

RAPID POST-REGISTRATION SURVEY AND ITS USE IN IMPROVING HOUSEHOLD COVERAGE

Dr Ignace BIMENYIMANA
NMCP BURUNDI
MALARIA TECHNICAL COORDINATOR FOR
GLOBAL FUND SUPPORT

OUTLINE

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INTRODUCTION

Burundi organized a mass LLIN distribution campaign in 2014.

Goal:

- Contribute to MDG 2015 objectives a 100% coverage of the population susceptible to malaria and at least 80% LLIN use, to reduce the burden of malaria.
- Objectives:
 - Reach 100% of households in the registration
 - Distribute LLINs to 100% of registered households;
 - Attain national targets for LLIN use of at least 80% of the population.

INTRODUCTION

Seven main campaign phases:

- Macro-planning
- **Household registration**
- **Rapid evaluation of household registration**
- Micro-planning
- Distribution of vouchers
- Distribution des LLINs
- Post-campaign coverage evaluation

INTRODUCTION

- Household registration: first key step in ensuring a successful campaign
- Rapid post-registration survey: needed to correct errors in a timely manner, before proceeding to other campaign phases.

2. Rapid Post-Registration Evaluation

Goal:

- implement a successful campaign based on realistic registration data.

Objectifs:

- Identify strengths and weaknesses in registration
- Adjust LLIN allocation to districts according to registration and its evaluation
- Develop recommendations for subsequent campaign planning and implementation.

Overview of Household Registration

- Conducted between 02-10 December 2013
- Registration performed by community health agents, each completing at least 20 household each day.
- Supervision conducted by « chefs collinaires, » and by the district, provincial and central levels.

Selected Strengths and Weakness of Registration Identified

Strengths

- Planning was based on lessons learned of previous campaigns
- Low refusal rate in registrationFaible taux de refus pour le dénombrement;
- All persons in registered households were counted
- Campaign messages were provided

Weaknesses

- No province reached 100% of households
- Inadequate collection and analysis of registration results
- Non-availability of district and province team members, as many were balancing with other duties

RESULTS

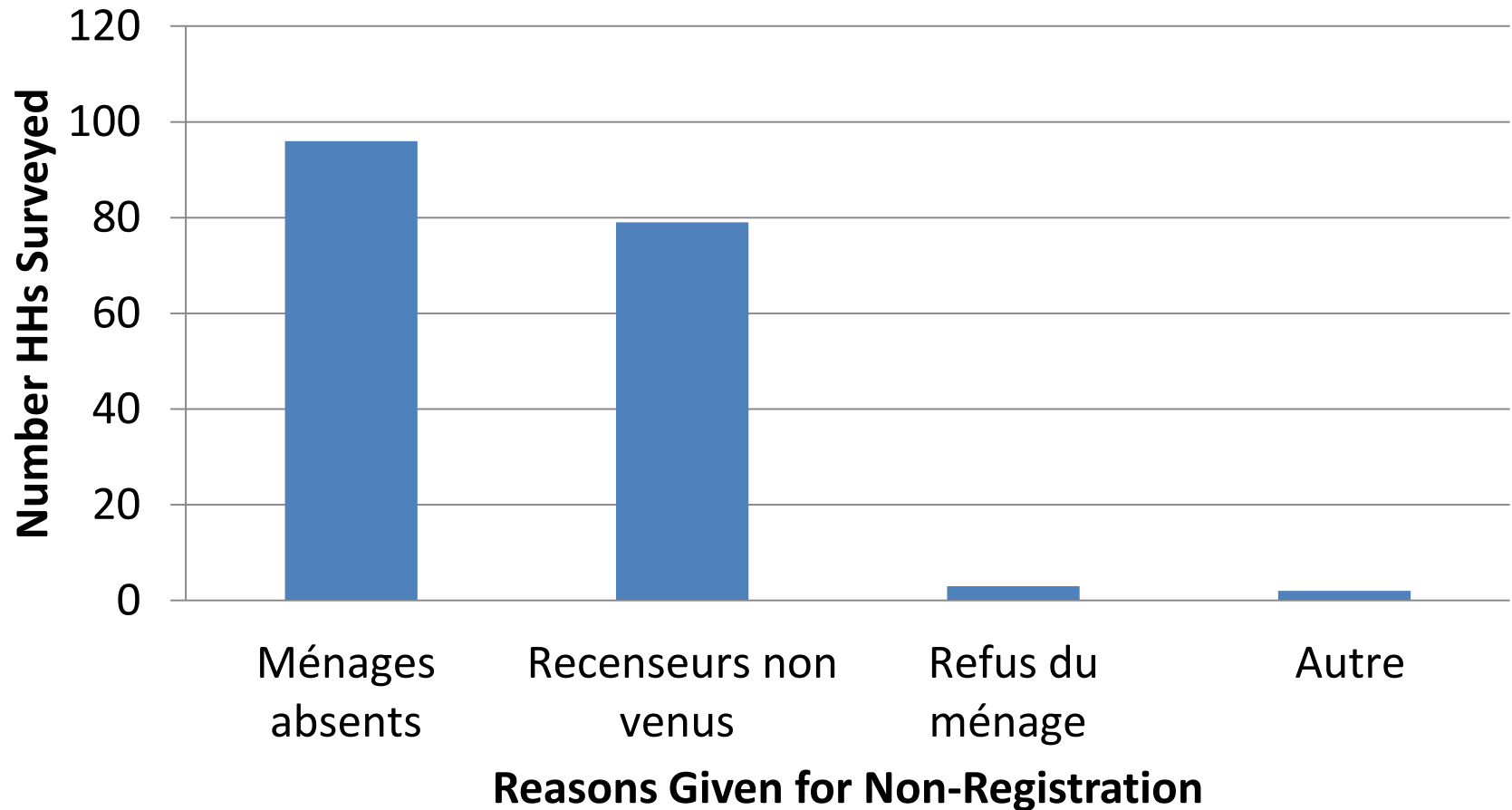
Comparing administrative and survey coverage by province

