

# ROLL BACK MALARIA



## Proposed Methods and Instruments for Situation Analysis Revision 1

### ANNEXES

November 1999



WORLD HEALTH ORGANIZATION

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# Annex 1: Instrument for policy review

## **INTRODUCTION**

The instrument is focused on interviews and discussions with national level policy makers. Some of the questions however should also be used to direct discussion at the first national RBM meeting with donor representatives, representatives of important NGOs, representatives from other sectors of government and providers like the representatives of private and traditional practitioners. It is expected that countries will adjust the questions to suit their situation.

The questions are meant for direct discussions with interviewees. They are not intended to be sent out as questionnaires to be filled in. It is expected that interviewers will improvise additional questions during the flow of the interview. The use of recording equipment is highly recommended.

## **Process of assessment**

The process of assessment at this level is as follows - deskwork analysis (review of existing documents including interviews), and panel discussion using SWOT analysis.

## **Guidelines for assessment**

### Deskwork analysis

This exercise should be undertaken by a team of consultant(s). All documents reviewed should be made available for further discussion.

### **Panel discussion**

Preferably the facilitator should be a senior official of MOH or someone from a Management Institute with immense experience in moderating meetings. Panel discussions would be useful for dealing with large groups of officials/interviewees e.g. heads/senior official of the various departments/units of MOH, other relevant sector representative from ministries of Finance, Planning, Local Government, Education, Environment, Agriculture, Population. Etc. SWOT analysis is one of recommended methods for addressing issues and arriving at consensus.

## **A. Deskwork:**

### **1. National Health Policies**

Are all national health policies in one national health policy document? (If not available, search for all policy documents i.e. memos, letters, meetings, circulars, draft proposals, papers etc. on policy)

What are the priority health problems outlined in the policy document(s)? (Please note the achievements and constraints stated in these documents and show the trends over the years).

Compilation of other related policies and guidelines in the form of letters, circulars, papers, directives, draft proposals, documents etc. from central government and other government regulatory bodies.

Review other relevant policies such as population, environment, decentralization, education, agriculture etc.

### **2. Health service structure:**

Policy documents on health service structure and reforms (the analysis should show the process, the content and the actors). Indicate the stages of implementation, achievements, constraints and solutions.

National Health strategic plan

Analyses of national health strategic plans and other related documents  
Health systems management policies and guidelines:  
Analysis of policies related to health system management and other related policy documents

**B: PANEL DISCUSSION ISSUES:**

**1. National Health Policies**

**General questions on health policy formulation and review**

What are the processes for development of a national policy? Do you have a national framework for policy development? Do you have a National Policy Co-ordinating Board/Council? Membership? Are they functional? How was consensus obtained from stakeholders? Do the priority health problems remain the main priorities at the moment? What are the bases for priority rankings? What rank is malaria? What is the policy on involvement of the private sector? What is the policy on involvement of other sectors? What is the policy on empowerment of communities to influence the direction of their health services?

**Specific questions on political commitment**

What is the proportion of the national budget allocated to the health sector? What are the trends over the past four years? How does this compare with other social sectors like education? What proportion of the health sector budget is allocated to first contact level service? What proportion of the budget is allocated directly to support for community based health care activity? What are the trends in these allocations over the past three years? What are the trends in economic indicators for the country over the past three years?

SWOT analysis and action tables should be completed before closing the interviewed (Please bear in mind the following questions: why have things happened this way? Why have things gone this way? Why have we not done something before? What can we do now?)

**2. Health Service Structure related policies**

**General questions on organization of health services**

What influence does the nature of priority health problems have on the design of the health system? What is the policy on referrals? Does this include what and how much money patients have to pay when referred from a lower level to a higher one? How are the referral needs of malaria and other acute illnesses taken care of by the current design? Is equity of access a major consideration in the design of the health system? How is this demonstrated in the current design? Is cost-effectiveness a major concern in the design of the health system? How is this demonstrated in the current design? What are the national health service's coverage goals and targets? In the light of what is known about malaria today, how does the malaria specific mortality impact on national health service coverage and goals?

**Malaria specific questions:**

Is there a policy for malaria control? Is there a mechanism for co-ordinating malaria control activities?

**Household case management**

What are the household and health seeking practices of mothers/caretakers for fever/malaria? Is treatment at home a recognised component of the case management strategy for malaria? If so what drugs are officially authorised for self-prescription? What information package has been made available to the households? How is the quality of drugs for use at home guaranteed? How satisfactory is home treatment? What is the policy on laboratory support at various levels? How in your opinion has this been successfully achieved? What are the implications for malaria control?

### **Household disease prevention**

What preventive methods are designed for active promotion? What promotion strategies have been adopted? How successful is their promotion? What quantitative evidence or methods are used to determine the success rate?

### **First health professional contact level (i.e. licence practitioners):**

What is the officially designated level of first contact with professional service for the households? What is the population size allocated to such a facility? What is the relationship between the number of clinically competent personnel for the facility and the population size allocated to the facility? What is the officially desired maximum travelling time for the furthest household from each facility set out in the policy guidelines? What is the desired maximum waiting time at such a facility laid out in the policy guidelines? How do these fit in with the requirements for emergency malaria treatment? Is this level expected to provide clinical differential diagnoses? Is this level expected to handle acutely ill patients? If not what is the next immediate level for referral? What communication arrangements are provided to facilitate patient evacuation? Which document outlines all these guidelines and targets? What proportion of existing facilities have functional emergency evacuation facilities? What

is the coverage at present of the population at the targeted travelling time stated above? What is the policy on integration of services at facility level? During outreach visits to communities? What are your experiences with integration of services?

SWOT analysis and action tables should be completed before closing the interviewed (Please bear in mind the following questions: why have things happened this way? Why have things gone this way? Why have we not done something before? What can we do now?)

## **3. National Health Strategic Plan**

### **General questions on health strategic plans**

Is there a documented national health strategic plan? Have all stakeholders agreed upon the plan? What is the implementation period for the plan? What will the main achievements be each year? If there is no single document, what is the guiding principle for health development activity? If not available, what do you use?

### **Specific probe questions**

What is the national target for population coverage at the standard of access officially set? What is the level of coverage at the moment? When is this target set to be achieved?

What is the total number of units to be established to achieve the target? What are the strategies for establishing the units? All public? Private investment promotion? Community owned and managed facilities? What are the year by year milestones? What is the estimated growth in the recurrent expenditure? How does this compare with the projected growth of the national economy? What is the evidence from economic trends?

What is the estimated trend in the expenses attributed to specific inputs for malaria over the same period? How does this relate to the projected disease burden?

SWOT analysis and action tables should be completed before closing the interviewed (Please bear in mind the following questions: why have things happened this way? Why have things gone this way? Why have we not done something before? What can we do now?)

## **4. Health systems management related policies.**

### **General questions on health system management**

What are the budgetary policies for ensuring that health priority ranking influences resource allocation? What are the resource management policies to promote innovation at all levels? What are the resource management policies to ensure that equity of resource allocation is achieved particularly for the remote areas of the country? Do these function well for financial resources? Do these function

well for human resources? What are the financial management policies to minimise time wastage and administrative overheads in financial transactions at all levels? How smooth are finance-related transactions at the facility level? What is the evidence for this?

***Specific probe questions:***

**Specific questions for Management of the first contact facility:**

What are the arrangements for the first contact facility to maintain identity with individuals or households in the catchment area? Is there a Family health register? Family health card? Or are there only patient registers?

Is this facility expected to perform periodic community diagnosis? If so, what are the guidelines on community diagnosis? How are the findings recorded? Used? What is the recommended frequency for updating the community diagnosis? If periodic community diagnosis is not mandatory for the facility to perform, which facility in the system has the responsibility?

Is the facility required to maintain a record of vital statistics? If not, where is such information kept? How does the facility access the information for planning?

What is the estimated annual cost of running such a facility? How much of this cost is budgeted for through central sources? Is it possible at the end of the year to track actual expenditures to this facility? Is it possible to break the expenditure to specific outputs? What are the outputs for expenditure control?

Can a private individual put up such a facility? Would the same personnel profile be acceptable as for a publicly run facility? Would the facility be supervised by the district health service in the same way? How are the mechanisms to facilitate access of the poor if such a facility is the nearest to the household?

SWOT analysis and action tables should be completed before closing the interviewed (Please bear in mind the following questions: why have things happened this way? Why have things gone this way? Why have we not done something before? What can we do now?)

