Dedza District, Malawi

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

May to June 2015

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 245,489 LLINs took place from September to October 2014.

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) per health catchment area that received nets in the universal coverage distribution are randomly-selected and visited unannounced.

4. Distribution catchment area

Population: **792,422**
Number of Households (HHs): **186,105**
5% of households, to be visited: **9,100**
Number of Health Centre Catchment Areas (HCCAs): **33**
Average population per HCCA: **23,306**
Average number of HHs per HCCA: **5,405**
5% of HHs (average) per HCCA: **275**

5. Cost

The budget cost is **US$12,489**. Detailed budget attached.
Budget cost: **US$1.37** / HH visited.

6. Information to be collected

A half-page, six-question form focuses on identifying the sleeping spaces present on the household, net presence, use and condition and how many people are present in the household and how many had blood test diagnosed malaria, See 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 33 of the 34 HCCAs in Dedza District that were involved in the September to November 2014 universal coverage net distribution since distributions were not carried out in one health facility. In each HCCA a number of HHs will be visited representing 5% of the HHs in each catchment area (Range: 100 to 500, average 275) via selecting at random a number of villages and HHs for unannounced visits. In total, the PDCU will collect information from 9,100 households. See Appendix 2.

9. Timing

The PDCU will start on 4th May 2015 and will be completed within 6 weeks with the enumerators collecting data from at least one health facility per day.

10. Personnel

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

Project Manager (1): Operational management and overall responsibility, reporting to the District Helath Officer (DHO) and to the Project Leader. Chimemwe Nyoni, Project Manager, CU.

Field Supervisors (1): Responsible for monitoring the enumerators and checking their work. This will be a senior member from the district, specifically either the Malaria Coordinator or the Environmental Health Officer.

Enumerators (Data collectors) (10): Responsible for collecting data from the randomly selected households. Each enumerator will be accompanied by the HAS responsible for the village being visited. The enumerators will be selected, hired and trained by CU.

Data clerks (4): Responsible for checking and entering data into the database on the online weblink. Each of the data clerks will be assigned data for a set of HCAs.

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 six weeks.

11. 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
- Produce reports

Project Manager

- 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
- Provide a list of HHs to be visited by each data collector (main) and each data collector (checking)
- 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
- Work with Project Manager to provide a list of HHs to be visited by each data collector (main) and each data collector (checking)
- Submit filled forms to the project manager

Data collectors - Main

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

Data collectors - Checking

- Visit 5% of households visited by <u>each</u> of the main data collectors to check data accuracy
- Identify and verify households to be visited
- Collect data from the sampled households and complete questionnaire as required
- Verify the data collected is a true reflection of the situation
- Submit filled questionnaire to the supervisor

Data clerks

- Cross-check collected data

- Enter collected data correctly online
- Liaise with the team leader regarding any logistical challenges
- Enter data from Data Collectors (checking) so separately identifiable and check against data from Data Collectors (main) can be made

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 A – Post Distribution Check-Up (PDCU) data collection form

POST-DISTRIBUTION SURVEY OF MOSQUITO NET USAGE

Country:		Health Centre name:	
Date of distribution:		Village name:	
Reference:		Date of this survey:	

Form Number:

To the Householder In the past, you received mosquito nets for free in a community distribution. We are conducting a survey of randomly selected households to assess net usage and net condition. We would like to ask for your permission to enter your home to gather this information. Information is gathered anonymously: your personal details are not recorded.

I agree to allow you to enter my home, in my presence, to assess the use and condition of my mosquito nets.   **Signature of Householder**

1. How many regularly used sleeping spaces are there in the household?

2. What is the condition of the HUNG nets?

	Brand of net ⊘O [tick one]			Is it an AMF Net? ☑	Net condition O⊘O [tick one]			How many slept under this net last night?				Net condition
	Diyed	Perma Net	Other	☑	Very Good	OK	Poor	# Children Under 5	# Children 6 to 18 years	# Preg W	# Other adult	**Very Good** fewer than 2 holes of less than 2cm each
Example	O	⊘	O	☑	⊘	O	O	1			1	
Net 1	O	O	O	☐	O	O	O					**OK** fewer than 10 small holes
Net 2	O	O	O	☐	O	O	O					
Net 3	O	O	O	☐	O	O	O					
Net 4	O	O	O	☐	O	O	O					**Poor** more than 10 small holes or 1 big hole, larger than 10 cm
Net 5	O	O	O	☐	O	O	O					
Net 6	O	O	O	☐	O	O	O					
Net 7	O	O	O	☐	O	O	O					If there are more than 10 nets continue on another form (and mark both forms).
Net 8	O	O	O	☐	O	O	O					
Net 9	O	O	O	☐	O	O	O					
Net 10	O	O	O	☐	O	O	O					