Province	% Household Registered	
	Administrative data	Survey
Moyenne KAYANZA	99,94	98,54
Moyenne BUBANZA	119,80	95,50
Moyenne BURURI	93,74	79,38
Moyenne MAKAMBA	118,46	84,52
Moyenne BUJUMBURA MAIRIE	121,92	82,41
Moyenne Bujumbura rural	101,18	85,08
Moyenne Cankuzo	110,81	95,59
Moyenne GITEGA	102,85	97,92
Moyenne KARUSI	102,44	92,62

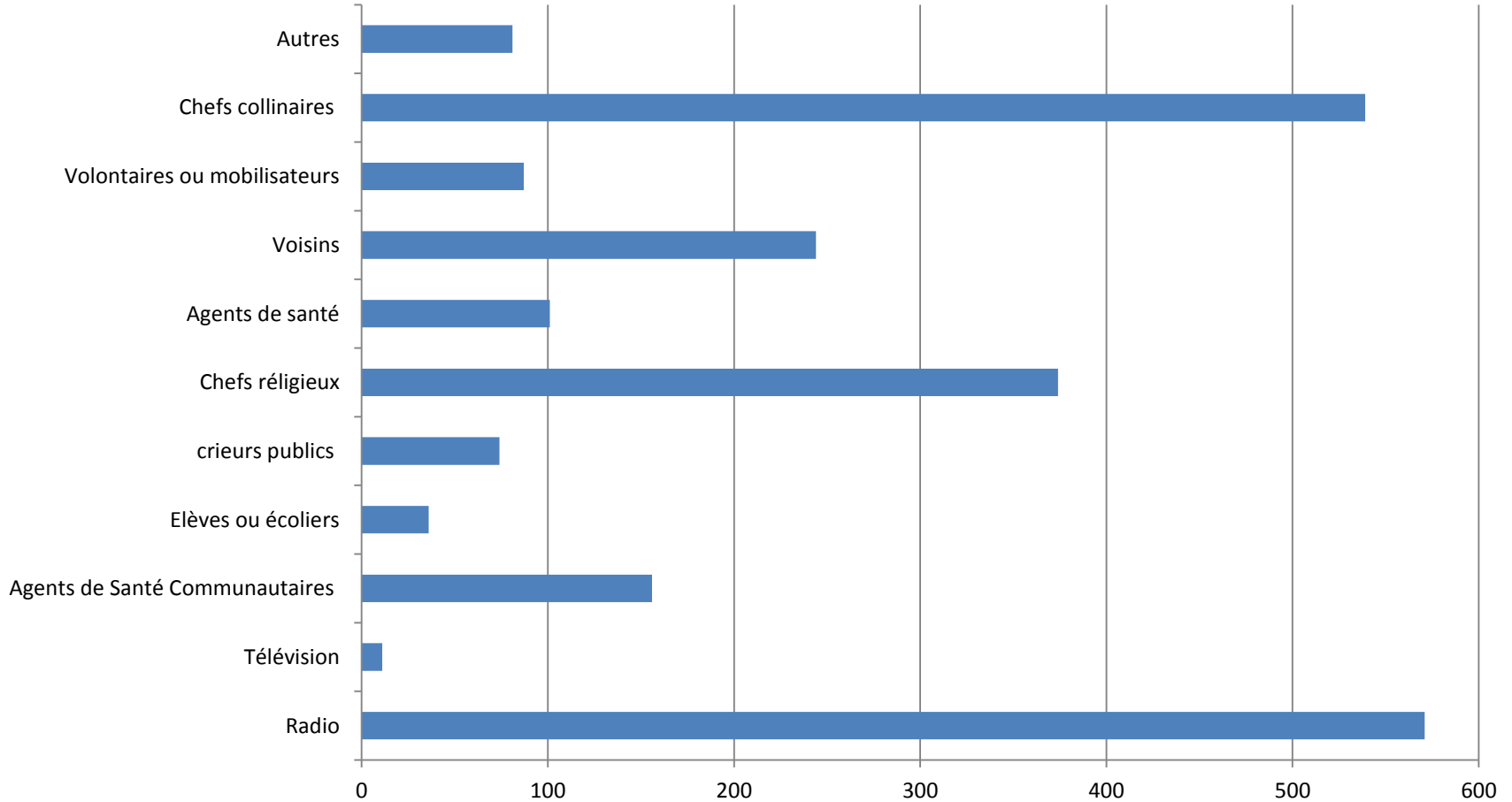
Comparing administrative and survey coverage by province (2), and National Total

