# **District DREAM-IT Module**

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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 SV5”, the interviewer should skip to Section Supervision (SV), question 5.

General Information (GI)

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions** | **Response**  | **Comments** |
| GI1. | Name of country:  |   |  |
| GI2. | Name of district unit to be sampled:  |  |  |
| GI3. | Name of interviewer: |  |  |
| GI4. | Interviewer code: |  |  |
| GI5. | Name of district respondent(s):*List primary interview respondents(s).* | 1.2.3. |  |
| GI6. | Respondent(s) job title/position: | 1.2.3. |  |
| GI7. | Number of years in respondent(s)’s current job title/position: | 1.2.3. |  |
| GI8.  | Respondent(s) phone number: | 1. (+ )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2. (+ )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3. (+ )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| GI9. | Respondent(s) e-mail address: | 1.2.3. |  |
| 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)

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions** | **Response** | **Comments** |
| DI1.  | Does your district office have a functioning landline telephone that is available to call outside at all times? *Select one.* | 0. No 1. Yes |  |
| DI2. | Does your district office have a functioning mobile telephone or a private mobile telephone that is paid for by the district? *Select one.* | 0. No 1. Yes |  |
| DI3. | Does your district office have a functioning internet connection, and approximately what percent of the time is service actually available (during working hours)?*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% of the time
4. Internet available over 50% of the time (but less than 90% of the time)
5. Internet available over 90% of the time
 |  |
| DI4. | Is there access to email or internet in the district office today, either through office or personal telephones, tablets, or computers?*Select one.* | 0. No 1. Yes999. Don’t know  |  |

Access to Care (AC)

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions** | **Response** | **Comments** |
| AC1.  | What is the population size of this district? | Population size of district: \_\_\_\_\_\_\_\_\_\_\_999. Don’t know | *Can interviewee show supporting documentation? If so, what type?*Source: \_\_\_\_\_\_\_Year: \_\_\_\_\_\_\_\_\_ |
| AC2. | How many public health facilities are currently operational in this district? List all types and numbers of each.*Include district hospitals, health centers, dispensaries, health sub-centers, health posts, and aid posts, as applicable.* |
| **Type of public health facility**a. Provincial hospitalsb. District hospitalsc. Health centersd. Dispensariese. Health sub-centersf. Community health/aid postsg. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_h. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Number of facilities in this district**a. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_b. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_c. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_d. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_e. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_f. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_g. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_h. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_999. Don’t know |  |
| AC3. | How many private hospitals, health centers, and other private providers are currently operational in this district? List all types and numbers of each. |
| **Type of private health facility**a. Private provincial hospitalsb. Private district hospitalsc. Other private hospitalsd. Private health centerse. Other private clinicsf. Other private providersg. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Number of facilities in this district**a. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_b. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_c. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_d. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_e. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_f. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_g. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_999. Don’t know |  |
| AC4. | How many community health workers and volunteers are currently active in this district? 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 provide***Record ‘0’ if no services provided.* | **Specify all forms 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 |
| AC5. | Do the community health workers or volunteers providing malaria diagnostic services in your district use malaria rapid diagnostic tests (RDTs)?*Select one.* | 1. No
2. Some use RDTs
3. Most use RDTs
4. All use RDTs 🡪 ***Skip to******AC7***

999. Don't know 🡪 ***Skip to******AC7*** |  |
| AC6. | Why don’t all community health workers or volunteers providing malaria diagnostic services in your district 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. No patients
4. RDTs expired
5. RDTs in community out of stock
6. RDTs in health center out of stock
7. RDTs in district level out of stock
8. RDTs in provincial level out of stock
9. There are new hires who have not been trained on RDTs yet
10. Use another diagnostic method; Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |
| AC7. | Do the community health workers or volunteers providing malaria treatment services in your district provide artemisinin-based combination therapies (ACTs) for uncomplicated malaria?*Select one.* | 0. No1. Some use ACTs2. Most use ACTs3. All use ACTs 🡪 ***Skip to******T2.1***999. Don't know 🡪 ***Skip to******T2.1*** |  |
| AC8. | Why don’t all community health workers or volunteers providing malaria treatment services in your district 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. No patients
4. ACTs expired
5. ACTs in community out of stock
6. ACTs in health center out of stock
7. ACTs in district level out of stock
8. ACTs in provincial level out of stock
9. There are new hires who have not been trained on ACTs yet
10. Use another form of treatment; Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |   |
| T2.1 | Do community health workers or volunteers providing malaria treatment services in your district provide single low-dose primaquine for treatment of *P. falciparum*?*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 AC9***