3. Of the Against Malaria Foundation nets ONLY:

Number originally received	Hung (= # ticked above)	Present but not hung *	Not present	
			Worn out	Other *
=	+	+	+	

* Reason:

4. Does the householder know how to hang and use a net correctly?
Please ask the householder to demonstrate how the nets are used at night if not obvious from the nets hanging   **Yes / No**

5. How many people in this household have had blood-test diagnosed malaria in the last month?

6. How many people are there in this household?

CERTIFICATION:
I certify the information in this form is correct

Surveyor's name and position:	Surveyor's organisation:	Official Stamp

Against Malaria Foundation www.AgainstMalaria.com   100% of our funds buy nets, they are put over heads and beds and we demonstrate that has happened.

Appendix B - Health Centres and relevant numbers

DATA COLLECTION PLAN

DAY	HEALTH CENTRE	# Villages	1	2	3	4	5	6	7	8	9	10
1	KACHINDAMOTO	5	CHITUKULA	MWASINJA	GALUANENENJI	MLANGENI	MSUNDUZENI					
	MGANJA	5	CHIPEZA	JAMES	MGANJA	KHWEKWERERE	MKWAIRA					
2	NAKALAZI	10	CHIKAKUDA	DUNGEYA	KADZAKALOWA	KANJIRAWAYA	KASAKALA	NGWAZI	KAMUSI	MAYOLA	MBANDAMBANDA	WENDERERA
3	MTAKATAKA	10	CHEUNULU	KAKHOME	KUDOOLE	SONGWE	LIKHWECHE	KABOTA	MKWAIRA	HELANI	MGAWI	KAMZATI
4	MUA	10	KAFULAMA	TEMBETEMBE	MAIWADZA 1	MLONGOTI	KALINDIZA	KANCHAMBA	BWANALI	NJOLO	MADZIANSATSI	MAIWADZA 2
5	KAUNDU	10	JOSOFATI	KAPIRI	LUMWIRA 2	CHEJERO	CHIKOLEZA	SITOLO 1	MCHANJA	KABULIKA 2	MADZIANCHULU	NDINDI
6	GOLOMOTI	20	MASINJA	MKHARIRA	KAZEMBE	ABRAHAM	KACHEMBA	NGWIMBI	KAPHUKA	LIWENGWA	MKHUMBI	MTANDAMAHA
7	MPHATI	6	KABABU	LEMBANI	KALUMBA	KADZABWANI	GEZA	CHITHASA				
8	DZINDEVU	15	CHILASAMONGO	KAPESI	LUWEYA	MALUWA 2	KANKUNDI	SADZU	SUMBI	JAILOSI	KANYENDA	MPOTOLA
9	KANYAMA	10	MBOZI	MKOMEKO	CHING'AMBA	KUMAANI	KHONGONI	MKUMPHIRA	MAGUNDITSA	CHISIKILI	KANYAMA	KASANKHA
10	KALULU	6	LINGA	MPIMA	MNOLO	KAGUNDU	NYANGU	MTENJE 2				
	POLICE COLLEGE	4	CHIKAOLA	KAMALA	MALILI	KUDZAWE						
11	CHIKUSE	12	SITIMA	MPANGO	NYUNDO	MTIWE	NGONDO	KUMBANDE	MPOZA	KAPUMPHA	DOWERA	MPOKOSA
