COLLECTING WASH DATA IN OCV COVERAGE SURVEYS

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Background: Coverage surveys

- Coverage surveys permit evaluation of vaccination services and provide more accurate estimate of vaccination coverage
  - Administrative coverage can be unreliable
  - Helps to identify ways to improve future campaigns and coverage
- Typically conducted 4-6 weeks after second round of an OCV campaign
  - Sometimes conducted after first round, particularly in settings where a delayed 2\textsuperscript{nd} dose is expected (e.g. Yemen, Zimbabwe)
- Funding for coverage surveys usually included in campaign budget for monitoring and evaluation: GAVI funds of operational cost
Background: Coverage surveys

- Use 2018 cluster survey methodology
- Usually includes a household questionnaire and an individual questionnaire
  - One household questionnaire/selected household
  - Multiple individual questionnaires/selected household
- Coverage estimates calculated by age group
  - 1-4 years, 5-14 years, ≥15 years
  - Requires large sample size because of 1-4 year age group
  - Typically at least ~1000 households enrolled, often more
Why include WASH questions? (1)

- Estimate access to safe water, sanitation and hygiene among households in targeted areas including testing of household water for chlorine residuals
- Evaluate knowledge, attitudes and practices regarding water, sanitation and hygiene
- Better understand WASH conditions and source water quality among households in targeted areas
- Evaluate WASH messaging during campaign
- Estimate coverage of WASH interventions if integrated with campaign e.g. distribution of water treatment products
Why include WASH questions? (2)

- Can help inform future WASH messaging in OCV campaigns and can help target WASH interventions
- Cost for coverage survey included in campaign M&E budget so no additional costs
- Does not add much extra time to the survey
  - WASH questions only asked at household-level
- Coverage surveys typically provide an aggregate coverage estimate for the targeted area
  - WASH indicators can be descriptively analyzed by lower levels
- Can be adapted to suit individual countries/settings
Example of questions

- **Water practices**
  - What is the main source of drinking water in your household?
  - Does your household routinely practice any type of treatment of your drinking water?

- **Sanitation practices**
  - Where do you and members of your household most commonly go to defecate?

- **Hygiene practices**
  - Is soap available at the handwashing station at time of the visit?

- **Messaging**
  - Did your household receive any health/hygiene messages for cholera prevention as part of the OCV campaign?
Country examples: Somalia

- 16,000 hygiene kits and 3.2 million aquatabs were distributed to 650,000 households during the campaign
- 1895 households enrolled
- Collected detailed information on messages received during the campaign regarding measures for improved sanitation at household level
- Results:
  - Drink or use water treated with chlorine products 5.4% [4.4; 6.7]
  - Handwashing with soap and water 78.8 % [76.6 - 80.9]
  - Cook food thoroughly 12.4 [10.8 - 14.2]
  - Boil water 29.9 [27.6 - 32.4]
Country examples: DRC (Grand Kasai)

- 1465 households enrolled
- Collected information on
  - Drinking water sources
  - Methods of water treatment
  - Types of sanitation facilities
  - WASH messages received during the campaign
- Results
  - 27% reported using an unprotected water (river, lake, unprotected well)
  - 9% reported treated their household drinking water
  - 50% of households reported sharing latrines with other households
Country examples: Zimbabwe

- Collected information on
  - Drinking water sources
  - Methods of water treatment
  - Types of sanitation facilities and # of households with which facilities are shared
  - WASH messages received during the campaign

- Conducted in Harare where municipal piped water is available in some areas
  - # of days/week with running water
  - # of hours/day with running water

- If available, tested piped water and stored drinking water for free residual chlorine (FRC)
Country examples: Zimbabwe

- For the purposes of the coverage survey, WASH results were presented as aggregate data
- Worked with WASH team to analyze data by suburb and combined the results with community WASH assessment
  - Focus group discussions to assess perceptions of water quality and safety
  - Mapping of water sources and microbiological water quality testing for *E.coli*
- 1443 households enrolled
Country examples: Zimbabwe

- 84% reported being connected to municipal piped water
  - 60% reported receiving municipal water 5-6 days/week
  - 13% reported receiving municipal water 7 days/week
  - 6% never received municipal water
  - 70% reported water availability all day

- 56% of households report boreholes as their primary source of drinking water, followed by 23% shallow wells and 20% piped water
  - Water from boreholes and shallow wells was perceived as safe
  - Less people reported confidence in the safety of piped water

- Of households that had water stored at the time of the visit and reported treating it, 19% had detectable FRC
Country examples: Bangladesh

- Upcoming OCV coverage survey planned after second round in Cox Bazaar
- Include questions on water sources, water treatment
- If available, test household water for presence of FRCs
- Collect paired household and source drinking water samples from 4-6 households in each cluster to test for presence of E.coli
- Collaboration between WASH and vaccination teams to conduct survey
Limitations

- Often conducted 4-6 weeks after second round
  - Doesn’t always provide information on WASH indicators early on/at the peak of the outbreak
- Requires that data collectors are trained on WASH and know how to appropriately respond to questions from households
  - Information on WASH can easily be incorporated into survey training
- Doesn’t allow for pre/post comparison so can’t assess a change in knowledge, attitudes or practices
- Sample size calculated based on vaccination coverage estimates
Next steps

▪ Develop a set of standardized questions to incorporate into coverage surveys (completed)

▪ Systematically conduct OCV coverage surveys
  – Increase the number of surveys being conducted

▪ Consider ways to link data on vaccination status to WASH indicators
  – Exploring data from Zimbabwe TCV survey
  – Are households with poor access to improved water sources more likely to have a vaccinated child
Thank you
Together we can #endcholera