999. Don't know 🡪 ***Skip to******AC9*** |  |
| T2.2 | Why don’t all community health workers or volunteers providing malaria treatment services in your district provide single low-dose primaquine for treatment of *P. falciparum*?*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*
2. No patients
3. Primaquine expired
4. Primaquine in community out of stock
5. Primaquine in health center out of stock
6. Primaquine in district level out of stock
7. Primaquine in provincial level out of stock
8. There are new hires who have not been trained on single low-dose primaquine treatment yet
9. Use another form of treatment; Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |
| AC9. | Do any health facilities or health workers (at any level) in your district provide a 14-day primaquine course (‘radical cure’) to treat *P. vivax* malaria?*Select one.* | 0. No 🡪 ***Skip to******AC11***1. Yes999. Don’t know 🡪 ***Skip to******AC11*** |  |
| AC10. | Which types of health facilities and workers in your district provide 14-day primaquine courses (‘radical cure’) to treat *P. vivax* malaria?*Please select all that apply.*  | 1. No one (only tertiary levels)
2. Public regional or provincial hospitals
3. Public district hospitals
4. Private hospitals
5. Public health centers
6. Private health clinics
7. Public health sub-centers
8. Public dispensaries
9. Public health/aid posts
10. Community health workers or volunteers; Specify:\_\_\_\_\_\_\_\_\_\_\_\_
11. Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

999. Don't know |  |
| AC11. | Is any type of patient follow-up conducted in your district 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
2. Yes, follow-up performed for *P. falciparum* cases
3. Yes, follow-up performed for *P. vivax* cases
4. Yes, follow-up performed for both *P. falciparum* and *P. vivax* cases
5. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

999. Don't know |  |
| T2.3 | Approximately how often is patient follow-up after malaria treatment administration actually conducted in your district?*For countries 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. | Overall do you feel that health facilities in your district are able to meet the malaria diagnosis and treatment needs of all people living and working in their health facility catchment area? *Select one.* | 0. No 1. Yes **🡪 *Skip to AC14***999. Don’t know |  |
| AC13. | If no, why not? Please elaborate. |  |
| AC14. | Overall do you feel that community health workers and/or volunteers in your district are able to meet the malaria diagnosis and treatment needs of their communities? *Select one.* | 0. No1. Yes **🡪 *Skip to AC16***999. Don’t know |  |
| AC15. | If no, why not? Please elaborate. |  |
| AC16. | What are the top three challenges that your district faces in ensuring access to high-quality malaria services? | 1.2.3. |
| T2.4 | Do you have any thoughts or ideas on potential solutions to the access to care challenges you describe above?  |  |

Planning and Financing (PF)

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions** | **Response** | **Comments** |
| PF1. | Does your district have a costed annual work plan for malaria activities? *Select one.* | 0. No **🡪 *Skip to PF6***1. Yes (costed annual work plan)2. Yes, but work plan is not costed999. Don’t know **🡪 *Skip to PF6*** |  |
| PF2. | Is your district’s annual malaria work plan integrated into broader annual health plans in your district?*Select one.* | 0. No **🡪 *Skip to PF4***1. Yes999. Don’t know ***🡪 Skip to PF4*** |  |
| PF3. | If yes, which broader health plans? Please can you briefly describe planned and actual integration mechanisms?  |  |
| PF4. | Approximately how often does your district assess progress against targets or milestones in your annual malaria work plan?*Select one.*  | 1. Never
2. Weekly
3. Monthly
4. Quarterly
5. Every six months
6. Annually
7. Ad hoc
8. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

999. Don’t know |  |
| PF5. | What are the top three challenges your district faces in meeting annual malaria work plan targets or milestones? | 1.2.3. |
| PF6. | Is your district office free to allocate some or all of your annual program funds to the specific malaria activities that you feel are most important?*Select one.* | 0. No1. Yes999. Don’t know |  |
| PF7. | Is your district office allowed to submit requests for additional funds exceeding what is in the approved malaria program budget?*Select one.* | 0. No1. Yes999. Don’t know |  |
| PF8. | Does your district monitor actual malaria expenditures against your approved program budget?*Select one.* | 0. No 1. Yes **🡪 *Skip to PF10***999. Don’t know **🡪 *Skip to PF10*** |  |
| PF9. | If your district does not monitor its malaria expenditures, who does this? |  |
| PF10. | For last calendar year, approximately what percent of this district’s total malaria program budget was spent?*Select one.* | 1. Less than 25% of the district’s total malaria program budget was spent
2. Between 25% and 50% of the district’s total malaria program budget was spent
3. Between 50% and 80% of the district’s total malaria program budget was spent
4. Over 80% of the district’s total malaria program budget was spent

999. Don’t know  |  |
| PF11. | Does your district have sufficient financial resources to implement malaria elimination strategies and activities in accordance with the annual work plan? *Select one.* | 0. No1. Yes |  |
| PF12. | Please elaborate on why you feel that your district does or does not have sufficient financial resources to implement malaria strategies and activities according to the work plan.  |  |
| PF13. | What are the top three challenges your district faces in relation to the financial management of malaria activities? | 1.2.3. |
| T2.5 | Do you have any thoughts or ideas on potential solutions to the financial management challenges you describe above?  |  |

Human Resources (HR)

