



Ntcheu District, Malawi

Post-Distribution Check-Up (PDCU) at 24 months

December 2013 - January 2014

PLANNING DOCUMENT

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1. Purpose

The PDCU, at the health centre (HC) level, assesses the level of continued net use and provides statistically significant and locally-actionable information to the relevant health/NMCP leaders, including The District health officer (DHO), Malaria Coordinator (MC), to contribute to health intervention decisions and planning. Timely data-based information on net use and condition can help in allocating resources to maintain high levels of coverage. There is some evidence that community-awareness of the PDCUs also contribute to behaviour change and higher levels of net hang-up and correct use.

The initial distribution of 268,420 LLINs took place between December and April 2012.

2. Frequency

Every six months until 30 months post-distribution. Further PDCUs would be assessed depending upon their usefulness, taking into account anticipated levels of community coverage and the timing of any subsequent community-wide universal coverage campaign.

3. Sample size

5% of all households (HHs) that received nets in the universal coverage distribution are randomly-selected and visited unannounced.

4. Distribution catchment area

Population: **550,000**

Number of Households (HHs): 121,000

5% of households, to be visited: 6,050 (9,250 will be visited, representing 7.6%)

Number of Health Centre Catchment Areas (HCCAs): 37

Average population per HCCA: **14,864** Average number of HHs per HCCA: **3,270**

5% of HHs (average) per HCCA: **163** (**250** will be visited)

5. Cost

The budget cost is \$10,300. Detailed budget attached.

Budget cost: \$1.10 / HH visited

6. Information to be collected

A half–page, six-question form focuses on net presence, use and condition. Appendix A.

7. Collection format

Data will be collected in paper form, two households per landscape A4 page.

8. Locations

The survey will be conducted in all the 37 HCCAs in Ntcheu District. All were involved in the Jan-Apr 2012 universal coverage net distribution. In each HCCA 250 HHs will be

visited via selecting 10 villages at random and for each randomly selecting 25 HHs for an unannounced visit. In total, the PDCU will collect information from 9,250 households.

9. Timing

The PDCU will take place during December 2013 and January 2014.

10. Personnel

<u>Project Leader (1)</u>: Management and overall responsibility, providing support to the Project Manager and reporting to AMF. Nelson Coelho, Project Coordinator, Concern Universal.

<u>Project Manager (1)</u>: Management and overall responsibility, reporting to DHO, Ntcheu District and to the Project Coordinator. Chimwemwe Nyoni, Project Manager, CU.

<u>Field Supervisors (37)</u>: One per health centre catchment area. Responsible for monitoring the data collectors and checking their work. These will be senior members from the Ministry of Health Comprising, District Environmental Health Officer, District Health Information Management Systems Officer and Health Surveillance Assistant (HSA) Supervisor of each health centre catchment area.

<u>Data collectors (370)</u>: Selected health centre staff. Between 2 and 10 staff per health centre. Responsible for collecting household information. Work in pairs, 50 households per day, one day's data collection per pair typically if 10 staff involved. Staggered data collection days if the health centre sees fit.

<u>Data clerks (4)</u>: Responsible for checking and entering data. Each will be assigned data from a set of HCCAs.

<u>Drivers (2)</u>: There will be two vehicles involved in the exercise. Responsible for carrying personnel and materials to the field and to the data center.

Approximately 410 personnel will be involved in carrying out numerous activities during the survey over a period of one to five days per health centre and four weeks in total.

11. Specific roles and responsibilities

Project Leader

- Ensure all logistical arrangements for the survey have been put in place
- Monitor, mentor and advise the Project Manager
- Produce reports

Project Manager

- Facilitate printing of questionnaires
- Liaise with Ministry of Health officials on sampling of villages and households
- Facilitate transport and booking of sampled villages

- Train and orient all the HSAs involved in the exercise
- Train and orient the data personnel
- Administer the survey process
- Collect and cross-check filled questionnaires from supervisors
- Submit filled questionnaires to the data clerks
- Facilitate availability of online internet accessibility for data entry
- Liaise and monitor data capturing with data entry clerks
- Link data queries with supervisors for follow up

Field supervisors

- Facilitate and distribute questionnaires to the enumerators
- Facilitate identification of sampled households at village level
- Monitor how the data is being collected (quality, relevance and validity)
- Cross-check that forms have been correctly filled in by enumerators
- Respond to on-the-spot queries from both sampled communities and enumerators
- Visit 5% of households visited by each enumerator to check data accuracy
- Submit filled forms to the team leader

Data collectors

- Identify and verify households to be visited
- Collect data from the sampled households and complete questionnaire as required
- Verify the data collected is a true reflection of the situation
- Submit filled questionnaire to the supervisor

Data Clerks

- Cross-check collected data
- Enter collected data correctly online
- Liaise with the team leader regarding any logistical challenges

12. Operations

i) Establish responsibilities and schedule

This includes management and personnel selection and establishing a project timeline

ii) Brief all staff involved

This will be a single, centrally located briefing for the designated leader from each HC followed by briefings, at each HC, of HC staff involved. This exercise will cover how to collect and check the information required. The quantity of forms needed will be distributed at each briefing.

Briefing meetings will be carried out to all the data collectors who will be involved in the exercise from all the 37 healthy facilities. This exercise will address the modalities of how to interpret and collect the information required.

iii) Collect data

Data collectors will visit HHs to collect data. Supervisors will monitor their work and check forms. This will ensure compliance with data collection procedures. Forms will be sent to the central data-entry location as soon as the 250-set of household forms from the HC catchment area is complete.

v) Enter data

Data will be entered from forms into an existing, online database. Four data entry clerks will start entering data on day 2 or 3 of the data collection phase and are expected to complete their work, including checking, within one week of the end of the data collection phase.

vi) Report to DHO and health leaders

All data will be available to the MC and AMF as they are entered. A summary will be sent to the MC as soon as all data is entered. The complete data set will be passed to the MC.

Appendix A – Post Distribution Check-Up (PDCU) data collection form

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