

# Evaluation surveys for mass supplementation events

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# Plan de la présentation

1. Context
2. Introduction
3. Methodology
4. Limitations
5. Approach used
6. Main results
7. Conclusion



# 1. Context

- Opportunity of polio NiD
  - Need for information to improve implementation (social mobilization, communication tools, etc.)
  - Denominator issue
  - Administrative coverage often > 100%
  - Weakness or lack of post-event evaluation
  - Requires reliable data
- ➔ preparation and conduction of post event coverage surveys (PECS)

## 2. Introduction

- PECS
- Household survey focusing on mothers of children under 5, health service providers, community workers and leaders
- Need for a statistically reliable method to accurately estimate the coverage
- Approach adopted by HKI and partners to evaluate the % of children who receive the vitamin A capsules during events.

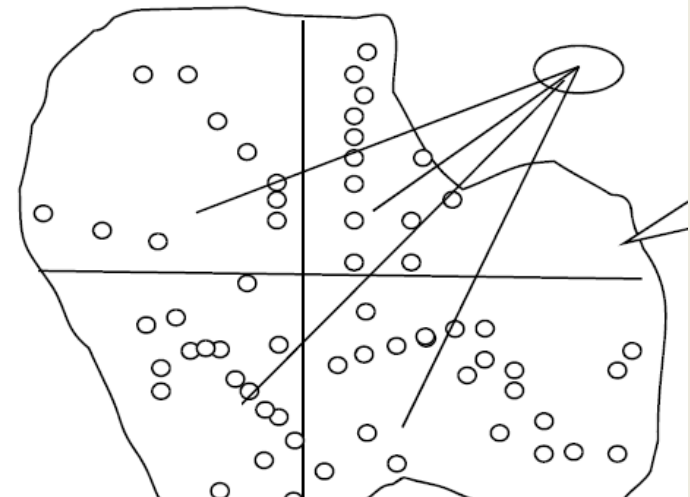
## 2. Introduction (suite)

- It also allows to:
  - Identify factors promoting or preventing high coverage
  - Evaluate the best sources of information during campaigns
  - Measure level of awareness among caregivers
  - Evaluate the logistical and practical organization of the campaign
  - Draw conclusions for improvement of next campaigns

# 3. Methodology

- Cluster sampling using a 30x30 approach to reach 900 children
- Utilization Probability Proportionnal to population size for cluster selection
- Combination of EPI and quadrants approach for selection of households
- 10 days of data collection

To be conducted max 6 wee  
After the end of the event



## 4. Limitations of PECS

- Heavy on financial and logistics side
- 30 clusters of 30 households
- Requires a rigorous translation of questions
- Possibility for disaggregation of results depends on initial planning (district, region)
- Moderate risk of errors in data management

# 5. Approach employed

- Use of mhealth for data collection that allows
  - Technical support to field staff
  - Real time data quality control
  - Supervision
  - Spatial modeling of households and coverage
  - Immediate availability of data after collection



