# **Health Facility DREAM-IT Module**

Instructions

* Clearly write or circle the respondent’s answer choice(s) in the Response column.
* If the respondent does not know the answer, circle 999. Don’t know.
* Additional instructions may be provided in italics beneath questions or in the Comments section.
* Please note that an arrow after a response choice will be followed by skip instructions. For example, if you see “🡪 Skip to SR5”, the interviewer should skip to Section Surveillance and Response (SR), question 5.

General Information (GI)

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| --- | --- | --- | --- |
| **No.** | **Questions** | **Response** | **Comments** |
| GI1. | Name of country: |  |  |
| GI2. | Name of district: |  |  |
| GI3. | Name of health facility: |  |  |
| GI4. | Name of interviewer: |  |  |
| GI5. | Interviewer code: |  |  |
| GI6. | Name of health facility respondent(s): | 1.  2. |  |
| GI7. | Respondent(s) job title/position: | 1.  2. |  |
| GI8. | Number of years in respondent(s)’s current job title/position: | 1.  2. |  |
| GI9. | Respondent(s) phone number: | 1. (+ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. (+ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| GI10. | Interview date (dd/mm/yyyy): |  |  |
| GI11. | Interview start time (HH:MM; 24-hour clock): |  |  |
| GI12. | Interview end time (HH:MM; 24-hour clock): |  |  |

Office Infrastructure (OI)

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| **No.** | **Questions** | **Response** | **Comments** |
| OI1. | Does your health facility have a functioning landline telephone that is available to call outside at all times patient services are offered?  *Clarify that if facility offers 24-hour emergency services, then this refers to 24-hour availability.*  *Select one.* | 0. No  1. Yes |  |
| OI2. | Does your health facility have a functioning mobile telephone or a private mobile telephone that is paid for by the facility?  *Select one.* | 0. No  1. Yes |  |
| OI3. | Does your health facility have a functioning internet connection, and approximately what percent of the time is service actually available (during working hours)?  *Note that internet connection can refer to either facility WiFi or landline connection or mobile phone network coverage.*    *Select one.* | 1. No functioning internet connection (0% of the time) 2. Internet available less than 25% of the time 3. Internet available between 25% and 50% 4. Internet available over 50% of the time (but less than 90% of the time) 5. Internet available over 90% of the time |  |
| OI4. | Is there access to email or internet in your health facility today, either through facility or personal telephones, tablets, or computers?  *Select one.* | 0. No  1. Yes  999. Don’t know |  |
| OI5. | Does your health facility have a current map of all households in your catchment area?  *Select one.* | 0. No  1. Yes  999. Don’t know |  |

Access to Care (AC)