Province	% Registered Households	
	Administrative data	Survey
Moyenne KIRUNDO	111,94	95,19
Moyenne MURAMVYA	99,79	98,33
Moyenne RUTANA	106,82	93,47
Moyenne MWARO	125,27	93,59
Moyenne NGOZI	115,78	95,95
Moyenne Ruyigi	105,54	95,48
Moyenne CIBITOKÉ	123,04	95,56
Moyenne MUYINGA	111,38	90,00
Total (national)	110,04	92,30

Reasons for non-registration as reported by households



Principal Communications Channels Used



RECOMMENDATIONS FROM EVALUATION OF HOUSEHOLD REGISTRATION

Recommendations for Remaining Campaign Phases

- Provide hill-specific administrative coverage to target activities
- Conduct a mop-up of missed household in the 30 communes with <80% score
- Select the most effective communication channels for each province, rather than standardizing country-wide

Other Recommendations

- Avoid carrying out other health activities during the distribution of vouchers and LLINs: **DONE**
- Conduct convenience and rapid surveys at each subsequent phase, and ensure the quality of the results before proceeding to another phase : **Not done (lack of time and funding)**
- Conduct household visits systematically for voucher distribution: **Partially done**
- Sensitize and supervise different health workers to be more responsible for following campaign guidelines

