



Dowa District, Malawi

Post-Distribution Check-Up (PDCU)
At 30-months

DECEMBER 2017

REPORT

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For: Against Malaria Foundation

Contents

- 1. Executive Summary**
- 2. Background**
- 3. Results and comment**
- 4. How the work was carried out and key decisions**
- 5. Finances**
- 6. Lessons Learned**
- 7. Acknowledgements**

Appendix

- 1. Health Areas and households visited**
- 2. Detailed PDCU-30 results**

1. Executive Summary

This report represents the results of the 30 months PDCU conducted in December 2017. Data was gathered in all of the district's 23 Health Centre Catchment Areas (HCCAs). 9,560 households (HH) were randomly selected and visited unannounced. This check-up was carried out at 30 months after the distribution.

At 30 months post-distribution, sleeping space coverage with a viable net was 23%.

Net hang-up, condition and 'net present but not hung' information for each of the 23 HCCAs has been passed to Dowa's Malaria Coordinator (MC), the District Environmental Health Officer (DEHO) and District Health Officer (DHO) to assist in designing further potential targeted malaria intervention activities.

2. Background

Dowa District is one of Malawi's 28 districts and has a population of 801,379 people and 181,490 households. A universal coverage distribution of 316,196 nets was carried out from November 2014 to May 2015 and later a mop up distribution to the remaining 3 health facilities of Nalunga, Matekenya and Msakambewa and some villages in the districts where distributions did not take place where 71,039 LLINs were distributed. Hence in summary the total number of nets distributed in the district is 387,235 LLINs.

A Post-Distribution Check-Up survey (PDCU) is carried out at 6 months intervals after the distribution as an impact-monitoring tool of net usage and net condition hence this is a third after the distributions.

3. Results

Results and discussions.

- 8,516 randomly selected households were interviewed representing 89% of the targeted households
- 17,360 nets checked
- 4,027 nets were found to still be in hung use, representing 23%
- 1,361 AMF nets were present but not hung representing 7%
- 1,053 AMF nets were missing representing 6%
- 10,919 nets were found to have been worn out and not usable representing 63%

See Appendix 2 for detailed results and findings.

Net Hung

Matekenya health facility recorded the highest number of nets hung by percentage since out of 229 received 116 were found to be in use representing 51%, while Thonje health Facility recorded the lowest percentage of nets found in use with 12% as out of 607 nets, 73 were found to be still in use.

Net present but not Hung

Msakambewa health facility had the highest number on nets that were found to be present but not being used, with 16% as the survey revealed that of 560 nets distributed 88 nets were present while Thonje health facility registered a 3% net present but not hung as they it recorded 21 nets of 607 nets received which was the lowest.

Missing Nets

Msakambewa health facility had the highest number of nets recorded missing, with 10% as of the 560 nets received 58 nets were missing while Chinkhwiri health facility had the lowest missing nets as of 515 net received there were 17 nets missing representing 3%.

Nets worn out/not Usable

Thonje health facility had the highest number of nets that were found in a worn out or not usable state as out of 607 nets received 484 nets were found to be worn out representing 80% while Matekenya and Msakambewa health facilities had the lowest percentage of nets in not usable state of 34% since of 229 and 560 nets received they had 77 and 191 nets were recorded respectively.

See Appendix 2 for detailed results and findings.

those not under cover (the 40%) benefit from the 60% coverage and a significant proportion of the population being protected and a material number of the malaria-carrying mosquitoes in a community being killed on contact with the insecticide-treated nets in place.

4. How the work was carried out and key decisions

Schedule

The PDCU planning began two months in advance of the PDCU taking place to ensure plans and resources were in place.

Planning

The PDCU team leader led the planning. See the PDCU-30 Planning document for details.

Budgeting

A budget was prepared using cost drivers for each cost item. This allowed strong estimating of costs and will allow a clear comparison between budget and actual costs. See PDCU-30 Budget vs Actual document.

Resource selection

There are 23 Health Centers (HCs) in Dowa District. Each has approximately 20 staff attached to each one, the majority being salaried Health Surveillance Assistants (HSAs).

From lessons learned from earlier PDCUs, it was decided to continue with the focused team of 20 data collectors rather than have a specific number of data collectors from each HCCA. This was based on the following reasons.

First, this would reduce the number of data collectors that would need to be monitored and trained. Second, we would be able to select reliable individuals whom we could trust to do a diligent and accurate job of collecting the data. Third, it would leave the majority of HSAs to carry on with the normal health tasks and duties. Fourth, by having the same people covering the whole exercise they will get acquainted to the task and reduce errors on data collection.