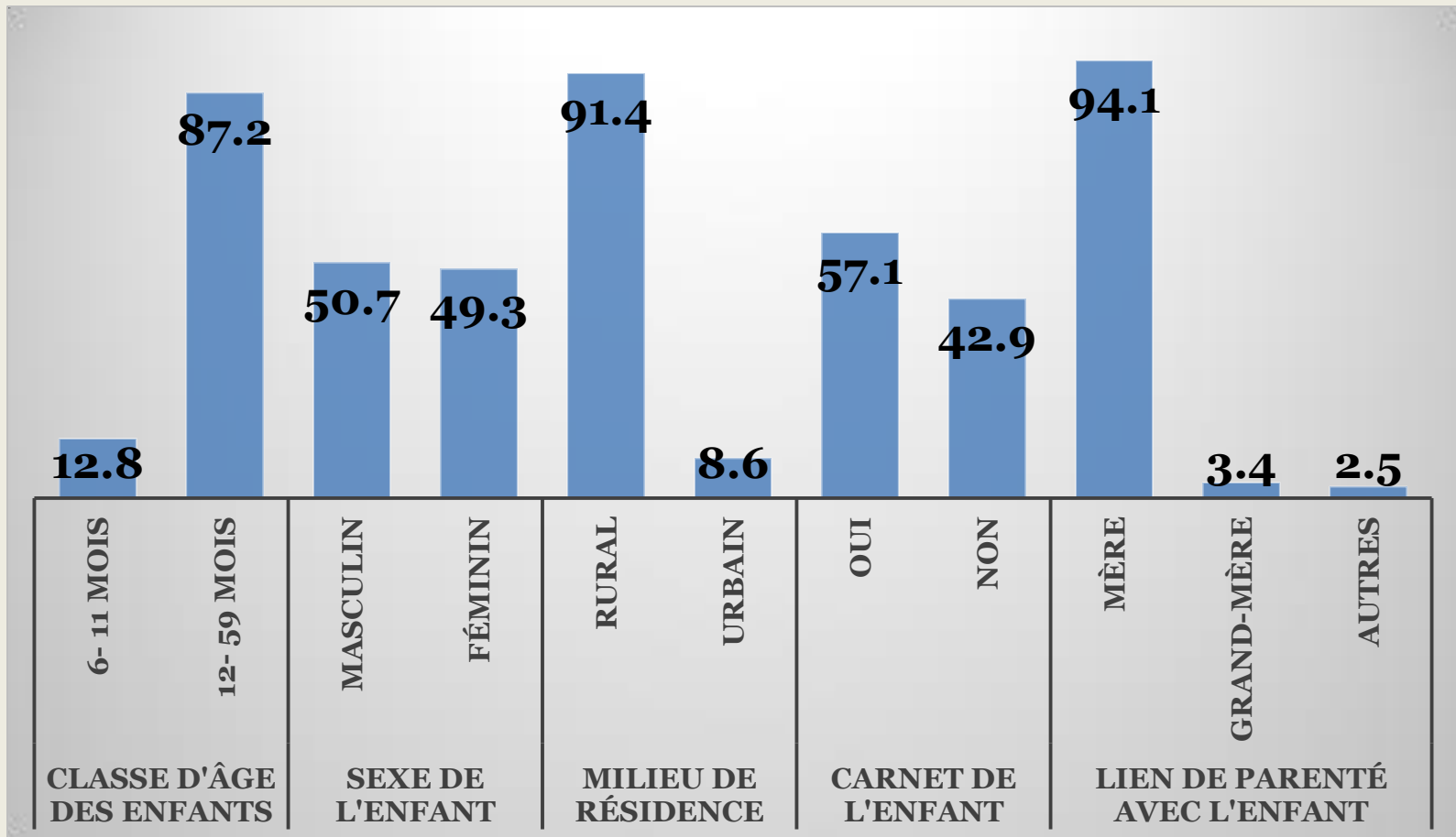


## 6. Results (1/7)

- Mali example
  - Area: Sikasso region
  - When: March 2015
  - Duration: 10 days
  - 3 teams of 4 investigators and 1 team leader
  - Supervision by HKI Mali
  - Technical support to Regional Office

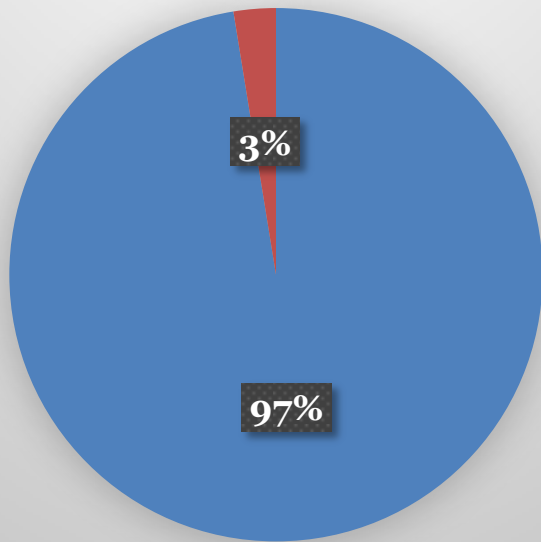
# 6. Results (2/7)

- Sample description



# 6. Results (3/7)

## Couverture en vitamine A



■ Supplémenté (877)  
■ Non supplémenté (23)

