

MONITORING ENUMERATION DURING THE ITN DISTRIBUTION CAMPAIGN

The Guinean Experience

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Context

- National LLIN distribution strategy: mass campaigns and routine distribution at health facilities through ANC and EPI units
- Second universal coverage distribution campaign in Guinea : June 2016 (the first one was in 2013/2014)
- AMP provided technical assistance to the NMCP and its partners in planning and implementation
- Need identified to verify the quality of household (HH) registration to ensure:
 - All HHs were reached by the enumeration teams
 - Correct number of ITNs were available at distribution points

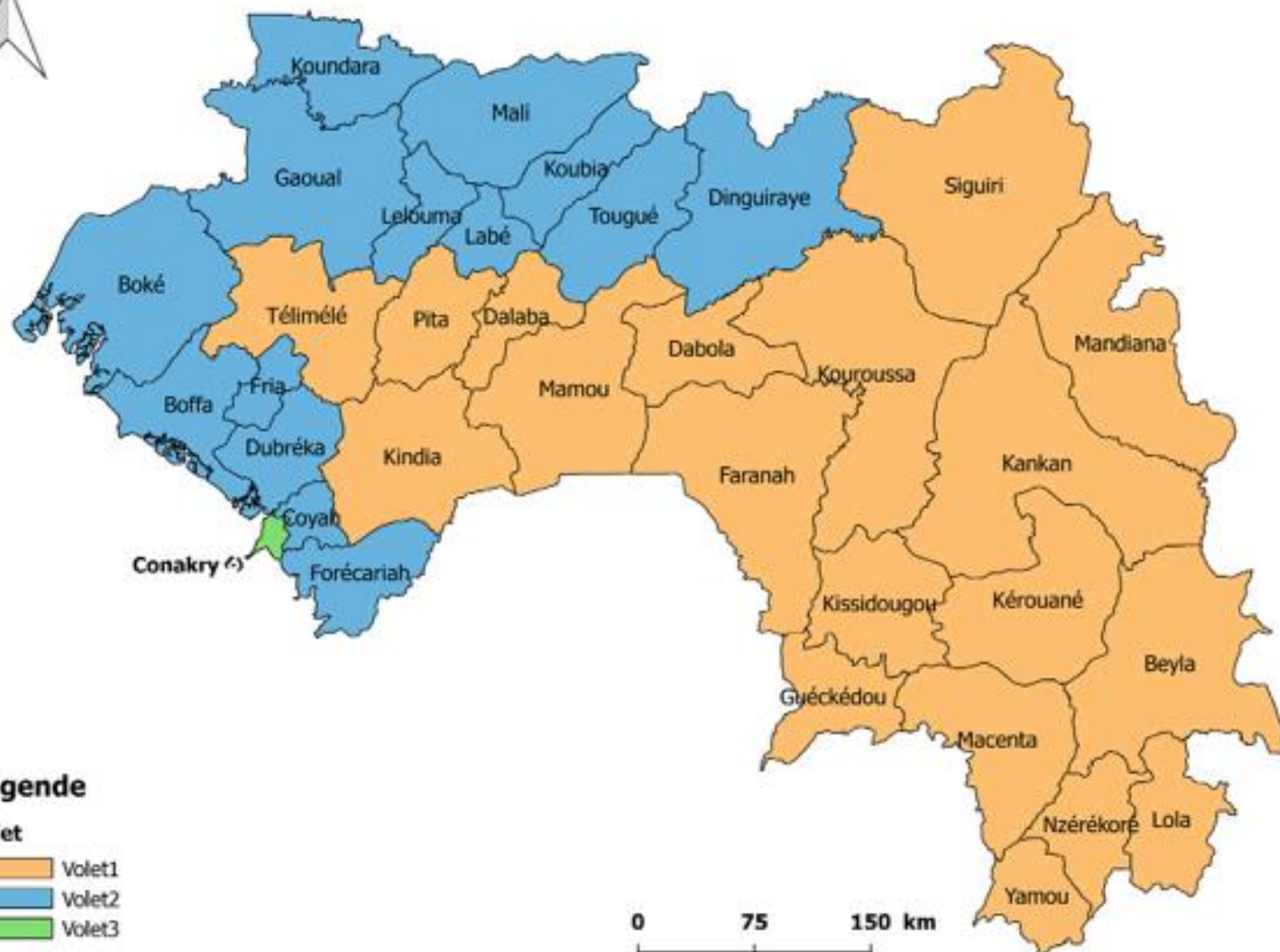
Campaign held in Koundara District 2016



Characteristics of the campaign

- National campaign: conducted in 33 districts + 5 communes of Conakry
- Three-phased distribution
- Initial planning indicated that 7,566,600 ITNs were required
- Distribution in fixed locations using vouchers
- HHs were enumerated, taking note of the number of people and sleeping spaces, and vouchers were distributed
- Number of ITNs distributed was based on number of sleeping spaces

CAMPAGNE DE DISTRIBUTION DE MASSE MILDA 2016



Légende

Volet

-  Volet1
-  Volet2
-  Volet3

Objectives for rapid monitoring

Ensure accurate enumeration of all HHs in designated zones

- All HHs are visited by an enumeration team
- All HHs receive correct number of ITNs as indicated on vouchers
- All HHs received correct information about the distribution (i.e., date, distribution site)
- All HHs received information about the importance on the correct use of ITNs

Process - Interactive and engaging!

- An AMP consultant supported the implementation
- PMI proposed a rapid survey approach
- PMI provided a protocol to NMCP and its partners
- PNL and its partners adopted the protocol

Method as originally proposed - Overview

- Monitor conducts follow up
- "Group" is the unit of evaluation (rather than a geographic unit)
- The monitor evaluates one group over 3 days and a total 4 groups over 12 days → Evaluation of 20 HHs per day (60 HHs/group)
- At the end of the three days, the group was evaluated: pass/fail
- Monitor then went to next group → 3 days of evaluation → evaluated: pass/fail