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| --- | --- | --- | --- | --- |
| **No.** | **Questions** | **Response** | | **Comments** |
| AC1. | What is the population size of your health facility catchment area? | Population size of health facility catchment area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  999. Don’t know | |  |
| AC2. | Does your health facility perform malaria tests on all persons who present with symptoms meeting the national malaria testing criteria (e.g., fever, headache)?  *Select one.* | 0. No  1. Yes 🡪 ***Skip to******AC4***  999. Don’t know 🡪 ***Skip to******AC4*** | |  |
| AC3. | Why does your health facility not perform malaria tests on all persons who meet the national testing criteria? |  | | |
| AC4. | When was the last person tested for malaria at your health facility?  *Ask respondent to consult malaria registry or records if needed.* | \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_  D D M M Y Y Y Y  888. Never  999. Don’t know | |  |
| AC5. | How many community health workers and volunteers are currently active in your health facility catchment area? List all types and numbers of each.  *This question refers only to public community health workers and volunteers.* | | | |
| **Type of community health worker or volunteer** | **Number** | **Types of malaria services provided**  *Record ‘0’ if no services provided.* | **Specify all forms of compensation**  *Record ‘0’ if no compensation.* |
| a. Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  b. Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  c. Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  d. Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  e. Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  f. Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  999. Don’t know | a. \_\_\_\_\_\_\_\_\_\_\_\_\_  b. \_\_\_\_\_\_\_\_\_\_\_\_\_  c. \_\_\_\_\_\_\_\_\_\_\_\_\_  d. \_\_\_\_\_\_\_\_\_\_\_\_\_  e. \_\_\_\_\_\_\_\_\_\_\_\_\_  f. \_\_\_\_\_\_\_\_\_\_\_\_\_  999. Don’t know | a. \_\_\_\_\_\_\_\_\_\_\_\_\_  b. \_\_\_\_\_\_\_\_\_\_\_\_\_  c. \_\_\_\_\_\_\_\_\_\_\_\_\_  d. \_\_\_\_\_\_\_\_\_\_\_\_\_  e. \_\_\_\_\_\_\_\_\_\_\_\_\_  f. \_\_\_\_\_\_\_\_\_\_\_\_\_  999. Don’t know | a. \_\_\_\_\_\_\_\_\_\_\_\_\_  b. \_\_\_\_\_\_\_\_\_\_\_\_\_  c. \_\_\_\_\_\_\_\_\_\_\_\_\_  d. \_\_\_\_\_\_\_\_\_\_\_\_\_  e. \_\_\_\_\_\_\_\_\_\_\_\_\_  f. \_\_\_\_\_\_\_\_\_\_\_\_\_  999. Don’t know |
| AC6. | Do the community health workers or volunteers providing malaria diagnostic services in your health facility catchment area use malaria rapid diagnostic tests (RDTs)?  *Select one.* | 1. No 2. Some use RDTs 3. Most use RDTs 4. All use RDTs 🡪 ***Skip to******AC8***   999. Don't know 🡪 ***Skip to******AC8*** | |  |
| AC7. | Why don’t all community health workers or volunteers providing malaria diagnostic services in your health facility catchment area use RDTs?  *Circle the top three (or less) response options that apply.* | 1. Against national policy for community health workers to diagnose malaria 2. Against national policy for community health workers to use RDTs to diagnose malaria 3. Only use RDTs to diagnose certain age groups or sub-populations (per national policy) 4. No patients 5. RDTs expired 6. RDTs in community out of stock 7. RDTs in health facility out of stock 8. RDTs in district level out of stock 9. RDTs in provincial level out of stock 10. No ACTs or other treatment available so patients do not visit CHWs 11. There are new hires who have not been trained on RDTs yet 12. Patients lack trust or confidence in CHW’s ability to diagnose malaria 13. Use another diagnostic method; Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 14. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   999. Don't know | |  |
| AC8. | Do the community health workers or volunteers providing malaria treatment services in your health facility catchment area provide artemisinin-based combination therapies (ACTs) for uncomplicated malaria?  *Select one.* | 0. No  1. Some use ACTs  2. Most use ACTs  3. All use ACTs 🡪 ***Skip to******FT2.1***  999. Don't know 🡪 ***Skip to******FT2.1*** | |  |
| AC9. | Why don’t all community health workers or volunteers providing malaria treatment services in your health facility catchment area use ACTs?  *Circle the top three (or less) response options that apply.* | 1. Against national policy for community health workers to provide treatment for malaria 2. Against national policy for community health workers to use ACTs to treat malaria 3. Only provide ACTs to treat certain age groups or sub-populations (per national policy) 4. No patients 5. ACTs expired 6. ACTs in community out of stock 7. ACTs in health facility out of stock 8. ACTs in district level out of stock 9. ACTs in provincial level out of stock 10. No RDTs available for testing (and therefore patients may not visit CHWs) 11. There are new hires who have not been trained on ACTs yet 12. Patients lack trust or confidence in CHW’s ability to treat malaria 13. Patients refuse or don’t trust ACTs to treat malaria 14. Use another form of treatment; Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 15. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   999. Don't know | |  |
