Eastern Province, Zambia

**Post-Distribution Monitoring (PDM)
at January 2019- February 2019
10th February-26th February**

REPORT

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1   EXECUTIVE SUMMARY

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

AMF contracted the Churches Health Association 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 report presents findings and experiences on the first PDM survey activity in the Eastern Province of the country.

The PDM was undertaken in February 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 LLIN usage
- To evaluate the net presence and net condition in households

A total number of 5,021 households were surveyed, representing 1.2 percent of the total households in the region. 85% of sampled households were visited during the PDM. In the households visited. The budgeted cost for the PDM was $34,320. The total actual cost for the PDM was $31,622 with each household visited, costing $4.67.

2   RESULTS

A total of 5021 households and 9,865 nets were surveyed.

2.1   Hang up rate / Coverage

The hung up rate was 99 percent with the coverage of 85 percent. [AMF comment: CHAZ have incorrectly quoted the "Nets used correctly" percentage, rather than the hang up rate. The correct hang up rate is 87%.]

2.2   Net Presence

In the 5,021 households visited, a total of 24,501 people were recorded. 12,131 sleeping spaces in the region represented these. In total, 9,865 nets were confirmed to have been received. Out of the 9,865 nets, 8,624 (87%) nets were correctly hung, 377 nets were present but not hung (representing 4%) and 415 nets (4%) were missing. There were also 449 nets that were completely worn out and not usable. 9% of nets were reported to have been worn out and were missing.

2.3   Net Condition

The surveyed nets in the region were 9,254 nets. Generally, the net condition was recorded to be good. According to AMF net condition rating (which is how well the nets are lasting), the nets in the region were of acceptable condition with an AMF calculated rating of 50. About 5 percent of the nets were worn out and 1 percent was not viable.

2.4   Data Quality Results

Data entered was accurate, with 98 percent of the data being highly accurate. There was data recorded that was of low accuracy.

3   OPERATIONS

The PDM began with a training of the field teams, which was held in the Provincial capital, Chipata. The participants were drawn from the 9 districts in province. The training was one day long and involved orientation of the project staff on data collection tools and a practical session to assess their competences. After the training, the project staff were sent back to their respective districts were data collection was conducted. The data collection was paper based and each supervisor was tasked to double-checking of 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 when they were taken to the Data Entry Center (DEC) in Chipata.

The PDM team comprising one project lead, nine field supervisors, nine local guides and thirty-two data collectors were engaged to conduct the survey. On average, each data collector visited and collected data from 20 households per day. The 5% revisits were conducted by the supervisors from the fifth day of data collection, alongside the main PDM. Each supervisor had a sampled village list of households for the 5% revisit. Except for Sinda district, which only had a list of twelve households, each supervisor was tasked to revisit thirty-six households sampled by AMF. However, not all districts managed to achieve this target due to some of the challenges to be addressed in section 3.2 below. The 5% revisits were done in two days. During data collection, all districts involved were allocated vehicles, which were used to transport field staff from the district medical office to the targeted villages on a daily basis.

Data entry commenced the day after completion of data collection in the districts. All paper-based records were transferred into electronic form directly in the AMF Data Entry system (DES). Seven data entry clerks and one data officer were engaged for this task. After completion of entry of the main PDM paper records into electronic form, 6% randomly selected records were re-entered as a mechanism to verify data accuracy.

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

3.1   What Went Well

- ❖ The PDM orientation of field staff went on well
- ❖ The field teams were competent with the PDM forms for data collection
- ❖ Generally the net condition was good with only a few worn out found in the visited households. Only 5% of households visited were found with a worn out net
- ❖ About 99 percent received in the universal coverage campaign of 2018 were still in use for the intended purpose and correctly
- ❖ The households were happy with the survey and encouraged the field teams to conduct such frequently
- ❖ The people visited knew how to use and hang the LLINs and were even eager to demonstrate to the field teams
- ❖ There was also a cry for more nets to be distributed, as some households were missed during the universal coverage
- ❖ The AMF DES was provided in good time for data entry

3.2 What Didn't Go Well

1. Data Collection

- ❖ The data collectors selected for the PDM were not from the AMF sampled sub-district/village list. This made it hard for coordination when it comes to daily targets as data collectors needed to be picked from the District medical offices and transported to the villages to be visited on a particular day. This also contributed to not meeting the household sample targets in that there was a lot of time spent on travelling to the sampled villages due to the long distances that were being covered.
- ❖ The actual distances between the sub-districts and the surrounding villages were found to be longer that what was provided in the budget. For this reason, data collectors could not visit the required number of households in certain instances, some villages were located too far to be visited (requiring overnight travel to be reached), whilst others were cut off due to heavy rains experienced in these areas. Note that no overnight travel was allowed as there was no Daily Subsistence Allowance (DSA) provided in the budget,
- ❖ Poor quality of roads, leading to higher than anticipated consumption of fuel by motor vehicles. Some vehicles were found stuck in some districts such as Nyimba, Vubwi , Petauke and Chipata. In Mambwe, there was an instance where the field team had to use canoes to cross over a flooded river to reach a sample village for data collection
- ❖ Relocation of people from their registered villages for various reasons. In some villages, people were found to have relocated to farming camps for farming activities. There camps were mostly located in hard to reach areas (i.e. across the rivers), which could not be accessed by car. This led to the use of all household spares in some instances, resulting in increase of distances covered and time to complete the daily targets
- ❖ The sample villages selected were not clustered together, so data collectors needed to be transported from village to village over great distances
- ❖ In some cases, the names of house head that appeared on the AMF list were different from the one that is commonly used in the village. This delayed the process in that it took time for the data collectors to locate such individuals.

2. Data Entry

❖ Accessing the database was a challenge, especially on the first day of data entry. The Data Entry System (DES) kept locking users out and was giving errors resulting into difficulties to access the system in time. This delayed data entry as it took time for the AMF data manager to rectify the errors.

❖ The Internet connectivity at the Data Entry Centre (DEC), CHAZ Chipata office was being upgraded during the time of the data entry. For this reason, data entry was slow on the first day as the Internet connection kept dropping resulting into less entries being done on that day. This affected the overall speed on data clerks thereby resulting into additional time to data entry duration.

❖ Some data entry clerks engaged, were not as quick as expected when entering data. For this reason, the number of records entered per day was less than planned. This led to use of additional days to complete data entry.

3.3   Lessons Learned

❖ Data collectors should be selected from the sampled sub-districts, rather than central provincial head quarters areas, for better local knowledge, appreciation of village conditions and household locations
❖ Planning for transport for PDMs should be in coordination with the provincial and district health offices for better understanding of actual distances to and between the sampled villages
❖ Adequate internet connectivity to be provided for the PDM data entry
❖ Arrangements for PDM laptops to be made early enough to avoid delays to start of activities
❖ Contingency funds for possible payment of Daily subsistence Allowances to be included for data collection in the budget, in case of overnight travel between villages

3.4   Schedule

The data collection commenced on the 14th February, and was completed on 21st February 2019. Data entry followed immediately after that on the 22nd February 2019 and ran up to 26th February 2019. See attached schedule.

4   FINANCIAL INFORMATION

The budgeted cost for the PDM was $34,320. The actual cost of activities in the PDM was approximately $31,622 (including CHAZ Administrative costs). The cost for each household visited was costing $4.67. The activity was undertaken within budget, with savings achieved on the second phase of data collection (5% of 1.5%). The main cost drivers were fuel and motor vehicle higher and management costs.

5 ACTIONS BASED ON DATA

None