- Fail = 10% missing or improperly registered (6 or more HHs over 60 HHs visited)
- Monitors provide feedback to head of group at the end evaluation

Selection of Groups-- framework

	Jours de dénombrement													
			Jours de visites des moniteurs											
Jours	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Moniteur A	X	X	Groupe 2			Groupe 27			Groupe 11			Groupe 7		
Moniteur B	X	X	Groupe 19			Groupe 39			Groupe 21			Groupe 29		
Moniteur C	X	X	Group 17			Groupe 22			Groupe 32			Groupe 50		

Surveillance method proposed:

- Monitor randomly selects a group
- Monitor randomly selects 20 HHs recorded by the group the day before
- Repeat over 3 days
- Group is given a pass/fail grade at the end of day 3

Method as originally proposed - HH evaluation visit

- The key elements of the HH evaluation visit:
 - Was the HH visited by the enumeration team?
 - Did the HH receive a voucher?
 - Did the coupon indicate the exact number of ITNs according to the number of sleeping spaces?
 - Did the members of the HH receive correct information on the date, time, and site of distribution?
 - Did they receive information on the correct use of ITNs?
- A standard data collection sheet was used
- If nobody was present in the randomly chosen HH, an alternative HH was chosen

Method as originally proposed - Corrective measures

- The monitor meets with group head at the end of the 3-day evaluation to examine the results and discuss observations
- Criteria for failure:
 - 6 or more HHs missed by the enumeration team
Corrective action → the evaluation zone should be re-enumerated
 - 6 or more HHs improperly recorded by the group (incorrect number of ITNs)
Corrective action → Review the guidelines for enumeration with the teams and head of the group; decide whether the HHs should be systematically re-enumerated

Method as originally proposed - Concerns

- Budget implications of “failure” and re-enumeration?
- What corrective actions should be taken if the monitor found incorrect information about the date and time of the distribution?
- Were the sampling procedures realistic? Logistically feasible?
- Should the monitors wait until the end of the 3rd day to share the comments, or should they share them sooner?

