Tshikapa District, West Kasai, DRC

Post-Distribution Check-Up (PDCU) at 12 months

November 2015

PLANNING DOCUMENT

Prepared by: Crystal Stafford (IMA)
Charlotte Ndolerire (IMA)
Delphin Kibwe (IMA)
Rob Mather (AMF)

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1. Purpose

The PDCU, at the health area (HA) 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 624,532 LLINs took place between September and December 2014. The first post-distribution check-up (PDCU-6) took place in July 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) that received nets in the universal coverage distribution are randomly-selected and visited unannounced.

4. Distribution catchment area

Population: **1,455,060**
Number of Households (HHs): **256,633**
5% of households, to be visited: **12,832**
Number of Helath Zones (HZs): **8**
Number of Aire de Santé (Health Areas) (AdS): **185**
Average population per AdS: **7,865**
Average number of HHs per AdS: **1,387**
5% of HHs (average) per AdS: **69**

5. Cost

The budget cost is **US$50,525**. Detailed budget and timeline attached, Appendix 1.
Budget cost: **US$6,316**/HZ (of approx. 210,000 people) = **US$3.94**/HH visited = **US$0.197**/HH in the distribution area = **US$0.080**/net originally distributed.

6. Information to be collected

The ODK data collection form focuses on net presence, use and condition. See the separate pdf showing screen shots of each ODK registration data collection screen.

7. Collection format

Data will be collected at each household visited via android phones using ODK software.

8. Locations

The survey will be conducted in all 185 HAs in Tshikapa District. All were involved in the October to December 2014 universal coverage net distribution. In each HA 5% of the HHs will be visited via selecting at random a number of villages (between 1 and 4, typically 2) and HHs (between 10 and 100, average 25) for unannounced visits. In total, the PDCU will collect information from 12,832 households.

9. Timing

The PDCU will start on 7 November 2015 and will be completed by 30 November, 2015. See detailed timeline attached, Appendix 2.

10. Personnel

Project Managers (2): Management and overall responsibility, providing support to the Field Supervisors, Responsible for monitoring the enumerators and checking their work, and reporting to AMF. Charlotte Ndolerire, Crystal Stafford, Project Coordinators, IMA.

PNLP Project Manager (1): Management and overall responsibility, providing support to the Field Supervisors, Responsible for monitoring the enumerators and checking their work. Ensures the PDCU is done in a matter acceptable to the national standards. Reporting to Project Managers and PNLP.

Principal Data Manager (1): Reports to Project Managers. Oversees all aspects of data collection, flow, analysis and reporting. Works alongside the District Data Manager Responsible for ensuring ODK forms are providing good data. Steven Fountain, IMA

District Data Manager (1): Reports to Principal Data Manager and Project Manager. Management and overall responsibility for field data collection, responsible for monitoring the enumerators and checking their work and reporting to Project Managers. Delphin Kibwe, IMA World Health and PNLP Consultant.

Field Data Managers (3): Responsible for collecting data from Field Supervisors and ensuring that the data is accurate and collected correctly. Joseph Kat, Pathy and Patrick.

Field Supervisors (12): These will be community health workers from the district. They will be trained to directly supervise enumerators.

Data collectors (343): Responsible for collecting household information. Work in pairs, 50 households per day. These will be selected from the base of community volunteers previously trained by ASSP. Many will have already worked with IMA during the distribution.

Drivers (3): There will be three vehicles involved in the exercise. Responsible for carrying personnel and materials to the field and driving the Project and Data Managers on supervising missions.

366 personnel will be involved in the PDCU over four weeks.

11. Specific roles and responsibilities

Project Managers

- Ensure all logistical arrangements for the survey have been put in place
- Monitor, mentor and advise the Project Manager
- Produce reports
- Facilitate transport and booking of sampled villages
- Train and orient all the supervisors involved in the exercise
- Train and orient the data personnel
- Administer the survey process

District Data Manager

- Check collected data from Field Data Managers
- Clean data:
    - Clean up misspelled words in columns that contain comments or descriptions
    - Remove duplicate or invalid/empty rows
    - Correct invalid values
    - All corrected fields will be highlighted yellow and a comment will be added explaining the correction
- Liaise with the project managers, principal data manager and field data managers regarding any logistical or data issues or challenges
- Provide cleaned data to Principal Data Manager in Kinshasa

Field Data Managers

- Check that the data is correctly collected
- Alert district data mangers and field supervisors to any data issues and necessary actions
- Liaise with the district data manager and/or project manager regarding any logistical challenges
- Pass or transmit collected data correctly to the district data managers

Field supervisors

- Facilitate and distribute smartphones to the data collectors
- Facilitate identification of selected households at village level
- Monitor how the data is being collected (completeness, accuracy)
- Check that ODK forms have been correctly filled in by enumerators
- Respond to on-the-spot queries from both sampled communities and data collectors
- Ensure the checking data collectors do not have sight of any main data collector data
- Submit data to the field data managers

