Balaka District, Malawi

Post-Distribution Check-Up (PDCU) at 6 months

April 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 160,000 LLINs took place between Sep and Nov 2013.

2. Frequency

Every six months until 30 months post-distribution. Further PDCUs will 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: 388,992
Number of Households (HHs): 90,406
5% of households, to be visited: 4,530
Number of Health Centre Catchment Areas (HCCAs): 14
Average population per HCCA: 27,785
Average number of HHs per HCCA: 6,458
5% of HHs (average) per HCCA: 322

5. Cost

The budget cost is US$7,667. Detailed budget attached.
Budget cost: US$1.70 / HH visited.

6. Information to be collected

A half-page, six-question form focuses on net presence, use and condition. Appendix 1.

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 14 HCCAs in Balaka District. All were involved in the September to November 2013 universal coverage net distribution. In each HCCA a
number of HHs will be visited representing 5% of the HHs in each catchment area (Range: 170 to 870, average 325) via selecting at random a number of villages and HHs for unannounced visits. In total, the PDCU will collect information from 4,530 households. Appendix 2.

9. Timing

The PDCU will start on 11th April 2014 and will be completed within 4 weeks.

10. Personnel

Project leader (1): Management and overall responsibility, reporting to DHO, Ntcheu District and to AMF. Nelson Coelho, Project Manager, Concern Universal.

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

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

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

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

19 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
- 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 capturing
- Liaise and monitor data capturing with data entry clerks
- Link data queries with supervisors for follow ups
Field supervisors

- Facilitate and distribute questionnaires to the data collectors
- 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 data collectors
- Visit 5% of households visited by each data collector to check data accuracy
- Submit filled forms to the team leader

Data collectors

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

A one day PDCU orientation training will be carried out involving the enumerators and their supervisors who will be involved in the exercise. This exercise will cover how to collect and check the information required. The quantity of forms needed will be distributed at this briefing.

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 set of household forms from the HCCA 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 two weeks of the end of the data collection phase.
vi) **Report to DHO and 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 and AMF as soon as all data is entered. The complete data set will be passed to the MC.
Appendix 1 – Post Distribution Check-Up (PDCU) data collection form

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have any family members slept under a mosquito net?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>2. What is the condition of the net?</td>
<td>None / Fair / Poor / Very Poor</td>
</tr>
<tr>
<td>3. How many family members have had a meal in the last month?</td>
<td>None / 1-3 / 4-6 / 7-9 / 10-12 / More than 12</td>
</tr>
<tr>
<td>4. Does the household have a child?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>5. How many children in the household have had a meal in the last month?</td>
<td>None / 1-3 / 4-6 / 7-9 / 10-12 / More than 12</td>
</tr>
</tbody>
</table>

Signature of Household: ____________________________

Certification: I certify that the information in this form is correct.

[Signature]
### Appendix 2 - Health Centres and relevant numbers

<table>
<thead>
<tr>
<th>Health Centre</th>
<th>Total number of Villages</th>
<th>Number of households</th>
<th>Population</th>
<th>Number of sleeping spaces</th>
<th>Usable LLIH in place</th>
<th>Nets required</th>
<th>Nets distributed</th>
<th>Mop-Up Nets</th>
<th>Final Total</th>
<th># Villages if min of 25 HHs per village, max 10 villages</th>
<th># Vector Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balaka D.H.</td>
<td>104</td>
<td>17,436</td>
<td>76,891</td>
<td>45,579</td>
<td>22,435</td>
<td>21,722</td>
<td>18,870</td>
<td>2,852</td>
<td>7,660</td>
<td>29,382</td>
<td>870</td>
</tr>
<tr>
<td>Chiyendaiku</td>
<td>39</td>
<td>3,337</td>
<td>13,897</td>
<td>8,208</td>
<td>2,099</td>
<td>6,131</td>
<td>6,070</td>
<td>61</td>
<td>6,131</td>
<td>170</td>
<td>10</td>
</tr>
<tr>
<td>Kalembo</td>
<td>40</td>
<td>6,364</td>
<td>25,947</td>
<td>15,856</td>
<td>3,773</td>
<td>12,103</td>
<td>11,727</td>
<td>373</td>
<td>394</td>
<td>12,494</td>
<td>320</td>
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<tr>
<td>Kankao</td>
<td>84</td>
<td>6,398</td>
<td>26,816</td>
<td>15,269</td>
<td>4,070</td>
<td>11,220</td>
<td>11,019</td>
<td>201</td>
<td>11,220</td>
<td>320</td>
<td>10</td>
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<tr>
<td>Kwitanda</td>
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<td>6,046</td>
<td>26,311</td>
<td>15,317</td>
<td>7,816</td>
<td>8,561</td>
<td>8,361</td>
<td>190</td>
<td>67</td>
<td>8,618</td>
<td>300</td>
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<tr>
<td>Mbera</td>
<td>177</td>
<td>10,384</td>
<td>46,215</td>
<td>26,249</td>
<td>7,145</td>
<td>19,092</td>
<td>19,033</td>
<td>59</td>
<td>709</td>
<td>19,801</td>
<td>520</td>
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<tr>
<td>Mwima</td>
<td>58</td>
<td>6,076</td>
<td>23,032</td>
<td>14,620</td>
<td>4,133</td>
<td>10,494</td>
<td>10,109</td>
<td>391</td>
<td>274</td>
<td>10,768</td>
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<tr>
<td>Namanolo</td>
<td>31</td>
<td>7,324</td>
<td>34,504</td>
<td>21,549</td>
<td>6,653</td>
<td>14,392</td>
<td>12,080</td>
<td>1,584</td>
<td>14,842</td>
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<tr>
<td>Nandumbo</td>
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<td>4,277</td>
<td>18,348</td>
<td>11,182</td>
<td>3,334</td>
<td>7,947</td>
<td>7,510</td>
<td>437</td>
<td>7,947</td>
<td>210</td>
<td>8</td>
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<tr>
<td>Phalula</td>
<td>64</td>
<td>5,629</td>
<td>24,515</td>
<td>14,718</td>
<td>5,066</td>
<td>9,633</td>
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<td>505</td>
<td>9,638</td>
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<td>Phimbi</td>
<td>81</td>
<td>6,112</td>
<td>25,040</td>
<td>14,288</td>
<td>4,550</td>
<td>9,749</td>
<td>9,232</td>
<td>517</td>
<td>9,749</td>
<td>310</td>
<td>10</td>
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<tr>
<td>Ulongwe</td>
<td>26</td>
<td>3,575</td>
<td>15,492</td>
<td>8,965</td>
<td>3,816</td>
<td>5,150</td>
<td>5,115</td>
<td>35</td>
<td>5,150</td>
<td>180</td>
<td>7</td>
</tr>
<tr>
<td>Utrula 1</td>
<td>93</td>
<td>3,518</td>
<td>14,644</td>
<td>8,864</td>
<td>2,760</td>
<td>6,081</td>
<td>6,020</td>
<td>40</td>
<td>6,081</td>
<td>180</td>
<td>7</td>
</tr>
<tr>
<td>Utrula 2</td>
<td>39</td>
<td>3,930</td>
<td>17,128</td>
<td>9,934</td>
<td>2,658</td>
<td>7,408</td>
<td>7,320</td>
<td>83</td>
<td>7,408</td>
<td>200</td>
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</tr>
</tbody>
</table>