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions** | **Response**  | **Comments** |
| HR1. | Do you have a current organogram for your district?*Ask to see the organogram and use it to help guide discussion below.* *Select one.* | 0. No1. Yes2. Yes, but respondent unable to present  organogram999. Don’t know  | *Record month and year organogram last updated.*Month: \_\_\_\_\_\_\_\_\_\_\_Year: \_\_\_\_\_\_\_\_\_\_\_\_ |
| HR2. | For each of the below job titles or specialties, how many positions exist in your district and how many of these are currently filled vs. vacant?*If none, enter ‘0’ in space provided.*  |
|  | **Job title or specialty**1. Head of communicable disease
2. Head of malaria
3. Communicable disease officer
4. Malaria officer
5. Surveillance/Health management information system (HMIS) officer
6. Entomologist
7. Indoor residual sprayer
8. Social and behavior change communication (SBCC) specialist
9. Community engagement lead or liaison
10. Microscopist
11. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_
12. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | **Total number of district positions**a. \_\_\_\_\_\_\_\_\_\_\_\_\_b. \_\_\_\_\_\_\_\_\_\_\_\_\_c. \_\_\_\_\_\_\_\_\_\_\_\_\_d. \_\_\_\_\_\_\_\_\_\_\_\_\_e. \_\_\_\_\_\_\_\_\_\_\_\_\_f. \_\_\_\_\_\_\_\_\_\_\_\_\_g. \_\_\_\_\_\_\_\_\_\_\_\_\_h. \_\_\_\_\_\_\_\_\_\_\_\_\_i. \_\_\_\_\_\_\_\_\_\_\_\_\_j. \_\_\_\_\_\_\_\_\_\_\_\_\_k. \_\_\_\_\_\_\_\_\_\_\_\_\_l. \_\_\_\_\_\_\_\_\_\_\_\_\_999. Don’t know | **Number of positions filled**a. \_\_\_\_\_\_\_\_\_\_\_\_\_b. \_\_\_\_\_\_\_\_\_\_\_\_\_c. \_\_\_\_\_\_\_\_\_\_\_\_\_d. \_\_\_\_\_\_\_\_\_\_\_\_\_e. \_\_\_\_\_\_\_\_\_\_\_\_\_f. \_\_\_\_\_\_\_\_\_\_\_\_\_g. \_\_\_\_\_\_\_\_\_\_\_\_\_h. \_\_\_\_\_\_\_\_\_\_\_\_\_i. \_\_\_\_\_\_\_\_\_\_\_\_\_j. \_\_\_\_\_\_\_\_\_\_\_\_\_k. \_\_\_\_\_\_\_\_\_\_\_\_\_l. \_\_\_\_\_\_\_\_\_\_\_\_\_999. Don’t know | **Number of positions vacant**a. \_\_\_\_\_\_\_\_\_\_\_\_\_b. \_\_\_\_\_\_\_\_\_\_\_\_\_c. \_\_\_\_\_\_\_\_\_\_\_\_\_d. \_\_\_\_\_\_\_\_\_\_\_\_\_e. \_\_\_\_\_\_\_\_\_\_\_\_\_f. \_\_\_\_\_\_\_\_\_\_\_\_\_g. \_\_\_\_\_\_\_\_\_\_\_\_\_h. \_\_\_\_\_\_\_\_\_\_\_\_\_i. \_\_\_\_\_\_\_\_\_\_\_\_\_j. \_\_\_\_\_\_\_\_\_\_\_\_\_k. \_\_\_\_\_\_\_\_\_\_\_\_\_l. \_\_\_\_\_\_\_\_\_\_\_\_\_999. Don’t know |
| T2.6 | In the past 12 months, has your district office hired any seasonal or part-time laborers or staff?*Select one.* | 0. No **🡪 *Skip to HR3***1. Yes 999. Don’t know **🡪 *Skip to HR3*** |  |
| T2.7 | In the past 12 months, how many seasonal or part-time laborers or staff were hired to perform the following jobs in your district?*If none, enter ‘0’ in space provided.* |
| **Type of seasonal or part-time worker**1. Indoor residual spray (IRS) sprayer
2. Long-lasting insecticide treated net (LLIN) distribution
3. Other (specify):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Other (specify):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Number hired in past 12 months**a. \_\_\_\_\_\_\_\_\_\_\_\_\_b. \_\_\_\_\_\_\_\_\_\_\_\_\_c. \_\_\_\_\_\_\_\_\_\_\_\_\_d. \_\_\_\_\_\_\_\_\_\_\_\_\_999. Don’t know | **Notes (as needed)**a. \_\_\_\_\_\_\_\_\_\_\_\_\_b. \_\_\_\_\_\_\_\_\_\_\_\_\_c. \_\_\_\_\_\_\_\_\_\_\_\_\_d. \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| HR3. | To what extent do you feel that staff turnover is a challenge for your district in the context of malaria elimination?*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
 |  |
| HR4. | Do you feel that there are adequate personnel at your district office to support malaria elimination activities?*Select one.* | 0. No1. Yes **🡪 *Skip to HR6***999. Don’t know |  |
| HR5. | If no, which types of positions or support are still needed in your district?*Please select all that apply.*  | 1. Case management
2. Malaria reporting
3. Data analysis and/or interpretation
4. Surveillance and response
5. Vector control
6. Entomology
7. Social and behavior change communication (SBCC)
8. Supervision of lower levels
9. Training
10. Community engagement
11. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
12. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