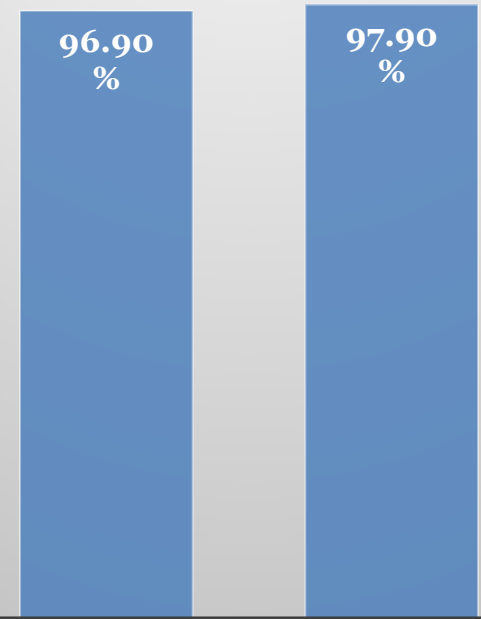
## Couverture par milieu de résidence



RURAL

URBAIN

## Couverture selon le sexe de l'enfant

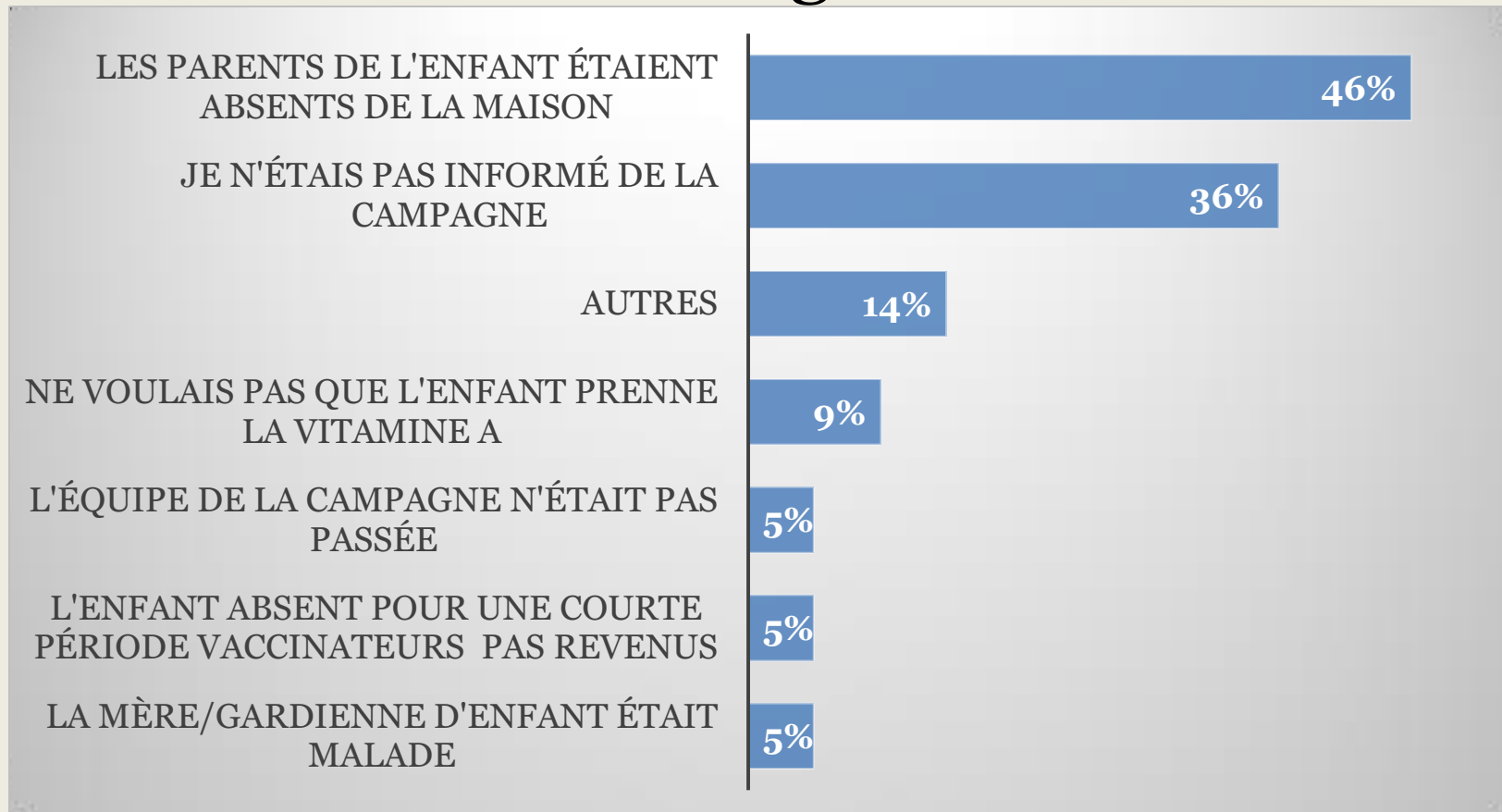


MASCULIN

FÉMININ

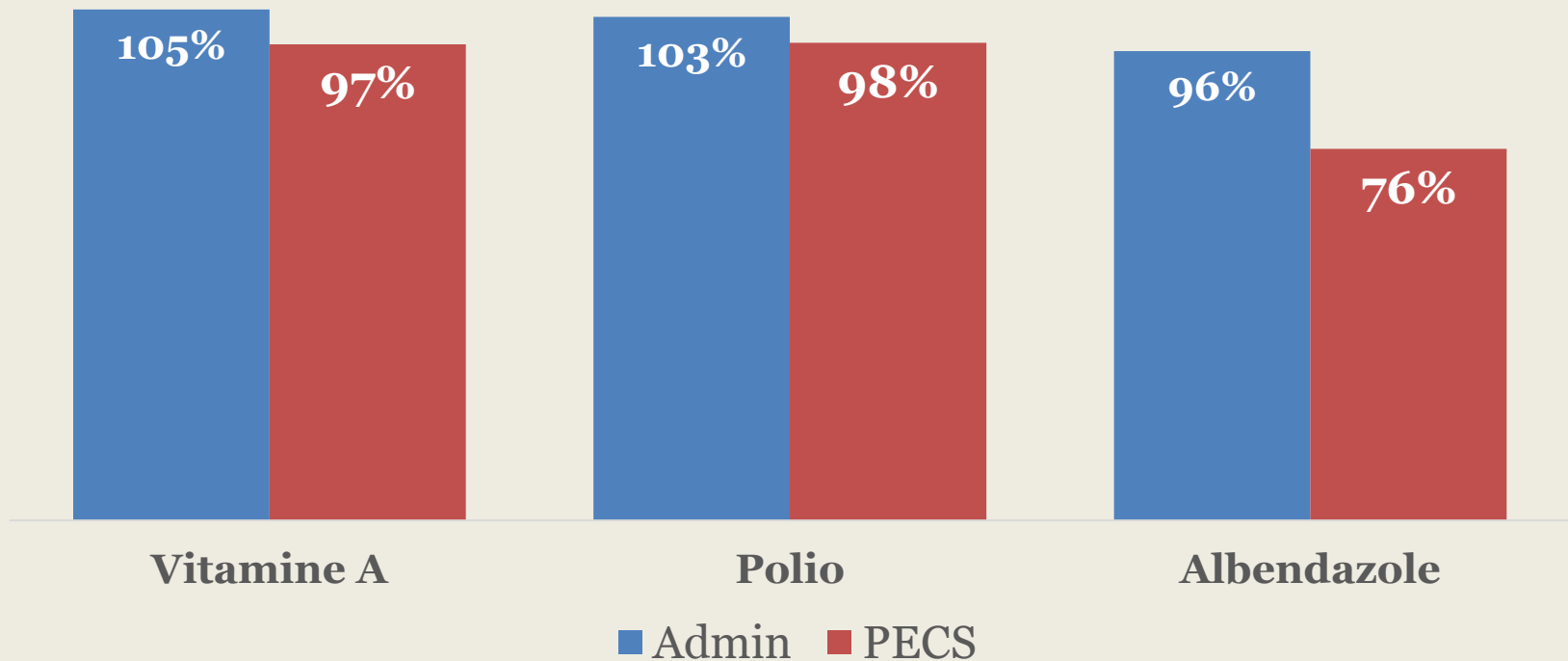
# 6. Results (4/7)