This meant the data collectors would spend less days collecting data with a day on each health facility rather than the one or several days if not many more data collectors were to be used. This was judged the preferable way of organizing and managing the data collection phase.

Orientation and training

Given the limited number of people involved in collecting data and supervising, this was a relatively simple and focused task. An orientation and training session took place on 6th November 2016, conducted by CU and MOH Staff (Malaria Coordinator (MC) and Assistant District Environmental Health Officer (ADEHO)).

Supervisors: There were 2 supervisors. The briefing familiarized the supervisors with the overall project, objectives, timing and specific responsibilities.

Data collectors: There were 20 data collectors involved in collecting data, selected from within the district. The orientation included detailed explanation of the survey objectives and the logic behind the survey form (net condition, type of nets, what sleeping spaces are, what is meant by hung nets and noting hung nets against AMF nets received) as well as having the data collectors pre-test exercise in order to fill in sample forms and ask questions to ensure their understanding of what information should be collected and how.

Village selection and household selection

Dowa district has 23 health facilities. It was decided to collect data from 5% of households in all HCCA where we carried out the distributions; this meant a different number of households in each HCCA as per individual health facility populations.

Between 160 and 1,220 households were randomly selected from each of the selected 6 to 61 villages, depending on the HCCA, with the villages also selected at random.

Villages were randomly selected using the village lists generated from the pre-distribution and distribution work for the November 2014-May 2015 AMF-funded universal coverage LLIN distribution. A random number table was used to select the villages.

Data collection

20 data collectors and 2 supervisors from the District Health Office were involved in the PDCU. The supervisors were responsible for checking the data collection exercise at the same time monitoring how the data was being collected as per requirement.

All the data collectors involved gathered at a days' designated health facility before each being deployed to selected villages. Once the data collection was complete, the data collectors submitted completed forms to their assigned supervisor who was responsible for checking the forms for obvious errors or omissions, including a lack of householder signature, before delivering the forms to the data entry team.

From the selected households, both men and women households heads were interviewed upon giving consent and signing on the form to indicate acceptance. Each data collector was assigned a village under the health centre on which data collection was planned for that particular day, guided by their assigned supervisor. Each data collector visited 20 households per day.

Data collection checking

Supervisors were required to visit 5% of the households in their area to check the accuracy of the data collectors' work and had to check all the completed forms submitted to them before submitting them to the Project Manager. The sampled visited households were also chosen at random so the work of all data collectors was checked.

Data entry

There were two data entry clerks with knowledge in basic computing. The data entry clerks were also exposed to a questionnaire orientation where they were briefed on the forms and introduced to the online web links and how to enter the data on the electronic form, make editions and post the data. The data entry clerks were assigned specific health facilities in order to facilitate their performance monitoring.

Data was entered into a database via a web interface created by AMF. An internet connection was required for this work.

Data entry checking

It was important to monitor and check the work of each data clerk at an early stage to correct any lack of understanding and monitor errors.

Improvements in the data entry interface since the last PDCU carried out in the district (Dowa PDCU-24) by AMF meant the data entry proceeded with almost no errors. This reduced the error-checking phase to almost nothing.

5. Finances

The budget was \$18,355

The actual cost was \$19,326

Budget vs actual costs (USD)

ITEM	BUDGET COST	ACTUAL COST	DELTA
BRIEFING/ORIENTATION	239	171	-28.5%
DATA COLLECTION	16,261	15,704	-3.4%
DATA ENTRY	500	531	+6.2%
MANAGEMENT	1,354	2,921	+116%
TOTAL	US\$18,355	US\$19,326	+5.3%

6. Lessons learned

The operational elements that went well were:

- All the selected villages were visited.
- There was a positive response from the LLIN beneficiaries at community level.
- The survey form was short with only one page, which was ideal for the data collectors and the respondents
- Local community leaders and household heads allowed the data collectors to enter their households to see the hung nets and check the condition they were in.
- Management support and commitment towards the activity by United Purpose and District Health staff was very encouraging, hence the timely execution of the exercise.
- The data collectors, supervisors and drivers were committed to collecting the data.

7. Acknowledgements

Special acknowledgement should be made to the Dowa District Health Management Team and the Malaria Coordinator (MC) Mr. George Mphasa and the Assistant Environmental Health Officer (AEHO) Mr. Kapalamula in particular, for tirelessly making this initiative a success. Despite their busy day-to-day schedule they allocated their time and efforts to the successful execution of the survey. This team worked even beyond normal working hours just to accomplish the mission and meet the timelines.