Objectives of Rapid Post-Campaign Evaluation, December 2014

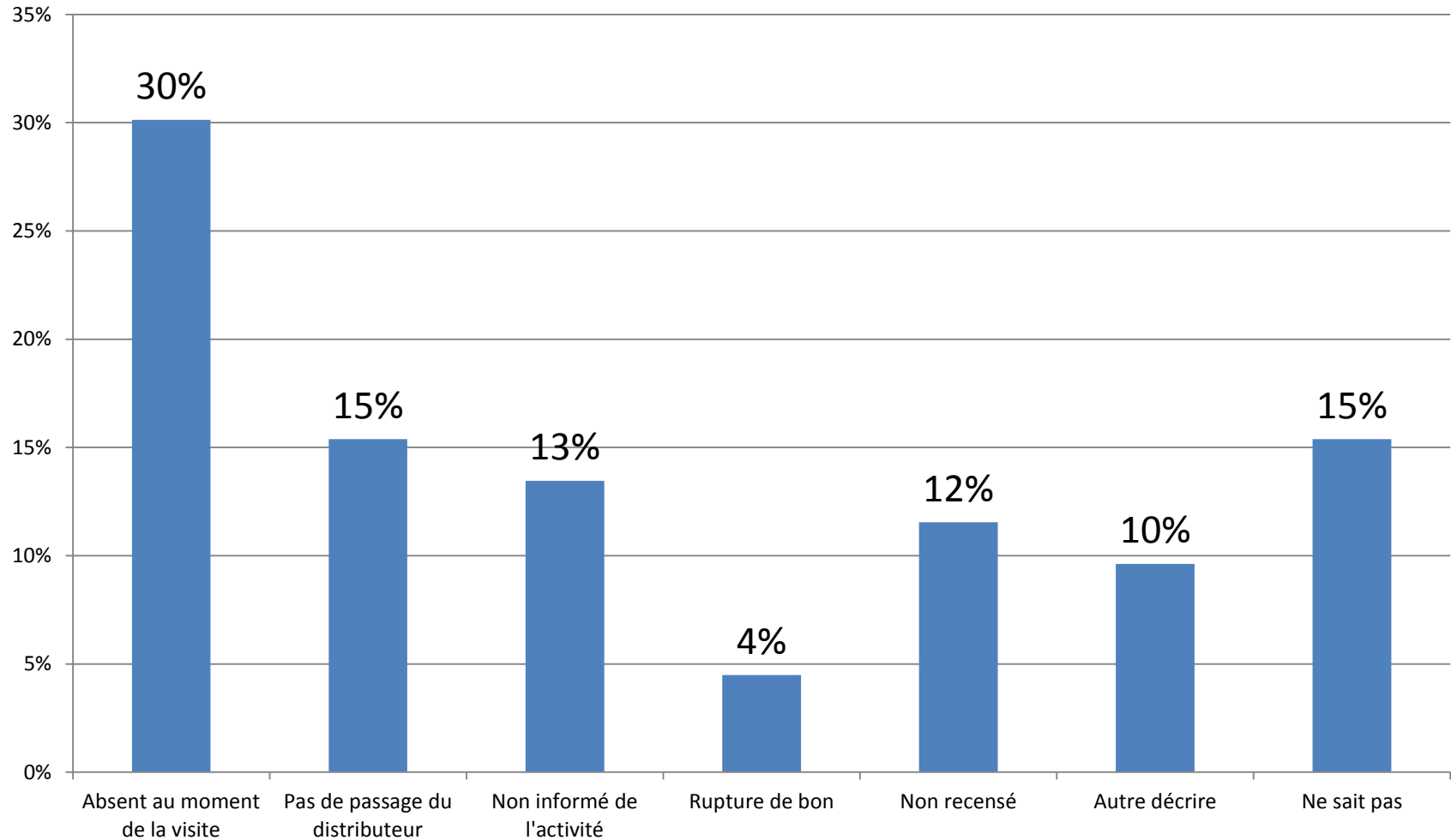
- **Evaluate LLIN coverage in all provinces after June 2014 campaign**
- **Identify factors that promote or prevent LLIN use**
- **Understand why households lack at least one LLIN or an adequate number of LLINs to cover all sleeping spaces**
- **In households with at least one LLIN, identify reasons for non-use**
- **Identify most effective communication channels to reach population**
- **Provide recommendations for other campaigns for achieving universal coverage in Burundi.**