| FT2.1 | Do community health workers or volunteers providing malaria treatment services in your health facility catchment area provide single low-dose primaquine for treatment of *P. falciparum* malaria?  *Select one.* | 1. No 2. Some provide single low-dose primaquine 3. Most provide single low-dose primaquine 4. All provide single low-dose primaquine *🡪* ***Skip to FT2.3***   999. Don't know 🡪 ***Skip to******FT2.3*** | |  |
| FT2.2 | Why don’t all community health workers or volunteers providing malaria treatment services in your health facility catchment area provide single low-dose primaquine for treatment of *P. falciparum* malaria?  *Circle the top three (or less) response options that apply.* | 1. Against national policy for community health workers to provide single low-dose primaquine for treatment of *P. falciparum* malaria 2. Only provide single low-dose primaquine to treat certain age groups or sub-populations (per national policy) 3. No patients 4. Primaquine expired 5. Primaquine in community out of stock 6. Primaquine in health facility out of stock 7. Primaquine in district level out of stock 8. Primaquine in provincial level out of stock 9. No RDTs available for testing (and therefore patients may not visit CHWs) 10. There are new hires who have not been trained on single low-dose primaquine yet 11. Patients lack trust or confidence in CHW’s ability to treat malaria 12. Patients refuse or don’t trust single low-dose primaquine to treat malaria 13. Use another form of treatment; Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 14. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   999. Don't know | |  |
| FT2.3 | Do community health workers or volunteers providing malaria treatment services in your health facility catchment area provide 14-day primaquine courses (‘radical cure’) for treatment of *P. vivax* malaria?  *Select one.* | 1. No 2. Some provide 14-day primaquine courses 3. Most provide 14-day primaquine courses 4. All provide 14-day primaquine courses *🡪* ***Skip to AC10***   999. Don't know 🡪 ***Skip to******AC10*** | |  |
| FT2.4 | Why don’t all community health workers or volunteers providing malaria treatment services in your health facility catchment area provide 14-day primaquine courses for treatment of *P. vivax* malaria?  *Circle the top three (or less) response options that apply.* | 1. Against national policy for community health workers to provide 14-day primaquine course for treatment of *P. vivax* malaria 2. Only provide 14-day primaquine courses to treat certain age groups or sub-populations (per national policy) 3. No patients 4. Primaquine expired 5. Primaquine in community out of stock 6. Primaquine in health facility out of stock 7. Primaquine in district level out of stock 8. Primaquine in provincial level out of stock 9. No RDTs available for testing (and therefore patients may not visit CHWs) 10. There are new hires who have not been trained on 14-day primaquine courses yet 11. Patients lack trust or confidence in CHW’s ability to treat malaria 12. Patients refuse or don’t trust 14-day primaquine course to treat malaria 13. Use another form of treatment; Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 14. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   999. Don't know | |  |
| AC10. | Is any type of patient follow-up conducted in your health facility catchment area after administration of either *P. falciparum* or *P. vivax* malaria treatment?  *Let respondents answer first, but probe as needed to ensure correct response category selected.*  *Select one.* | 1. No follow-up performed for any type of malaria treatment 🡪 ***Skip to******AC13*** 2. Yes, follow-up performed for *P. falciparum* malaria cases 3. Yes, follow-up performed for *P. vivax* malaria cases 4. Yes, follow-up performed for both *P. falciparum* and *P. vivax* malaria cases 5. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   999. Don't know 🡪 ***Skip to******AC13*** | |  |
| AC11. | Approximately how often is patient follow-up actually conducted in your health facility catchment area?  *For health facilities conducting follow-up for both P. falciparum and P. vivax malaria, please answer by averaging both follow-up rates (if different).*  *Select one.* | 1. Never 2. Rarely (less than 10% of the time) 3. Some of the time (10% to 50% of the time) 4. Most of the time (50% to 90% of the time) 5. Always (over 90% of the time)   999. Don’t know | |  |
| AC12. | What are the top three challenges your health facility faces in ensuring malaria patient follow-up and treatment adherence? | 1.  2.  3. | | |
| AC13. | What are the top three challenges your health facility faces in ensuring the population’s access to high-quality malaria services? | 1.  2.  3. | | |
| FT2.5 | Do you have any thoughts on potential solutions to the access to care challenges you describe above? |  | | |
| FT2.6 | In your opinion, what are the top three challenges the target population in your health facility catchment area faces in accessing malaria services (including prevention, diagnosis, and treatment)? | 1.  2.  3. | | |
| FT2.7 | Do you have any thoughts or ideas on how to overcome these challenges to increase the target population’s access to malaria services? |  | | |