Appendix 1 - Health Areas and households visited

DATA COLLECTION PLAN

VILLAGES

#	HEALTH CENTRE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1	Bowe	Chimkoka	Chiwayu	Gunda	Chonde	Chitofu	Kasese	Kazonga	Makanga	Maluzu	Makuntha	Malenga	Mpatsankhuli	Kachenga	Chitunthulu	mkotamo	Chimimba	Ng'anjo	Thomo		
2	Chakhaza	ng'ombe	chikomangala	katambo	Chinazale	Chinguwo	Khinda	Kanjinga	mataka	malenga	chikomakuka	mandala	Msiwa 2	Suwula	Kachiza	mapondela	malamba 2	mddefu	nabwenje	Waletsa	
3	Chankhungu	Nyoka	Kafumphe	Ndongo	Kalululumbadzi	Kadzomba	Kaliza	Nyalubwe	Sole	Guliguli	Nthache	Chisenga	Gawamadzi	Kawango	Ng'anjo	Fred	Kamoto	Chitanje	Kachigunda	Simpha	
4	Chezi	Kalinda	Mndiri	Chifisi	Chiwala	Mdoola	Munika	Mdzazira	Mjingi	Imfayatonse	kafanikhale	Msanyama	chezi	mtalanje							
5	Chinkhwiri	Mtupanyama	Choma	Kasalika	Steven	mchere	Chimaimba	Lipemphe	Kaipa	Mchangwe	Lipenga	Mbelekete	Nakutepa	Chidothi	Chalunda	Nyonyo					
6	Chisepo	Simavu	Kayembe I	Kampandila	Chingalande	Chisepo II	kurumunya	Mkwinda	Mpaya	Chamkakala	Kalinde	Kasatsi	Mzowa	Mbwelela	Chaseta	Gobede	Msaka	Chiwoko	Kamakhula	Nabwenje II	Nsasu
7	Chizolowondo	chitsuka	chizolowondo	kabwinja	kamongo	kapalanga	sangambe	mkanire II	chiliutsi	moni	moyo	lambwe	kaputa	kalumo	njole						
8	Dowa DHO	Chamvu	Mzenga	Ndevu	Salamira	Chimombo	Kankhande	Jekete	Mphamba	Nyemba	Kaluzi	Chikadza	Manswana	Bimphi	Nduwaluwa	Phikani	Kamphelo	Kapondasoka	Nkhono	Chimseko	Kambale 1
		Malata	Kapiza	Chimtaila	Moya	Kafaliti	Machake	Jonas 2	Zolire 2												
9	Dzaleka	Kalamba	Mgulula	Chauwa	Chindime	Masinja	Ngalazuka	Chisomba	Karonga Zone	Kagwamtsabola	Besera	Chikosi	Ndalama	Minju	Kawale 2	Kawale1zone	Zomba	Mpingang'omb	Chigawa	Misanjo	Mbalame 2
		Kalinde	Kataika	Katsakula	Chiwale	Zikapanda	Makumbi	Nyundo 1	Chamkoma	Chatama	Migwandali	Selengo	Thotho								
10	Dzoole	bazale	chungwi	chatanga	mtengeza	chibzoza 2	dzoole	tambila	chisanja	kachulu	mphanzi	samuel	sintala	mzingwa	mphonde	chimveka	mpaya	nthanga	nthesa	sintala 2	mgoli
		chasiimba	nyanda	mnjere	kanjoka	sese	mlombwa	wiskoti													
11	Kasese	tchesa	chioza	katalima	Mphandukila	Chikapula	kantendere	chanduzi	ntambalika	singo	Kalonga	mkunja	Chilenga	Seule	monjezi	Namera 2	misiri	Lungu	Nkhwichi	valala	
12	Kayembe	chiponda	mangochi II	chidangwe	chifuko	dzidzi one	mbuwa	msanjidwa	zozo	kampira	galanga	khinganyama	kamoto	ksiwinda	sicho	kachitifu	mndendela	pshyontha	mphambanya	msangwa	sunthe
		mtupila	nakhalu	mdengwe	mdika	mtsilo	njala 1														
13	Madisi	Bekeni	Chalera	mpalawe	chimbalu	kaleso	kanthonga	chole	katengeza	Mlengwe	kasangadzi 4	Nthambala	Mayola	katiyi	msampha	madisi hosp	mtanila	mwangala	dziko	nankumba	malizeni
		galang'ombe	chibwana	nauchi II																	
14	Matekenya	Chitsayohane	Chifulemba 1	Biwi	Lumwila	Msanyama	Kalimadzala	Kanthumnyum	Loke 2	Mangulu 1											
15	Mbingwa	Mande	Kapiseni	Kamanthu	Kamangamikut	Kamphenga	Chibweza	Kasuntha1	Gasiteni	Chimsasa	Mkwachale	Nkhata	Siwinda	Kobo	Kalinde	Ng'onomo	Njati	Njati 2	Shuga		
16	Mponera	Chikanda	Genesis	Kanyenda	Kakusa	Kalongamched	Kamkwanda	Kaphaidyani	Kaphaphantha	Katerera	Chapusa	Mayola	Mbedza	Kachinji	Mnjeza	Chimbalu	Mwanjaule	Mphwaphwa	Mtsiro	Chivutwe	Longwani 2
		Chaliwa	Pakuya	Muwawa	Mkanthama	Kalindang'oma	Mazengera	Chikuluti	Chalunda	Damalankhund	Chinthiyola 1	Thotho	Mtola	Chimbalanga	Kawaza	Kabwabwa	Mndembo	Zisinya	Kadammanja	Kalinde	Chombakhola
		Chitete	Mdzichotsa	Chiwede	Kapokola	Kawere	Laisi	Msadoza	mkuziwaduka	Msala	Kalindang'oma	Chinkhali	Khumbulasi	Mtsinje	Mwandawuka	Kaphesi	Nkhamanga	Tapeka	Mkwezalamba	Tsokomole	Zambezi
		Goma																			
17	Msakambewa	Bakali	Kachipesu	Kankuwe	Kaziputa	Chombwe	Vunguti	Kachedwa	Kulandira	Mawanga	Ngolomi	Jani	Matekwe	Mweleru	Chazama	Chipembereka	Nyankhwa	Ndadzola	Pemba	Yimbe	
18	Mtengowanthena	Chakhala	Chafikila	Chilakalaka	nyangu	mzungu	Mtiopsa	Tolowayo	Chimbalanga N	Kantchere 1	Chilundu	Tifelenkhani	Nanthambwe	Njembe	Chimombo Tsit	Chipwenkha	Kangulu Makin	Kupeta	Kantcheri	zuze	mgumbo
		Kamkwamba	makoko	Kundwe	manondo	pinga	Khuni	Mkumphira	mononga	Mtsateni	Sanga	kumchenga	mtchenenje	Mkhadwe	Mtsiliza	Thambwe	Ntchita	Chipeni	kapichila	mphepo	Sese Chimowa
		Tsilizani	simwanjera																		
19	Mvera Army	Chauma	Chikuse	Jeketeni	Recce B	Gomile	Kanani	Moya	Mtenje												
20	Mvera Mission	Chidothi I	Matangula	Khwise	Nyemba	Matolani	Khombe	Mbedza I	Mbedza II	Khombe 2	Mpozera	Chidoola	Jekapu	ngozi mulambe							
21	Mwangala	Mitumba	Kayanga	Liwenga	Malinga	Chinkhota	Chisonga														
22	Nalunga	Chikwinde	Maunda	Chitawa	Mngoni 1	Chikuni	Kamtondo	Chinungu	Nala	Kutekera	Sinamunthu 1	Njatizani	Mawende 1	Simeyi							
23	Thonje	chembe	Chasalino	chilombo	chimeza	chiyenda	chidyamayani	khuntha	chilando	kachigunda	maweru I	mchepa	msakabwera	dambo	gomani	ngomani	zalakoma				