**TOTAL**

869 | 90,406 | 388,992 | 230,387 | 80,276 | 149,659 | 142,321 | 7,338 | 9,724 | 159,383 | 4,530 | 127 | 4,510 |

**Average/HCCA**

62 | 6,458 | 27,785 | 16,456 |

### DATA COLLECTION PLAN

<table>
<thead>
<tr>
<th>#</th>
<th>Date</th>
<th>HEALTH CENTRE</th>
<th># Vtg.</th>
<th># HHs</th>
<th># Vtg.</th>
<th># HHs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mon-14-Aug-16</td>
<td>BALAKA D.H.</td>
<td>10</td>
<td>870</td>
<td>67</td>
<td>87</td>
</tr>
<tr>
<td>2</td>
<td>Tue-15-Aug-16</td>
<td>CHIYENDAiku</td>
<td>7</td>
<td>170</td>
<td>24</td>
<td>170</td>
</tr>
<tr>
<td>3</td>
<td>Wed-16-Aug-16</td>
<td>KALEMBO</td>
<td>32</td>
<td>420</td>
<td>32</td>
<td>420</td>
</tr>
<tr>
<td>4</td>
<td>Thu-17-Aug-16</td>
<td>KANKAO</td>
<td>32</td>
<td>440</td>
<td>32</td>
<td>440</td>
</tr>
<tr>
<td>5</td>
<td>Fri-18-Aug-16</td>
<td>KWITANDA</td>
<td>30</td>
<td>300</td>
<td>30</td>
<td>300</td>
</tr>
<tr>
<td>6</td>
<td>Sat-19-Aug-16</td>
<td>MBERA</td>
<td>52</td>
<td>520</td>
<td>52</td>
<td>520</td>
</tr>
<tr>
<td>7</td>
<td>Mon-21-Aug-16</td>
<td>MWMMA</td>
<td>30</td>
<td>300</td>
<td>30</td>
<td>300</td>
</tr>
<tr>
<td>8</td>
<td>Tue-22-Aug-16</td>
<td>NAMANLO</td>
<td>30</td>
<td>320</td>
<td>30</td>
<td>320</td>
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<tr>
<td>9</td>
<td>Wed-23-Aug-16</td>
<td>NANDUMBO</td>
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<td>250</td>
<td>26</td>
<td>250</td>
</tr>
<tr>
<td>10</td>
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<td>280</td>
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<td>30</td>
<td>320</td>
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<tr>
<td>12</td>
<td>Sat-26-Aug-16</td>
<td>ULONGWE</td>
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<td>180</td>
<td>18</td>
<td>180</td>
</tr>
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<td>18</td>
<td>180</td>
</tr>
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<td>14</td>
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<td>200</td>
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<td>200</td>
</tr>
</tbody>
</table>

**TOTAL**

127 | 4,510 |

### DATA ENTRY WILL RUN CONCURRENTLY WITH DATA COLLECTION

<table>
<thead>
<tr>
<th>NO.</th>
<th>ACTIVITY</th>
<th>APRIL 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>BRIEFING POS TO ENUMERATORS</td>
<td>13</td>
</tr>
<tr>
<td>2</td>
<td>DATA COLLECTION</td>
<td>14 15 16 17 18 19 21 22 23 24 25 26 27 28 29</td>
</tr>
<tr>
<td>3</td>
<td>DATA ENTRY</td>
<td>21 22 23 24 25 26 27 28 29 30 1 2</td>
</tr>
</tbody>
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