# Annex 2: Instrument for review of management and support systems

## *Individual interviews*

It is proposed that this instrument is administered to the heads of these departments/units. It is expected that countries will adjust the questions to suit their situation.

### **1. Management of personnel**

Respondent: Head/Senior Officer-In-Charge

#### **General on human resource management**

What are the mechanisms to ensure that first contact level facilities have properly qualified personnel, and in correct strengths? What are the mechanisms to ensure equitable distribution even to the remote communities? Has this equity been achieved? If not, what are the main constraints? What are the mechanisms to ensure that reward matches with work load and excellence? How effective are the mechanisms? How is performance monitored? How is human resource needs assessed for the various facilities? Which categories of staff are in short supply? What plans are in place to address this shortage?

#### **Specific probe questions.**

- What is the minimum number of personnel with competence to manage a case of malaria without supervision officially allocated per 1<sup>st</sup> contact facility? What proportion of the existing facilities at this level have a full complement of such personnel? What is the source of the information? What are the difficulties if any in trying to achieve a fair distribution of personnel to such facilities?
- What are the arrangements for in-service updating of skills for personnel at this level? How do personnel in remote locations benefit from these arrangements? How do these in-service training arrangements relate to skill building for priority problems? Specifically for malaria?
- What are the arrangements for ensuring continuity of service? Is there a maximum number of days that an officer can be out of the station for workshops per year? Is this done by attempting to integrate and co ordinate workshops? If so how successful are the integration attempts? What if any are the major constraints? How is the service covered when an officer has to go away for any reason?
- How is performance of an officer assessed? Does the reward match with workload? Does the reward match with excellence? Is there compensation for hardship? If so, how is this calculated? Does it match with the degree of hardship?
- What mechanisms are in place for the population of the catchment area to influence quality of performance of personnel? Do the mechanisms actually work? What is the evidence?
- What in the design of the basic training ensures that personnel acquire the correct competence for service at this level? What is the annual output of the training schools? How does this output fit in with national requirements? Are there defined problems in the performance of the schools? Are there already defined solutions to the problems? What influence does professional politicking play in personnel management and development?

**CHECK:** Request for a human resource inventory of a health facility around and go and verify from that facility

**SWOT analysis and action tables should be completed before closing the interviewed (Please bear in mind the following questions: why have things happened this way? Why have things gone this way? Why have we not done something before? What can we do now?)**

## **2. Research, monitoring and evaluation,**

Respondent: Head/Senior Officer-In-Charge

### **General questions on research, monitoring and evaluation issues**

What are the mechanism or systems to ensure that first contact facilities have adequate technical support in planning and managing disease control strategies particularly for malaria? Are there activities centred on operations research? What are the mechanisms to ensure that policies on drugs and insecticide are based on sound scientific advice? Any example to demonstrate this? How is drug and insecticide sensitivity monitored? What is management information system are you using at administrative and health facility levels? Describe them? What are the problems (if any) associated with your MIS? What are some of the solutions?

### **Specific probe questions:**

Are there centrally based disease control centres? Are they backed by defined laboratory and field research centres? Do local universities play any formal role? Are there centres routinely monitoring quality of drugs and other supplies? Are there separate centres for each priority disease? Would it be possible to develop capacity in one centre to service several drugs? Would this be more efficient or not? Are there activities centred on ethnographic studies? Are such researches an integral part of control activities or ran independently on adhoc basis? Which studies have been used to arrive at some of the policies currently being implemented?

**CHECK:** Request for an institution with the discussed facilities and go and verify from this facility.

## **3. Management of drugs and supplies,**

Respondent: Head/Senior Officer-In-Charge

### **General questions on drugs and supplies management**

What are the mechanisms to ensure that first contact level facilities have an adequate supply of drugs? How well are the mechanisms functioning? How is monitoring of performance done? How is quality monitored?

### **Specific probe questions:**

- What are the main sources of drugs for this level of care? What anti-malaria drugs are supposed to be stocked at this level?
- Would these quantities agree with estimates made at the facility on average? Are the facilities involved in budgeting? What methods do these facilities use to estimate annual requirements?
- Are the facilities allowed to procure additional drugs for themselves? How would such drugs be accounted for? How would the quality of such drugs be monitored?

### **Specific Questions for management of national drug store or warehouse:**

Were there any problems encountered in relation to inventory in the past financial year? If any, what were they? What were the underlying causes? What measures have been put in place to address the problems? Is performance better now? What additional changes are needed?

Were there any problems with drug distribution in the past year? What were they? Have these problems been solved? How efficient would you rate the national drugs and supply distribution system? What adjustments would you like to make? What are the constraints?

Do you have any problems with quality control? Importation procedures? Procurement procedures? Financing arrangements? Please comment on how you are handling the problems.

**CHECK:** Request for the breakdown of drugs supplies and costs in one complete year.

**SWOT analysis and action tables should be completed before closing the interviewed (Please bear in mind the following questions: why have things happened this way? Why have things gone this way? Why have we not done something before? What can we do now?)**

#### **4. Management of finances**

Respondent: Head/Senior Officer-In-Charge

##### **General questions on financial management**

Are there mechanisms do to ensure that budgets and expenditure favour service production? How is financial accountability ensured at all levels? How is actual allocation and expenditure tracked down to all levels? Is it possible to track expenditure towards outputs? Is the system able to absorb additional resource? What proportion of the total budget is from internally generated funds? How are these funds managed?

##### **Specific probe questions:**

- What is the total budget available from external and government sources for the health sector this year?
- What proportion of this money has been allocated to community level activity? How will it be accounted for?
- What proportion has been allocated to health centre activity? How will this be accounted for?
- For the resources allocated to community level and health centre levels, what proportion will be spent on administrative overheads? What proportion has been allocated for direct health inputs?
- If it is not possible to analyse the allocation as proposed above, what are the mechanisms for ensuring that a critical amount of the resources will be used to purchase service as close to the family as possible?
- Given the existing systems for resource allocation, if the available budget from donors pushed the resources up by 5%, how much of the additional resource would be used to finance directly the health centre and community based services? Would this happen automatically with available calculating systems? Would it require fresh negotiations? Is there a mechanism where all contributors to the funds and providers would jointly influence the decision on the additional expenditure?
- Considering expenditure patterns of the previous years, does actual expenditure tally with the resource allocation aspirations?
- Would the resource allocation systems so far described favour effective implementation of malaria interventions without making special protection of 'malaria money'?
- How will you ensure that outputs for malaria control are achieved at the lower levels when funds are not earmarked specifically for malaria?

**CHECK:** Request for budget and expenditure in one complete year.

**SWOT analysis and action tables should be completed before closing the interviewed (Please bear in mind the following questions: why have things happened this way? Why have things gone this way? Why have we not done something before? What can we do now?)**

#### **5. Public Sector Financial Policy**

Respondent: Budget Division/Department, Ministry of Finance

**General questions on public sector financial regulation and monitoring**

What are the policies and guidelines for formulation of public sector budget? How are these policies and guidelines made? What are the processes? Who are the actors? How often are the policies and guidelines reviewed? How are financial ceilings and spendings of sectors set? How are resource released to sectors? What are the processes? Are exemption rules? If yes, and how and who is it applied to? How are donor funds (i.e. loans, grants and aids) agreed upon and channeled to the sectors? What are the processes? Who are the actors? What are the financial reporting procedures for both government and donor funds? Can sectors apply for additional funds? If Yes, what is the procedure? If No, why not?

**CHECK:** Request for copies of the policy and guidelines.

**SWOT analysis and action tables should be completed before closing the interviewed (Please bear in mind the following questions: why have things happened this way? Why have thing gone this way? Why have we not done something before? What can we do now?)**

# Annex 3: Inventory on health care and other projects relating to malaria

**Respondents: Programme Officers of MOH, NGOs and other agencies:**

If you have any programmes that are providing community-based healthcare interventions within this country, particularly those focused on malaria.

