Balaka District, Malawi

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

February 2016

REPORT

Prepared by: United Purpose
For: Against Malaria Foundation

Contents

1. Executive Summary

This report represents the results of the 12 months PDCU conducted in February 2017. 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 12 months after the distribution.

At 12 months post-distribution, sleeping space coverage with a viable net was 92%.

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

- 6,520 HHs visited (5% of the HHs that received nets in the original distribution)
- 16,833 nets checked
- 77% of the nets were found to be hung and in use. This is a good hang–up level.
- 75% of the nets were found to be in 'very good condition' (fewer than 2 holes of up to 2cm in size), 18% 'Good' (fewer than 10 small holes on them) and 2% in 'viable' condition, (although with more than 10 holes or 1 hole larger than 10 cm), while 5% were worn out. The viable sleeping space coverage was therefore 73% and 76% people sleeping under a net.
- The survey found 17% of those using the nets were children under 5 years, while 42% were children, 1% were pregnant women and 40% being adults.
- Condition of the nets compared to expectation: Good (overall rating of 62).

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. A general improvement has been noted from the previous survey.

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-12 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-12 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 United Purpose (UP) 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$ 10,807.

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 United Purpose 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)

DATA COLLECTION PLAN															
					VILLAGES										
	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	1,400	35	KANDENGWE A	KAPILE A	KAUMPHAWI A	MTONYA	PETRO	MCHISA	MTENJE	MLANDULA	MAJAWA	MPEZENI
					KAPASULE	TEMBO	CHIUJA	MMANGA	NKHALANGO	MPONDA B	AMONITSUTE	MCHENAGA 1	GOLOWA	MBATAMIRA
					UKALANGA	KHOSWE	CHIPINGA	MKOMBA	KAINGA	CHIMKWAKWA	PILITU	LUPANGA B	AMBALI	KAMPENI
					MDEDZA	NGONGA	CHIMATILO	MATIPA	NAZOMBE	SAWALI	BULUSI	CHIKUSE	KANYUMBAAK	MWANYALI
2	Chiyendausiku	9	225	25	MATHUUWA	CHIFODYA	THONGOZA B	SAIWA 3	CHIOZA	CHASINDA	KAPITO	MMANGENI	MOLOSI	
3	Kalembo	20	500	25	KANSIYENI	MAKWINJA	GOMANI	WHITE	MASAMBUKA	NSULU	MKWETA	MICHESI	NTONDA	BATUMEYO
					KUNTIANI	CHESANI	NAMWELA	MALETA	MTERELA	NSALIWA	KALEMBO 2	NANKUMBA 2	CHINGALE	LIJERA
4	Kankao	17	425	25	CHITALA	MANYEKULA	NGONGOMWA	KUNTENGERA	TEMBANI	MULUNGUZI	ZANDEYA	MAGAGULA	MMANGENI	JOSUA
					KHOSWE	MAGOMBO	NAMIKOMBE	CHIZUNGUCH	MAGANGA	MKWEYA	PILITO			
5	Kwitanda	11	385	35	NANGOMA	THAMANGIRA	KUMBANGA	NAMPUTU	ULAYA	MULINGA	LAZALO	SILIYA	SITIMA	SBISANI
					THAPANIWA									
6	Mbera	25	750	30	ANDERSON	MTILANGA	MDERA	CHIPWERE	NDUWA	SIYAYA	NAMBAZO	KIMU	SIKILEYA	LIKWAKWALA
					JUMBE	ALI CHAPOLA	MBAYA	SELA	SAIDSON	MASESE	KADUYA	MPALASA	LIMALI	ELIASI
					MKWAILA	WADI	KASULE	MPAMASI	MATEMBERA					
7	Mwima	18	450	25	CHIKUMBA	KADZUWA	OFESI	CHITALO 2	MDENGA 1	MWEMBE	BANDAWE	MAKAWA	NAMONDE 1	WILLIAM
					CHITEWERE	NKANONGWA	LUKONGOLO	CHILEKA	MBETA	HINDAHINDA	MKUNDIKA	MANDANDA		
8	Namanolo	20	500	25	KALAMBO	MMANGA 3	MAGOMBO	MPATA	MWAWA	CHIBOTOLO	DISI	CHAPITA 2	MDALA 2	CHILEMBWE
					NAMWELA	MATEMBERA	NJALE	KATUNDU	NGOMBE	JOHN WASILI	MTIMBUKA	WALA	MWALABU	MAGOMBO
9	Nandumbo	12	360	30	BIMBI	MANINJI	CHIPAPA	MAJIKUTA	MILALA	MKOTA	MAKUNGANYA	MALIDADI	KALIMIRA	KALAKO
					TAMBALA	NYANGWA								
10	Phalula	14	350	25	CHIGONAMNDOW	NDUNGUNDE	CHITIMBE	KACHINGWE	MUSSA	CHITSAMBA	SUNGANI	NYANYALA	CHIZUNGU 1	THUNDU
					KAINGA	CHAIMA	MAZENGA	TIFERAKASO						
11	Phimbi	15	375	25	FUNSANI	ZALIMBA	CHIKAPUSA	MANKHOKWE	MTSUKWA	ALI	NAMALINO	CHIMTALI	MBUWAMBUV	ZALIMU 2
					MPILONNGWE	NJIRAGOMA	SOZINYO	CHISONI	NAWETA					
12	Ulongwe	8	280	35	HOBA	KAWANGA	MATUKUTA	SAPA	CHIKOLONGO	SIMBINDE	CHIHOLOMBA	SUGAR		
13	Utale 1	10	250	25	ENEYA	MANYONI	HAU	NANDUMBO	ZALIMU 1	CHAMBO	MBIYA	MALILAMA	NKOLOLA	SATO
14	Utale 2	9	270	30	CHIKONGA	MTANDIWA	MABUKA	SOLOMONI	DODOMA	SEKAZAO	GAMBE	TABU	CHILUNGA	

