

Cote d'Ivoire Coverage Survey 2016 Recommendations Report



 **SCI** Schistosomiasis
Control Initiative

Imperial College London

1 Programmatic Recommendations

This reports reviews the Cote d'Ivoire coverage validation survey which was conducted in 3 districts, in May 2016 following 1 round of mass preventive chemotherapy (PCT) for schistosomiasis (SCH) in March and April 2016. The following programmatic recommendations are:

Table 1: Observations and corrective measures to help maintain and improve the high coverage in Cote d'Ivoire.

Finding or observation	What to look for	Corrective action
Reported coverage was lower than surveyed coverage in Aboisso.	<p>Figures on total population and eligible population (i.e. the denominator) are incorrect or outdated.</p> <p>All sub-district reports are not returned on time for inclusion in final report.</p> <p>Treatment registers are incomplete and/or aggregated data are incorrect.</p>	<p>Update and correct population data if more accurate population data exists.</p> <p>Strengthen registration process and extended practice on reporting treatment numbers during training. Reiterate the importance of sending reports back to the central level on time.</p> <p>Consider conducting Data Quality Assessment to diagnose where the data reporting system is breaking down.</p>
Prikro is the only district with a validated and reported coverage above 75%; however the reported coverage was 100%. For Aboisso, The reported coverage was around 90% and the validated coverage was around 60%.	<p>Census and denominators used by authorities might not be accurate.</p> <p>Treatment registers are incomplete and/or aggregated data are incorrect.</p>	<p>Reiterating the importance of sending reports back to the central level on time. The technical Assistants in the regions will be given further capacity building to ensure a good level to understanding and accountability for reporting.</p> <p>A Data Quality Assesment should be carried out to better understand the flow of information.</p>

Finding or observation	What to look for	Corrective action
Coverage was substantially higher in children who attend school than children who don't attend school.	<p>There were non-attending children interviewed in this survey, however the majority of those that were interviewed had not received the treatment.</p> <p>Majority of children treated heard about the treatment from their teachers – those that don't attend school need to hear through different channels.</p>	<p>Once non-attending SAC have been identified through the census survey or social survey the program can hold in-depth interviews or focus group discussions with them.</p> <p>Reinforce during training that all children and not just those that attend school are eligible for treatment.</p>
Communication channels were under-utilised.	Main method of sensitisation is through teachers for children, other methods such as radio shows, posters and town criers are under-utilised.	<p>Reinforce the importance of sensitisation messages during training of distributors, trainers and supervisors at all levels of distribution.</p> <p>Trial a mass radio campaign to see the impact on coverage.</p> <p>Review the use of posters and other methods of sensitisation through FGD or small survey.</p>
Refusal to take medications was low.	Highest reasons given for not taking tablets was that the distribution did not reach them.	Consider carrying out key informant interviews and/or focus group discussions to identify why distributions didn't occur in certain villages. Information from these discussions will be used to determine the appropriate course of action.
Coverage rate was similar in both boys and girls indicating equity by gender.	Maintain good coverage rates.	Sustain programme momentum for the next year to maintain coverage levels.

2 Methods

All methods described in associated protocol:

https://imperiallondon.sharepoint.com/:w:/r/sites/fom/schisto/mer/2_Country_M%26E/CIV/Coverage/FY_1617/1_Protocol_%26_pre-survey/CIV-CovSurveyProtocol-EN-FINAL-06.05.2016.docx?d=w3687f621715844eaa05e3ceea4e07682&csf=1&e=wzRLVz

https://imperiallondon.sharepoint.com/:w:/r/sites/fom/schisto/mer/2_Country_M%26E/CIV/Coverage/FY_1617/1_Protocol_%26_pre-survey/CIV-CovSurveyProtocol-FR-FINAL-06.05.2016.docx?d=w19a64c151f914694a180e02b15866371&csf=1&e=VLGExY

2.1 *Field methods*

- The selection of households was performed by the random walk method.

