



Rebecca Raible <rebecca@givewell.org>

Kenya prevalence surveys by KEMRI

1 message

Grace Hollister <grace.hollister@evidenceaction.org>

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To: Rebecca Raible <rebecca@givewell.org>, Natalie Crispin <natalie@givewell.org>

Hi Rebecca and Natalie,

Please see below responses to your questions about the surveys in Kenya, provided by Charles Mwandawiro at KEMRI. We can discuss this morning and determine whether you'd like to speak with Charles directly.

Thanks
Grace

- When children are surveyed pre-MDA and found to have worms, are they then ethically required to be treated? Or does treatment occur during the MDA? **Ethically they are required to be treated but because of the number and geographical distribution they are all treated during the MDA and not separately.**
- How were the 66 districts (from which the 20 districts used in the survey were randomly selected) initially selected? **They 66 districts were picked from a map developed using historical data (research studies and MoH data). These were given by the MoH and confirmed by a team in a meeting that they were the districts which CIFF wanted to be covered (where worm infections were definitely known to occur)**
- Do teachers and administrators know that they are staffing the schools that are being used to assess the program? It seems possible that in the 60 schools that are re-surveyed each year, teachers may become aware of this. **The teachers were not told so. But they possibly know that their schools are being used as examples to monitor decline of infection. This however is yet to be determined and they is no reason so far to think so since we have not seen this reflected in what we observe and get.**
- How much time passes between the initial survey and the MDA? How much time passes between the MDA and the follow-up survey? **We usually do 3-5 weeks pre-MDA and 5-6 weeks post-MDA because we do both schistosomiasis and STH**
- Are there ways in which these surveys might not accurately reflect the impact of the program that we might not currently understand? **Yes. For example there could be other areas (out of the 66 districts) that have infections but not covered by the programme. Such areas could be Nairobi (unprogrammed deworming) and parts of Rift Valley. Otherwise, by and large, the surveys reflect the impact of the programme as designed.**

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