LIST OF HOUSEHOLDS PER HEALTH FACILITY

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

Balaka PDCU-12 Timeline

		February 2017			
No.	**Activity**	**6**	**13**	**20**	**27**
1	**Orientation**				
2	**Data Collection**				
3	**Data Entry**				
4	**Report Writing**				

Appendix 2 - Detailed PDCU-12 results (3 pages)

Survey schedule: **from Jan 2017**
Data entry schedule: **from Feb 2017**
Checking and analysis complete: **Mar 2016**

Post-Distribution Check-Up (PDCU) for Balaka, Malawi: @12 months (January 2017)

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		by
		22 Feb 2017	5,250	6,520	124	6,520	100	16,833	13,005	77	2,437	14	789	5	602	4	8			
1	DP199 Malawi, Balaka District Hospital, Balaka District	22 Feb 2017	900	1,400	156	1,400	100	3,551	2,851	80	534	15	121	3	45	1	5	07 Mar 2017	11:52	07 Mar 2017 UM
2	DP199 Malawi, Chiyendausiku	10 Feb 2017	900	225	25	225	100	598	422	71	108	18	44	7	24	4	11	07 Mar 2017	12:56	07 Mar 2017 AK
3	DP199 Malawi, Kalembo	18 Feb 2017	300	500	167	500	100	1,502	1,026	68	285	19	78	5	113	8	13	04 Mar 2017	09:35	04 Mar 2017 UM
4	DP199 Malawi, Kankao	19 Feb 2017	300	425	142	425	100	1,068	805	75	135	13	72	7	56	5	12	15 Mar 2017	07:55	15 Mar 2017 AK
5	DP199 Malawi, Kwitanda	12 Feb 2017	300	385	128	385	100	985	778	79	133	14	45	5	29	3	8	18 Mar 2017	04:42	18 Mar 2017 AK
6	DP199 Malawi, Mbera Health Centre, Balaka District	17 Feb 2017	500	750	150	750	100	1,944	1,535	79	263	14	104	5	42	2	8	09 Mar 2017	10:35	09 Mar 2017 UM
7	DP199 Malawi, Mwima	07 Feb 2017	300	450	150	450	100	1,101	850	77	153	14	36	3	62	6	9	15 Mar 2017	08:06	15 Mar 2017 AK
8	DP199 Malawi, Namandolo	08 Feb 2017	350	500	143	500	100	1,331	1,026	77	194	15	49	4	62	5	8	15 Mar 2017	09:52	15 Mar 2017 AK
9	DP199 Malawi, Nandumbo	07 Feb 2017	200	360	180	360	100	948	708	75	164	17	27	3	49	5	8	14 Mar 2017	08:14	14 Mar 2017 UM
10	DP199 Malawi, Phalula	15 Feb 2017	300	350	117	350	100	827	671	81	84	10	47	6	25	3	9	16 Mar 2017	12:48	16 Mar 2017 AK
11	DP199 Malawi, Phimbi	16 Feb 2017	300	375	125	375	100	960	762	79	123	13	44	5	31	3	8	14 Mar 2017	11:54	14 Mar 2017 AK
12	DP199 Malawi, Ulongwe	07 Feb 2017	200	280	140	280	100	617	510	83	70	11	22	4	15	2	6	15 Mar 2017	10:10	15 Mar 2017 AK
13	DP199 Malawi, Utale I	14 Feb 2017	200	250	125	250	100	666	500	75	104	16	42	6	20	3	9	10 Mar 2017	13:23	10 Mar 2017 UM
14	DP199 Malawi, Utale II	12 Feb 2017	200	270	135	270	100	735	561	76	87	12	58	8	29	4	12	13 Mar 2017	09:22	13 Mar 2017 AK