SELECTED POST-CAMPAIGN SURVEY RESULTS

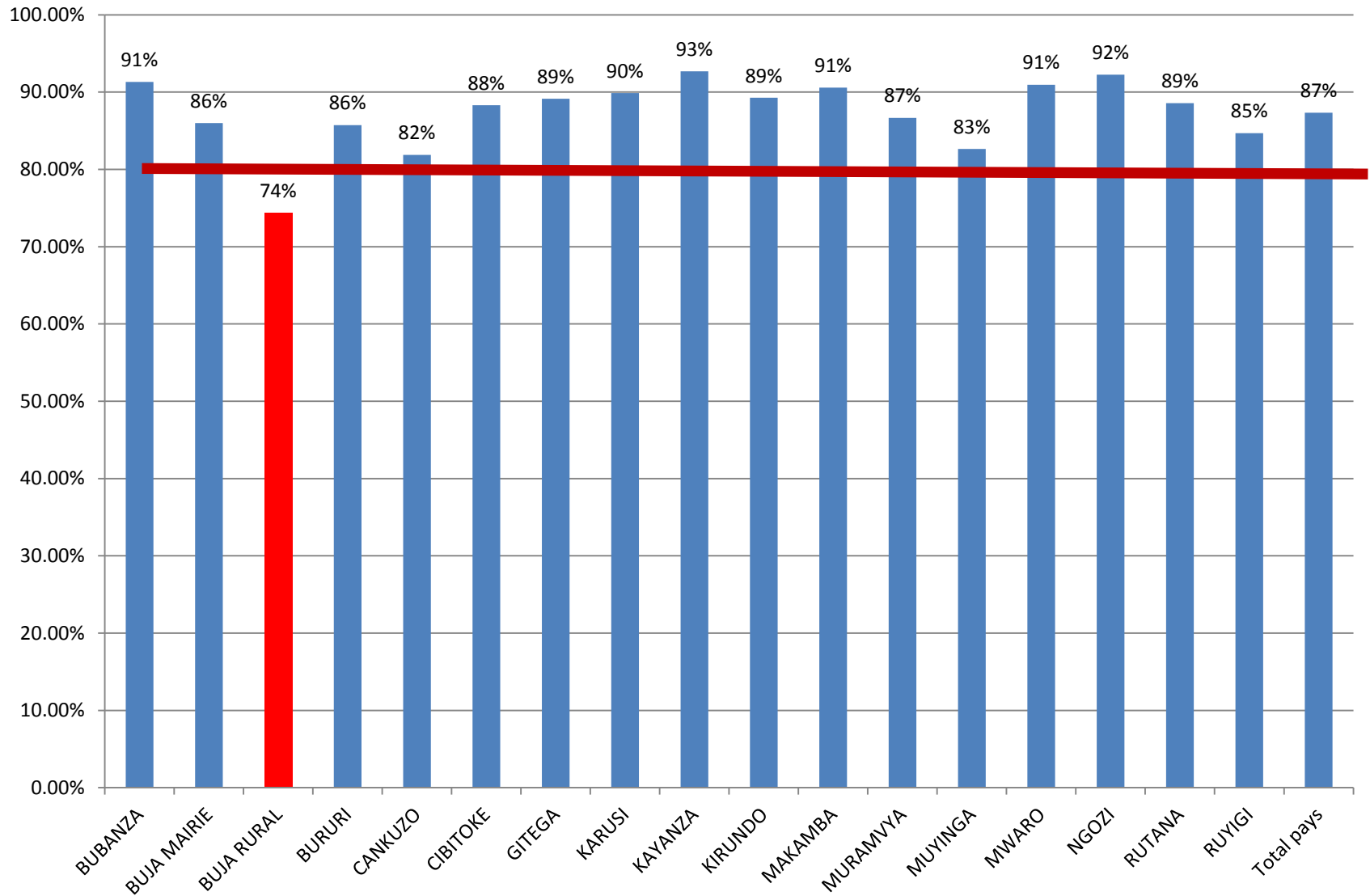
Households reporting having received LLINs during 2014 campaign in Burundi

Provinces	Not Received LLIN	NSP	Received LLIN	Households Surveyed	% HH having received LLIN
BUBANZA	15		145	160	90,63%
BUJA MAIRIE	30		130	160	81,25%
BUJA RURAL	18		140	158	88,61%
BURURI	8		152	160	95,00%
CANKUZO	4		156	160	97,50%
CIBITOKÉ	7		153	160	95,63%
GITEGA	3	1	156	160	97,50%
KARUSI	8		152	160	95,00%
KAYANZA			160	160	100,00%
KIRUNDO	6		154	160	96,25%
MAKAMBA	5		155	160	96,88%
MURAMVYA	5		155	160	96,88%
MUYINGA	10	1	149	160	93,13%
MWARO	2		158	160	98,75%
NGOZI	3		157	160	98,13%
RUTANA	9		151	160	94,38%
RUYIGI	10		150	160	93,75%
TOTAL	143	2	2573	2718	94,67%