- Reason for not having received vitamin A



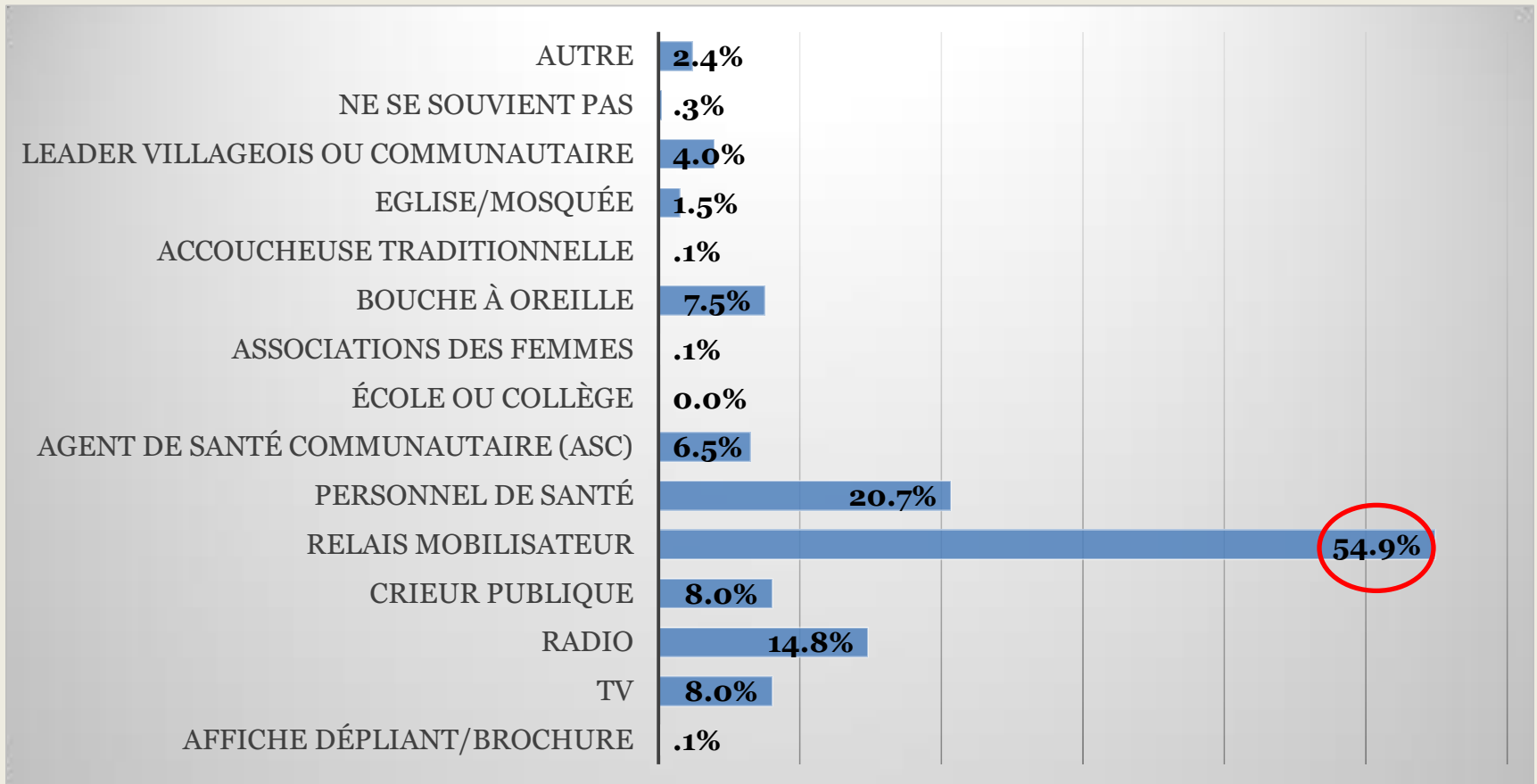
# 6. Results (5/7)

- Comparison with administrative data



# 6. Results (6/7)

- Communication during the campaign: By whom or how have you been informed of the campaign?



