Balaka District, Malawi

Post-Distribution Check-Up (PDCU)
At 06 months

August 2016

REPORT

Prepared by: Concern Universal
For: Against Malaria Foundation

Contents

1. Executive Summary

This report represents the results of the 06 months PDCU conducted in August 2016. Data was gathered in all of the district's 14 Health Centre Catchment Areas (HCCAs). 6,520 households (HH) were randomly selected and visited unannounced. This check-up was carried out at 06 months after the distribution.

At 06 months post-distribution, sleeping space coverage with a viable net was 73%.

Net hang-up, condition and 'net present but not hung' information for each of the 14 HCCAs will be passed to Balaka Malaria Coordinator (MC), the District Environmental Health Officer (DEHO) and District Health Officer (DHO) to assist in designing further potential targeted malaria intervention activities.

2. Background

Balaka District is one of Malawi's 28 districts and has a population of 590,131 people and 128,685 households. A universal coverage distribution of 278,237 nets was carried out in March 2016.

A Post-Distribution Check-Up survey (PDCU) is carried out at 6 months intervals after the distribution as an impact-monitoring tool of net usage and net condition.

3. Results

- 6,514 HHs visited (5% of the HHs that received nets in the original distribution)
- 16,746 nets checked
- 60% of the nets were found to be hung and in use. This is a low hang–up level.
- 65% of the nets were found to be in 'very good condition' (fewer than 2 holes of up to 2cm in size), 11% 'Good' (fewer than 10 small holes on them) and 6% in 'viable' condition, (although with more than 10 holes or 1 hole larger than 10 cm), while 17% were worn out. The viable sleeping space coverage was therefore 73% and 76% people sleeping under a net.
- The survey found 18% of those using the nets were children under 5 years, while 39% were children, 1% were pregnant women and 42% being adults.
- Condition of the nets compared to expectation: Poor (overall rating of 36).

See Appendix 2 for detailed results and findings.

Comment

We recommend that post distribution sensitization meetings should be conducted to remind the beneficiaries on the best ways of taking care of the nets and net hang utilization.

The practicality of different approaches, associated costs and the coverage likely to be achieved is being assessed.

What is clear is that sleeping space coverage is below 80% for a material part of the three year period between mass distributions and better malaria control is likely to be achieved through maintaining an 80% or above coverage level throughout the three year cycle.

Note: 80% is considered by many in the malaria community to be the desired level of sustained coverage. As far as we are aware (at least at this time) there is no specific scientific evidence that suggests 80% rather than 75% or 85% or a different level. We believe it is considered a practical and suitable high level given 100% coverage is unlikely and it falls at the midpoint of this and 60%, the level at which the so-called 'mass effect' begins, where those not under cover (the 40%) benefit from the 60% coverage and a significant proportion of the population being protected and a material number of the malaria-carrying mosquitoes in a community being killed on contact with the insecticide-treated nets in place.

4. How the work was carried out and key decisions

Schedule

The PDCU planning began two months in advance of the PDCU taking place to ensure plans and resources were in place.

Planning

The PDCU team leader led the planning. See the PDCU-06 Planning document for details.

Budgeting

A budget was prepared using cost drivers for each cost item. This allowed strong estimating of costs and will allow a clear comparison between budget and actual costs. See PDCU-06 Budget vs Actual document.

Resource selection

There are 14 Health Centres (HCs) in Ntcheu District. Each has approximately 20 staff attached to each one, the majority being salaried Health Surveillance Assistants (HSAs).

From lessons learned from earlier PDCUs, it was decided to continue with the focused team of 20 data collectors rather than have a specific number of data collectors from each HCCA. This was based on the following reasons.

First, this would reduce the number of data collectors that would need to be monitored and trained. Second, we would be able to select reliable individuals whom we could trust to do a diligent and accurate job of collecting the data. Third, it would leave the majority of HSAs to carry on with the normal health tasks and duties. Fourth, by having the same people covering the whole exercise they will get acquainted to the task and reduce errors on data collection.

This meant the data collectors would spend less days collecting data with a day on each health facility rather than the one or several days if not many more data collectors were to be used. This was judged the preferable way of organizing and managing the data collection phase.