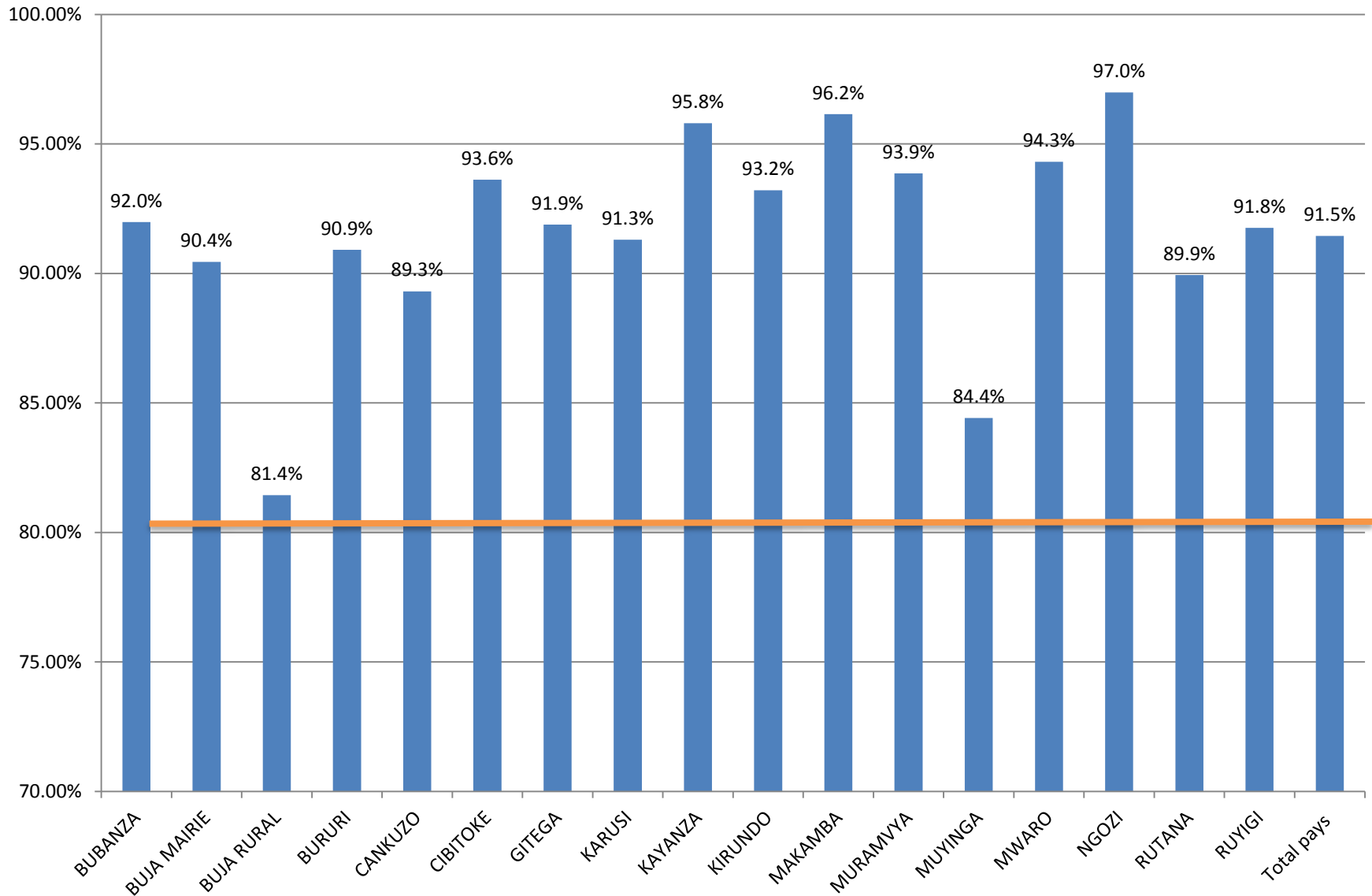
Reported reasons for not receiving LLINs



Taux d'utilisation des MIILDA



LLIN USE RATE IN CHILDREN <5 YEARS



V. CONCLUSION

- Household registration is an important component of successful campaigns
- Use of recommendations from the registration experience led to more successful subsequent campaign phases
- New guidelines developed for the number of LLINs to distribute per household, in relation to the number of LLINs ordered
- Recommendations from the registration survey influenced the campaign timetable: planned originally for February 2014, rescheduled to June 2014
- Possible consistency between provinces with lower registration rates and those with lower LLIN coverage



Merci de votre attention

