Central Province, Zambia

Post-Distribution Monitoring (PDM)
At July 2019
10th July- 2nd August 2019

REPORT

Prepared by: [Insert Authors]

1 EXECUTIVE SUMMARY

Between January and May 2018, the National Malaria Elimination Centre (NMEC) undertook a mass coverage campaign to distribute long-lasting insecticide treated nets (LLIN) to all households in the country. The Against Malaria Foundation (AMF), was one of the funders and contributed 3,023,550 nets (LLIN) to the campaign. The AMF funded nets were distributed in the Central, Eastern, Western and North Western Provinces. Following the campaign, AMF planned to undertake Post Distribution Monitoring (PDM) surveys at 9 month intervals for a period of two and half years to gather net coverage data, in these provinces.

AMF contracted Churches Health Association of Zambia (CHAZ) to implement the PDM surveys. Overall, the surveys targeted an estimated 1,100,000 households in the AMF provinces, out of which 5% were to be randomly sampled and visited to gather net utilization data. This is a report presenting the findings and experiences on the second PDM survey activity in the North Western Province of the country.

OBJECTIVES
This PDM was conducted in July 2019, with the objectives to;

- To verify the number of nets received by the household in comparison with the household registration need.
- To determine acceptability and appropriate net usage
- To evaluate the net presence and condition in households

The field teams visited a total of 3,908 households to conduct the PDM survey (representing 1.26 percent of the total households in the region). [AMF comment: financial information will be added when the actual costs of the PDM have been reported and reviewed].

2 RESULTS

The planned number of households that were to be visited was 4,560 households. But the teams could only survey 3,918 households and 8,382 nets. This was because of the challenges that will be discussed in detail in section 3.2.

2.1 Hang up rate / Coverage

Of the surveyed nets, the hung up rate for Central province was at 97 percent with the coverage of 58 percent. [AMF comment: CHAZ have incorrectly quoted the "Nets used correctly" percentage, rather than the hang up rate. The correct hang up rate is 72%.]

2.2 Net Presence

In the 3,918 households surveyed, 23,788 people were recorded, with a total of 10,904 sleeping spaces in the region. It was also recorded that 8,382 nets were received in the region.

And out of these nets, 6,017 (72%) nets were found to be correctly hung, 957 nets were present but not hung, representing 11%, and 440 nets (5%) were recorded to be missing. There was also 968 nets recorded to have been completely worn out and not usable. The other nets representing 17% were recorded to have been worn out and missing.

2.3 Net Condition

On average, the condition of nets in central region was recorded to be good. Even so, there is need for action to be taken. This is so, because according to the AMF net condition rating (which is how well the nets are lasting), the nets were marked in red, indicating "recommend action to be taken". This was represented by AMF calculated rate of 47. Some of the nets were recorded to be worn out (representing 13%) and none were viable.

2.4 Data Quality Results

So far, the data entered was recorded to be accurate, with 91 percent high accuracy, 8 % medium accuracy and 1 % low.

3 OPERATIONS

The PDM commenced with an informative meeting with the Provincial Health office. This was then followed by a training of the District Malaria Focal persons as supervisors, and Community health Workers as data collectors on two consecutive days. These were all drown from the district health offices in Central Province. The training was held in the Provincial capital, Kabwe.

The training was conducted to orient the project staff on data collection tools characterized by a practical session to assess their competences. After the training, the project field staff were sent back to their respective districts where they were to conduct household visits for data collection. The data collection was paper based. And so, supervisors were tasked to double-check records after each day's work. The checks made were for accuracy and completeness of the forms. The paper records were kept in the districts until the last day of data collection. These where then taken to the Data Entry Center (DEC) in Lusaka at CHAZ office.