Orientation and training

Given the limited number of people involved in collecting data and supervising, this was a relatively simple and focused task. An orientation and training session took place on the 1st of August 2016, conducted by CU and MOH Staff (Malaria Coordinator (MC) and Assistant District Environmental Health Officer (ADEHO)).

Supervisors: There were 2 supervisors. The briefing familiarized the supervisors with the overall project, objectives, timing and specific responsibilities.

Data collectors: There were 20 data collectors involved in collecting data, selected from within the district. The orientation included detailed explanation of the survey objectives and the logic behind the survey form (net condition, type of nets, what sleeping spaces are, what is meant by hung nets and noting hung nets against AMF nets received) as well as having the data collectors pre-test exercise in order to fill in sample forms and ask questions to ensure their understanding of what information should be collected and how.

Village selection and household selection

Balaka district has 14 health facilities. It was decided to collect data from 5% of households in all HCCA where we carried out the distributions; this meant a different number of households in each HCCA as per individual health facility populations.

Between 25 and 35 households were randomly selected from each of the selected 8 to 40 villages, depending on the HCCA, with the villages also selected at random.

Villages were randomly selected using the village lists generated from the pre-distribution and distribution work for the March 2016 AMF-funded universal coverage LLIN distribution. A random number table was used to select the villages.

Households were randomly selected using the household lists produced during the same campaign. A random number table was used to select the households. Ten more households were put on reserve in case no one was at home in the selected households.

Data collection

20 data collectors and 2 supervisors from the District Health Office were involved in the PDCU. The supervisors were responsible for checking the data collection exercise at the same time monitoring how the data was being collected as per requirement.

All the data collectors involved gathered at a days' designated health facility before each being deployed to selected villages. Once the data collection was complete, the data collectors submitted completed forms to their assigned supervisor who was responsible for checking the forms for obvious errors or omissions, including a lack of householder signature, before delivering the forms to the data entry team.

From the selected households, both men and women households heads were interviewed upon giving consent and signing on the form to indicate acceptance. Each data collector was assigned a village under the health centre on which data collection was planned for that particular day, guided by their assigned supervisor. On average each data collector visited 28 households per day.

Data collection checking

Supervisors were required to visit 5% of the households in their area to check the accuracy of the data collectors' work and had to check all the completed forms submitted to them before submitting them to the Project Manager. The sampled visited households were also chosen at random so the work of all data collectors was checked.

Data entry

There were four data entry clerks with knowledge in basic computing. The data entry clerks were also exposed to a questionnaire orientation where they were briefed on the forms and introduced to the online web links and how to enter the data on the electronic form, make editions and post the data.

The data entry clerks were assigned specific health facilities in order to facilitate their performance monitoring.

Data was entered into a database via a web interface created by AMF. An internet connection was required for this work.

Data entry checking

It was important to monitor and check the work of each data clerk at an early stage to correct any lack of understanding and monitor errors.

Continuous improvements in the data entry interface by AMF meant the data entry proceeded with almost no errors. This reduced the error-checking phase to almost nothing.

5. Finances

The budget was US$ 10,630.

6. Lessons learned

The operational elements that went well were:

- All the selected villages were visited.
- There was a positive response from the LLIN beneficiaries at community level.
- The survey form was short with only one page comprising 6 questions, which was ideal for the data collectors and the respondents.
- Local community leaders and household heads allowed the data collectors to enter their households to see the hung nets and check the condition they were in.
- Management support and commitment towards the activity by Concern Universal and District Health staff was very encouraging, hence the timely execution of the exercise.
- The data collectors, supervisors and drivers were committed to collecting the data.

The lessons learned from this PDCU that will be applied to subsequent PDCUs were:

- The same data collectors should be hired to collect the data for the whole exercise in the upcoming subsequent PDCU surveys.
- Likewise the same data entry clerks should be involved in the next subsequent upcoming PDCUs since they are already familiar with the system.

7. Acknowledgements

Special acknowledgement should be made to the Balaka District Health Management Team and the Malaria Coordinator (MC) and the Environmental Health Officer (EHO) in particular, for tirelessly making this initiative a success. Despite their busy day-to-day schedule they allocated their time and efforts to the successful execution of the survey. This team worked even beyond normal working hours just to accomplish the mission and meet the timelines.