- 1) What is this programme called?
- 2) What are its main objectives and strategies?
- 3) What are its main activities?
- 4) Which districts are covered by the programme?
- 5) Who are involved in its design?
- 6) Who are implementing it?
- 7) What population size is covered by the programme (specify by district)?
- 8) How many communities are covered by the programme (specify by district)?
- 9) When did this programme start?
- 10) When is this programme expected to finish?
- 11) How is this programme financed?
- 12) Is there a tax exemption system in place? (name items)
- 13) Does this programme provide training?
- 14) If yes... who, how many and in what?
- 15) Does this programme provide impregnated bed-nets?
- 16) If yes...
  - Who is targeted?
  - Which insecticide is used?
  - What is the source of insecticide/bed-nets?
  - How much were paid for insecticide/bed-nets?
  - Are bed-nets and re-impregnation provided free or are there charges? (How much)
- 17) Does this programme provide curative care? If yes....antimalarials?
- 18) Does this programme provide health education?
- 19) If yes...what? (e.g. posters, media)
- 20) What are the main problems encountered in the implementation of the control programme? How are they being addressed?

# Annex 4: Checklist for District Self-assessment

For each of the following issues, discuss whether there is a policy or guidelines dealing with it, whether a copy of the policy document or guidelines is available at the district level (review documents if available) and whether it is actually applied. Discuss the experiences and problems associated with it and try to identify reasons and possible solutions.

## Policy and Implementation

- essential drug list by levels of care? (Specifically for anti-malarials)
- drug revolving fund? (Specifically for anti-malarials)
- most recent national guidelines for case management (IMCI)?
- most recent national anti-malarial drug policy? Does the drug policy specify the range of drugs at different levels of care and which ones should be prescribed or acquired without prescription?
- policy or practice for non-government health providers in the prescribing of anti-malarial drugs?
- policy on inter-sectoral collaboration, and what mechanisms are there for the collaboration of other sectors? (Particularly for malaria control activities)
- District plan/policy/guideline for ITN promotion?
- District policy on user fees and exemptions/subsidises? (Specifically anti-malarials and bed-nets)
- District plan/policy/guideline for malaria prophylaxis during pregnancy?
- District policy on formulation and implementation of the district health plan
- What health care activities are the community involved with?
- What malaria activities are the communities involved with
- Social mobilization?
- Drug supply in private and public sectors?

## District Health Management

- Composition of the DHMT
- Functions of DHMT
- How does the DHMT function as a team (e.g. frequency of meetings?)
- Role of the local authority and other stakeholders in district health planning, management and implementation

## Resources

- map of health care facilities by ownership, location and level of care. Does this map include location of communities? Catchment populations?
- inventory of health and human resources by categories and facilities?
- (If not available then aide in developing this because it will be required for the sampling of health care facilities and communities)
- transportation is available to the DHMT for supervision and drug delivery?
- functional means of communications between the various functional levels of the health care system (telephone, radio-call, e-mail) available to the DHMT
- Are new infrastructure developments through the district? What are they planned for?
- Staffing norms at the district. Who sets them, what numbers are enough to manage the different types of facilities in the district.
- Mechanisms for monitoring and evaluation of resource use

## District Health Plan and Budget

- year and time period covered by the most recent District Health Plan
- information sources used in planning

- Does the plan include a District Health Situation Analysis?
- If yes, does the situation analysis:
  - include a map of the demographic pattern of the district?
  - have a map or inventory of all health care providers, facilities, resources and ownership in relation to the demographic pattern? (If not, assist)
  - include information on malaria endemicity, incidence and risk? (If not, assist)
- What is the content of the current District Health Plan? (Assist team to conduct budget mapping of interventions supported and source of funds for:
  - 1) actual expenditures last fiscal year; and
  - 2) the planned expenditures for the current fiscal year using the RBM Situation analysis

### **District Health Budget Mapping Matrix.**

Use this to determine:

- 1) What share of resources is allocated to malaria case management (or IMCI)?
  - 2) What share of resources is allocated to ITN promotion?
  - 3) What share of resources is allocated to prevention of malaria in pregnancy?
  - 4) What is the overall priority given to malaria in the plan?
- What is the budget for inter-sectoral activities?
  - Does the DHMT raise its own financial resources? What is the experience and sources?
  - Can the DHMT allocate (re-allocate) its own financial resources?
  - District health plan and budget for supervision
  - Does the plan allow for supervision of only government health facilities or all facilities?
  - What is the content of the supervision plan (resource needs, quality, compliance, training needs, outreach, etc)
  - Actual District health partners to the DHMT.
  - The type of relationship that exists between the identified partners and the DHMT
  - Non-mobilized potential partners to the DHMT
  - What share of the resources is allocated to public health
  - What share of resources is allocated to disease control
  - What is the future health plan with regards to malaria control.

### **Malaria Case Management & Prevention**

- District estimate of the annual malaria incidence rate for children and adults
- Does the District have adequate supply of anti-malarials in relation to the expected incidence?
- Problems, if any, with the supply of anti-malarials?
- District health providers been trained (upgraded) in the application of malaria case management (IMCI) guidelines within the last 3 years?
- Does the district have/support any ITN programmes?
- What is the source of supply of the nets and treatment kits. What are the problems associated with it.
- ITN promotion plan: If it exists, how does it engage the community in planning ITN implementation?
- If no ITN program in place, are there any future plans? What when will it be what will be the source of net and insecticide supply.
- Does the DHP include assessment of inter-sectoral impacts on malaria risk (e.g. Irrigation schemes, micro-dams, etc)
- What is the nature of the assessment? Who are the partners and proposed financiers, when do you propose to start.
- Actual and potential partners for malaria case management and prevention? Is there a plan to support and involve them in malaria control programmes?

- Referral mechanisms (esp. For malaria)
- Monitoring and evaluation mechanisms
- Mechanisms for integration and co-ordination

## POLICY AND IMPLEMENTATION

ISSUE	Is there a policy		
	Existing	Available	Applied/Used
1. Essential drug list by level of care (especially for antimalarials)			
2. Drug revolving fund (specifically for antimalarials)			
3. Most recent national guidelines for case management (IMCI)			
4. Most recent national antimalarial drug policy. Does the drug policy specify the range of drugs at different levels of care and which ones should be prescribed or acquired without prescription?			
5. Policy or practice for non-governmental health providers in the prescribing of antimalarial drugs			
6. Policy on inter-sectoral collaboration and what mechanisms are there for the collaboration of other sectors (particularly for malaria control activities)			
7. District Plan/Policy/Guideline for ITN promotion			
8. District Policy on user fees and exemptions or subsidies (specifically for anti-malarials)			
9. District Plan/Policy/Guideline for malaria prophylaxis during pregnancy			
10. What health care activities are the community involved with (specifically related to malaria)?			
11. Social Mobilisation			

# Annex 5: Guidelines for the use of community and provider instruments

This guide gives some directives for using the research tools from the point of view of facilitating their implementation. It is not exhaustive.

## ***Drug & Remedy Vendors***

It is important to build trust with the resource people who will help identify the sellers as well as with the sellers themselves. It is not however necessary to put this in writing. This confidence building can be done by introducing oneself, speaking briefly about the objectives of the task and emphasising that this study is not only being carried out in their particular community. If necessary, list the other communities involved in the study that would be known to the audience.

### Identification of sellers by category

Sellers can be broken down into two categories: those who sell in pharmacies and pharmaceutical depots (private or otherwise) and those who own general stores selling various articles and goods including drugs. This study does not include insecticides as these are very diverse and an evaluation of their quality can be excessively time consuming. Those insecticides that are found abundantly in all shops should not get any particular attention in this study.

With the help of the resource people (health workers, community health workers), the next step is to identify those vendors eligible to take part in the study.

The study should be carried out in communities or villages. In communities where there are less than five vendors, the study will be exhaustive. When there are more than five vendors, a list should be drawn up and five vendors drawn at random.

Attitudes to avoid: Do not make judgement on the answers of the interviewee even if you feel that he should have some answers that he is not providing, as by doing so would be anticipating his replies. Do not make comments such as “how is it that you do not know the name of this drug or how is it that you do not know the number of drugs sold last week?”

Do not show surprise as this may influence the mood of the interview.

## ***Herbalists and drug peddlers***

Building trust with these vendors is very important, but also very difficult. The herbal healers may think that you are only interested in causing problems for them. This situation is even more delicate with drug peddlars and travelling vendors. It is important to give them even more information on the work being done and insist that the study does not just concern their community. The resource people identifying them should also feel assured

### Identification of these vendors

They can be identified using the resource people (village chiefs, village leaders), and after a brief meeting at the end of the focus group discussions or they can also be identified while selling in the markets.

Five people from each category should be chosen. When all three vendors are present in the community, two herbal vendors (if possible one male and one female), two travelling vendors (one male and one female) and one drug peddler, (if possible alternate between male and female between communities) should be chosen.