Key

Forms Signed	0%	> 95% > 96% >	98+%	Green - Very good
Nets Hung	0%	> 67% > 76% >	83+%	Light Green - Good
Nets Present Not Hung	100%	> 17% > 14% >	9-%	Orange - Acceptable
Nets Missing (M)	100%	> 9% > 7% >	6-%	Red - Recommend action is taken
Nets Worn Out (WO)	100%	> 8% > 3% >	2-%	
M + WO	100%	> 8% > 3% >	2-%	

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 as 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.

Survey schedule: **from Jan 2017**
Data entry schedule: **from Feb 2017**
Checking and analysis complete: **Mar 2016**

Post-Distribution Check-Up (PDCU) for Balaka, Malawi: @12 months (January 2017)

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

		AMF Nets										AMF Olyset nets										AMF Permanet nets									
			Very Good		Good		Viable		Worn out		Rating		Very Good		Good		Viable		Worn out		Rating		Very Good		Good		Viable		Worn out		Rating
	Location	Total	#	%	#	%	#	%	#	%	Rating	Total	#	%	#	%	#	%	#	%	Rating	Total	#	%	#	%	#	%	#	%	Rating
		11,862	8,897	75	2,085	18	278	2	602	5	62	6,333	4,784	76	1,071	17	157	2	321	5	62	5,529	4,113	74	1,014	18	121	2	281	5	61
1	DP199 Malawi, Balaka District Hospital, Balaka District	2896	2293	79	501	17	57	2	45	2	77	761	524	69	191	25	34	4	12	2	69	411	300	73	98	24	7	2	6	1	73
2	DP199 Malawi, Chiyendausiku	446	310	70	107	24	5	1	24	5	60	79	65	82	9	11	1	1	4	5	65	365	243	67	98	27	4	1	20	5	59
3	DP199 Malawi, Kalembo	1139	669	59	305	27	52	5	113	10	53	627	354	56	179	29	32	5	62	10	53	508	312	61	126	25	20	4	50	10	54
4	DP199 Malawi, Kankao	860	712	83	89	10	3	0	56	7	62	429	345	80	54	13	2	0	28	7	60	428	364	85	35	8	1	0	28	7	63
5	DP199 Malawi, Kwitanda	807	710	88	61	8	7	1	29	4	74	452	398	88	33	7	5	1	16	4	74	355	312	88	28	8	2	1	13	4	74
6	DP199 Malawi, Mbera Health Centre, Balaka District	1577	1078	68	402	25	55	3	42	3	65	899	616	69	222	25	37	4	24	3	65	673	458	68	179	27	18	3	18	3	66
7	DP199 Malawi, Mwima	912	722	79	112	12	16	2	62	7	60	466	379	81	51	11	4	1	32	7	60	438	337	77	60	14	11	3	30	7	59
8	DP199 Malawi, Namandolo	1087	844	78	159	15	22	2	62	6	61	466	366	79	62	13	11	2	27	6	61	613	471	77	96	16	11	2	35	6	61
9	DP199 Malawi, Nandumbo	757	478	63	191	25	39	5	49	6	57	346	237	68	75	22	12	3	22	6	58	410	240	59	116	28	27	7	27	7	56
10	DP199 Malawi, Phalula	696	570	82	92	13	9	1	25	4	70	389	329	85	44	11	2	1	14	4	72	304	238	78	48	16	7	2	11	4	68
11	DP199 Malawi, Phimbi	793	685	86	74	9	3	0	31	4	72	389	337	87	35	9	2	1	15	4	72	400	344	86	39	10	1	0	16	4	71
12	DP199 Malawi, Ulongwe	525	442	84	61	12	7	1	15	3	75	433	368	85	47	11	6	1	12	3	75	90	73	81	13	14	1	1	3	3	70
13	DP199 Malawi, Utale I	520	379	73	101	19	20	4	20	4	64	262	194	74	49	19	9	3	10	4	65	258	185	72	52	20	11	4	10	4	63
14	DP199 Malawi, Utale II	590	514	87	47	8	0		29	5	69	307	272	89	20	7	0	0	15	5	69	276	236	86	26	9	0	0	14	5	67