Appendix 1 - Health Areas and households visited (2 Pages)

LIST OF VILLAGES PER HEALTH FACILITY

	Health Centre	# of villages sampled	5% of households	# of HHs per Village	1	2	3	4	5	6	7	8	9	10
1	Balaka DH	40	1400	35	Knadengwe	Kapile	Hanjahanja	Mbodzole	Lire	Kachisi	Ngoloje	Mandevu	Oddilo	Kanyumbaaka
					Mwangali	Kachikuni	Matola	Kalembera	Msiyamanda	Bulusi	Maliwata	Liwonde	Mponda A	Mphata
					Amonitsute	Dulani	Njale	Golowa	Nachamba	Chewadi	Chipinga	Mkomba	James	Lufeyo
					Muloya	Piritu	Kandodo	Ngwalo	Chapala	Katunga	Mulelemba	Saidi	Chimatilo	Sawali
2	Chiyendausiku	9	225	25	Chikwasa	Chifodya	Mzakati	Kanjovu	Tsaidoni	Chioza	Kuntele	Chasinda	Kapito	
3	Kalembo	20	500	25	Batumeyo	Kapinuka	Lijera	Salimu	Chesani	Mazeze	Sande	White	Chiundi	Maleta
					Chitseko	Matiya	Mulilima	Nsulu	Nsaliwa	Nsuwo	Chikoko	Michesi	Ntonda	Mluma
4	Kankao	17	425	25	Bwemba	Kuchigamba	Mzito	Chibwana	Phasule	Kantande	Zandeya	Phillip	Mbeta	Mphenzi
					Joshua	Khoswe	Pakamwa	Chimpakati	Liwinza	Malakamu	Thamanda			
5	Kwitanda	11	385	35	Malamba	Fungulani	Chipoyo	Kambwiri	Chipumi	Nduta	Gwaladi	Makande	Bwanali	Kananji
					Mpembedza									
6	Mbera	25	750	30	Chamba	Kukada	Kasani	Nyanyira	Juma	Mpoto	Kabota	Sikelo	Kachenga	Ngambo
					Kalambo	Saiwala	Daudi	Samvera	Mposera	Chembera	Chipole	Chiganga	Lupiya	Chapweteka
					Msozo	Silika	Amanu	Kkamoto	Makande					
7	Mwima	18	450	25	Sumani	Chombe	Mpata	Chabwera	Magombo	Mwembe	Bokosi	Mpanje	Ngasale	Mtole
					Kasitomu	Nkanonga 1	Liundi	Chileka	HindaHinda	Mtende	Kusafali	Mandanda		
8	Namanolo	20	500	25	Kalambo	Thukuta	Mpata	Mwalabu	Chibotolo	Chapita 1	Katapila	Chilembwe	Namwera	Njale
					Matembera	Msamati 2	Ng'ombe	Mtonya	Mlenga	Mmanga 2	Wala	Disi	Chasuchira	John Wasili
9	Nandumbo	12	360	30	Bimbi	Naninji	Chipapa	Majikuta	Ndembwe	Milala	Nyanyika	Mapiko	Maselema	Kwenje
					Nyangwa	Mdoka								
10	Phalula	14	350	25	Khazibet	Ndundunde	Chitimbe	Chikondi	Mateyu	Mussa	Ben	Kameza	Lindadi	Sanudi
					Chiwengana	Mundira	Bamusi	Kuthambo						
11	Phimbi	15	375	25	Semani	Lupembe	Njera	Majamanda	Mankhokwe	Njovuyalema	Njerenje	Ali	Kayamba	Zalimu 1
					Magombo	Muluma	Ntaja	Matipani	Mbewe					
12	Ulongwe	8	280	35	Hoba	Kefa	Kawanga	Nkanda	Sapa	Chikolongo	Mwamadi	William		
13	Utale 1	10	250	25	Bona	Jingasiya	Mcheza	Sidreck	Mputi	Chambo	Namiyaka	Bemeyani	Nkaya	Ndimbwe
14	Utale 2	9	270	30	Malopa	Mereka	Wiliki	Sitima	Kanthiti	Utale	Chilunga	Kulilunga	Time	

