



# Ntcheu District, Malawi

# Post-Distribution Check-Up (PDCU) at 33 months

October - November 2014

PLANNING DOCUMENT

Prepared by: Chimwemwe Nyoni and Nelson Coelho

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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 2011 and April 2012.

This PDCU will provide data that will help determine the timing of the district-wide recoverage campaign. Many universal re-coverage distribution campaigns take place 3 years after the prior distribution which would suggest from December 2014 onwards. If net use (coverage) is high and integrity (condition) is good it may be possible to plan for the recoverage campaign to take place later. The rainy season runs from December to April.

# 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: 6,050 (9,500 will be visited, representing 7.2%. See Appendix A)

Number of Health Centre Catchment Areas (HCCAs): 37

Average population per HCCA: **14,864** Average number of HHs per HCCA: **3,575** 

5% of HHs (average) per HCCA: 180 (255 will be visited)

#### 5. Cost

The budget cost is \$14,450. Detailed budget attached.

Budget cost: \$1.52 / HH visited

## 6. Information to be collected

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

#### 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 between 125 and 550 (average 255) HHs will be visited via selecting 4 to 22 (average 10) villages at random and for each randomly selecting 25 HHs for an unannounced visit. In total, the PDCU will collect information from 9,500 households.

# 9. Timing

The PDCU will take place during October and November 2014. See Appendix C.

#### 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, CU.

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

<u>Field Supervisors (2)</u>: Responsible for monitoring the enumerators and checking their work. These will be senior members from the district including Environmental Health Officers.

<u>Data collectors (Enumerators) (10)</u>: Responsible for collecting household information. Work in pairs, 50 households per day. These will be selected health centre staff or Health Surveillance Assistants (HSAs).

<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.

20 personnel will be involved in the PDCU over four weeks.

## 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 and provide a list of HHs visited and data collected as well as the data collected for those households by data collectors so the comparison is clear
- 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) Data collection orientation

A data collection orientation will be provided to the 10 enumerators and two supervisors. During the orientation the participants will be briefed on the content of the questionnaire

and background on the objective of the survey as well as specific information how collect the data.

After the orientation training, the enumerators will run a pilot data collection in a village within Nsipe health facility catchment in order to get familiar with questionnaire and survey method.

There will be two supervisors from the Health Sector of the District Assembly, namely the Malaria Coordinator and the ITN Coordinator – Environmental Health who will play a role in checking how the enumerators are collecting the data and cross checking all the questionnaires from the enumerators before submitting them to the Survey Coordinator. The survey coordinator will be responsible for accounting for all forms and verify that they are fully filled before submitting them to the data entry team for online data entry.

### iii) Data collection

Data collection has been planned to take place in all the 37 health facilities in the district for a period of 37 days. Each enumerator will be allocated a sampled village in each health facility on a particular day, allowing the teams to cover the ten villages per health center per day. There will be two teams of five enumerators and a supervisor in each team.

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.

#### iv) **Data entry**

Data will be entered from forms into an existing, online database provide by AMF. Four data entry clerks will start entering data four weeks after the data collection starts (in the second week of November) to allow accumulation of forms for entry and easy coordination by the survey coordinator. Data entry is expected to be completed within one week of the end of the data collection phase.

#### v) Report to DHO/health leaders and AMF

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.

Upon completion of the exercise, the survey coordinator will submit a written report with the results of the survey to Against Malaria Foundation and the Health Authorities of the District Assembly.

# Appendix A – Data collection locations

A total of 9,500 households randomly selected from 380 villages, and visited unannounced will be involved in the data collection.

			1		I	I
			Total			# of HHs
		Health	Registered		HHs	sampled
		Facility	Villages per	Villages	sampled	per
		registered	Health	to be	per	Health
	Health Centre	HHs	Facility	sampled	village	Facility
1	TSANGANO H.F.	6,247	27	15	25	375
2	DOVIKO H.F.	1,281	5	5	25	125
3	MATANDA H.F.	1,573	10	6	25	150
4	KATSEKERA H.F.	3,407	21	10	25	250
5	MZAMA H.F.	2,324	20	10	25	250
6	DZONZI MVAI H.F.	878	8	4	25	100
7	NTCHEU D.H.,	10,102	53	20	25	500
8	CHIOLE H.F	1,643	11	5	25	125
9	DZUNJE H.F	7,418	42	15	25	375
10	NSIPE H.F.	5,148	44	10	25	250
11	CHAMPITI H.F.	2,108	20	10	25	250
12	KAPENI H.F	2,893	31	10	25	250
13	NTONDA H.F.	2,461	21	10	25	250
14	NAMISU / MATCHEREZA H.F.	2,290	22	10	25	250
15	SENZANI H.F.	2,371	20	10	25	250
16	MIKOKE H.F.	1,448	12	10	25	250
17	MANJAWIRA H.F.	1,611	8	8	25	200
18	NSIYALUDZU H.F.	7,961	55	16	25	400
19	CHIKANDE H.F.	3,483	35	10	25	250
20	BILILA H.F.	6,247	31	12	25	300
21	BWANJE H.F.	7,903	27	16	25	400
22	SHARP VALLEY H.F.	5,067	30	10	25	250
23	KASINJE H.F.	10,790	60	22	25	550
24	PHANGA H.F.	972	15	5	25	125
25	CHIGODI H.F.	2,870	15	10	25	250
26	KANDEU H.F.	2,006	15	10	25	250
27	GANYA HF	3,032	20	10	25	250
28	MPHEPOZINAYI H.F.	6,226	45	13	25	325
29	MULUMA H.F.	1,461	15	5	25	125
30	GOWA H.F.	3,396	25	10	25	250
31	KAMPANJE H.F.	2,331	18	10	25	250
32	BIRIWIRI H.F	3,139	24	10	25	250
33	MLANGENI H.F.	1,570	9	9	25	225
34	LAKE VIEW H.F.	1,790	8	8	25	200
35	LIZULU H.F.	3,843	22	10	25	250
36	MLANDA H.F.	1,582	17	10	25	250
37	MASASA H.F.	1,387	11	6	25	150
		132,259	872	380		9,500

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

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# Appendix C – Timeline

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No.	ACTIVITY	13	20	27	3	10	17	24	1	8	15	22	29
1	Briefing of enumerators and supervisors												
2	Data collection												
3	Data entry												
4	Report writing												