The PDM team that was engaged to conduct the survey comprised of one project lead, twelve drivers, eleven field supervisors, eleven local guides and twenty-one data collectors. On average, each data collector visited and collected data from 20 households per day. In order to assess the work the work of each data collector, after five days of the Main PDM data collection, supervisors revisited 5% of the Households visited by data collectors. Each supervisor had a sampled village list of households for the 5% revisit. The supervisor revisited two sets of twelve households sampled by AMF, except for ItezhiTezhi which only had a set of twelve households for the revisit. However, not all districts managed to achieve this target due to some of the challenges to be addressed in section 3.2 below. During data collection, each district was allocated a vehicle to transport field staff from the district medical office to the targeted villages on a daily basis.

Immediately after data collection completed, data entry commenced. The data entry involved transferring paper based records into electronic form direct in to the AMF Data Entry system (DES). Seven data entry clerks and one data officer were engaged for this task. On completion of entering the main PDM paper records into electronic form, 6% randomly selected records were re-entered as a mechanism to achieve data accuracy.

After data entry and verification, all paper records were sorted, organized, packed at CHAZ office where they will be securely stored and later archived.

3.1 What Went Well

- The PDM training of field staff was successfully conducted with field team expressing competence in filling in the PDM data collection tool
- All sampled Villages were visited by the field teams
- Local people in the province including local leaders indicated how the survey was important and helpful to the community
- At least more than 50% of the sampled households in the region correctly use nets
- The DES was readily available and accessible for data entry
- The HH heads were willing to let data collectors enter their houses
- A good number of households know the usage and how to hung nets

3.2 What Didn't Go Well

1. Data Collection

The Provincial target for the survey could not be met due to the following:

- In Kabwe district, all provided household head names (i.e. 60 households) could not be identified at all, in three communities, (60 Houeseholds) namely Railways, Lukanga and Site and Service.
- As much as the teams managed to reach all sampled areas, some households were found to have relocated, details of their new locations could not be found. This was also the case in Military camps as the households were registered at a time when most of the HH heads were just in training and have since been deployed to different locations in the country.
- Due to inadequate data provided on the sample lists of households. The sample list lacked landmarks and/or addresses and so it was difficult to identify the provided households. It was also common to find that some of the HH head names provided were different from the names that these people are known by in the community.
- A few household heads were found to have died and remaining household members relocated to unknown places
- Long distances between households covered by data collectors resulted in long travelling hours and less time to conduct data collection
- A lot of households were missed because some households sampled were in temporal settlements (fishing and farming camps as certain areas have these activities as the main source of income). In such areas, people are only available when there is such activities and as such, at the time of the survey, these people had relocated to their original places and/or other places for business.

- Funds allocated for Local guides' allowances were insufficient in all the districts. This was because on paper, only one local guide was allocated for the survey and yet in practice, each village visited required a local person to guide the field team. And as a result, more than planned local guides were used in the survey.
- Districts with more than two data collectors had transport issues, as one car proved to be insufficient to take data collectors in different localities
- Poor road network, the vehicles used in the exercise could not pass certain roads to access sampled households. This resulted in data collectors walking long distances (10 Km average) to reach such households
- The number of days allocated for data collection proved to be inadequate, and so some districts worked extra days
- Not all sampled households received nets during distribution

2. Data Entry
    - Data entry could not complete in the planned period, and so one data entry clerk and the data officer had to work extra days in order to complete the exercise.

3.3 Lessons Learned

- It took too long for the first PDM to be conducted and so most households had relocated and so they could not be captured in the survey.
- Generally, the Olyset nets were the most worn out in the region
- The number of nets received by households was not according to the household registration need sampled household in the region
- PDM activities should be communicated early enough to the provinces to allow for ample time for sensitization if household members are to be found at the time of the visits
- Back up plans for transportation to be provided in areas where vehicles cannot reach, preferably fuel for Motorbikes and bicycles. Also for districts with more than two data collectors
- Local guide allowances should be budgeted for each village and each data collector should be assigned a local guide if targets are to be met
- Duration of data collection should be revised in the next PDMs to avoid extra expenses.

3.4 Schedule

The Central PDM commenced on the 10th July 2019, and was completed on 2nd August 2019.

4 FINANCIAL INFORMATION

[AMF comment: this information will be added when the actual costs of the PDM have been reported and reviewed].

5 ACTIONS BASED ON DATA