Western Province, Zambia

Post-Distribution Monitoring (PDM)
At August 2019
7ᵗʰ – 30th August 2019

REPORT

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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 PDM survey activity in the 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 in the districts conducted the PDM survey in the sampled villages provided by AMF. These teams managed to successfully survey a total of 3,720 households (representing 1.23 percent of the total households in the region). This PDM was budgeted at a cost of $ 60,687. The actual cost was found to be ………… for all the activities in the PDM. This resulted in each household visited, costing …………. [AMF comment: financial information will be added when the actual costs of the PDM have been reported and reviewed].

2 RESULTS

According to the budget, the planned number of households that were to be visited was 4,215 households. The teams managed to survey 3,720 households and 6,598 nets. This was as a result of some of the challenges discussed in detail in section 3.2 of this report.

2.1 Hang up rate / Coverage

Of the surveyed nets, the hung up rate for Western province was recorded as 98 percent with the coverage of 60 percent. [AMF comment: CHAZ have incorrectly quoted the "Nets used correctly" percentage, rather than the hang up rate. The correct hang up rate is 75%]

2.2   Net Presence

Of the 3,720 households surveyed, 20,002 people were recorded, with a total of 10,539 sleeping spaces in the region. This region recorded to have 6,598 received. Of the received nets, 5,225 (75%) nets were recorded to be correctly hung, 381 nets were present but not hung, representing 6%, and 184 nets (3%) were recorded to be missing. There was also 808 nets recorded to have been completely worn out and not usable. The other nets representing 15% 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

The data entered is accurate, with 87 percent high accuracy, 11% medium accuracy and 2 % low.

3   OPERATIONS

The PDM commenced with an informative meeting with the Provincial Health office. Then a training of the District Malaria Focal persons as supervisors, and Community health Workers as data collectors followed. This was conducted on two consecutive days. The participants were all drown from the district health offices in Western Province.

The training was conducted in the Provincial capital, Mongu. It was conducted for the purpose of orienting the project staff on data collection tools with a practical session to assess their competences. After the training, the project field staff went back to their respective districts where they were to conduct household visits for 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. The data collection was paper based, using the data collection forms provided by AMF. And so supervisors were tasked to double-check records after each day's work. The checks were mainly on the accuracy and completeness of the forms. These paper records were kept in the districts until the last day of data collection. They were then taken to Lusaka CHAZ office for data entry, where the paper records were transferred into electronic form. CHAZ office in this case was used as the Data Entry Centre (DEC).

The PDM team engaged for the purpose of the survey comprised of one project lead, seventeen drivers, sixteen field supervisors, local guides and thirty-one data collectors. In this exercise, each data collector visited and collected data from 15 households per day. After five days of the Main PDM data collection, supervisors revisited 5% of the Households visited by data collectors. This was to assess each data collector's work. Supervisors had a separate sampled village list of households for the 5% revisit. And each supervisor revisited two sets of twelve households sampled by AMF. However, Sesheke was an exception as it only had a set

of twelve households for the revisit. Not all districts managed to achieve their provided targets due to some of the challenges to be addressed in section 3.2 below.

Immediately after data collection completed, the paper based records were transferred into electronic form direct in to the AMF Data Entry system (DES). Eight data entry clerks and one data officer were engaged for this task. On completion entering the main PDM paper records into electronic form, 6% of these were randomly selected and were re-entered. This was done 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 with nets hung, in the region correctly use nets
- The HH heads were willing to let data collectors enter their houses
- From the households surveyed, a good number of those that received the nets 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:

- Generally the sampled households for the region were spread across a large area. And due to lack of addresses and landmarks, the exercise proved to be tedious and required a lot of time to meet targets.
- Some sampled households appeared on both the main and spares list
- As much as the teams managed to reach all sampled areas, some households were found to have relocated to neighbouring countries. This resulted into such households not being surveyed.
- Certain households that received the nets were found to have the nets packed and not hanged at the time of the visit. Most of them reported that there were no mosquitoes during the period of the survey.
- 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
- Wrong vehicles and inexperienced drivers were provided for the terrain in the region. This resulted in break-downs and therefore delay in the progression of the exercise.

- 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
- 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
- Two districts (Mwandi and Sesheke) were instructed to redo the survey after data collection was completed. This was because there were many mistakes noted on completion of the forms from the two districts.

3.3 Lessons Learned

- It took too long for the first PDM to be conducted and so most households had relocated and could not be captured in the survey.
- Generally, the households surveyed complained on Olyset nets being too hard and easily wearing out
- During distribution, the nets issued were not as per household demand
- Not all registered households recorded, received nets during distribution
- 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
- When hiring vehicles, the terrains of the sampled villages should be considered so that the right vehicles are allocated for the exercise
- 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 PDM commenced on the 7th August 2019, and was completed on 30th 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

None