### ***Traditional healers***

These are identified at the end of the male and female focus group discussions. The team who has collected the data will choose one male and one female among the chosen healers. Those who have the largest clientele according to the data collected should be chosen. Building trust is again very important.

### Key informers of community organizations and associations.

These are identified in the same manner as the traditional healers. The two most dynamic and active organizations should be identified. One male and one female organization should be chosen but they can also be mixed. In all cases, if there are many associations and they are not mixed, the most **dynamic** female and male associations should be chosen.

The interview should be held with the head of the association, if possible the top person - head, president or other title.

### ***Community Health Workers***

Identification of these vendors is carried out in the same manner as the traditional healers. Two should be identified per community, if possible one male and one female.

### Case study on childhood illness experiences, recent pregnancies, use of mosquito nets and curtains

Please refer to the methodology outlined in section three "Assessments in the Community" in the RBM methodology document dated 17 December 1998. Remove the number to be interviewed as this will depend on the number of districts and consequently the number of villages. (This, of course, no longer involves pre-testing the instruments of the methodology).

Again building trust is paramount. The same steps should be followed as for drug vendors as well as drawing on the details given in the 17 December version of the methodology.

### ***Care Providers***

There are three types of surveys to be carried out among the health care providers. Their trust can be earned easier by explaining the objectives of the study and also if the district health team are involved in the activity when not all the team is from outside the district health services. The involvement of district health personnel can also create trust, however, this is not enough due to the certain supervisory and control functions held by district health and welfare officials. It is therefore necessary to give ample information on the activity to all the health care providers being surveyed and to avoid expressing an attitude which could give negative impressions.

It is important that the activity should not be perceived as a spot check aimed at sanctions, rewards, approval or disapproval of some fact or behaviour.

**The check list survey** takes place with a chosen community health service provider regardless of the nature of the health service (reference, arrondissement, revamped arrondissement, community, or private health centres, dispensaries or maternity clinics in the case of Mali for example).

There is only one survey per health facility. The survey takes place with the head of the health centre or another member of staff, as even if the head is absent, the survey must still be conducted. Similarly the interviewee may call on another member of staff for certain issues that he is not familiar with. This type of situation should be noted under “remarks”.

The interview with the health care providers is, on the other-hand, focused on the individual activity of the staff member interviewed. (The questions concerning the facility e.g. questions 14 – 17 should be transferred to the facility check-list tool).

The assessment of the providers is a more delicate exercise because, as well as building confidence, it is also necessary to maintain checks which require certain precautions:

1. The form on which the data is recorded must not be seen by the person being assessed.
2. Given that the consultation is confidential, the evaluator’s presence must be agreed with by the provider or justified, for example, on the grounds that he needs to listen to the patients’ expressing their complaints and judge their capacity to verbalise them.
3. The evaluator’s presence must be discreet. He should pretend to read and take notes on a medical journal or review, for example, or documentation on the centre in order to be able to discretely fill in the form.
4. He should not memorise facts and note them down afterwards.
5. The task should serve to encourage providers to accept such an exercise in the future by giving them feedback on the results and discussing it with them later.
6. The fact that the provider does not know the real reason for the interview will help reduce bias which could influence his behaviour.

For this assessment, one member of staff from each category of providers, who carry out consultations, should be surveyed. If there is more than one member in a particular category, the person can be chosen at random after the arrival of the team.

### ***Exit Interview with patients after consultation***

The health workers should not be informed of the contents on the form in order to avoid interview bias

30 interviews at least should be carried out by centre

It is again necessary to take certain precautions

1. Interviews should be carried out in isolation as the proximity of other people could cause the interviewee not to give certain information
2. The interviewer should introduce himself and give some of the reasons for the interview, however, he should not say that it is to evaluate the work of the health worker.

### ***Focus Group Discussions***

The guidelines for focus group discussions as outlined in the methodology document of 17 December should be retained. However, possibly many people will turn up for the focus group discussions and

in this case, it must be ensured that the number of participants outside the numbers indicated is not more than 12.

It is not necessary to give guidelines on running focus group discussions or on the conditions for forming groups. It should however be remembered that the discussions should be carried out under the normal procedures and that this necessitates that only people experienced in the subject should be identified.

It is also necessary to remember that homogeneity is required for certain parameters, in particular, for certain specific issues, a male/female group should not be used.

After the discussion, do not leave in a hurry. The team should stay until the last participants have left as often very important things are said: at this time. Participants may talk among themselves, they may speak to the moderators about issues that they did not want to bring up during the discussion, or sometimes simply joke with them. Important data can often come out during this time.

### ***Practical hints***

For all interviews, observer notes are useful, these include among others:

- observations on the facility, its equipment, its state,
- observations on community and social activities taking place during the presence of the team in the community,
- observations on health-care seeking behaviour,
- observations during family interviews about the existence of drug vendors as often information can not be obtained by simple interview only,
- observations on general attitudes of the provider being assessed
  - does he build confidence in the patient,
  - does he give particular attention to everything the patient tells him,
- how do patients wait for the consultation, what are their complaints while waiting for the consultation and afterwards,
- debates at the end of the focus group discussions,
- discussions while assigning people to carry out the surveys,
- geographic accessibility to the health centre visited and distance between communities being surveyed,
- existence of working tools in the health centres and elsewhere.



PROBE: Specifically ask about knowledge of common drugs/medicines for these illnesses: types, names, knowledge of how the drug works, costs, preferences, reasons for choice.

5. Among those illnesses associated with hot body and with convulsions, what are the common forms of treatment?
6. What are the main problems people have in getting care/help when they have a disease with fever? With convulsions? With stomach problems? With measles?
7. Specifically, please share your experiences about the type of care received at (nearest district health facility).
8. Please tell us about the situation concerning mosquitoes in this community.

PROBE: Problems caused by mosquitoes  
Efforts to get rid of mosquitoes - explore techniques, preferences, costs

9. What has been the experience in this community with bed nets?

PROBE: Type of nets, source of nets, whether impregnated, experience with the nets, preferences and problems

10. What local groups and associations in this community contribute to the health and development of the community? Give examples of specific projects or activities.
11. Please tell us about any recent meetings, visits or encounters between the community and the district health staff.

PROBES: Specify forms of contact and dates  
Discuss the issues addressed and what was resolved  
Give examples of how the community has been involved in health programmes

12. Finally, please give your own suggestions about how health services could be improved in this community.

Thank you for your participation.

Include name of interviews in report/transcript

# Annex 7: Case studies of recent illness in Children Under Five

*[Screen for illness that occurred within the past two weeks for a child <5 years]*

Background: Age of sick person: \_\_\_\_\_ Sex: " female " male Village \_\_\_\_\_  
 Respondent: Name: \_\_\_\_\_ " mother " other \_\_\_\_\_  
 Profession of father \_\_\_\_\_ Education of father \_\_\_\_\_  
 Profession of mother \_\_\_\_\_ Education of mother \_\_\_\_\_

1. What type of illness did the child have? Please describe the illness.

(From narrative above, mark the following if mentioned:

" hot body	" convulsions	" diarrhoea
" weakness	" joint pain	" headache
" cough	" yellow eyes	" loss of appetite
" vomiting	" catarrh	" other

<p><b>Possible diagnosis</b>          (classified by a team doctor on the basis of the above information)</p>
<p>" Malaria          " Malaria coupled with another disease          " Not malaria</p>

2. For how long was the child unwell?

3. **(First action)** Please describe what you did when the child became ill. Describe the first step you took whether it was something you did at home or elsewhere.

PROBE for each action taken using the charts below, and using a new page for each separate action. The action taken should include self-medication or treatment from a traditional healer, as well as from a modern health centre or health worker. (If did nothing throughout illness, write *none* and close interview)

**First Action**

<b>PROBES for First Action</b>	<b>Action</b>
What was done?	
How many days after illness started?	
Where was care/treatment obtained and from whom?	
What was the diagnosis (if there was one)	
What was the total cost (drugs, fees, transport etc)?	

**If the medicines were prescribed or purchased, describe each one in detail**

	1	2	3	4	5
Name of the medicine					
Anti-malarial? (Yes/No/Don't know)					
Quantity					
Where were the medicines obtained?					
Treatment programme prescribed Dosage					
How many days after the illness began, did the first treatment start?					
Dosage administration: (indicate the number of tablets taken per day)					

**Quality control of care and treatment given**

(checked by the team doctor on the basis of information given in the above table)

Quality of treatment prescribed	Quality of treatment taken

**Second action**

<b>PROBES for First Action</b>	<b>Action</b>
What was done?	
How many days after illness started?	
Where was care/treatment obtained and from whom?	
What was the diagnosis (if there was one) ?	
What was the total cost (drugs, fees, transport etc)?	