# 6. Résultats (fin)

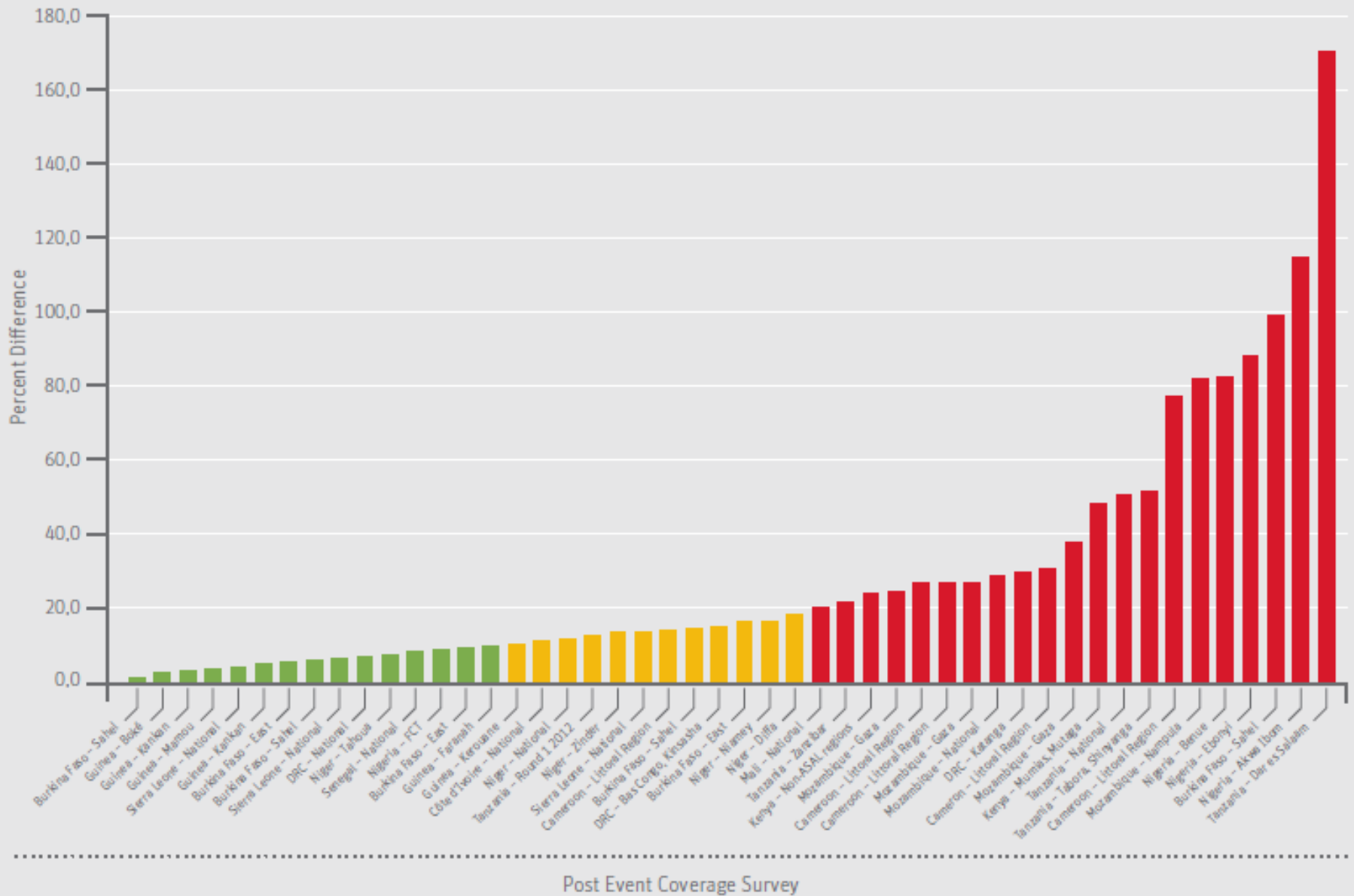
- Lecons learnt
  - Gaps in communication before campaigns
  - Gaps in communication during campaign
  - Limited awareness on VAS among caregivers
  - Use of mhealth
  - Allowed identifying non covered areas
  - Allowed identifying improvements to be planed for next campaigns (communication, etc.)

# 7. Conclusion

- PECS allows accurate estimate of VAS coverage
- Helps understand campaigns implementation
- Informs future campaigns preparation
- Can integrate many other questions
- Covers all service providers
- PECS is especially useful when there is a problem with a specific population or coverage
  - ➔ Detailed understanding of the problem.



**FIGURE 3:** Comparison of tally sheet coverage and PECS estimates from 49 surveys conducted from 2010 to 2014.



THANKS