999. Don’t know |  |
| HR6. | Do you feel that there are adequate personnel at health facilities in your district to support malaria elimination activities?*Select one.*  | 0. No1. Yes **🡪 *Skip to HR8***999. Don’t know |  |
| HR7. | If no, which types of positions or support are still needed at health facilities in your district?*Please select all that apply.*  | 1. Case management
2. Malaria reporting
3. Data analysis and/or interpretation
4. Surveillance and response
5. Vector control
6. Entomology
7. Social and behavior change communication (SBCC)
8. Supervision of community health workers or volunteers
9. Training
10. Community engagement
11. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
12. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

999. Don’t know |  |
| HR8. | Do you feel that there are adequate community health workers or volunteers in your district to support malaria elimination activities?*Select one.*  | 0. No1. Yes **🡪 *Skip to HR10***999. Don’t know |  |
| HR9. | If no, which types of support are still needed at the community level in your district?*Please select all that apply.*  | 1. Case management
2. Malaria reporting
3. Surveillance and response
4. Vector control
5. Entomology
6. Social and behavior change communication (SBCC)
7. Community engagement
8. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

999. Don’t know |  |
| HR10. | What are the top three challenges your district faces with regards to human resources for malaria? | 1.2.3. |
| T2.8 | Do you have any thoughts or ideas on potential solutions to the human resource challenges you describe above?  |  |

Key Document Availability (KD)

***Instructions: Each document must be physically shown to the interviewer in order to respond “Yes.” If a document is not available, seek clarification and record comments.***

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions** | **Code** | **Comment** |
| KD1. | Does your district office have an available copy of the most recent national malaria strategic plan (NSP) that you can show me?*Select one.* | 1. No
2. Yes
3. Yes, but respondent unable to present

document777. Not applicable (N/A) |  |
| KD2. | Does your district office 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

document777. Not applicable (N/A) |  |
| KD3. | Does your district office have an available copy of the most recent national malaria laboratory quality assurance/quality control guidelines that you can show me (if applicable)?*Select one.* | 1. No
2. Yes
3. Yes, but respondent unable to present

document777. Not applicable (N/A) |  |
| KD4. | Does your district office have an available copy of the most recent national malaria elimination surveillance guidelines that you can show me?*Note that elimination surveillance guidelines include case and/or foci investigation and response SOPs and forms.**Select one.* | 1. No
2. Yes
3. Yes, but respondent unable to present

document777. Not applicable (N/A) |  |

Training (TR)

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions** | **Response** | **Comments** |
| TR1. | Which types of malaria trainings (if any) have your district personnel received in the past 24 months?*Please select all that apply.* | 1. No type of malaria training provided to district personnel in past 24 months
2. Malaria case diagnosis guidelines
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. | Which types of malaria trainings (if any) are planned for your district personnel in the next 12 months?*Please select all that apply.* | 1. No type of malaria training planned for district personnel in next 12 months
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. Supervision guidelines or tools
9. Stock reporting and management
10. Entomology and/or entomological surveillance
11. Laboratory quality control or assurance guidelines
12. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
13. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

999. Don’t know |  |
| TR3. | Are there certain areas or topics that you feel you need more training or support in in order to eliminate malaria in your district? *Select one.*  | 0. No **🡪 *Skip to TR5***1. Yes  |  |
| TR4. | If yes, please describe which areas or topics you feel you need more training or support in. |  |
| TR5. | Has your district office provided any type of malaria training to health facilities in the past 24 months?*Select one.*  | 0. No **🡪 *Skip to TR7***1. Yes 999. Don’t know **🡪 *Skip to TR7*** |  |
| TR6. | Which types of malaria trainings has your district provided to health facilities 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. Supervision guidelines or tools
9. Stock reporting and management
10. Entomology and/or entomological surveillance
11. Laboratory quality control or assurance guidelines
12. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
13. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

999. Don’t know |  |
| TR7. | Has your district office provided any type of malaria training to community health workers or volunteers in the past 24 months?*Select one.*  | 0. No **🡪 *Skip to T2.9***1. Yes 999. Don’t know **🡪 *Skip to T2.9*** |  |
| TR8. | Which types of malaria trainings has your district provided to community health workers or volunteers in the past 24 months?*Please select all that apply.* | 1. Malaria case treatment guidelines
2. Case investigation, classification, and/or response
3. Foci investigation and/or response
4. Reactive or proactive case detection
5. Malaria reporting (paper or electronic)
6. Social and behavior change communication (SBCC)
7. Stock reporting and management
8. Entomology and/or entomological surveillance
9. Laboratory quality control or assurance guidelines
10. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

999. Don’t know |  |
| T2.9 | Which types of malaria trainings (if any) are planned for health facilities in your district in the next 12 months?*Please select all that apply.* | 1. No type of malaria training planned for health facilities in next 12 months
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. Supervision guidelines or tools
9. Stock reporting and management
10. Entomology and/or entomological surveillance
11. Laboratory quality control or assurance guidelines
12. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
13. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