Human Resources (HR)

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| **No.** | **Questions** | **Response** | **Comments** |
| HR1. | What is the total number of full-time staff currently employed by this health facility? | Total number of full-time staff at health facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  999. Don’t know |  |
| HR2. | Do you feel that there are adequate staff at your health facility to support malaria elimination activities?  *Select one.* | 0. No  1. Yes **🡪 *Skip to HR4***  999. Don’t know |  |
| HR3. | If no, which types of positions or support are still needed at your health facility?  *Please select all that apply.* | 1. Malaria diagnosis 2. Malaria treatment 3. Malaria reporting 4. Data analysis and/or interpretation 5. Case investigation support 6. Case classification 7. Foci investigation support 8. Response activities such as reactive or proactive case detection 9. Distribution of LLINs 10. IRS support 11. Larval source management 12. Other vector control 13. Entomological surveillance 14. Supervision 15. Training 16. Social and behavior change communication (SBCC) 17. Community engagement 18. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 19. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   999. Don’t know |  |
| HR4. | To what extent do you feel that staff turnover is a challenge at your health facility?  *Read response options aloud to respondent and circle closest response.* | 1. Staff turnover is a major challenge 2. Staff turnover is a challenge, but not to the extent that it will impede malaria elimination 3. Staff turnover is not a challenge |  |
| HR5. | Do you feel that there are adequate community health workers and/or volunteers to support malaria elimination activities in your health facility catchment area?  *Select one.* | 0. No  1. Yes **🡪 *Skip to HR7***  999. Don’t know |  |
| HR6. | If no, which types of staff or support are still needed at the community level to eliminate malaria?  *Please select all that apply.* | 1. Malaria diagnosis 2. Malaria treatment 3. Malaria reporting 4. Understanding the data and which action to take based on it 5. Case notification within 24 hours 6. Case investigation support 7. Case classification 8. Foci investigation support 9. Response activities such as reactive or proactive case detection 10. Distribution of LLINs 11. IRS 12. Larval source management 13. Other vector control 14. Entomological surveillance 15. Social and behavior change communication (SBCC) 16. Community engagement 17. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 18. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   999. Don’t know |  |
| HR7. | To what extent do you feel that turnover of community health workers or volunteers is a challenge in your health facility catchment area?  *Read response options aloud to respondent and circle closest response.* | 1. Turnover among community health workers/volunteers is a major challenge 2. Turnover among community health workers/volunteers is a challenge, but not to the extent that it will impede malaria elimination 3. Turnover among community health workers/volunteers is not a challenge |  |

Training (TR)

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| --- | --- | --- | --- | --- |
| **No.** | **Questions** | **Response** | | **Comments** |
| TR1. | Which types of malaria trainings (if any) have your health facility staff  received in the past 24 months?  *Please select all that apply.* | 1. No type of malaria training received by health facility staff in the past 24 months 2. Malaria case diagnosis or use of RDTs 3. Malaria case treatment guidelines 4. Case investigation, classification, and/or response 5. Foci investigation and/or response 6. Reactive or proactive case detection 7. Malaria reporting (paper or electronic) 8. Social and behavior change communication (SBCC) 9. Supervision guidelines or tools 10. Stock reporting and management 11. Entomology and/or entomological surveillance 12. Laboratory quality control or assurance guidelines 13. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 14. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   999. Don’t know | |  |
| TR2. | Are there certain areas or topics that you feel you need more training or support in in order to eliminate malaria in your health facility catchment area?  *Select one.* | 0. No **🡪 *Skip to FT2.8***  1. Yes | |  |
| TR3. | If yes, please describe which areas or topics you feel you need more training or support in. |  | | |
| FT2.8 | Has your health facility provided any type of malaria training to community health workers or volunteers in the past 24 months?  *Select one.* | 0. No **🡪 *Skip to TR4***  1. Yes  999. Don’t know **🡪 *Skip to TR4*** |  | |
| FT2.9 | Which types of malaria trainings has your health facility provided to community health workers or volunteers in the past 24 months?  *Please select all that apply.* | 1. Malaria case diagnosis or use of RDTs 2. Malaria case treatment guidelines 3. Case investigation, classification, and/or response 4. Foci investigation and/or response 5. Reactive or proactive case detection 6. Malaria reporting (paper or electronic) 7. Social and behavior change communication (SBCC) 8. Stock reporting and management 9. Entomology and/or entomological surveillance 10. Laboratory quality control or assurance guidelines 11. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 12. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   999. Don’t know |  | |
| TR4. | Are there certain areas or topics that you feel that community health workers or volunteers need more training or support in in order to eliminate malaria?  *Select one.* | 0. No **🡪 *Skip to SV1***  1. Yes  999. Don’t know **🡪 *Skip to SV1*** |  | |
| TR5. | If yes, please describe which areas or topics you feel that community health workers or volunteers need more training or support in. |  | | |