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.

Post-Distribution Check-Up (PDCU) for Balaka, Malawi: @12 months (January 2017)

Survey schedule: **from Jan 2017**
Data entry schedule: **from Feb 2017**
Checking and analysis complete: **Mar 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		
	Location	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	#	Covered	%	#	Covered	%
		13,799	99	133	1	5,989	99	62	1	4,704	17	11,758	42	268	1	11,102	40	27,832	15,162	13,932	92	29,793	27,832	93
1	DP199 Malawi, Balaka District Hospital, Balaka District	2,957	98	51	2	1,279	98	24	2	889	15	2,503	43	45	1	2,401	41	5,838	3,250	3,008	93	6,207	5,838	94
2	DP199 Malawi, Chiyendausiku	452	100	0	0	195	100	0	0	134	16	304	37	19	2	363	44	820	525	452	86	951	820	86
3	DP199 Malawi, Kalembo	1,073	97	28	3	455	97	12	3	386	17	973	44	25	1	833	38	2,217	1,199	1,101	92	2,367	2,217	94
4	DP199 Malawi, Kankao	855	100	0	0	379	100	0	0	311	19	668	40	12	1	680	41	1,671	957	855	89	1,843	1,671	91
5	DP199 Malawi, Kwitanda	821	100	0	0	365	100	0	0	260	16	741	45	8	0	650	39	1,659	908	821	90	1,801	1,659	92
6	DP199 Malawi, Mbera Health Centre, Balaka District	1,647	99	9	1	706	100	3	0	528	16	1,426	43	31	1	1,334	40	3,319	1,733	1,656	96	3,426	3,319	97
7	DP199 Malawi, Mwima	936	100	0	0	412	100	0	0	352	18	811	42	23	1	760	39	1,946	1,010	936	93	2,083	1,946	93
8	DP199 Malawi, Namandolo	1,109	100	1	0	471	100	0	0	402	17	1,008	44	27	1	861	37	2,298	1,211	1,110	92	2,462	2,298	93
9	DP199 Malawi, Nandumbo	732	95	39	5	320	94	19	6	319	20	678	42	19	1	607	37	1,623	818	771	94	1,714	1,623	95
10	DP199 Malawi, Phalula	721	100	0	0	320	100	0	0	237	16	612	42	12	1	606	41	1,467	809	721	89	1,599	1,467	92
11	DP199 Malawi, Phimbi	812	100	0	0	348	100	0	0	280	18	630	40	22	1	645	41	1,577	877	812	93	1,667	1,577	95
12	DP199 Malawi, Ulongwe	545	100	0	0	256	100	0	0	230	20	477	41	7	1	462	39	1,176	617	545	88	1,294	1,176	91
13	DP199 Malawi, Utale I	539	99	5	1	226	98	4	2	148	14	480	45	9	1	421	40	1,058	605	544	90	1,141	1,058	93
14	DP199 Malawi, Utale II	600	100	0	0	257	100	0	0	228	20	447	38	9	1	479	41	1,163	643	600	93	1,238	1,163	94

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.