999. Don’t know |  |
| T2.10 | Which types of malaria trainings (if any) are planned for community health workers or volunteers in your district in the next 12 months?*Please select all that apply.* | 1. No type of malaria training planned for community health workers in next 12 months
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 |  |
| TR9. | Does your district office have funds that are immediately available to support training of malaria staff at district, health facility, and/or community health worker or volunteer level? *Please select all that apply.* | 1. No
2. Yes, for district level
3. Yes, for health facility level
4. Yes, for community health worker/ volunteer level
5. Yes, for all levels (district, health facility, and community health worker)

999. Don’t know | *This question refers to funds that are available to the office without any additional requests.* |

Supervision (SV)

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions** | **Response** | **Comments** |
| SV1. | When was the last supervision visit your district office received from the national level? | Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_777. Not applicable (N/A)888. Never999. Don’t know |  |
| SV2. | When was the last supervision visit your district office received from the provincial level? | Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_777. Not applicable (N/A)888. Never 999. Don’t know |  |
| SV3. | Did your district office receive a report or other written feedback after the last supervision visit conducted by either national or provincial 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 document777. Not applicable (N/A)999. Don’t know |  |
| SV4. | Approximately how frequently does your district office conduct supervision of public hospitals? *Select one.* | 1. Never
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 level999. Don’t know |  |
| SV5. | Approximately how frequently does your district office conduct supervision of public health centers? *Select one.* | 1. Never
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 level999. Don’t know |  |
| SV6. | In your experience, what are the key issues that come up when conducting supervision visits at public health facilities in your district? | 1.2.3. |
| T2.11 | Approximately how frequently does your district office conduct supervision of private hospitals? *Select one.* | 1. Never
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 level999. Don’t know |  |
| T2.12 | Approximately how frequently does your district office conduct supervision of private clinics? *Select one.* | 1. Never
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 level999. Don’t know |  |
| SV7. | Approximately how frequently does your district office conduct supervision of community health workers or volunteers?*Select one.* | 1. Never
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 level999. Don’t know |  |
| SV8. | When was the last supervision visit your district office conducted of any health facility in your catchment area? | Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_888. Never ***🡪 Skip to SV10***999. Don’t know  |  |
| SV9. | Does your district routinely use a nationally-standardized supervision checklist to conduct supervision visits at lower administrative levels? *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 exists999. Don’t know |  |
| SV10. | Does your district office have funds that are immediately available to support supervision visits to health facilities and/or community health workers or volunteers?*Select one.* | 1. No
2. Yes, to health facilities
3. Yes, to community health workers/ volunteers
4. Yes, to both health facilities and community health workers/ volunteers

999. Don’t know | *This question refers to funds that are available to the office without any additional requests.* |
| T2.13 | Do you feel that your district office has adequate resources available (including personnel) to conduct supervision visits to health facilities and/or community health workers or volunteers?*Select one.* | 1. No
2. Yes, to health facilities
3. Yes, to community health workers/ volunteers
4. Yes, to both health facilities and community health workers/ volunteers

999. Don’t know |  |
| SV11. | What are the top three challenges your district faces in supervising malaria activities at health facilities?  | 1.2.3. |
| SV12. | What are the top three challenges your district faces in supervising malaria activities at the community health worker or volunteer level?  | 1.2.3. |
| T2.14 | Do you have any thoughts or ideas on potential solutions to the supervision challenges you describe above in either SV11 and SV12? |  |

Supply Chain (SC)

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions** | **Responses** | **Comments** |
| SC1. | Please briefly describe how your district monitors and reports stocks of malaria commodities including RDTs, ACTs, LLINs, and insecticides. | 1. RDTs:

777. Not applicable (N/A)999. Don’t know |
| 1. ACTs:

777. Not applicable (N/A)999. Don’t know |
| 1. LLINs:

777. Not applicable (N/A)999. Don’t know |
| 1. Insecticides:

777. Not applicable (N/A)999. Don’t know |
| 1. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

777. Not applicable (N/A)999. Don’t know |
| SC2. | How many health facilities submitted monthly malaria commodity reports to your district office in the previous month?  | Number of health facilities: \_\_\_\_\_\_\_\_\_777. Not applicable (N/A)999. Don’t know |  |
| SC3. | How many health facilities in your district reported a stock-out of the following (unexpired) commodities in the previous month? *Use national definition of stock-out. If no stock-outs, enter ‘0’ in space provided.*National stock-out definition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Malaria RDTs
 | Number of health facilities that reported a stock-out in the previous month: \_\_\_\_\_\_\_999. Don’t know |  |
| 1. ACTs (e.g., 6x4 pack)
 | Number of health facilities that reported a stock-out in the previous month: \_\_\_\_\_\_\_999. Don’t know |  |
| 1. Primaquine
 | Number of health facilities that reported a stock-out in the previous month: \_\_\_\_\_\_\_777. Not applicable (N/A) – health  facilities do not stock primaquine 999. Don’t know |  |
| SC4. | Over the past 12 months, when your district places an order for malaria commodities, on average how many weeks does it take to arrive at your office? | **Commodity** | **Average number of weeks to arrive at district**  |  |
| RDTs |  |
| ACTs (6x4) |  |
| LLINs |  |
| Insecticide |  |
| SC5. | What are the top three challenges your district faces in ensuring smooth and continuous supplies of malaria commodities to health facilities in your district? | 1.2.3. |
| T2.15  | Do you have any thoughts or ideas on potential solutions to the supply chain management challenges you describe above?  |  |