Supervision (SV)

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| **No.** | **Questions** | **Response** | **Comments** |
| SV1. | When was the last supervision visit your health facility received from the district level? | Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  777. Not applicable (N/A)  888. Never  999. Don’t know |  |
| SV2. | Did your health facility receive a report or other written feedback after the last supervision visit conducted by the district level? If yes, please can you show me this report or documentation?  *Select one.* | 1. No, written feedback not provided 2. Yes 3. Yes, but respondent unable to present   feedback document  777. Not applicable (N/A)  999. Don’t know |  |
| SV3. | Approximately how frequently does your health facility conduct supervision of community health workers or volunteers in your catchment area?  *Select one.* | 1. Never ***🡪 Skip to FT2.11*** 2. Only as needed / in response to specific challenges 3. Weekly 4. Monthly 5. Quarterly 6. Every 6 months 7. Annually   777. Not applicable (N/A) – not part of  national policy to conduct  supervision at this level ***🡪 Skip to SC1***  999. Don’t know |  |
| SV4. | When was the last supervision visit your health facility conducted of any community health worker or volunteer in your catchment area? | Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  999. Don’t know |  |
| SV5. | In your experience, what are the key issues that come up when conducting supervision of community health workers or volunteers in your catchment area? | 1.  2.  3. | |
| FT2.10 | Does your health facility routinely use a nationally-standardized supervision checklist to conduct supervision of community health workers or volunteers?  *Select one.* | 1. No 2. Sometimes use a checklist 3. Yes, always use a checklist   777. Not applicable (N/A) – no nationally-  standardized supervision checklist exists  999. Don’t know |  |
| FT2.11 | Does your health facility have funds that are immediately available to support supervision visits to community health workers or volunteers?  *Select one.* | 1. No 2. Yes   999. Don’t know | *This question refers to funds that are available to the health facility without any additional requests.* |
| SV6. | What are the top three challenges your health facility faces in supervising malaria activities at the community health worker or volunteer level? | 1.  2.  3. | |
| FT2.12 | Do you have any thoughts on potential solutions to the supervision challenges you describe above? |  | |

Supply Chain (SC)

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| **No.** | **Questions** | **Response** | **Comments** |
| SC1. | Does your health facility have an available copy of the most recent national malaria diagnosis and treatment guidelines that you can show me?  *Select one.* | 1. No 2. Yes 3. Yes, but respondent unable to   present document  777. Not applicable (N/A) |  |
| SC2. | How many of the following malaria commodities (unexpired) does your health facility have in stock at site today?  *Ask respondent to show you supplies and check expiration dates.* | **Commodity** | **Number in stock today (unexpired)** |
| a. Malaria RDTs |  |
| b. Adult ACT course (e.g., 6x4 pack) |  |
| c. Primaquine (14-day course) | 777. Not applicable (N/A) |
| d. G6PD test kits | 777. Not applicable (N/A) |
| SC3. | Approximately how many times in the past 3 months has your health facility had a stock-out of RDTs, ACTs, or primaquine lasting more than 7 days? | **Commodity** | **Number of stock-outs (>7 days) in past 3 months** |
| a. Malaria RDTs |  |
| b. Adult ACT course (e.g., 6x4 pack) |  |
| c. Primaquine (14-day course) | 777. Not applicable (N/A) |
| SC4. | What are the top three challenges your health facility faces in ensuring continuous supplies of malaria commodities at both facility level and among community health workers or volunteers (as applicable)? | 1.  2.  3. | |
| FT2.13 | Do you have any thoughts on potential solutions to the supply chain management challenges you describe above? |  | |

Surveillance and Response (SR)