2.2 *Deviations from protocol*

- Interviewers did not appropriately complete the questionnaire on household level e.g. when a household was absent they wrote “Household absent” into the notes field but did not mark the HH as absent in the appropriate field.
- Interviewers did not adequately complete the questionnaire on individual level. When they learnt in the village interview that the village was not treated individual interviews were skipped (village Beon Gohoud). If children of a HH had not been treated a remark was put into the HH notes and the individual interview was not or only partly continued.
- For four villages in Bangolo no village data were recorded (Beon Gohoud, Boho 1, Martinkro, Tie- ine) due to team realisation that no MDA had taken place and less effort applied to implementing the survey.
- The number of households interviewed in Aboisso was with 104 less than half of the the required 250. This was due to some villages having a smaller than expected population and this number of households available for the survey.
- In Prikro all selected villages were visisted, in Aboisso one village was a reserve village. In Bangolo many villages could not be visisted due to security issues and four of the visited villages were reserve villages.

2.3 Ethical approval

No ethical approval by the country is required to carry out this survey but an approval letter from the MoH obtained:

https://imperiallondon.sharepoint.com/:u:/r/sites/fom/schisto/mer/2_Country_M%26E/CIV/Coverage/FY_1617/1_Protocol_%26_pre-survey/CIV-CS%20May%202016%20Local%20ethical%20approval-FR-Final-08.04.2016.msg?csf=1&e=jIMleF

Ethical approval under the Imperial College Research Ethics Committee: ICREC_8_2_2 is given for the coverage survey.

3 Survey Recommendations

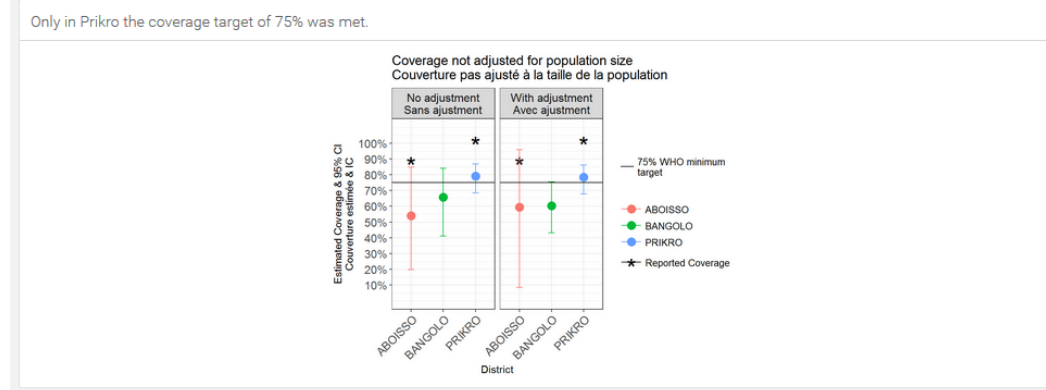
Table 2: Observations and corrective measures for the survey process itself

Finding or observation	What to look for	Corrective action
Bangolo was not included in the latest round of treatment and should not have been included in this survey. Interviewees from Bangolo might have confused this MDA with another treatment.	Selection process of the sites to survey	Ensure appropriate site selection based on accurate MoH data.
In some districts, less than 25 households were interviewed per village.	Protocol being followed in the field. Size of village to be selected.	Provide refresher training to all survey interviewers prior to the next survey. Population of villages should be available for the selection process. Data collection to be conducted with phones to enable real-time data management and identification of flags for protocol deviations.

Finding or observation	What to look for	Corrective action
In Aboisso, due to the lower number of sampled children the precision of these estimates is lower than the other districts.	Protocol being followed in the field.	<p data-bbox="1480 233 2069 336">Provide refresher training to all survey interviewers prior to the next survey and provide stronger supervision on the field.</p> <p data-bbox="1480 376 1995 443">Collect data using mobile phones to ensure regular monitoring.</p>