**If the medicines were prescribed or purchased, describe each one in detail**

	1	2	3	4	5
Name of the medicine					
Anti-malarial? (Yes/No/Don't know)					
Quantity					
Where were the medicines obtained?					
Treatment programme prescribed Dosage					
How many days after the illness began, did the first treatment start?					
Dosage administration: (indicate the number of tablets taken per day)					

**Quality control of care and treatment given**

(checked by the team doctor on the basis of information given in the above table)

Quality of treatment prescribed	Quality of treatment taken

**Third Action**

<b>PROBES for First Action</b>	<b>Action</b>
What was done?	
How many days after illness started?	
Where was care/treatment obtained and from whom?	
What was the diagnosis (if there was one) ?	
What was the total cost (drugs, fees, transport etc)?	

**If the medicines were prescribed or purchased, describe each one in detail**

	1	2	3	4	5
Name of the medicine					
Anti-malarial? (Yes/No/Don't know)					
Quantity					
Where were the medicines obtained?					
Treatment programme prescribed Dosage					
How many days after the illness began, did the first treatment start?					
Dosage administration: (indicate the number of tablets taken per day)					

**Quality control of care and treatment given**

(checked by the team doctor on the basis of information given in the above table)

Quality of treatment prescribed	Quality of treatment taken

Interviewer Name: \_\_\_\_\_

# Annex 8: Case studies of recent pregnancy

[screen for women who have delivered a baby in the past 6 months or less depending on size of village and likelihood of finding enough women who had been pregnant recently]

Background: Age of woman: \_\_\_\_\_ Parity: first pregnancy second  
subsequent

Village \_\_\_\_\_

## **PART A: Antenatal Care during last Pregnancy**

1. During your last pregnancy, did you go anywhere special to receive antenatal care? YES  
NO
  - a) If yes, how often? \_\_\_\_\_
  - b) If yes, please describe the place, type of services sought/provided and reasons for going to that place(s)
  - c) How far was the clinic from your home?
  - d) How old (in weeks) was the pregnancy when you first reported?
  - e) Who encouraged you to go to this clinic?
  - f) What kind of services did you receive there?
  - g) What was the total costs incurred?
  - h) If you did not attend ANC, please tell me why -
2. During your last pregnancy, did you take any specific actions to prevent illness? yes  
no

If yes, please describe the illnesses and actions?

PROBES: Medicines taken - see table which follows:

Special diet

salt-free diet ?

other food restrictions? If yes, specify \_\_\_\_\_

Use of Bednets                      yes      no

Information sources for available options

**If the medicines were prescribed or purchased, describe each one in detail**

	1	2	3	4	5
Name of the medicine					
Anti-malarial? (Yes/No/Don't know)					
Quantity					
Where were the medicines obtained?					
Treatment programme prescribed Dosage					
After how many weeks of pregnancy did you first take the medicine					
Dosage administration: (stage of pregnancy in weeks, number of tablets taken per day)					

**Classification of preventive treatment**

(checked by the team doctor on the basis of information given in the above table)

Preventive treatment appropriate according to national recommendations.	" Yes " No
---	---------------

3. Did you have any illness during your last pregnancy? Yes No

(If yes, continue with PART B)

Interviewer Name: \_\_\_\_\_

**PART B: Case study of illness in Recently Pregnant Woman**

1. What type of illness did you have? Please describe the illness.

(From narrative above, mark the following if mentioned:

hot body	convulsions	diarrhoea	catarrh
weakness	joint pain	headache	
cough	yellow eyes	loss of appetite	

<b>Possible diagnosis</b>
(classified by a team doctor on the basis of the above information)
“ Malaria
“ Malaria coupled with another disease
“ Not malaria

2. For how long were you unwell?

3. **(First action)** Please describe what you did when you became ill. Describe the first step you took whether it was something you did at home or elsewhere.

PROBE for each action taken using the charts below, and using a new page for each separate action. (If did nothing throughout illness, write *none* and close interview)

**First Action**

<b>PROBES for First Action</b>	<b>Action</b>
What was done?	
How many days after illness started?	
Where was care/treatment obtained and from whom?	
What was the diagnosis (if there was one)	
What was the total cost (drugs, fees, transport etc)?	

**If the medicines were prescribed or purchased, describe each one in detail**

	1	2	3	4	5
Name of the medicine					
Anti-malarial? (Yes/No/Don't know)					
Quantity					
Where were the medicines obtained?					
Treatment programme prescribed Dosage					
How many days after the illness began, did the first treatment start?					
Dosage administration: (indicate the number of tablets taken per day)					

**Quality control of care and treatment given**

(checked by the team doctor on the basis of information given in the above table)

Quality of treatment prescribed	Quality of treatment taken

**Second action**

<b>PROBES for First Action</b>	<b>Action</b>
What was done?	
How many days after illness started?	
Where was care/treatment obtained and from whom?	
What was the diagnosis (if there was one) ?	
What was the total cost (drugs, fees, transport etc)?	

**If the medicines were prescribed or purchased, describe each one in detail**

	1	2	3	4	5
Name of the medicine					
Anti-malarial? (Yes/No/Don't know)					
Quantity					
Where were the medicines obtained?					
Treatment programme prescribed Dosage					
How many days after the illness began, did the first treatment start?					
Dosage administration: (indicate the number of tablets taken per day)					

**Quality control of care and treatment given**

(checked by the team doctor on the basis of information given in the above table)

Quality of treatment prescribed	Quality of treatment taken

**Third Action**

<b>PROBES for First Action</b>	<b>Action</b>
What was done?	
How many days after illness started?	
Where was care/treatment obtained and from whom?	
What was the diagnosis (if there was one) ?	
What was the total cost (drugs, fees, transport etc)?	

**If the medicines were prescribed or purchased, describe each one in detail**

	1	2	3	4	5
Name of the medicine					
Anti-malarial? (Yes/No/Don't know)					
Quantity					
Where were the medicines obtained?					
Treatment programme prescribed Dosage					
How many days after the illness began, did the first treatment start?					
Dosage administration: (indicate the number of tablets taken per day)					

**Quality control of care and treatment given**

(checked by the team doctor on the basis of information given in the above table)

Quality of treatment prescribed	Quality of treatment taken

Interviewer Name: \_\_\_\_\_





# Annex 10: CBO Leader Key Informant Interview

## LEADERS OF COMMUNITY BASED ORGANIZATIONS (CBOS)

INTRODUCTION: We would like to talk with you about the genesis, purpose and activities of the organization; number of members; role of the organization in the community; successes and difficulties in carrying out organizational functions; solutions to difficulties; any history of involvement in health-related matters; collaboration with formal health sector.

1. Name of Association
2. Position of Respondent in Organization: \_\_\_\_\_
3. Gender of Respondent:           Female           Male
4. Location of Association/Area Covered
5. Objectives /Purpose of the Association
6. Age of the Association - when founded
7. Please describe the Membership of the association:
  - a) who (type of person)
  - b) how many members
  - c) Is CBO open to:           women only   men only           both
8. Contribution to/activities in community development generally
9. General contribution to/activities in health
10. Any history of specific projects/cooperation with District Health Service - Describe.  