Data collectors - Main

- Locate and verify households to be visited
- Collect data from the selected households
- Ensure the data collected is a true reflection of the situation
- Submit ODK data to the field supervisor

Data collectors - Checking

- Visit 5% of HHs visited by each of the main data collectors
- Locate and verify households to be visited
- Collect data from the selected
- Ensure the data collected is a true reflection of the situation
- Submit ODK data to the supervisor

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.

iii) **Collect data**

Data will be collected at each household using electronic devices (Android cell phones - smartphones) on which a registration form will be loaded to capture the required 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.

iv) **Collate data**

The collected data will be uploaded on a daily basis. The smartphones will be brought to the local health centre at the end of each day and data transferred from the smartphone to a laptop or computer. From the laptop or computer, the data will be transferred by memory stick to the central data location for that Health Zone.

As soon as the data from a Health Zone is collected and complete, it will be transferred by (file transfer or memory stick) to the data centre in Kinshasa for further collation and then analysis and reporting.

Note: Steps will be taken to ensure the data collected is transferred without loss or corruption to the health area laptop or computer and passed safely and without loss to the HZ and then central location (Kinshasa). These include i) ensuring copies of data are kept at health centre

and at HZ level and ii) immediately seeking an original set of data without delay should ant data file be found to be deficient in any way.

v) **Analyse data**

Data from each HZ will be backed-up and analysed as soon as it is received to establish it is complete i.e. is from all villages, health areas as required. If an original copy of the data is required from the field (health zone of health area) it will be asked for straight away to avoid data not being available due to time elapsing. Once collated the data will be analysed for any errors and for reporting.

vi) **Report to AMF**

The complete, cleaned data set will be sent to AMF within two weeks of returning from the field. A report will be sent within three weeks of returning from the field.

Appendix 1 – Budget

Budget Enquete Hang Up (PDCU 12)/DPS TSHIKAPA Novembre 2015							
ACTIVITY	**ASSUMPTIONS**	**QTY**	**UNIT COST (USD)**	**# OF DAYS**	**FREQUENCY**	**TOTAL**	**%**
1.Training of supervisors							
Repas	1 superviseur par AS(Aires de santé)	12	15	2	1	$360	0.7%
Pause café		12	5	2	1	$120	0.2%
Salle+groupe electrogene+carburant		2	100	2	1	$400	0.8%
PNLP Facilitators perdiem Provincial	2person par formation	2	30	2	1	$120	0.2%
Subtotal 1						**$1,000**	2%
2.Briefing of Recos							
Dinner briefing	1 recos enregistre 40 ménages	343	5	1	1	$1,715	3.4%
Subtotal 2						**$1,715**	3%
3.Transport et perdiem							
Lacation moto complementaire	3motos par zone	40	25	8	1	$8,000	15.8%
Essence	100km par 0,05 litres(Forfait)	1,500	3	1	1	$3,750	7.4%
G.O(Gaz Oil)	100km par 0,25 litres(forfait)	2,500	3	1	1	$6,250	12.4%
PayageTraversées	forfait	20	20	1	1	$400	0.8%
Perdiem Chauffeur Tshikapa	3 chauffeur par pool	3	25	24	1	$1,800	3.6%
Perdiem Recos	1 reco pou 40 ménages	343	5	2	1	$3,430	6.8%
Perdiem Supevisors independants	4 superv par axe	12	50	24	1	$14,400	28.5%
Communication		12	10	1	1	$120	0.2%
Superviseurs IT(Infirmier Titulaire)	1 IT par AS	192	10	2	1	$3,840	7.6%
Superviseurs ECZ(Equipe cadre de la zone)	2MCZ(medecin chef de zone) par zone	18	30	2	1	$1,080	2.1%
Point Focal PNLP national(Programme national de	1person par PNLP	1	85	7	1	$595	1.2%
Emolument		1	50	7	1	$350	0.7%
ESP(Ecole de sante publique)		1	200	10	1	$2,000	4.0%
DPS (Division provincial de la santé)	1 person par DPS	1	50	7	1	$350	0.7%
Appui Technique Directeur PNLP		1	113	5	1	$565	1.1%
Billet		1	350	1	2	$700	1.4%
Subtotal 3						**$47,630**	94%
4. Materiels didactiques							
Rame de papier		2	20	1	1	$40	0.1%
Flip chat	1pour formation	1	20	1	1	$20	0.0%
Paquet Stylo	2 paquets par zone	20	3	1	1	$60	0.1%
Bloque note	1 par super + DSP+PNLP	15	3	1	1	$45	0.1%
Paquet Marqueur		3	5	1	1	$15	0.0%
Subtotal 4						**$180**	0%
Grand Total						**$50,525**	100%

Appendix 2 – Timeline