#	HEALTH CENTRE	Health Facility registered HHs	Total Registered Villages per Health Facility	SAMPLED VILLAGES to be visited	Total number of households sampled per Village	Total households to be Sampled
1	Bowe	6,861	132	18	20	360
2	Chakwaza	7,001	111	19	20	380
3	Chankhungu	6,975	62	19	20	380
4	Chezi	4,968	62	13	20	260
5	Chinkhwiri	5,261	42	15	20	300
6	Chisepo	7,740	126	20	20	400
7	Chizolowondo	4,901	44	14	20	280
8	Dowa DHO	10,842	125	28	20	560
9	Dzaleka	12,341	113	32	20	640
10	Dzoole	9,940	136	27	20	540
11	Kasese	7,501	94	19	20	380
12	Kayembe	9,975	123	26	20	520
13	Madisi	8,972	104	23	20	460
14	Matekenya	3,012	55	9	20	180
15	Mbingwa	6,678	79	18	20	360
16	Mponera	23,334	251	61	20	1220
17	Msakambewa	7,558	113	19	20	380
18	Mtengowanthenga	15,866	244	42	20	840
19	Mvera Army	3,123	47	8	20	160
20	Mvera Mission	4,956	83	13	20	260
21	Mwangala	2,505	50	6	20	120
22	Nalunga	6,259	92	13	20	260
23	Thonje	6,259	104	16	20	320
		182,828	2,392	478		9560