PROBE: ask about malaria and bed nets specifically.
11. Source of funds for
  - organizational running
  - special projects
12. Problems encountered and solutions found
13. Possible contributions to malaria control
14. Knowledge of other associations (and contact persons)



	Type of Drug						
	Chloroquine	Fansidar	Others	Other	herbs		
Child<5yrs							
Adult							

1. How often do the following happen?

	Often	Sometimes	Rarely/Never
Customers ask for specific drugs			
Customers bring a prescription from health worker			
Customers ask you for your opinion about what drugs they should buy			

2. From your experience what are best the drugs to use for malaria/fever?

3. What drugs do you have available that people buy for malaria/fever?

	Type of Drug					
	generic chloroquine	chloroquine injection	trade name chloroquine	Sulfa-Pyr	Anagesics/ Antipyretics	Other Antimalarials
Brand Names if approp.)						
Number of tablets						
Cost Range per tablet						
Number of tablets sold past week						
Comments						

4. Have you received any training on medicines and common illnesses?

" yes                      " no

If yes, please describe,  
when? \_\_\_\_\_

where? \_\_\_\_\_

what taught?                      (*Tick items mentioned below*)

diseases                      " malaria/fever                      " cough                      " diarrhoea                      " immunisable

" family planning                      " water/sanitation

By whom? \_\_\_\_\_

5. What types of training would you like to have? \_\_\_\_\_

6. Were you provided any guidelines/standing orders for treating common diseases?

" yes/seen                      " yes/not seen                      " no

If yes, are these helpful                      " Yes                      " No

If yes, why? \_\_\_\_\_

If No, why not? \_\_\_\_\_

7. Please give 3 suggestions for improving your work \_\_\_\_\_

\_\_\_\_\_

# Annex 12: Herbalists / Drug Peddlars

**Section A – Descriptors**

No: \_\_\_\_\_

District: \_\_\_\_\_

Village: \_\_\_\_\_

Name: \_\_\_\_\_

Age \_\_\_\_\_

Education: \_\_\_\_\_ Years in business: \_\_\_\_\_

**Section B- Medicines**

Name of drug	Illness treated	When to use	How to use	Amount available	Cost per treatment

- a) Do you own those products ?
- b) Where do you obtain them?
- c) How did you get involved in this job?
- d) Which of your products are in your pinion the most effective for the treatment of malaria?

	Type of Drug						
	Chloroquine	Fansidar	Others	Other	herbs		
Child<5yrs							
Adult							

1. How often do the following happen?

	Often	Sometimes	Rarely/Never
Customers ask for specific drugs			
Customers bring a prescription from health worker			
Customers ask you for your opinion about what drugs they should buy			

2. From your experience what are best the drugs to use for malaria/fever?

3. What drugs do you have available that people buy for malaria/fever?

	Type of Drug					
	generic chloroquine	chloroquine injection	trade name chloroquine	Sulfa-Pyr	Anagesics/ Antipyretics	Other Antimalarials
Brand Names if approp.)						
Number of tablets						
Cost Range per tablet						
Number of tablets sold past week						
Comments						

4. Have you received any training on medicines and common illnesses?

" yes " no

If yes, please describe, when? \_\_\_\_\_

where? \_\_\_\_\_

what taught? *(Tick items mentioned below)*

diseases " malaria/fever " cough " diarrhoea " immunisable

" family planning " water/sanitation

By whom? \_\_\_\_\_

5. What types of training would you like to have? \_\_\_\_\_

6. Were you provided any guidelines/standing orders for treating common diseases?

" yes/seen " yes/not seen " no

If yes, are these helpful " Yes " No

If yes, why? \_\_\_\_\_

If No, why not? \_\_\_\_\_

7. Please give 3 suggestions for improving your work \_\_\_\_\_

---

# Annex 13: Community Health Workers

District: \_\_\_\_\_ Village: \_\_\_\_\_ Sex M\_\_\_\_ F\_\_\_\_\_

Type of CHW      VHW      TBA      CBD      Other (specific e.g. family planning)

1. Please tell me how/by whom you were selected:

village meeting      village leader      volunteered      health staff

2. What health work do you do? \_\_\_\_\_

3. Are you:

(a) paid or      (b) Volunteer

4. Were you trained for the work you are doing?

yes      no

If yes, when: \_\_\_\_\_ (year)

5. What was the duration of your training? \_\_\_\_\_

6. Please tell me the main things you were taught:

\_\_\_\_\_

*From narrative above tick items mentioned below*

malaria/fever      cough      diarrhoea      immunisable diseases  
family planning      water/sanitation

7. Have you attended any in-service training since then?

yes      no

8. If yes, when was the last time \_\_\_\_\_ (year),

9. What topic(s) were covered?

*From narrative above tick items mentioned below.*

malaria/fever      cough      diarrhoea      immunisable diseases  
family planning      water/sanitation

10. (a) Have you treated a child recently with malaria/fever ?

" yes      " no

(b). How did you know the child had fever/malaria?

" felt for temperature " asked questions " other \_\_\_\_\_

(c). what did do for children who had fever/malaria?

" gave chloroquine " gave paracetamol " gave antihistimine

" gave other anit-malarial \_\_\_\_\_

" gave other anti-pyretic

" gave vitamins

" others: \_\_\_\_\_

11. Overall, how many people came to you for treatment in past month: \_\_\_\_\_

[Note whether information provided - " from record " verbally]

a. How many were children below school age? \_\_\_\_\_

b. How many complained of fever/malaria: overall \_\_\_\_\_ Preschool \_\_\_\_\_

12. Do you keep any records (ask to see)? " yes/verified " yes/not seen " no

13. (If there are records) - do you submit your records to anyone? " yes " no

(If yes) please describe to whom you submit, how often, what form

14. In the past month, have you sent anyone with malaria\convulsion to a clinic/hospital/ health centre?

" yes " no

(If yes) How many people? \_\_\_\_\_ Children\_\_\_\_ Adults\_\_\_\_

15. Do you have any malaria treatment guidelines/standing orders

" yes/seen " yes/not seen " no

If yes, are these helpful " Yes " No

If yes, why

If no, why not?\_\_\_\_\_

16. Do you have a village drug/medicine kit/box? " yes/seen " yes/not seen " no

17. (If there is a kit/box) Please describe how this drug kit is managed for the village?

\_\_\_\_\_

PROBE: Who keeps box,\_\_\_\_\_

What is the source of drugs\_\_\_\_\_

Through what means do you transport the drugs to the village\_\_\_\_\_

Do you charge for the drugs Yes No

Are the proceeds of the sale of drugs controlled by the village Committee?  
 Yes "                      No "

How do you determine the quantity of drugs required?

\_\_\_\_\_ -  
 \_\_\_\_\_

18. (If kit available - look inside and count)

DRUG NUMBER	NUMBER	HOW KEPT
Chloroquine		
Sulfadoxine-Pyrimethamine		
Paracetamol		
Vitamins		
Antibiotics (type)		
Antihistamine (type)		
Others		

19. How many times in the last 6 months have you had antimalarials stock out? \_\_\_\_

20. Do you receive supervision visits from health staff? " yes " no

\_\_\_\_\_

—

(If yes) When last \_\_\_\_\_

What did the person do? \_\_\_\_\_

\_\_\_\_\_

21. Is there a village health committee? " yes " no

(If yes) Please describe

(a) membership: sex composition Male \_\_\_\_\_ Female \_\_\_\_\_

(b) Activities \_\_\_\_\_

(c) Frequency of meetings \_\_\_\_\_

(d) Relationship of committee with VHW \_\_\_\_\_

22. What are the main problems you encounter in your work?

23. Please give suggestions on how the work of CHWs like yourself can be improved.

\_\_\_\_\_

\_\_\_\_\_

# Annex 14: Indigenous Healer / Spiritual Healer

District: \_\_\_\_\_ Village: \_\_\_\_\_

Name: \_\_\_\_\_

Type: " herbalist " diviner " spiritual " other \_\_\_\_\_

1. Please tell us how you got started working as a healer and when you started
2. What are the diseases which you treat and which treatments do you use for them?

Disease / Illness	Treatment	Comment

3. What are the common types of problems that people bring to you?

for adults  
for children

*from narrative, tick -*

" malaria/fever " cough " diarrhoea " convulsions

3.
  - a. How many people have come to you for help in the past month? \_\_\_\_\_
  - b. How many were children below school age? \_\_\_\_\_
  - c. How many had fever/malaria? \_\_\_\_\_

4. How do you determine what kind of illness a person has?
5. Specifically, how do you determine whether a person has malaria/fever?
6. For those who come with malaria/fever, generally how were they treated?

*From narrative, please tick -*

" herb teas " herb powders " incantations/prayers " sacrifices  
" scarification " special/holy water " tablets

7. For those who come with convulsions, generally how were they treated?  
*From narrative, please tick -*

" herb teas                      " herb powders                      " incantations/prayers    " sacrifices  
" scarification                      " special/holy water                      " tablets

8. Do you ever ask any of your patients/customers to go to hospital?  
" yes                      " no                      a. if yes, for what reasons?  
b. How many in past month? \_\_\_\_\_

9. For which diseases do you refer patients to a health centre? Why?

10. For which diseases do you never refer a patient to a health centre? Why?

11. Is there an association for healers like you in this area?

" yes    " no

if yes, what do they do?