Vector Control (VC)

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions** | **Responses** | **Comments** |
| VC1. | Is IRS conducted in your district?*Select one.* | 1. No ***🡪 Skip to T2.16***
2. Yes

999. Don’t know ***🡪 Skip to T2.16*** |  |
| VC2. | When was the last round of IRS conducted in your district?*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 T2.16***999. Don’t know  |  |
| VC3. | What challenges related to IRS does your district face? *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. Lack of data on population at risk
3. Shortage of IRS chemicals
4. Shortage of functional spray equipment
5. Lack of available funds for per diems
6. Lack of available funds for fuel
7. Lack of vehicles
8. Lack of skilled human resources
9. Difficult topography
10. Household/community refusals
11. Households not home
12. Insufficient supervision or coordination during IRS campaigns
13. Known or suspected insecticide resistance
14. Inability to determine insecticide susceptibility status
15. Inability to assess duration of effectiveness of insecticides (durability)
16. No insecticide resistance management plan
17. Difficulty reaching high-risk populations (low coverage)
18. Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

999. Don’t know  |  |
| T2.16 | Why has no IRS been conducted in your district 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. District has not been 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. Difficult topography
11. Household/community refusals
12. No or limited capacity for data management and analysis
13. Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

999. Don’t know  |  |
| VC4. | Is mass distribution of LLINs conducted in your district? *Select one.* | 1. No ***🡪 Skip to VC7***
2. Yes

999. Don’t know ***🡪 Skip to VC7*** |  |
| VC5. | When was the last mass LLIN distribution campaign conducted in your district?*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 VC7***999. Don’t know  |  |
| VC6. | What challenges related to mass LLIN distribution does your district face? *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. Lack of data on population at risk
3. Lack of household census data
4. Delays in receiving LLINs from national/provincial level
5. Insufficient number of LLINs available for population at risk
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. Difficult topography
11. Insufficient supervision or coordination during LLIN campaigns
12. Known or suspected insecticide resistance
13. Inability to determine insecticide susceptibility status
14. Inability to assess duration of effectiveness of insecticides (durability)
15. No insecticide resistance management plan
16. Difficulty reaching specific populations at risk (low coverage)
17. No or limited capacity for data management and analysis
18. Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

999. Don’t know  |  |
| VC7. | In the past 12 months, has continuous or targeted distribution of LLINs been conducted in your district?*Select one.* | 1. No ***🡪 Skip to VC9***
2. Yes

999. Don’t know ***🡪 Skip to VC9*** |  |
| VC8.  | Which specific populations receive LLINs through continuous or targeted distribution?*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  |  |
| VC9. | In the past 12 months, has larval source management (LSM) been conducted in your district? *Select one.* | 0. No ***🡪 Skip to T2.18***1. Yes 999. Don’t know ***🡪 Skip to T2.18*** |  |
| VC10.  | In the past 12 months, which larval source management (LSM) activities have been conducted in your district?*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  |  |
| T2.17 | Please describe the timing, frequency, and scale of larval source management (LSM) activities in your district. |  |
| VC11. | What challenges related to larval source management (LSM) does your district face? *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. Lack of data on larval habitats
3. Not fixed, few, and findable – too many larval sources to tackle
4. Inability to carry out any monitoring and evaluation (M&E) or follow-up activities
5. Shortage of larvicide
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. Difficult topography
11. Household/community refusals
12. No or limited capacity for data management and analysis
13. Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

999. Don’t know ***All responses*** ***🡪 Skip to VC12*** | ***🡪 Skip to VC12*** |
| T2.18 | Why has no larval source management (LSM) been conducted in your district 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. District has not been selected/targeted to receive LSM
3. Determined that LSM is not an appropriate strategy for district
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. No or limited capacity for data management and analysis
15. Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

999. Don’t know  |  |
| VC12. | In the past 12 months, has entomological surveillance been conducted in your district? *Select one.* | 0. No ***🡪 Skip to T2.19***1. Yes999. Don’t know ***🡪 Skip to T2.19*** |  |
| VC13.  | In the past 12 months, which entomological surveillance activities have been conducted in your district?*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  |  |
| VC14. | What challenges related to entomological surveillance does your district face? *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. Lack of skilled human resources
3. Shortage of functional equipment
4. Lack of access to laboratory or insectary infrastructure to process, analyze, or store samples
5. Lack of available funds for per diems
6. Lack of available funds for fuel
7. Lack of other type of funds (specify)
8. Lack of vehicles
9. Lack of guidance/SOPs on how to conduct entomological surveillance
10. Lack of training provided on entomological surveillance (poor capacity)
11. Difficult topography
12. Insufficient supervision or coordination during activities
13. Limited or no coordination with neighboring districts or countries
14. Long lags between data collection, analysis, and results dissemination
15. No or limited capacity for data management and analysis
16. Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