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| --- | --- | --- | --- |
| **No.** | **Questions** | **Response** | **Comments** |
| SR1. | How often does your health facility receive timely and complete monthly malaria reports from community health workers or volunteers?  *Select one.* | 1. Never 2. Rarely 3. Some of the time 4. Most of the time 5. Always   777. Not applicable (N/A)  999. Don’t know |  |
| SR2. | How often does your health facility submit timely and complete monthly malaria reports to the district or provincial office (as appropriate)?  *Select one.* | 1. Never 2. Rarely 3. Some of the time 4. Most of the time 5. Always   777. Not applicable (N/A) **🡪 *Skip to SR4***  999. Don’t know |  |
| SR3. | What are the top three challenges your health facility faces in reporting routine malaria surveillance data?  *Respondents should answer first without prompting. Follow up by reading each of the options to the respondent.*  *Circle the top three (or less) response options that apply.* | 1. No challenges 2. Time-consuming 3. Lack of training 4. No phone signal available 5. Poor/intermittent phone signal 6. No internet available 7. Poor/intermittent internet connectivity 8. Lack of functional mobile phones to report data 9. Lack of functional laptops to report data 10. Late reporting by lower levels 11. Inaccurate reporting by lower levels 12. No clear reporting guidelines or SOPs 13. Frequent changes made to reporting forms or platforms 14. No or limited capacity for data management and analysis 15. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   999. Don’t know |  |
| FT2.14 | How often do community health workers/volunteers in this health facility catchment area report malaria cases within the recommended 24 hours (or 1 day) timeframe?  *Select one.* | 1. Never 2. Rarely 3. Some of the time 4. Most of the time 5. Always   777. Not applicable (N/A)  999. Don’t know |  |
| SR4. | Has your health facility participated in any case investigation or response activities in the past five years?  *Select one.* | 0. No **🡪 *Skip to SR7***  1. Yes  777. Not applicable (N/A) – no cases have  occurred in health facility catchment area in the past 5 years **🡪 *Skip to SR7***  999. Don’t know **🡪 *Skip to SR7*** |  |
| FT2.15 | When your health facility has participated in case investigation or response activities, did you ever have to close your facility?  *Select one.* | 0. No  1. Yes  999. Don’t know |  |
| SR5. | On average, how many days after a case is reported is a case investigation completed in this health facility catchment area?  *Select one.* | 1. Between 1 and 3 days 2. Between 4 and 7 days 3. Between 8 and 14 days 4. More than 15 days later 5. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   999. Don't know |  |
| SR6. | What are the top three challenges your health facility faces in supporting case investigation and/or response activities? | 1.  2.  3. | |
| SR7. | Have any foci investigations taken place in your health facility catchment area in the past five years?  *Select one.* | 0. No **🡪 *Skip to FT2.17***  1. Yes  777. Not applicable (N/A) – no foci in health  facility catchment area in the past 5 years **🡪 *Skip to FT2.17***  999. Don’t know **🡪 *Skip to FT2.17*** |  |
| SR8. | Has your health facility participated in any foci investigation or response activities in the past five years?  *Select one.* | 0. No **🡪 *Skip to FT2.17***  1. Yes  777. Not applicable (N/A) **🡪 *Skip to FT2.17***  999. Don’t know **🡪 *Skip to FT2.17*** |  |
| FT2.16 | When your health facility has participated in foci investigation or response activities, did you ever have to close your facility?  *Select one.* | 0. No  1. Yes  999. Don’t know |  |
| SR9. | On average, how many days after a case is confirmed is a foci investigation completed in this health facility catchment area?  *Select one.* | 1. Between 1 and 4 days 2. Between 5 and 7 days 3. Between 8 and 14 days 4. More than 15 days later 5. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   999. Don't know |  |
| SR10. | What are the top three challenges your health facility faces in supporting foci investigation and/or response activities? | 1.  2.  3. | |
| FT2.17 | Does your health facility have funds immediately available to support case investigations and/or foci investigations?  *Select one.* | 0. No   1. Yes, for case investigations 2. Yes, for foci investigations 3. Yes, for both case and foci investigations   999. Don’t know | *This question refers to funds that are available to the office without any additional requests.* |
| SR11. | Do you feel that your health facility knows which populations and areas are at highest risk for malaria in your catchment area?  *Select one.* | 0. No  1. Yes; Identified high-risk populations:  Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  999. Don’t know |  |
| FT2.18 | Is proactive case detection (for example, screen and treat in high-risk areas or populations) currently taking place in your health facility catchment area?  *Select one.* | 0. No ***🡪 Skip to FT2.20***  1. Yes  999. Don’t know ***🡪 Skip to FT2.20*** |  |
| FT2.19 | Which populations have been targeted with proactive case detection activities in your health facility catchment area in the past 12 months?  *Please select all that apply.* | 1. High-burden villages or areas 2. Children under 5 years 3. Pregnant women 4. Migrant populations 5. Cross-border populations 6. Other high-risk populations   Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   999. Don’t know |  |
| FT2.20 | Is reactive case detection (for example, screen and treat in the household and neighbors of an index case) currently taking place in your health facility catchment area?  *Select one.* | 0. No ***🡪 Skip to SR12***  1. Yes  999. Don’t know ***🡪 Skip to SR12*** |  |
| FT2.21 | Which populations have been targeted with reactive case detection activities in your health facility catchment area in the past 12 months?  *Please select all that apply.* | 1. Household of index case 2. Neighbors of index case 3. Peers or co-workers of index case 4. Co-travelers of index case 5. Children under 5 years 6. Pregnant women 7. Other populations (specify):   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  999. Don’t know |  |
| SR12. | Are communities involved in any malaria surveillance or response activities in your health facility catchment area (e.g., case or foci investigation, outbreak response)? If yes, please describe these activities. |  | |