12. If there a village health committee here?                      " yes    " no    " don't know

if yes, are you a member?                      " yes    " no

13. Have you ever attended any workshops/training programmes sponsored by the nearby hospital/clinic/DHS?

" yes    " no

a. If yes, please describe what you learned?

b. since the training, do staff from the clinic/DHS ever visit you and what did they do?

14. Do you have any suggestions on how the local health system could be improved and how indigenous/spiritual healers could make a contribution to these improvements?

---

# Annex 15: Health Care Provider interview

District: \_\_\_\_\_ Village: \_\_\_\_\_ Sex M\_\_\_\_F\_\_\_\_\_

Name \_\_\_\_\_

Type of Facility: " Hospital " Health Centre " Health post/dispensary " Other

Cadre of Health Provider \_\_\_\_\_

1. What type of services do you provide \_\_\_\_\_

2. Were you trained for the work you are doing?

" yes " no

If yes, when: \_\_\_\_\_ (year)

3. What was the duration of your training? \_\_\_\_\_

4. Did you receive training on:

" malaria/fever " cough " diarrhoea " immunisable diseases

" family planning " water/sanitation " others

5. Have you attended any in-service training since then?

" yes " no

6. If yes, when was the last time \_\_\_\_\_ (year),

7. What topic(s) were covered?

" malaria/fever " cough " diarrhoea " immunisable diseases

" family planning " water/sanitation

8. (a) Have you treated a child recently with malaria\fever ?Yes ? No

(b). How did you know the child had fever/malaria?

" felt for temperature " asked questions " other \_\_\_\_\_

(c). What should be done when a child has uncomplicated malaria?

- List drugs, dosage and treatment schedule

(d). What should be done when a child has complicated malaria?

- List drugs, dosage and treatment schedule

9. Overall, how many people came to you for treatment in past month: \_\_\_\_\_

10. Overall, how many people came to you for treatment per month during the period when there were many mosquitoes (intense malaria transmission): \_\_\_\_\_

[Note whether information provided - " from record " verbally]

a. How many were children between 0 and 5 years ? \_\_\_\_\_

b. How many complained of fever/malaria: overall \_\_\_\_\_ Preschool \_\_\_\_\_

11. Do you keep any records (ask to see)?

" yes/verified " yes/not seen " no

12. (If there are records) - do you submit your records to anyone?

" yes " no

(If yes) please describe to whom you submit, how often, what form

13. During the last period with intense malaria transmission, did you send any patient with malaria or convulsions to a hospital / health centre ?

" yes " no

14. If yes, how many?

Children \_\_\_\_ Adults \_\_\_\_\_

15. In the past month, have you sent anyone with malaria/convulsion to a hospital/health centre?

" yes " no

(If yes) How many people? \_\_\_\_\_ Children\_\_\_\_ Adults\_\_\_\_

16. Do you have any malaria treatment guidelines/standing orders

" yes/seen " yes/not seen " no

If yes, are these helpful

" Yes " No

If \_\_\_\_\_ yes, \_\_\_\_\_ why

\_\_\_\_\_ If \_\_\_\_\_ No, \_\_\_\_\_ why  
not? \_\_\_\_\_

17. Do you have a stock of drugs in your clinic or in the village " yes/seen " yes/not seen " no

- How it is managed?
- Who is responsible?
- What is the source of drugs \_\_\_\_\_
- Through what means do you transport the drugs to the village \_\_\_\_\_
- Are there antimalarials in the stock?

- If yes, which? \_\_\_\_\_

18. Do you charge for the drugs " Yes " No

Are the proceeds of the sale of drugs controlled at the district headquarters? Yes No

How do you determine the quantity of drugs required?

19. (If drug store/cupboard is available - look inside and count)

DRUG	Number	How Kept
Chloroquine		
Sulfadoxine-Pyrimethamine		
Paracetamol		
Vitamines		
Antibiotics		
Antihistamines		
Others		

20. How many times in the last 6 months have you had antimalarials stock out?\_\_

21. Do you receive supervision visits from the district headquarters?

" yes " no

(If yes) When last \_\_\_\_\_

What did the supervisor do? \_\_\_\_\_

22. What types of problems do you encounter in the performance of your work?

\_\_\_\_\_

23. Which of these problems have been solved?  
? \_\_\_\_\_

How were they solved?  
\_\_\_\_\_

Please give 3 important suggestions on how to improve your work at the facility.

i \_\_\_\_\_ ii \_\_\_\_\_

iii \_\_\_\_\_

# Annex 16: Health Care Facility Check List

District: \_\_\_\_\_ Village/Town: \_\_\_\_\_

Respondent's Position: \_\_\_\_\_ In-charge?      yes      no

Respondents Sex: Male    Female

1. Type of Facility: " Hospital    " Health Centre    " Health post/dispensary      " Other  
\_\_\_\_\_

2. Does the facility have a defined catchment area?      " Mapped      " Not defined    " Other  
\_\_\_\_\_

3. Does the facility have a register for      " Out-patients    " In-patients    " NA

4. Does the facility provide the following services?

" malaria case management      " IMCI      " Ante-natal services      " Laboratory services

" Blood transfusion      " EPI      " Growth monitoring      " Promotion of ITNs

5. Does the facility have diagnosis and treatment guidelines

a. book " Yes    " No

b. wall chart      " yes    " no

6. Do they have a copy of ...

a. National malaria treatment guidelines      " Yes    " No

b. IMCI guidelines      " Yes    " No

7. Does the facility have a fee schedule

" Yes seen      " Yes not seen      " No

8. Do they make provision for people who cannot pay for the services?

" Yes    " No

9. How many patients have been exempted in the last 6 months? \_\_\_\_\_

10. Is there a standard list of antimalarial drugs for the facility

" Yes    " No

11. What is the main source of supply?

" District/Regional medical stores                      " Private Pharmacy                      " Both

12. Has there been a stock-out for in last 3 months for antimalarials?

" Yes                      " No

13. What is the average cost of antimalarials for the treatment of

a) Child <5yrs \_\_\_\_\_                      b) An adult \_\_\_\_\_  
Specify drug: \_\_\_\_\_                      Specify \_\_\_\_\_ drug:

14. Are there any stock of second line drugs for the treatment of malaria

" Yes    " No

15. Is there any functioning vehicle to refer severe cases of malaria to the next level of care?

" Bicycle                      " Motorcycle                      " Car/ truck

What is the nearest health facility to address severe Malaria \_\_\_\_\_

What is the distance(Kilometres) of referral Facility

16. Does the facility collect information on the following services:

" Outpatient visits                      " Inpatient visits                      " Outreach clinics                      " Under 5 clinics  
" Home visits                      " Antenatal clinics                      " immunizations                      " Community

activities

17. Are the records complete for the following?

" Outpatient visits                      " Inpatient visits                      " Outreach clinics                      " Under 5 clinics  
" Home visits                      " Antenatal clinics                      " immunizations                      " Community acti

18. What is done with the information collected?

" Send information regularly to the next level of care  
" Planning of activities of the facility (e.g. drug purchases)

19. What percentage of the staff members have not attended an in-service training in the last 2 years?

20. Has the facility received a supervisory visit in the last 3 months?

" Yes    " No

21.

--	--	--	--	--

<b>Drug Stock Inventory</b>	<b>Number</b>	<b>How Kept (e.g. bottle, poly bag)</b>	<b>Date last delivered</b>	<b>Number Delivered</b>
Chloroquine				
Sulfadoxine-Pyrimethamine (Fansidar)				
Other Antimalarials				
Paracetamol				

Past month - indicate exact dates \_\_\_\_\_)

22.

<b>Review Register</b>	<b>of</b>	< 5 years	other child	<b>Pregnant Women</b>		<b>Other Adults</b>
				New	ANC	
TOTAL						
Malaria/Fever						

23. Other Equipment/Supplies

- |    |                             |       |      |
|----|-----------------------------|-------|------|
| a. | Thermometer                 | " yes | " no |
| b. | Weighing Scale for Children | " yes | " no |
| c. | Cold Box                    | " yes | " no |

24. Human resources:

a. What are the human resources available in this facility?