	Health Centre	Health Facilty registered Population	Health Facilty registered HHs	Registered Villages per Health Facilty	Villages to be sampled	% of Vllgs	HHs sampled per village	sampled per Health Facility	% of HHs in HF
1	Balaka DH	124,813	27,267	135	**40**	**30%**	**35**	1,400	5.1%
2	Chiyendausiku	20,597	4,631	39	**9**	**23%**	**25**	225	4.9%
3	Kalembo	45,560	9,628	46	**20**	**43%**	**25**	500	5.2%
4	Kankao	37,537	8,204	84	**17**	**20%**	**25**	425	5.2%
5	Kwitanda	34,955	7,894	71	**11**	**15%**	**35**	385	4.9%
6	Mbera	70,238	15,263	189	**25**	**13%**	**30**	750	4.9%
7	Mwima	40,464	9,042	59	**18**	**31%**	**25**	450	5.0%
8	Namanolo	48,489	10,025	31	**20**	**65%**	**25**	500	5.0%
9	Nandumbo	34,313	7,116	29	**12**	**41%**	**30**	360	5.1%
10	Phalula	30,480	6,852	64	**14**	**22%**	**25**	350	5.1%
11	Phimbi	31,881	7,205	83	**15**	**18%**	**25**	375	5.2%
12	Ulongwe	24,699	5,465	26	**8**	**31%**	**35**	280	5.1%
13	Utale 1	21,640	4,833	40	**10**	**25%**	**25**	250	5.2%
14	Utale 2	24,465	5,260	39	**9**	**23%**	**30**	270	5.1%
Total		590,131	128,685	935	**228**			6,520	5.1%

	Aug-16				
Activity	**Mon**	**Tues**	**Wed**	**Thurs**	**Fri**
Orientation	1				
Data Collection		2	3	4	5
	8	9	10	11	12
	15	16	17		
Data Entry	15	16	17	18	19
	22	23	24		
Report Writing				25	26

Appendix 2 - Detailed PDCU-06 results (3 pages)

Post-Distribution Check-Up (PDCU) for Balaka, Malawi: @ 6-months (August 2016)

Survey schedule: **from August**
Data entry schedule: **from August**
Checking and analyis expected to be complete: **September**
LIVE - Data shown are updated in real time
Data entered as at: 30 Jan 2017 12:23

Presence of AMF Nets | Condition of AMF nets | Usage of the nets | Miscellaneous data | Comments