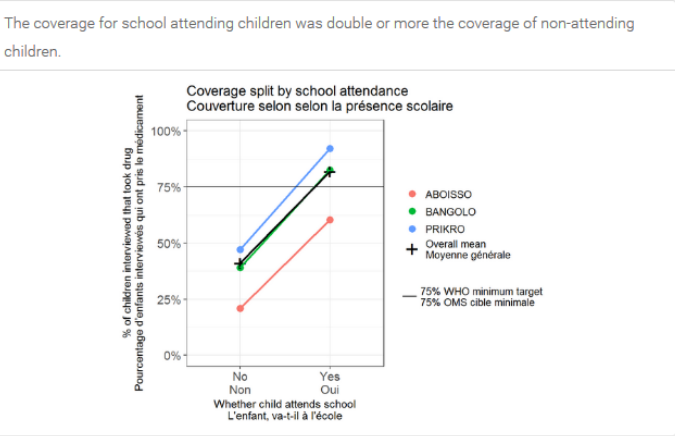
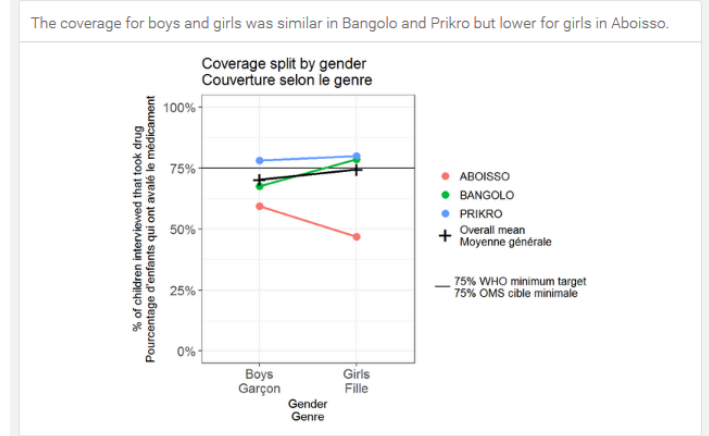
4 Results

4.1 Dashboard



Commentary / Commentaire

- Aboisso: The number of interviewed children was with 159 less than the half than those of the other districts which resulted in much wider confidence intervals.
- Bangolo: Bangolo was not included in the previous round of treatment and there is no reported coverage available for this district. Interviewees might have confused different types of treatments.
- Priko: Only in Priko the coverage target of 75% was met.



Commentary / Commentaire

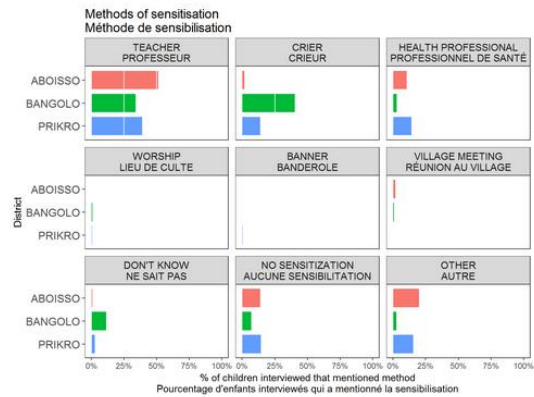
The coverage for boys and girls was similar in Priko. In Aboisso the coverage of girls was with 47% lower than for boys with 59%. Due to the lower number of sampled children in this district the precision of these estimates is lower than for the other districts. The overall coverage was 70.2% for boys and 74.4% for girls.

The overall coverage was 41.1% for non-attending and 82.0% for attending children. The percentage of children not attending school was:

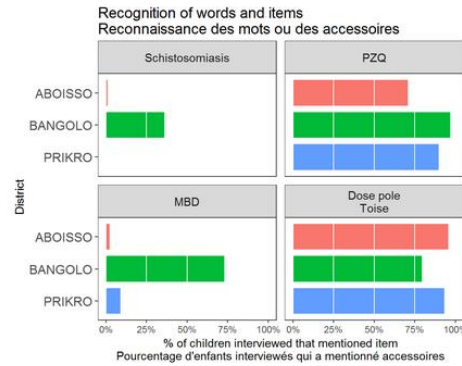
- Aboisso 16.4% (n = 26)
- Bangolo 19.5% (n = 69)
- Priko 29.2% (n = 105)

The coverage of non attending children ranged between 20.8% and 47.1% and of attending children between 60.3% and 92.1%.