Vector Control (VC)

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| --- | --- | --- | --- |
| **No.** | **Questions** | **Response** | **Comments** |
| VC1. | Is IRS conducted in your health facility catchment area?  *Select one.* | 1. No ***🡪 Skip to FT2.23*** 2. Yes   777. Not applicable (N/A) ***🡪 Skip to VC3***  999. Don’t know ***🡪 Skip to VC3*** |  |
| VC2. | When was the last round of IRS conducted in your health facility catchment area?  *Write in the month and year. If the respondent remembers only part of the date, write in that information and write 999 for the part they don’t know.* | Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  888. Never ***🡪 Skip to FT2.23***  999. Don’t know |  |
| FT2.22 | Approximately what percentage of the health facility catchment area was sprayed in the last IRS round? | Approximate percentage of catchment area sprayed in last IRS round: \_\_\_\_\_\_\_\_\_%  999. Don’t know |  |
| FT2.23 | Why has no IRS been conducted in your health facility catchment area in the past 12 months?  *Respondents should answer first without prompting. Follow up by reading each of the options to the respondent.*  *Circle the top three (or less) response options that apply.* | 1. National policy/strategy does not include IRS 2. Health facility catchment area not selected/targeted to receive IRS 3. Not due to receive – IRS conducted within last 2 years 4. Shortage of IRS chemicals 5. Shortage of functional spray equipment 6. Lack of available funds for per diems 7. Lack of available funds for fuel 8. Lack of vehicles 9. Lack of skilled human resources 10. Difficulty topography 11. Household/community refusals 12. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   999. Don’t know |  |
| VC3. | Is mass distribution of LLINs conducted in your health facility catchment area?  *Select one.* | 1. No ***🡪 Skip to FT2.24*** 2. Yes   777. Not applicable (N/A) ***🡪 Skip to FT2.24***  999. Don’t know ***🡪 Skip to FT2.24*** |  |
| VC4. | When was the last mass LLIN distribution campaign conducted in your health facility catchment area?  *Write in the month and year. If the respondent remembers only part of the date, write in that information and write 999 for the part they don’t know.* | Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  888. Never ***🡪 Skip to FT2.24***  999. Don’t know |  |
| FT2.24 | In the past 12 months, has continuous or targeted distribution of LLINs been conducted in your health facility catchment area?  *Select one.* | 1. No ***🡪 Skip to VC5*** 2. Yes   777. Not applicable (N/A) ***🡪 Skip to VC5***  999. Don’t know***🡪 Skip to VC5*** |  |
| FT2.25 | Which specific populations receive LLINs through continuous or targeted distribution in your health facility catchment area?  *Please select all that apply.* | 1. New residents 2. Pregnant women (e.g., ANC visits) 3. Young children (immunization clinics or programs) 4. School-aged children (e.g., school-based LLIN distribution) 5. Migrant populations 6. Other high-risk populations   Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   999. Don’t know |  |
| VC5. | In the past 12 months, has larval source management (LSM) been conducted in your health facility catchment area?  *Select one.* | 0. No ***🡪 Skip to FT2.27***  1. Yes  777. Not applicable (N/A) ***🡪 Skip to VC7***  999. Don’t know ***🡪 Skip to VC7*** |  |
| VC6. | In the past 12 months, which larval source management (LSM) activities have been conducted in your health facility catchment area?  *Please select all that apply.* | 1. Chemical larviciding (e.g., temephos, Abate) 2. Non-chemical larviciding (e.g., microbial larvicides, use of predatory species) 3. Environmental modifications and/or manipulations (e.g., draining water, clearing vegetation, filling land, covering water storage containers) 4. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   999. Don’t know |  |
| FT2.26 | Please describe the timing, frequency, and scale of larval source management (LSM) activities in your health facility catchment area. |  | |