			Households			Forms Signed		AMF Nets: Nets received	Hung		Present Not Hung		Missing		Worn out/ not usable		M+ WO			
	Location	Date	Target	#	%	#	%	#	#	%	#	%	#	%	#	%	%	Last entry on		b
		03 Sep 2016	4,500	6,514	145	6,514	100	16,746	10,031	60	4,095	24	530	3	2,090	12	16			
1	DP199 Malawi, Balaka District Hospital, Balaka District	01 Sep 2016	900	1,400	156	1,400	100	2,403	811	34	125	5	28	1	1,439	60	61	12 Sep 2016 15:17	12 Sep 2016	U
2	DP199 Malawi, Chiyendausiku	23 Aug 2016	150	225	150	225	100	679	387	57	239	35	26	4	27	4	8	14 Sep 2016 13:46	14 Sep 2016	A
3	DP199 Malawi, Kalembo	18 Aug 2016	300	500	167	500	100	1,547	1,053	68	404	26	40	3	50	3	6	17 Sep 2016 20:49	17 Sep 2016	U
4	DP199 Malawi, Kankao	29 Aug 2016	300	424	141	424	100	1,170	769	66	306	26	62	5	33	3	8	14 Sep 2016 08:46	14 Sep 2016	U
5	DP199 Malawi, Kwitanda	24 Aug 2016	300	385	128	385	100	938	677	72	238	25	21	2	2	0	2	19 Sep 2016 07:02	19 Sep 2016	A
6	DP199 Malawi, Mbera Health Centre, Balaka District	01 Sep 2016	500	748	150	748	100	2,143	1,265	59	714	33	63	3	101	5	8	15 Sep 2016 07:42	15 Sep 2016	A
7	DP199 Malawi, Mwima	19 Jun 2016	300	450	150	450	100	1,222	825	68	320	26	47	4	30	2	6	16 Sep 2016 20:55	16 Sep 2016	U
8	DP199 Malawi, Namandolo	22 Aug 2016	350	500	143	500	100	1,453	862	59	397	27	57	4	137	9	13	15 Sep 2016 10:19	15 Sep 2016	U
9	DP199 Malawi, Nandumbo	24 Aug 2016	200	358	179	358	100	997	617	62	334	34	39	4	7	1	5	19 Sep 2016 08:09	19 Sep 2016	A
10	DP199 Malawi, Phalula	28 Aug 2016	300	349	116	349	100	915	592	65	226	25	41	4	56	6	11	14 Sep 2016 14:12	14 Sep 2016	A
11	DP199 Malawi, Phimbi	28 Aug 2016	300	375	125	375	100	973	715	73	158	16	23	2	77	8	10	18 Sep 2016 12:01	18 Sep 2016	A
12	DP199 Malawi, Ulongwe	29 Aug 2016	200	280	140	280	100	728	448	62	186	26	26	4	68	9	13	19 Sep 2016 07:35	19 Sep 2016	A
13	DP199 Malawi, Utale I	25 Aug 2016	200	250	125	250	100	736	472	64	210	29	28	4	26	4	7	17 Sep 2016 10:41	17 Sep 2016	A
14	DP199 Malawi, Utale II	03 Sep 2016	200	270	135	270	100	842	538	64	238	28	29	3	37	4	8	16 Sep 2016 14:24	16 Sep 2016	A

Key

Forms Signed	0%	> 95%	> 96%	> 98+%	Green	- Very good
Nets Hung	0%	> 73%	> 79%	> 85+%	Light Green	- Good
Nets Present Not Hung	100%	> 18%	> 16%	> 10-%	Orange	- Acceptable
Nets Missing (M)	100%	> 7%	> 5%	> 4-%	Red	- Recommend action is taken
Nets Worn Out (WO)	100%	> 2%	> 0%	> 0-%		
M + WO	100%	> 2%	> 0%	> 0-%		

Explanation

The green, light green, orange and red traffic-light system indicates '**Very Good**', '**Good**', '**Acceptable**' and '**Recommend action is taken**'. This is an educated estimate by AMF staff and is not presented a a scientific assessment. They are based on a review of research studies and other data which suggest a typical hang-up (net use) and degradation (net condition) profile for nets. We have tried to be conservative in setting the grade boundaries to try and avoid overstating how well the nets may be performing. We are currently liaising with advisors to gain further advice on where these bands should fall.

Post-Distribution Check-Up (PDCU) for **Balaka, Malawi:** @ 6-months (August 2016)

Survey schedule: **from August**
Data entry schedule: **from August**
Checking and analyis expected to be complete: **September 201**
LIVE - Data shown are updated in real time
Data entered as at: 30 Jan 2017 12:23

Presence of AMF Nets | Condition of AMF nets | Usage of the nets | Miscellaneous data | Comments

AMF Nets

	Job		Very Good		Good		Viable		Worn out		Rating
		Total	#	%	#	%	#	%	#	%	Rating
		12,111	7,928	65	1,340	11	753	6	2,090	17	36
1	DP199 Malawi, Balaka District Hospital, Balaka District	2250	150	7	128	6	533	24	1,439	64	5
2	DP199 Malawi, Chiyendausiku	414	356	86	28	7	3	1	27	7	48
3	DP199 Malawi, Kalembo	1103	802	73	224	20	27	2	50	5	48
4	DP199 Malawi, Kankao	802	653	81	90	11	26	3	33	4	49
5	DP199 Malawi, Kwitanda	679	623	92	47	7	7	1	2	0	72
6	DP199 Malawi, Mbera Health Centre, Balaka District	1366	1188	87	63	5	14	1	101	7	47
7	DP199 Malawi, Mwima	855	700	82	104	12	21	2	30	4	50
8	DP199 Malawi, Namandolo	999	671	67	144	14	47	5	137	14	39
9	DP199 Malawi, Nandumbo	624	480	77	101	16	36	6	7	1	53
10	DP199 Malawi, Phalula	648	456	70	127	20	9	1	56	9	44
11	DP199 Malawi, Phimbi	792	654	83	54	7	7	1	77	10	45
12	DP199 Malawi, Ulongwe	516	332	64	109	21	7	1	68	13	40
13	DP199 Malawi, Utale I	498	407	82	58	12	7	1	26	5	49
14	DP199 Malawi, Utale II	575	462	80	66	11	10	2	37	6	47

