



Dowa District, Malawi

Pre-Distribution Registration Survey (PDRS)

October - December 2014

PLANNING DOCUMENT

**Prepared by: Chimwemwe Nyoni
Smorden Tomoka
Nelson Coelho**

Contents

- 1. Purpose**
- 2. Distribution catchment area**
- 3. Cost**
- 4. Information to be collected**
- 5. Collection format**
- 6. Timing**
- 7. Personnel**
- 8. Specific roles and responsibilities**
- 9. Operations**

Appendix

- A. Timeline**

1. Purpose

The PDRS, at the household level, establishes the net need per household.

All households in the distribution catchment area are visited and the number of sleeping spaces per household ‘for the purpose of nets’* as well as, if applicable, the number of perfectly usable nets already within the household are counted.

The data collected allows the right number of nets to be brought to the distribution zone and ensures households receive the right number of nets to protect all in their household.

The result is universal coverage – all sleeping spaces covered in the distribution catchment area.

*‘For the purpose of nets’ refers to the number of sleeping spaces, each covered by a family size net, required to protect all householders. Typically two people sleep under a net (for example, mother and baby, husband and wife, several children) although one person may sleep under a net (for example an only child or grandparent). This is a different number than might be counted if ‘the number of sleeping spaces’ is the description as in this case multiple children sleeping in there only slightly separated but adjacent areas might be counted separately. Avoiding this confusion is important given family sized nets are the norm for a distribution.

2. Distribution catchment area

Population: **732,342 (Est)**

Number of Households (HHs): **166,422 (Est)**

Number of Traditional Authority (TA) areas: **7**

Number of Health Centre Catchment Areas (HCCAs): **22**

Average population per HCCA: **33,288 (Est)**

Average number of HHs per HCCA: **7,565 (Est)**

Source: Dowa District Health Officer/Malaria Coordinator, recent (2013 and 2014) census and other health studies information

3. Cost

The budget cost is **\$83,716**. A detailed budget is attached.

4. Information to be collected

The following information will be collected from each household:

R Name of head of household

R Number of sleeping spaces

R Number of perfectly usable nets (with at least two years life remaining)

O Names (or first names) of people in each sleeping space (‘for the purpose of nets’)

O Age, sex of each person

O Number of pregnant women

O Number of children under 5

Information that will not be collected (from list above):

None

R = Required, O = Optional

5. Collection format

Data will be collected on paper forms. The beneficiary lists will be copied with one copy sent to the data entry centre for data entry and safe keeping to help avoid a lost list leading to work needing to be repeated.

6. Timing

The PDCU will take place from October to December 2014 in preparation for the distribution in January and February 2015. See Appendix A.

7. Personnel

Project Leader (1): Management and overall responsibility, providing support to the Project Manager and reporting to AMF. Nelson Coelho, Project Coordinator, CU.

Project Manager (1): Management and overall responsibility, reporting to the District Health Officer (DHO), Dowa District and to the Project Leader. Smorden Tomoka, Project Manager, CU.

Field Supervisors (22): Responsible for monitoring the enumerators and checking their work. These will be senior members from the district including Environmental Health Officers.

Data collectors (Enumerators) (440): Responsible for collecting household information. Work in pairs, 75 households per day. These will be selected health centre staff or Health Surveillance Assistants (HSAs).

Data clerks (10): Responsible for checking and entering data. Each will be assigned data from a set of HCCAs.

Approximately 480 personnel will be involved in the PDRS, with the majority, some 460, involved for 5-7 days over the data collection period.