999. Don’t know  |  |
| T2.19 | Why has no entomological surveillance been conducted in your district 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 district (e.g., district does not have sentinel site)
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. No or limited capacity for data management and analysis
14. Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

999. Don’t know  |  |

Surveillance and Response (SR)

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions** | **Responses** | **Comments** |
| SR1. | How often does your district office receive timely and complete monthly malaria reports from health facilities?*Select one.* | 1. Never
2. Rarely
3. Some of the time
4. Most of the time
5. Always

999. Don’t know |  |
| SR2. | How often does your district office submit timely and complete monthly malaria reports to your provincial or national office (as appropriate)?*Select one.* | 1. Never
2. Rarely
3. Some of the time
4. Most of the time
5. Always

999. Don’t know |  |
| SR3. | How are private sector malaria cases reported or captured in the routine surveillance system (database) in this district? |  |
| SR4.  | How are military malaria cases reported or captured in the routine surveillance system (database) in this district? |  |
| SR5. | Does your district map malaria cases? If so, to what level (e.g., village or household)?*Select one.* | 1. Do not map cases in district
2. Yes, map to household level
3. Yes, map to village level
4. Yes, map to other level (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

999. Don’t know |  |
| SR6.  | What are the top three challenges your district 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 trained staff
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  |  |
| SR7. | Is there a data quality assurance (DQA) mechanism in place to verify your district’s routine malaria surveillance data?*Select one.* | 0. No1. Yes999. Don’t know | *If yes, ask respondent to briefly summarize DQA process*: |
| SR8. | Does your district routinely review your own malaria surveillance data?*Select one.* | 0. No ***🡪 Skip to SR11***1. Yes999. Don’t know ***🡪 Skip to SR11*** |  |
| SR9. | Approximately how frequently does your district review your malaria surveillance data?*Select one.* | 1. Weekly
2. Monthly
3. Quarterly
4. Every 6 months
5. Annually
6. Ad hoc
7. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |
| SR10. | Which malaria surveillance indicators does your district office routinely review?*Read all options to the respondent.* *Please select all that apply.*  | 1. Total number of malaria cases
2. Number of malaria cases by species
3. Number of malaria cases by occupation, age, gender or known high risk characteristic (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
4. Annual parasite incidence (API)
5. Test positivity rate (TPR)
6. Number of outbreaks
7. Number of case investigations
8. Case classifications
9. Number of foci investigations
10. Health facility reporting completeness
11. Health facility reporting timeliness
12. Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

999. Don't know |  |
| SR11. | Does your district target and/or tailor the malaria interventions to a specific location or population based on epidemiological, entomological, or other data?*Select one.* | 0. No ***🡪 Skip to T2.20***1. Yes999. Don’t know ***🡪 Skip to T2.20*** |  |
| SR12. | Please briefly describe how your district targets and/or tailors malaria interventions to specific locations or populations (including the types of data used).  |  |
| T2.20 | Has your district identified specific populations at high risk for malaria? If yes, please describe these populations and how you identified them (including the types of data used). *Select one.* | 0. No 1. Yes; Identified high-risk populations: Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_999. Don’t know  |  |
| SR13. | Has your district conducted any case investigations?*Select one.* | 0. No ***🡪 Skip to SR20***1. Yes999. Don’t know ***🡪 Skip to SR20*** |  |
| SR14. | Who leads case investigations in this district (e.g., develops schedule and ensures activities are completed)?*Select one.* | 1. National level
2. Provincial level
3. District level
4. Health facility level
5. Community health worker or volunteer
6. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

999. Don't know |  |
| SR15. | On average, how many days after a case is reported in this district is a case investigation completed? *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 |  |
| SR16. | If any case is not investigated, what are the top three reasons these cases are not investigated (if applicable)? *Circle the top three (or less) response options that apply.*  | 1. It is an imported case/migrant
2. It is outside of my target area
3. The person could not be found
4. Not enough staff or existing staff not available
5. No transport/vehicle available
6. Lack of funds
7. Delays in receiving available funds (for per diems, fuel, etc.)
8. Case was in a remote area and unable to access
9. Daily cross-border case
10. Case was notified too late
11. Case was detected in other health facility
12. Incorrect patient information
13. Incomplete patient Information
14. Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_

777. Not applicable (N/A) – every case has been investigated999. Don't know |  |
| SR17. | What do you most often do if the case is not home when you visit?*Circle the top three (or less) response options that apply.*  | 1. We do not re-visit the index case
2. We mark the case as imported
3. We mark the case as “not found”
4. Visit a second time: later that day or on a subsequent day
5. Telephone to schedule an appointment
6. Inform volunteers to make appointment with the case
7. Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_

777. Not applicable (N/A) – every case has been home or located999. Don’t know |  |
| SR18. | Is case classification (e.g., imported, indigenous) done for every malaria case investigated in this district?*Select one.* | 0. No 1. Yes999. Don’t know  |  |
| SR19. | What are the top three challenges your district faces in conducting case investigations? | 1.2.3. |
| SR20. | Has your district conducted any foci investigations?*Select one.* | 0. No ***🡪 Skip to SR23***1. Yes999. Don’t know ***🡪 Skip to SR23*** |  |
| SR21. | Who leads foci investigations in this district (e.g., develops schedule and ensures activities are completed)?*Select one.* | 1. National level
2. Provincial level
3. District level
4. Health facility level
5. Community health worker or volunteer
6. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