12	MJINI	7	GWENGWE	KAUNDIKA	KAWIRE	KUMCHINZA	KAWOCHE	KAZEMBE	MPOMBE			
13	CHIPHWANYA	6	CHIWAYU	CHIPHWANYA	CHINKOTA	KAOLE	KAFWAFWA	GWENGWE				
14	MAYANI	10	MTAWANGA	MTEMWENDE	KALAMBO	LODZANYAMA	MDZINGA	NSEU	CHAMBALA	KABUNGWE	KAMGUNDA	KAYINJA
15	KAPHUKA	20	BIWI-JAMES	CHAMADENGA	CHILAKALAKA	KAPHUKA	KUMAANI	MKANDA	NJIWA	NYANGU	CHAPULUMUKA	KALINAYE
16	TSOYO	10	CHAWALA	KUCHOMBE	MBILIMA	MNKHUMBWA	CHIKUMBA	LINYAMA	KAYESELA	MWILI	CHAUMA	MATIPA
17	KASINA	15	KALONGA	KUMAPANDA	NACHIKUNGA	KHWAKHWA	MASEWERA	MITAWA	MTHAWANTHU	KULUWINA	MBERA	KOKOLO
18	MDEZA	8	CHAO	MCHAKA	KHOMANI	CHIMAMBA	MOTHELA	CHINCHERE	MASINJA	MLINGA		
19	CHITOWO H/C	15	MAGWAZA	PHUNDA	KAPHINDA	KAGONG'O	KAWERENGA	MAZENGERA	NAPULU 2	GALANGA	KANGULU	NAPULU 1
20	MAONDE	10	FOSA	KADZOMBE	PEMBA 2	TAMPANGANI	GUNDUZE	KAUNDA	MKHOMAANTHU	KALIOZI	THAMBOLAGWA	KAMENYA
21	LOBI	10	CHIPHE	KAMALA	CHIMKUNDA	CHOPENGA	MAFEDWE	NANSETA	CHITIKULA	LOBI T/C	CHIKUMBA	MAGALANGA
22	MTENDERE	20	KACHULE	NAMBILIKIRA	DAMBO	HUWA	JENYA	KAPAKASA	GUNDADZUWA	KACHIKOPA	KAMONGA	NABWENJE
23	KAFERE	10	MSEKADALA	JENTCHERERE	TSUMBI	CHIGENDERE	MOFFATI	NAMAKASU	CHIDUWALE	DIAMPHWE	KANDUTA	KUDE
24	MIKONDO	10	KAMBADZA	DIVITE	GWEDE	MSUZUMIRE	GOERGE MAKOZA	KUMBUKA	CHIKWATI	MIKONDO	GABLIEL	KAFUMBI
25	MATUMBA	20	KAMKODOLA	KASESE	CHEMBE	MKALADZULU	YOBE	CHAUWA	CHISAMBA	CHIMPHANGU	KULUWEYA	MOFFATI
26	CHIMOTO	15	KAMWENDO	YONANI	CHILIKUTALI	CHIMALIRA	MAPONYA	MTONGA	NJONJA	KASONDA	KAUMA	KAFOTOKOZA
27	KANYEZI	15	KANYEZI	ZAMADENGA	CHAMANGWANE	CHIMPIKIZO	KACHIRA MADZI	CHIDEWERE	MALIWA	MLONGOTI	KANSING'INDI	RICHARD
28	CHONGONI	10	CHIPHAZI	NDUWA	KAKHOMBA	MAGWALAGWA	MKHALAPADZUW	CHIMWALA	MPALALE 2	SAOMBA MANJA	DZAMERABOWA	MADAUDAU
29	MPHUNZI	10	CHAKACHADZA	CHIPHYE	CHITIMBE	YESAYA	CHAMBWE	CHINTHANKHWA	MKUTU	MYANGA	PINJI	TOMASI
30	MLANGALI	10	MLANGALI	KAUNDU	CHIFISI	MADAUDU	MTERELA	LAMISTENI	SIRA	GANDENI	SUKASUKA	NJUCHI
	BEMBEKE	10	KAPENUKA	KADAMMANJA	MKUTU	ALBERTO	MATENJE	KANGANYA	CHINKOMBERO 2	KALILOMBE	GONONDA	NADZIKHALE 2

