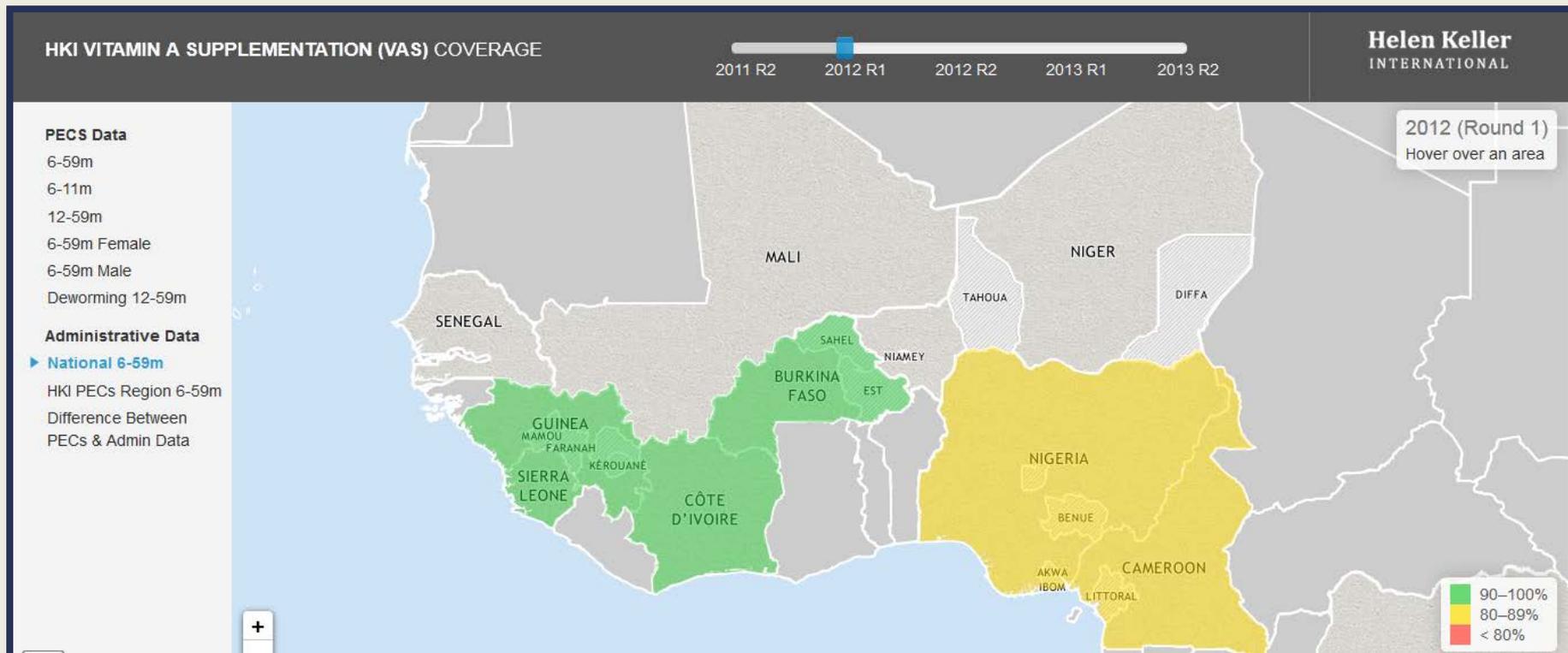


PECS PROVIDES HIGH QUALITY, TIMELY DATA TO INFORM PROGRAMME COURSE CORRECTION



Key components to using PECS

- Streamlined
- Systematic
- Affordable
- Provide timely feedback



HKI VITAMIN A SUPPLEMENTATION (VAS) COVERAGE



PECS Data

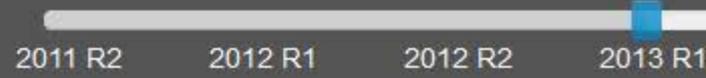
- 6-59m
- 6-11m
- 12-59m
- 6-59m Female
- 6-59m Male
- Deworming 12-59m

Administrative Data

- National 6-59m**
- HKI PECs Region 6-59m
- Difference Between PECs & Admin Data



HKI VITAMIN A SUPPLEMENTATION (VAS) COVERAGE



PECS Data

- 6-59m
- 6-11m
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- 6-59m Female
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Administrative Data

- National 6-59m**
- HKI PECs Region 6-59m
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Start



