

# Ghana, Navrongo Districts

- Very good idea of mapping of supply sector

33k household, 160k people, 82% rural, 88% poverty (poorer than country average), however stratification

- Routine data collection 4 times a year
  - Births, deaths, migrations, marriages, pregnancies, vaccinations, other interventions
  - Every two or three years data collection:
    - SES indicators, hhds characteristics, education, assets (hhd possessions, ratio, tv, means of transport, land ownership, animals)
  - 60+, constitute 10%
  - About 50% are insured

## Other current projects:

- maternal health program EMBRACE (ensure mothers & babies receive adequate care)
  - Clinical trials (clinical safety, impact of malaria on children's cognitive capacities)
  - Environmental health
  - Cost effectiveness of essential health intervention project
- Previous data collection experience:
    - 1/3 of sample collected income/consumption data
    - Cost of malaria treatment, recall period last 2 weeks
    - About an hour
  - **For malaria, biomarkers**

# Ouagadougou

- 2 formal districts
- 3 informal district (no public services, no infrastructure, like slums in urban areas)
- Contrast informal with formal areas
- Target the most vulnerable
- Belong 2 different sanitary settlement
- Started with 75k residents in 18k hhds, in 2014 86954
- GPS coordinates of all households, all health facilities and all pharmacies
- There is information on % of each district population attending each facilities
- Data is collected using PDAs
- Sample < 5: 15.36%, < 15: 39.59;
- In 2010: survey conducted on health and health cost:
  - Cost of consultation, hospitalization, lab exams, medicines (including traditional medicine and street medicines), cost of transport, other costs
  - Who contributed to the health care sector
- **12 – 15 hhds interview per days**
- **No biomarkers collected**

# Vietnam: Bavi district, PhilaBavi

- Started in 1998
- Stratified random cluster
- 71 of 352 clusters selected
- 15k hhd 53k people
- 32 communes
- Illiteracy rate very low: 1.1%
- Data collected by paper
- Every 2 years, SES updated, including on income and expenditures. Last time collected was in 2015
- Co-payments for the insured; uninsured pay OOP(60-70%)
- Drug stores are licensed
- Some contact with providers
- About 1 hour for SES, less than 1 hour
- 4 rounds per year
- Collection of all total household expenditure
- Health conditions self-reported (every member of the household). Over last month any one sick, reason (diagnosis, symptoms), payments.
- Not possible to know from public providers
- **For NCDs: biomarkers**

# Ghana (Navrongo)

- **Started:**
  - 1992
- **Population:**
  - 33k household, 160k people, 82% rural, 88% poverty (poorer than country average), however stratification
- **Routine data collection**
  - Births, deaths, migrations, marriages, pregnancies, vaccinations, other interventions
  - Every two or three years data collection:
    - SES indicators, hhds characteristics, education, assets (hhd possessions, ratio, tv, means of transport, land ownership, animals)
  - 60+, constitute 10%
  - About 50% are insured with the National Health Insurance Scheme
- **Relevant data collection experience**
  - 1/3 of sample collected income/consumption data in 2012
  - 1/3 of sample collected Inpatient and outpatient expenditures in 2012
  - Cost of malaria treatment, recall period last 2 weeks

# Vietnam: Bavi district, PhilaBavi

- **Started:**
  - 1998, Stratified random cluster
- **Population**
  - 71 of 352 clusters selected, 32 communes, 15k hhd with 53k people and Illiteracy rate very low: 1.1%
- **Routine data collection**
  - Data collected by paper
  - 4 rounds per year and every 2 years, SES updated, including on income and expenditures. Last time collected was in 2015,
  - Co-payments for the insured; uninsured pay OOP(60-70%)
- **Relevant data collection experience**
  - Collection of all total household expenditure including inpatient and outpatient data
  - Health conditions self-reported (every member of the household). Over last month any one sick, reason (diagnosis, symptoms), payments.
- **For NCDs: biomarkers**

# Ghana (Navrongo)

- **Started:**
  - 1992
- **Population:**
  - 33k household, 160k people, 82% rural, 88% poverty (poorer than country average), however stratification
- **Routine data collection**
  - Births, deaths, migrations, marriages, pregnancies, vaccinations, other interventions
  - Every two or three years data collection:
    - SES indicators, hhds characteristics, education, assets (hhd possessions, ratio, tv, means of transport, land ownership, animals)
  - 60+, constitute 10%
  - About 50% are insured with the National Health Insurance Scheme
- **Relevant data collection experience**
  - 1/3 of sample collected income/consumption data in 2012
  - 1/3 of sample collected Inpatient and outpatient expenditures in 2012
  - Cost of malaria treatment, recall period last 2 weeks

# Burkina Faso (Ouagadougou)

- **Started**
  - In 2008
- **Population**
  - Started with 75k residents in 18k hhds, in 2014 over 86k residents
  - 2 formal districts and 3 informal district (no public services, no infrastructure, like slums in urban areas)
- **Routine data**
  - Contrast informal with formal areas
  - Target the most vulnerable which belongs to 2 different sanitary settlement
  - GPS coordinates of all households, all health facilities and all pharmacies
  - There is information on % of each district population attending each facilities
  - Data is collected using PDAs 12 to 15 hhds interview per day
  - Sample < 5: 15.36%, < 15: 39.59;

## **Relevant data collection experience**

- In 2010: survey conducted on health and health cost:
  - Cost of consultation, hospitalization, lab exams, medicines (including traditional medicine and street medicines), cost of transport, other costs
  - Who contributed to the health care sector

- **Started**

- In 2008

- **Population**

- Started with 75k residents in 18k hhds, in 2014 over 86k residents
- 2 formal districts and 3 informal district (no public services, no infrastructure, like slums in urban areas)

- **Routine data**

- Contrast informal with formal areas
- Target the most vulnerable which belongs to 2 different sanitary settlement
- GPS coordinates of all households, all health facilities and all pharmacies
- There is information on % of each district population attending each facilities
- Data is collected using PDAs 12 to 15 hhds interview per day



# Ouagadougou

- **Started**
  - In 2008
- **Population**
  - Started with 75k residents in 18k hhds, in 2014 over 86k residents
  - 2 formal districts and 3 informal district (no public services, no infrastructure, like slums in urban areas)
- **Routine data**
  - Contrast informal with formal areas
  - Target the most vulnerable which belongs to 2 different sanitary settlement
  - GPS coordinates of all households, all health facilities and all pharmacies
  - There is information on % of each district population attending each facilities
  - Data is collected using PDAs 12 to 15 hhds interview per day
  - Sample < 5: 15.36%, < 15: 39.59;

## Relevant data collection experience

- In 2010: survey conducted on health and health cost:
  - Cost of consultation, hospitalization, lab exams, medicines (including traditional medicine and street medicines), cost of transport, other costs
  - Who contributed to the health care sector