Method as implemented

- Monitors were identified by Ministry of Decentralization according to strict criteria
- The number of monitors was based on the number of groups (1 monitor for 4 groups)
- The monitors received a 1-day training
- The monitors received a supervision bonus, transportation fees and data collection tools
- The unit evaluated was the group
- The numbers of all the groups were written on papers and placed in basket

Method as implemented

- Group numbers were drawn at random in the presence of DPS and community representatives
- During the draw, it was ensured that a maximum number of health centers was covered
- Monitoring began three days after the enumeration had begun
- Each monitor evaluated 4 groups over 12 days (3 days per group)
- Monitor evaluated the zones which had already been enumerated by the group
- Once in the zone, the monitor divided the zone into 4 sections, and visited 5 HHs per section (or 20 HHs per zone)
- The monitors submitted reports at the end of each group evaluation (every 3 days)

Results: The selection of the players

Phase	Number of health centers / neighborhoods	Number of monitors	Number of enumeration groups	Number of groups to evaluate
Phase 1: 19 préfectures (Global Fund)	252	46	653	184
Phase 2 : 14 Préfectures (PMI)	131	34	405	136
Phase 3 : 5 Communes of Conakry (PMI)	128	15	82	60
Total	511	95	1140	380

In total for the 3 phases of the campaign, of the 1140 enumeration groups, 380 were visited by 95 monitors, representing over 33%

Results (continued)

- Number of targeted groups monitored : 380 (100%)
- Number of targeted HHs visited : 22,800 HHs (100%)
- Number of HHs re-enumerated : 92,725 (the district of Kankan and one area around the health facility of Siguiri district, due to poor understanding of sleeping space concept)
- Empowerment of the Ministry of Decentralization in facilitating this activity

Household registration monitors in Boké District 2016



Observations

- NMCP viewed this effort as a pilot to improve HH registration quality
- A careful analysis of the data collected was not completed; the data are available but their quality is variable, given the short time for planning
- Because enumeration teams were informed that they would be monitored, there was increased incentive to conduct the work properly
- Selecting the monitors from the Ministry of Decentralization increased the involvement of local authorities in the campaign
- Results of the monitoring were similar to the findings of the supervision

Certain corrections made after observation by the monitors

- Increase communication activities about the dates and the distribution sites
- Replace certain enumerators
- Refresher training for certain groups that performed poorly (e.g., confused sleeping spaces with number of persons in households)

Challenges and lessons learned

- Monitoring effort was not included in the initial LLIN distribution budget (insufficient number of monitors)
- A monitoring approach by village or geographic zone would be more representative
- One day of training was insufficient
- The older age of certain monitors was a challenge to successful completion of the work
- Delays in starting the monitoring process

Challenges and lessons learned

- The reporting system was not always clear:
 - Should feedback be given daily or after 3 days?
 - DPS thought that if the data would be analyzed at the national level before taking action, while the national level thought it data would be analyzed at the DPS level
 - Requiring the DPS' s signature delayed submission of reports
- What should be done when the number of ITNs on the coupon was correct, but other information was incorrect?
- Repeating enumeration when 10% of groups failed was difficult operationally

Conclusion

- Monitoring effort allowed the correction of certain errors in LLIN campaign planning and enumeration of HHs
- Monitoring should be conducted during the HH enumeration process, as this is the most important step for a successful LLIN distribution campaign
- Planning of monitoring should occur at the same time as the planning of the LLIN distribution campaign

Aknowlegment

- PMI/CDC
- Global Fund
- AMP
- StopPalu/RTI
- LMG
- CRS
- SIAPS
- PLAN
- CHILDFUND