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HKI VITAMIN A SUPPLEMENTATION (VAS) COVERAGE

2011 R2 2012 R1 2012 R2 2013 R1 2013 R2

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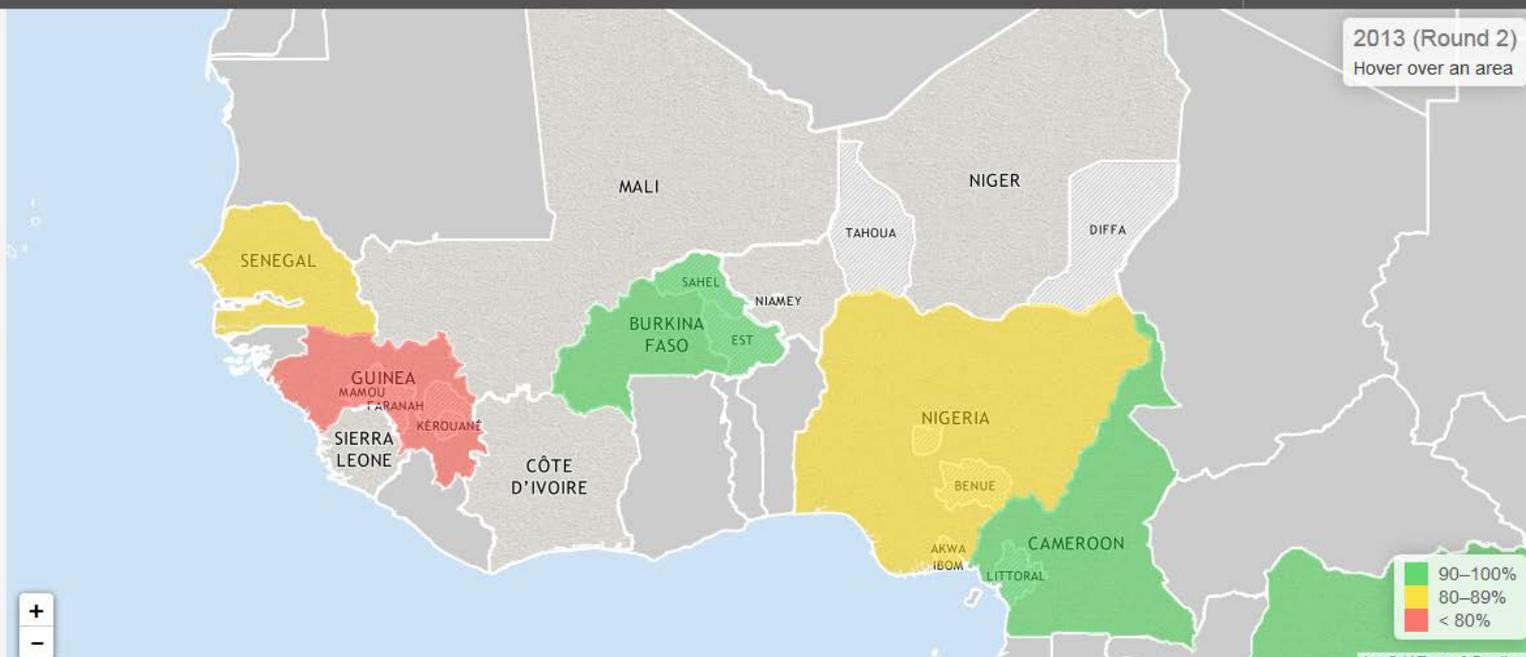
PECS Data

- 6-59m
- 6-11m
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- Deworming 12-59m

Administrative Data

▶ National 6-59m

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2013 (Round 2)
Hover over an area

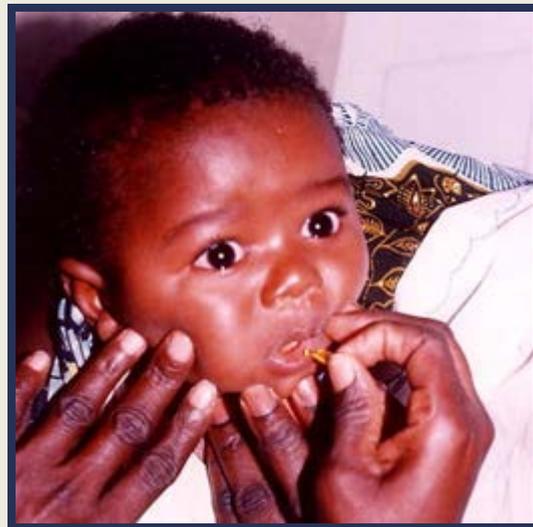
90-100%
80-89%
< 80%



DYNAMIC DATA ENABLES RESPONSIVE PROGRAMMING TO ACHIEVE HIGH AND EQUITABLE COVERAGE



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ACKNOWLEDGEMENTS



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