| FT2.27 | Why has no larval source management (LSM) been conducted in your health facility catchment area in the past 12 months?  *Respondents should answer first without prompting. Follow up by reading each of the options to the respondent.*  *Circle the top three (or less) response options that apply.* | 1. National policy/strategy does not include LSM 2. Health facility catchment area has not been selected/targeted to receive LSM 3. Determined that LSM is not an appropriate strategy for catchment area 4. Not fixed, few, and findable – too many larval sources to tackle 5. Do not understand how to conduct LSM 6. No training or instruction provided on larval source management 7. Shortage of larvicide 8. Lack of available funds for per diems 9. Lack of available funds for fuel 10. Lack of vehicles 11. Lack of skilled human resources 12. Difficult topography 13. Household/community refusals 14. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   999. Don’t know |  |
| VC7. | In the past 12 months, have any entomological surveillance activities been conducted in your health facility catchment area (to your knowledge)?  *Select one.* | 0. No ***🡪 Skip to FT2.28***  1. Yes  777. Not applicable (N/A) ***🡪 Skip to VC9***  999. Don’t know ***🡪 Skip to VC9*** |  |
| VC8. | In the past 12 months, which entomological surveillance activities have been conducted in your health facility catchment area?  *Read all options to the respondent.*  *Please select all that apply.* | 1. Baseline survey to collect initial baseline data for planning 2. Routine sentinel site surveys 3. Foci investigations 4. Outbreak investigations 5. Spot surveys including outbreak investigations 6. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   999. Don’t know |  |
| FT2.28 | Why has no entomological surveillance been conducted in your health facility catchment area in the past 12 months?  *Respondents should answer first without prompting. Follow up by reading each of the options to the respondent.*  *Circle the top three (or less) response options that apply.* | 1. National policy/strategy does not include entomological surveillance 2. Entomological surveillance is not conducted in this catchment area (e.g., no sentinel sites located in area) 3. Do not understand how to conduct entomological surveillance 4. No training or instruction provided on entomological surveillance 5. Shortage of functional equipment 6. No or limited access to laboratory or insectary infrastructure for sample processing, analysis, or storage 7. Lack of available funds for per diems 8. Lack of available funds for fuel 9. Lack of other funds 10. Lack of vehicles 11. Lack of skilled human resources 12. Difficult topography 13. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   999. Don’t know |  |
| VC9. | What are the top three challenges related to vector control and/or entomological surveillance in your health facility catchment area? | 1.  2.  3. | |
| FT2.29 | Do you have any thoughts on potential solutions to the vector control and/or entomological surveillance challenges you describe above? |  | |

Community Engagement (CE)

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| --- | --- | --- | --- |
| **No.** | **Questions** | **Response** | **Comments** |
| CE1. | Are communities in your health facility catchment area aware of the national commitment to malaria elimination?  *Select one.* | 0. No  1. Yes   1. Some communities are aware, whereas other communities are not   999. Don’t know |  |
| CE2. | In what ways (if any) are communities in your health facility catchment area involved in malaria elimination activities? |  | |
| CE3. | How does your health facility directly engage with local communities on malaria activities (if at all)? |  | |
| CE4. | In your opinion, how can we further or better engage local communities in the fight to eliminate malaria? |  | |

***Please return to question GI12 to record interview end time.***