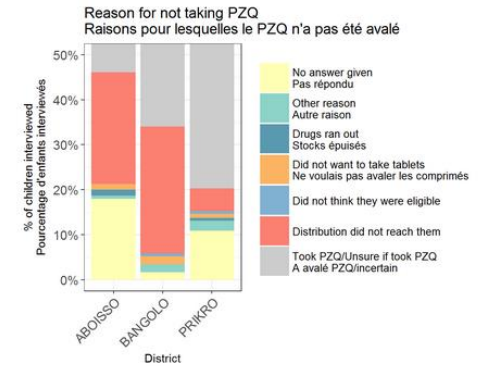
13.9% (n = 16) of the children in Aboisso and 14.3% (n = 50) of the children in Pri kro reported no sensitization.



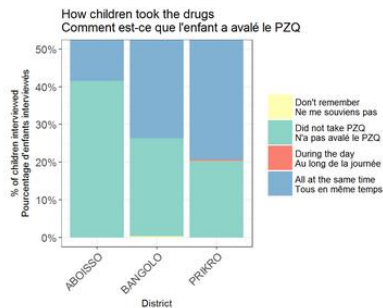
At least 93.3% of the children in Aboisso and Prikro recognised the dose pole. 73% of the children in Bangolo recognised MBD.



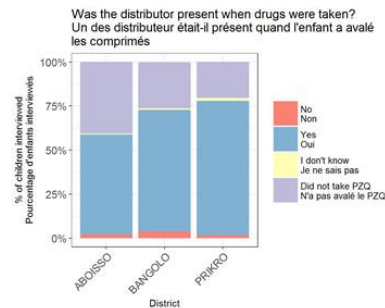
24.8% of the children in Aboisso said the distribution did not reach them. The not reached children in Prikro were scattered over 8 villages.



If children took PZQ they took all tablets at the same time.



At least 56.7% of the children said the distributor was present when they swallowed PZQ.



Commentary on additional information

The percentage of non reached children in Bangolo was high as Bangolo was not covered by the latest round of MDA.

Only 11 children (6 of whom in Bangolo) did not want to take the tablets. The main reason for not taking PZQ was that the distribution did not reached the child.

In Aboisso 56.7% and in Prikro 76.3% of the interviewed children said the distributor was present then they swallowed drug.

Of the children treated with PZQ at least 95% reported the distributor was present when the swallowed PZQ and more than 98% said they swallowed all tablets at the same time.

4.2 Results table: children

Table 3. Coverage survey results overall and by district

Indicators	Overall	ABOISSO	BANGOLO	PRIKRO
N villages	30	10	10	10
N children interviewed	859	150	351	358
PZQ coverage: not adjusted for population size (95% CI)		54.0% (19.8 – 84.8%)	65.8% (41.2 – 84.1%)	79.1% (68.4 – 86.8%)
PZQ coverage: adjusted for population size (95% CI)		59.4% (8.3 – 95.9%)	60.4% (43.1 - 75.4%)	78.4% (67.8 - 86.2%)
Percentage of children attend school	75.7%	83.0%	77.7%	70.8%
PZQ coverage in attending SAC	81.9%	60.3%	82.5%	92.1%
PZQ coverage in non-attending SAC	41.1%	20.8%	39.1%	47.1%
PZQ p-value of difference between attendance		0.10	0.036	<0.001
Percentage girls	49.3%	46.8%	50.0%	51.8%
PZQ coverage in girls	74.4%	59.3%	78.6%	80.0%
PZQ coverage in boys	70.2%	56.7%	67.5%	78.0%
PZQ p-value of difference between sex		0.073	0.07	0.49

Calculation of 95% confidence intervals of coverage, and p-value of differences between subgroups incorporated clustering at the village and household level. Statistical methodology is available from SCI on request.

4.3 Pdf of dashboard

<R:\Countries\Cote d'Ivoire\Performance\2016 ICOSA\5 Results\CIV CS2016 dashboard EN.pdf>

<R:\Countries\Cote d'Ivoire\Performance\2016 ICOSA\5 Results\CIV CS2016 dashboard FR.pdf>