AMF Olyset nets

	Job		Very Good		Good		Viable		Worn out		Rating
		Total	#	%	#	%	#	%	#	%	Rating
		6,346	4,019	63	733	12	499	8	1,095	17	35
1	DP199 Malawi, Balaka District Hospital, Balaka District	1,554	82	5	107	7	371	24	994	64	5
2	DP199 Malawi, Chiyendausiku	43	33	77	5	12	2	5	3	7	46
3	DP199 Malawi, Kalembo	598	428	72	123	21	20	3	27	5	48
4	DP199 Malawi, Kankao	408	335	82	45	11	11	3	17	4	50
5	DP199 Malawi, Kwitanda	346	313	90	27	8	5	1	1	0	69
6	DP199 Malawi, Mbera Health Centre, Balaka District	714	625	88	27	4	9	1	53	7	47
7	DP199 Malawi, Mwima	460	388	84	41	9	15	3	16	3	51
8	DP199 Malawi, Namandolo	497	334	67	70	14	25	5	68	14	39
9	DP199 Malawi, Nandumbo	260	181	70	58	22	18	7	3	1	50
10	DP199 Malawi, Phalula	274	201	73	44	16	5	2	24	9	44
11	DP199 Malawi, Phimbi	444	368	83	30	7	3	1	43	10	45
12	DP199 Malawi, Ulongwe	488	321	66	96	20	7	1	64	13	40
13	DP199 Malawi, Utale I	235	191	81	28	12	4	2	12	5	49
14	DP199 Malawi, Utale II	273	219	80	32	12	4	1	18	7	47

AMF Permanet nets

	Job		Very Good		Good		Viable		Worn out		Rating
		Total	#	%	#	%	#	%	#	%	Rating
		5,765	3,909	68	607	11	254	4	995	17	36
1	DP199 Malawi, Balaka District Hospital, Balaka District	691	67	10	21	3	161	23	442	64	5
2	DP199 Malawi, Chiyendausiku	371	323	87	23	6	1	0	24	6	48
3	DP199 Malawi, Kalembo	504	374	74	100	20	7	1	23	5	48
4	DP199 Malawi, Kankao	394	318	81	45	11	15	4	16	4	49
5	DP199 Malawi, Kwitanda	331	308	93	20	6	2	1	1	0	76
6	DP199 Malawi, Mbera Health Centre, Balaka District	650	562	86	35	5	5	1	48	7	47
7	DP199 Malawi, Mwima	393	311	79	62	16	6	2	14	4	50
8	DP199 Malawi, Namandolo	502	337	67	74	15	22	4	69	14	39
9	DP199 Malawi, Nandumbo	364	299	82	43	12	18	5	4	1	56
10	DP199 Malawi, Phalula	374	255	68	83	22	4	1	32	9	44
11	DP199 Malawi, Phimbi	348	286	82	24	7	4	1	34	10	45
12	DP199 Malawi, Ulongwe	28	11	39	13	46	0	0	4	14	36
13	DP199 Malawi, Utale I	263	216	82	30	11	3	1	14	5	49
14	DP199 Malawi, Utale II	301	242	80	34	11	6	2	19	6	47

Key

Rating 0% > 50% > 60% > 70+%

Green - Very good
Light Green - Good
Orange - Acceptable
Red - Recommend action is taken

Explanation

The green, light green, orange and red traffic-light system indicates '**Very Good**', '**Good**', '**Acceptable**' and '**Recommend action is taken**'. An overall colour rating is used to give a simple visual overview of how well the nets are lasting. This is an educated estimate by AMF staff and is not presented as a scientific assessment. The rating is calculated considering the proportion of nets in each condition. Performance (colour) bands are established considering published research and other data on how nets typically degrade over time. We are currently liaising with advisors to gain further advice on where these bands should fall.