Dowa 30 months PDCU - Timeline

No.	ACTIVITY	1	2	3	4	18
		NOVEMBER	NOVEMBER	DECEMBER	DECEMBER	
		20	27	4	11	
1	Briefing of enumerators and supervisors					
2	Data collection					
3	Data entry					
4	Report writing					

Appendix 2 - Detailed PDCU-30 results (1 page)

Home > Results > PDCU > PDCU - Overall Results

Default PDCU: 30

Data Entered

The table below shows the aggregated data entered for each region, district, sub-district and community. Click on a location to drill down to view the statistics for the locations below it.

PDCU

30 month PDCU

Sort by

Location

Region	Households		Forms Signed		Sleeping Spaces		People		AMF Nets										
	Target	#	%	#	%	#	#/hh	#	#/ss	Nets Received	Hung		Present not hung		Missing		Worn out/ not usable		M + WO
										#	#	%	#	%	#	%	#	%	%
		8,516		8,497	100	18,812	2.21	39,132	2.08	17,360	4,027	23.20	1,361	7.84	1,053	6.07	10,919	62.90	68.96
Bowe		327		326	100	778	2.38	1,632	2.10	766	157	20	45	6	41	5	523	68	74
Chakhaza		351		347	99	781	2.23	1,642	2.10	694	110	16	29	4	26	4	529	76	80
Chankhangu		343		343	100	696	2.03	1,472	2.11	663	129	19	46	7	42	6	446	67	74
Chezi		226		226	100	460	2.04	918	2.00	447	91	20	29	6	31	7	296	66	73
Chinkhwili		269		268	100	583	2.17	1,240	2.13	515	86	17	42	8	17	3	370	72	75
Chisepo		395		395	100	860	2.18	1,896	2.20	810	138	17	57	7	44	5	571	70	76
Chizolowondo		254		253	100	591	2.33	1,294	2.19	530	111	21	25	5	27	5	367	69	74
Dowa D.H.O		496		495	100	1,092	2.20	2,185	2.00	1,008	250	25	49	5	59	6	650	64	70
Dzaleka		543		543	100	1,179	2.17	2,486	2.11	1,138	297	26	108	9	56	5	677	59	64
Dzoolo		500		499	100	1,156	2.31	2,398	2.07	1,034	218	21	114	11	69	7	633	61	68
Kasese		320		318	99	748	2.34	1,594	2.13	666	133	20	53	8	26	4	454	68	72
Kayembe		456		455	100	1,047	2.30	2,191	2.09	938	242	26	64	7	52	6	580	62	67
Madisi		392		390	99	931	2.38	1,913	2.05	849	137	16	62	7	45	5	605	71	77
Matekenya		142		142	100	263	1.85	593	2.25	229	116	51	18	8	18	8	77	34	41
Mbingwa		316		316	100	772	2.44	1,596	2.07	678	177	26	59	9	36	5	406	60	65
Mponela		1,071		1,067	100	2,317	2.16	4,752	2.05	2,076	524	25	234	11	162	8	1,156	56	63
Msakambewa		316		316	100	642	2.03	1,344	2.09	560	223	40	88	16	58	10	191	34	44
Mtengowanthenga		775		775	100	1,742	2.25	3,582	2.06	1,674	402	24	117	7	107	6	1,048	63	69
Mvera Army		149		148	99	308	2.07	623	2.02	337	49	15	13	4	30	9	245	73	82
Mvera Mission		235		235	100	495	2.11	962	1.94	522	118	23	30	6	44	8	330	63	72
Mwangala		118		118	100	246	2.08	522	2.12	198	56	28	9	5	8	4	125	63	67
Nalunga		233		233	100	437	1.88	957	2.19	421	190	45	49	12	26	6	156	37	43
Thonje		289		289	100	688	2.38	1,340	1.95	607	73	12	21	3	29	5	484	80	85