8. 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
- Monitor closely the project's progress
- Review and approve reports

Project Manager

- Facilitate printing of survey material
- Liaise with district health officials and staff on all aspects of the project
- Facilitate transport
- Train and orient all supervisors and HSAs involved in the project
- Train and orient the data personnel
- Plan and manage the data collection process and timings across all locations
- Manage supervisor team
- Collect and cross-check filled questionnaires from supervisors
- Submit filled questionnaires to the data clerks
- Facilitate availability of online internet accessibility for data entry
- Monitor data entry with data entry clerks
- Link data queries with supervisors for follow up
- First line of troubleshooting

Field supervisors

- Facilitate and distribute survey material to the enumerators
- 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 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
- Photocopy completed forms and pass to the project manager

Data collectors (enumerators)

- 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

9. Operations

i) Establish responsibilities and schedule

This includes management and personnel selection and establishing a project timeline.

ii) Briefings

There will be three separate stages of briefing. First, a briefing of the District Executive Committee (DEC) who will be asked to approve the distribute plans. Second, a briefing with the Area Development Committee (ADC) and Village Health Committee (VHC) representatives. Third, a briefing of the 400+ Health Surveillance Assistants (HSAs) who will carry out the data collection.

This series of briefings ensures appropriate district level approval and support, village and community leader engagement and support, and clear communication and training to those who will collect the data, including focus on the importance of data accuracy and the checks and verification of the data collected that will occur.

iii) Data collection

Data collection will take place over the last three weeks of November. Each enumerator will be allocated a catchment area. Enumerators will work individually collecting information from 75 households each day for 5 days:

$440 \text{ enumerators} \times 75 \text{ households/day} \times 5 \text{ days} = 165,000 \text{ households}$

Supervisors will monitor their work and check forms. This will ensure compliance with data collection procedures. Each supervisor will work alongside 20 enumerators, assisting them, ensuring the comprehensiveness (no villages or households missed) and accuracy of the data collected for each enumerator.

Forms will be sent to the central data-entry location as soon as the data from a catchment area is complete.

iv) Data verification – first stage

Data verification will take place in two stages.

First, by supervisors during the data collection period.

Second, by village and community leaders after the data collection period. (see vi) below)

First stage:

Supervisors will check the data collected by the enumerators by visiting separately, and without enumerator knowledge of the particular households, 5% of the households assigned to each enumerator. The enumerators will be aware prior to their data collection activity that these checks will take place to monitor data accuracy. This activity will underpin a confidence in the accuracy of the data.

v) Data entry

Data will be entered from forms into an existing, online database provide by AMF. Ten data entry clerks will start entering data several weeks after the data collection starts (therefore in the last week of November) to allow accumulation of forms for entry. Data

entry is expected to be completed within three weeks of the end of the data collection phase.

vi) Data verification – second stage

Second stage:

A copy of the beneficiary list for their village or community will be passed to the relevant leaders to check for duplications, omissions or inaccuracies. This will include reading out the list publicly so the community is involved and engaged in the verification and the net distribution preparations more generally. CU field staff supervise this process.

vii) Report to DHO/health leaders and AMF

Upon completion of the PDRS including all data entry and verification, the project leader will submit a written report with the results of the survey to the DHO, Malaria Coordinator (MC) and Health Authorities of the District Assembly and to AMF.

The complete data set, as well as a summary, will be passed to the DHO and MC and to AMF. No data that identifies households, only anonymized data, will be published.

Appendix A – Project Timeline

DOWA PRE-DISTRIBUTION REGISTRATION SURVEY AND DISTRIBUTION PLAN		October-14				November-14				December-14				January-15				February-15				March-15				April-15				
No.	ACTIVITY	6	13	20	27	3	10	17	24	1	8	15	22	29	5	12	19	26	6	13	20	27	3	10	17	24	3	10	17	24
1	Staff selection & orientation	■	■																											
2	DEC briefing meeting			■																										
3	ADC/VHC& HSA briefing meetings				■	■																								
4	Data collection/registration					■	■	■	■																					
5	Data entry & verification									■	■	■	■	■																
6	Additional Data Collection/Entry/Verification														■	■														
7	Nets Arrival & Distribution Preparation									■	■	■																		
8	PDRS report writing																													
9	Distribution planning meetings																													
10	Pilot Distribution																													
11	Distribution																		■	■	■	■	■	■						
12	Data entry & verification																													
13	Mop-Up Distribution																													
14	Distribution report writing																													