West Kasai, DRC, PDCU-18

A. PDCU Results

- Original number of households (HHs) receiving nets: 256,633, Nets distributed 630,532
- HHs visited during PDCU: 13,994 (5.5%)
- # of HHs where net presence data is reliable: 6,330 (45% of HHs visited) For further details on reliability see section C below.
- # of HHs where net condition data is reliable: 10,816 (77% of HHs visited)
- Total nets distributed to 6,330 households: 15,216 of which Hung: 5,502 (36%), Present not hung 342 (2%), Worn out/Not usable 6,520 (43%), Missing 2,852 (19%)
- Condition of nets: Very Good 1,519 (11%), Good 3,078 (23%), Viable 3,029 (23%), Worn out 6,520 (48%). This dataset is for 10,816 HHs

B. Analysis of results

- Hang-up at 18 months post-distribution is very low at 38% (compare with Malawi at 80-85% at the same point post-distribution)

- IMA suggest there is no one single reason for this coverage level (i.e. malaria education) but a series of factors together contribute:
  - Very high levels of poverty that lead to priorities, above net use, including sourcing food and work
  - Particularly challenging living environments (structures) that accelerate deterioration of nets
  - Movement of family members and nets due to the above priorities, and also conflict
  - Lack of education, despite malaria education and net use activities and messaging, leading to lower acceptance of net use
  - Cultural resistance to net use (‘not necessary’, ‘causes impotence’, ‘God will protect/God’s will’)
  - Poor health system infrastructure and resources for support activities (e.g. reminding of and encouraging net use)

- We have reasonable confident in the results (but only after rejecting data from a significant number of households), i.e. that low hang-up after 18 months, is correct.

C. Rejection of a portion of the HH data

Household data was not included in the presence of nets calculation where there were one or more data inconsistencies within the household record, key inconsistencies being: the number of people in the household did not agree with the sum of the number in each category of person; there were more nets hung than received.
Households were not included in the net condition calculation where it was not clear if nets were AMF nets or other nets.

D. Operational issues

1. Inaccurate data collection in 3 health zones

- They had a problem with establishing percentage (sleeping space) coverage in the first three health zones (of 8 HZs in West Kasai). This was because the question asking about sleeping spaces was phrased as ‘The number of sleeping spaces available for nets…’ and ‘available for nets’ was interpreted, incorrectly, by the data collectors as meaning ‘spaces with nets over them’ and therefore 100% sleeping space coverage was reported. The phrasing should have been interpreted as ‘sleeping spaces being used (i.e. which could have nets over them)’. This error occurred when the English-language PDCU document was translated into French and the world ‘available’ appeared which caused the confusion.

- IMA corrected the phrasing of the question and the data collectors went back to the 3 HZs and asked just the sleeping space question again. The two data sets (from the first PDCU and the re-visit) were merged to give correct sleeping space coverage information.

- In the five remaining HZs, the ‘two questionnaires’ were asked on the same visit (so still no corrected PDCU note).

2. Significant delays (of 4 months) in receiving the PDCU data

- Merging the data-sets for the first 3 HZs led to a substantial delay (~ 2 months) in AMF receiving the PDCU data post collection. We expect to receive it with 1-2 weeks.

- The data collection system in DRC has always involved two data sets per HZ, the first data-set being ‘household data’ i.e. number of people, number of nets, usage of nets, and a second data-set being ‘net condition data’ i.e. net condition being very good, good, OK etc.

- Due to absence of the technical lead for a further two months (after the first data-set was received), the second data-set for all 8 HZs was delayed and only reached AMF a further two months later.