DAY	HEALTH CENTRE	# Villages	11	12	13	14	15	16	17	18	19	20
1	KACHINDAMOTO	5										
1	MGANJA	5										
2	NAKALAZI	10										
3	MTAKATAKA	10										
4	MUA	10										
5	KAUNDU	10										
6	GOLOMOTI	20	BIZALE	CHIKOLELE	FESO	RODRECK	TSINYANI	YOSEFE	MSAMALA	PITALA	KABULIKA 2	KANKHOBWE
7	MPHATI	6										
8	DZINDEVU	15	MATENJE	NYAMA 1	MADZUMBI	CHIWAMBA	MZOOLA					
9	KANYAMA	10										
10	KALULU	6										
10	POLICE COLLEGE	4										
11	CHIKUSE	12	MWAPE	CHILUZI								
12	MJINI	7										
13	CHIPHWANYA	6										
14	MAYANI	10										
15	KAPHUKA	20	NSATO	ASIDI	CHINDENGA	MALINDIMA	MWANYIMBO	MWANZIM	CHIKWASA	CHISANGW	CHIMASUL	MKOPOKA
16	TSOYO	10										
17	KASINA	15	TUMBWE	CHIUTSA	TAWE	KAKHOME SOU	NJOLO					
18	MDEZA	8										
19	CHITOWO H/C	15	KADAWOOLOKA	MTONTHO	MWENJE	KHANGANYA	CHISERA					
20	MAONDE	10										
21	LOBI	10										
22	MTENDERE	20	KAMBUZI	NYOMBE	KACHIPEYA	CHIMAMBA	KANOLO	CHIWAKA	KUTERELA	MTAKATI	CHIMBIYA	KHUWI
23	KAFERE	10										
24	MIKONDO	10										
25	MATUMBA	20	NJUCHI	CHAFUMBWA	KANJINGA	MATUMBA	KUMITENGO	ZIPUSA	FOLOMANI	KUTSANJA	MITONDO	MOSES
26	CHIMOTO	15	MTANTHIRA	STENARA	MKUTA	CHAMBWE	CHIBWEZO					
27	KANYEZI	15	KASEPA	NJEREMA	KAMTUKULE	KABWAZI	KUKHOLONGA					
28	CHONGONI	10										
29	MPHUNZI	10										
30	MLANGALI	10										
30	BEMBEKE	10										

No.	Health Centre	Health Facilty registered HHs	Total Registered Villages per Health Facilty	Villages to be sampled	% of Vllgs	HHs sampled per village	# of HHs sampled per Health Facility	% of HHs in HF
1	KACHINDAMOTO	2,288	20	5	25%	25	125	5.5%
2	MGANJA	1,348	9	5	56%	25	125	9.3%
3	NAKALAZI	5,769	16	10	63%	25	250	4.3%
4	MTAKATAKA	4,765	52	10	19%	25	250	5.2%
5	MUA	5,769	23	10	43%	25	250	4.3%
6	KAUNDU	4,708	62	10	16%	25	250	5.3%
7	GOLOMOTI	8,208	62	20	32%	25	500	6.1%
8	MPHATI	2,859	29	6	21%	25	150	5.2%
9	DZINDEVU	7,531	55	15	27%	25	375	5.0%
10	KANYAMA	4,818	63	10	16%	25	250	5.2%
11	KALULU	2,651	46	6	13%	25	150	5.7%
12	POLICE COLLEGE	1,066	11	4	36%	25	100	9.4%
13	CHIKUSE	6,217	57	12	21%	25	300	4.8%
14	MJINI	3,532	109	7	6%	25	175	5.0%
15	CHIPHWANYA	2,911	38	6	16%	25	150	5.2%
16	MAYANI	5,891	65	10	15%	25	250	4.2%
17	KAPHUKA	9,058	98	20	20%	25	500	5.5%
18	TSOYO	5,030	93	10	11%	25	250	5.0%
19	KASINA	7,801	71	15	21%	25	375	4.8%
20	MDEZA	3,710	72	8	11%	25	200	5.4%
21	CHITOWO H/C	7,375	61	15	25%	25	375	5.1%
22	MAONDE	4,486	45	10	22%	25	250	5.6%
23	LOBI	5,833	54	10	19%	25	250	4.3%
24	MTENDERE	10,149	131	20	15%	25	500	4.9%
25	KAFERE	2,648	82	10	12%	25	250	9.4%
26	MIKONDO	4,662	73	10	14%	25	250	5.4%
27	MATUMBA	10,164	116	20	17%	25	500	4.9%
28	CHIMOTO	8,219	83	15	18%	25	375	4.6%
29	KANYEZI	6,806	88	15	17%	25	375	5.5%
30	CHONGONI	5,565	58	10	17%	25	250	4.5%
31	MPHUNZI	5,025	34	10	29%	25	250	5.0%
32	MLANGALI	4,449	35	10	29%	25	250	5.6%
33	BEMBEKE	7,073	88	10	11%	25	250	3.5%
	TOTAL	178,384	1,999	364	18%	825	9,100	5.1%
	Avg	5,406					276	5.1%

DEDZA 6 months PDCU - Timeline

No.	ACTIVITY	MAY				JUNE				
		4	11	18	26	1	8	15	22	29
1	Briefing of enumerators and supervisors	▓								
2	Data collection	▓	▓	▓	▓	▓	▓			
3	Data entry				▓	▓				
4	Report writing							▓		