999. Don't know |  |
| SR22. | On average, how many days after a case is reported in this district is a foci investigation completed, if appropriate? *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 |  |
| SR23. | Does your district office 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.* |
| SR24. | Is proactive case detection (for example, screen and treat in high-risk areas or populations) currently taking place in your district?*Select one.* | 0. No ***🡪 Skip to SR26***1. Yes999. Don’t know ***🡪 Skip to SR26*** |  |
| SR25. | Which populations have been targeted with proactive case detection activities 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  |  |
| SR26. | Is reactive case detection (for example, screen and treat in the household and neighbors of an index case) currently taking place in your district?*Select one.* | 0. No ***🡪 Skip to SR27***1. Yes999. Don’t know ***🡪 Skip to SR27*** |  |
| T2.21 | Which populations have been targeted with reactive case detection activities 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  |  |
| T2.22 | What triggers implementation of reactive case detection activities in this district? *Select one.* | 1. One (1) single case
2. A predetermined threshold of cases within a specified time period
3. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

999. Don’t know  |  |
| SR27. | Has your district established a threshold to determine when there is a malaria outbreak?*Select one.* | 0. No 1. Yes999. Don’t know  | *If yes, ask respondent to specify threshold level.* |
| SR28. | Once an outbreak is established, what actions are taken as part of outbreak response, if any?*Please select all that apply.* | 1. No activities undertaken in response to outbreak
2. Reactive case detection
3. Proactive case detection
4. Distribution of LLINs
5. IRS spraying
6. Larval source management
7. Entomological surveillance
8. Household surveys
9. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

999. Don’t know  |  |
| SR29. | Who leads outbreak response activities in this district (e.g., develops schedule and ensures activities are completed)?*Select one.* | 1. National level
2. Provincial level
3. District level
4. Health facility level
5. Community health worker or volunteer
6. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

999. Don't know |  |
| SR30. | Does your district office have funds immediately available to support outbreak response activities (for example, screen and treat and/or IRS or LLIN distribution)?*Select one.* | 0. No1. Yes999. Don’t know | *This question refers to funds that are available to the office without any additional requests.* |
| SR31. | Are communities involved in any of the malaria surveillance and response activities in your district (e.g., case or foci investigation, proactive or reactive case detection, outbreak response)? If yes, please describe these activities.  |  |
| SR32. | What are the top three challenges your district faces with respect to malaria surveillance and response activities? | 1.2.3. |
| T2.23 | Do you have any thoughts or ideas on potential solutions to the surveillance and response challenges you describe above?  |  |

Cross-sector Collaboration (CC)

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Questions** | **Responses** | **Comments** |
| CC1. | Does your district office hold regular meetings with other government ministries or health departments? *Select one.* | 0. No ***🡪 Skip to CC3***1. Yes999. Don’t know ***🡪 Skip to CC3*** |  |
| CC2. | Which government ministries or health departments does your district office hold routine meetings with and approximately how frequent are the meetings actually held? | 1. Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Actual meeting frequency: \_\_\_\_\_\_\_\_1. Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Actual meeting frequency: \_\_\_\_\_\_\_\_1. Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Actual meeting frequency: \_\_\_\_\_\_\_\_1. Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Actual meeting frequency: \_\_\_\_\_\_\_\_999. Don’t know |  |
| CC3. | Does your district office hold regular meetings on malaria with any other stakeholders and if yes, which stakeholders?*Read all options to the respondent.* *Please select all that apply.*  | 1. No regular meetings held with stakeholders
2. Private sector health providers in the district
3. Industry/development project management (e.g., mines, forestry, construction, etc.)
4. Neighboring countries (e.g., cross-border activities)
5. Community or religious organizations
6. Local NGOs or civil society organizations (CSOs)
7. Donors (PMI, USAID, etc.)
8. Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

999. Don't know |  |
| CC4. | Does your district office collaborate with neighboring districts or provinces on malaria surveillance and/or activities? *Select one.* | 0. No ***🡪 Skip to CC6***1. Yes999. Don’t know ***🡪 Skip to CC6*** |  |
| CC5. | Please briefly describe how your district office collaborates with neighboring districts or provinces on malaria surveillance and/or control activities. |  |
| CC6. | Are communities in your district aware of the national commitment to malaria elimination?*Select one.* | 0. No 1. Yes1. Some communities are aware,

whereas other communities are not999. Don’t know |  |
| CC7. | In what ways (if any) are communities in your district involved in malaria elimination activities? |  |
| CC8. | In your opinion, how can we further engage local communities in the fight to eliminate malaria? |  |

Other Challenges (OC)

|  |  |  |
| --- | --- | --- |
| OC1. | Please describe what you see as the top three challenges to eliminating malaria in your district. | 1.2.3. |
| OC2. | Do you have any thoughts or ideas on potential solutions to the challenges you describe above?  |  |

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