THE AGAINST MALARIA FOUND... (GB) https://www.againstmalaria.com/SurveyResults_Live.aspx?ProposalID=199&ReportStageID=6

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Post-Distribution Check-Up (PDCU) for Balaka, Malawi: @ 6-months (August 2016)

Presence of AMF Nets | Condition of AMF nets | **Usage of the nets** | Miscellaneous data | Comments

	Nets Used				Household used				People sleeping under nets									Coverage					
	Correctly		Not Correctly		Correctly		Not correctly		Children under 5		Children 5 to 18		Pregnant women		Other adults		Total	Sleeping spaces			People		
Job	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	#	Covered	%	#	Covered	%
	11,034	97	297	3	4,690	97	143	3	4,057	18	8,790	39	309	1	9,563	42	22,719	15,480	11,331	73	29,905	22,719	76
1 DP199 Malawi, Balaka District Hospital, Balaka District	1,137	89	136	11	456	86	72	14	561	20	747	26	33	1	1,479	52	2,820	3,342	1,273	38	6,311	2,820	45
2 DP199 Malawi, Chiyendausiku	423	98	8	2	174	98	3	2	119	15	344	42	17	2	330	41	810	537	431	80	984	810	82
3 DP199 Malawi, Kalembo	1,110	99	6	1	438	100	2	0	373	18	889	42	26	1	822	39	2,110	1,276	1,116	87	2,387	2,110	88
4 DP199 Malawi, Kankao	806	98	14	2	355	99	5	1	274	17	650	40	18	1	671	42	1,613	981	820	84	1,902	1,613	85
5 DP199 Malawi, Kwitanda	742	99	5	1	336	100	1	0	279	19	612	41	17	1	597	40	1,505	883	747	85	1,738	1,505	87
6 DP199 Malawi, Mbera Health Centre, Balaka District	1,358	98	25	2	566	98	12	2	457	17	1,046	39	35	1	1,155	43	2,693	1,813	1,383	76	3,468	2,693	78
7 DP199 Malawi, Mwima	896	98	22	2	379	97	13	3	341	18	754	40	25	1	750	40	1,870	1,063	918	86	2,113	1,870	88
8 DP199 Malawi, Namandolo	944	98	24	2	402	97	12	3	346	18	784	41	39	2	757	39	1,926	1,189	968	81	2,302	1,926	84
9 DP199 Malawi, Nandumbo	654	96	25	4	295	96	13	4	262	19	552	40	23	2	558	40	1,395	833	679	82	1,657	1,395	84
10 DP199 Malawi, Phalula	647	99	9	1	285	99	3	1	238	18	549	41	20	1	542	40	1,349	829	656	79	1,669	1,349	81
11 DP199 Malawi, Phimbi	755	99	5	1	337	100	1	0	259	17	583	39	11	1	634	43	1,487	866	760	88	1,672	1,487	89
12 DP199 Malawi, Ulongwe	486	99	6	1	226	100	0	0	181	18	370	36	13	1	455	45	1,019	608	492	81	1,265	1,019	81
13 DP199 Malawi, Utale I	504	98	8	2	214	98	4	2	193	19	386	39	14	1	401	40	994	597	512	86	1,157	994	86
14 DP199 Malawi, Utale II	572	99	4	1	227	99	2	1	174	15	524	46	18	2	412	37	1,128	663	576	87	1,280	1,128	88

Used correctly **0%** > **90%** > **95+%**
Coverage **0%** > **90%** > **95+%**

The green, orange and red traffic-light system indicates 'very good', 'OK' and 'recommend action is taken'.
They are based on an educated assessment of what figures would represent very good, OK, and not so good use and condition of the nets.
We are currently liaising with a number of individuals to gain further advice on where these bands should fall.