Doctor \_\_\_\_\_  
Health educator \_\_\_\_\_  
Community Health Officer \_\_\_\_\_  
Pharmacist \_\_\_\_\_  
Nurse \_\_\_\_\_  
Midwife \_\_\_\_\_  
Nurse-Midwife \_\_\_\_\_  
Auxiliary Nurse \_\_\_\_\_  
Health Assistant \_\_\_\_\_  
Laboratory technician \_\_\_\_\_  
Pharmacy technician \_\_\_\_\_  
Others (specify) \_\_\_\_\_

b. How many of you are trained to manage severe malaria \_\_\_\_\_

Doctor \_\_\_\_\_  
Health educator \_\_\_\_\_  
Community Health Officer \_\_\_\_\_  
Pharmacist \_\_\_\_\_  
Nurse \_\_\_\_\_  
Midwife \_\_\_\_\_  
Nurse-Midwife \_\_\_\_\_  
Auxiliary Nurse \_\_\_\_\_  
Health Assistant \_\_\_\_\_  
Laboratory technician \_\_\_\_\_  
Pharmacy technician \_\_\_\_\_  
Others (specify) \_\_\_\_\_

25 Is this facility equipped to handle severe malaria? Yes No

26. Give 3 main suggestions that could improve on the services you provide to your clients,

- 1.
- 2.
- 3.

# Annex 17: Health Care Provider Assessment Form

Type of Provider:  Did the health care provider				
	YES	NO	Yes	No
<b>Check for the following signs and symptoms</b>				
Malaria/fever				
Cough				
Diarrhoea				
Vomiting				
Convulsions				
Not able to feed or drink				
Other signs and symptoms (ear, skin infections)				
Treatment given before coming to health facility				
<b>Assess the patient for:</b>				
Child's age				
Weight				
Temperature				
Immunization				
Anaemia				
Pneumonia/breathing				
<b>Request for blood smear</b>				
Have a copy of the treatment guidelines				

# Annex 18: Facility-based client exit interview

DISTRICT \_\_\_\_\_

Type of Facility:        " Hospital        " Health Centre    " Health post/dispensary        " Other

Respondent:            " Mother        " Father        " Other caretakers

1. What type of illness does your child have \_\_\_\_\_

2. What did the provider tell you your child is suffering from \_\_\_\_\_

3. Was your child examined        " Yes    " No

    Temperature taken            " Yes    " No

    Blood tested                    " Yes    " No

4. What type of medicines were you given to treat your child \_\_\_\_\_  
\_\_\_\_\_

5. Were you told how to use these Medicines        " Yes-all        " Yes-some  
" No

6. Were you advised to return if the child failed to return        " Yes        " No  
    If yes when \_\_\_\_\_

7. Are you satisfied with the way your child was treated        " Yes        " No

.Give reasons \_\_\_\_\_

# Annex 19: Guide for analysis of community data

The purpose of gathering data from the community is to learn how well the DHS is responding to the perceived health needs of the community as a basis for strengthening programming. Involve the DHMT and draw from all four data sources to write a report using the headings below that correspond primarily to the main intervention areas of malaria control. Two sample dummy tables are included as a guide to help the team analyse the data.

## 1. Illness Perceptions [*Health Education*]

This section should provide a background perspective that helps people understand community response to local illnesses and the interventions. Mention the common local illnesses for children and adults and present how the community recognises/describes these, along with associated beliefs. Talk about actual illness episodes (case studies) and how these were named and treated by the family. Comment specifically on those local illness concepts that have similarities with clinical malaria and compare the relative seriousness with which they are viewed.

**Conclude** how local disease perceptions may influence treatment and prevention and **recommend** appropriate and culturally sensitive **health education**.

## 2. Health Care Options and Preferences [*Case Management*]

Describe what health care options/choices people recognise. State what they like and dislike about each, and other factors that influence their choices. From case studies, mention actual choices made and reasons why/factors influencing. Report on knowledge and use of medicines and drugs. Consider how available CBOs could play a role in ensuring better access to prompt and appropriate treatment. Describe the activities and roles of non-formal providers in the community: indigenous healers, spiritualists, drug sellers and volunteer village health workers.

**Conclude** how the DHS compares to other available choices viz accessibility, perceived effectiveness, cost, etc., and **recommend** appropriate ways to strengthen available health care options, especially those closest to the people, through the people involvement, e.g. with participation of CBOs, and through cooperation with non-formal providers.

## 3. Insecticide Treated Nets [*Sustainable Prevention*]

Outline the existing situation concerning availability of, distribution and re-impregnation procedures for and community opinions about ITNs. Consider other things people do to prevent mosquito bites. Discuss findings in the context of community perceptions about mosquitoes, especially any possible perceived link, or lack thereof, between mosquitoes and malaria. Talk about interaction with the health service and efforts to involve the people in preventing actions. Identify roles for potential CBO and NGO partners.

Make **conclusions** about the strengths and weaknesses of the current ITN programme and **recommend** appropriate action.

## 4. Pregnant Women

Describe the health care seeking pattern of pregnant women in both preventive and curative terms with special reference to illness concepts related to malaria. Consider CBOs that may be helpful and appropriate in promoting maternal health.

Make **conclusions** about risks and opportunities, and **recommend** how the DHS can better respond to the needs of pregnant women.

## Sample Dummy Tables

Dummy tables are blank tables where people can tally the results. Discuss with the team about the main questions that should be analysed for presentation at the second district meeting and first draw up tables for those items. Remember that it will not be possible or desirable to present everything at a meeting. Present the most important findings related to the delivery and utilisation of services. Then ask the DHMT what additional data should be analysed for the team to use in planning.

### Example 1. Common Complaints of Sick Children

Complaint	Village		TOTAL
	With Health Facility	Without Health Facility	
hot body			
Diarrhoea			
etc.			
No. of Children Surveyed			

### Example 2. Antenatal Care

AnteNatal Care	Villages		TOTAL
	With Facility	Without Facility	
Number of Women Interviewed			
Number Attending ANC			
Percent Attending ANC			
If attended			
Range months pregnant when first registered			
Average age of pregnancy when first attended			
Has an Illness During Pregnancy			

# ANNEX 20: RBM INDICATORS

Notes:

- 1) indicators based on/derived from available instruments;
- 2) need to consider what expected as a result of RBM;
- 3) may be different needs for analysis/report of situation analysis and later monitoring
- 4) will require country-specific adaptation
- 5) indicators represent, document, point toward “good practice”
- 6) some could suggest technical interventions
- 7) indicators marked with an asterisk are the proposed ‘core’ indicators

## 1. HEALTH UTILISATION BEHAVIOUR

### **a. *Illness Behaviour***

- 1) document forms of treatment sought for sick child <5:
  - a) where care is sought (count number at home, chemist, healer, etc.)
  - b) \*what type of care obtained - Consider possibility of developing some guidelines for indicators of quality home management, e.g. if diarrhoea, then ORT
- 2) document forms of treatment sought for illness during pregnancy (as above - where and \*what)

### **b. *Preventive/Promotive Behaviour***

- 1) families
  - “ obtain - possess any net
  - “ impregnate (past 6 mos.) and
  - “ \* use bed nets to protect children < 5 (% children under net)(observe, note child’s bed/mat) - percent households doing each
- 2) pregnant women register for appropriate antenatal care and attend at least two times one month apart (Note - guidelines as above) - percent doing so
- 3) pregnant women have received two intermittent treatments of malaria with antimalarial (?SP ?CQ - national policy) (note need revision of instrument) - percent receiving

Sources of Information:

Case Study of Recent Child Illness  
Case Study of Recent Pregnancy  
Checklist on Bed Net Use

## 2. PROVIDER BEHAVIOUR/QUALITY OF CARE

### a. *Medicine Sellers*

- 1) obtained training in common illnesses and medicines - percent having certificate of attendance (need questionnaire to include checking for the certificate)
- 2) possess treatment guidelines/standing orders (Note: verify visually; this is a potential intervention) - percent seen as having guidelines
- 3) \*if sell drugs, stock appropriate essential anti-malarials (based on national guidelines)
- 4) \*report of selling correct/appropriate antimalarials for sick child <5 - based on treatment guidelines - including dosage of antimalarial and duration of treatment - percent giving correct answer

### b. *(Volunteer) Community Health Workers*

- 1) \*Percentage of villages that have trained village health workers (see district self-assessment procedures).
- 2) report giving appropriate anti-malarial treatment for sick child (sharpen question, include age of child - e.g. for a 2-year old child, what would you do ...) - based on treatment guidelines - including dosage of antimalarial and duration of treatment - percent giving correct answer
- 3) possess treatment guidelines/standing orders (verify visually) - percent having
- 4) \* have appropriate essential anti-malarials in stock (viz government guidelines) - % that have
- 5) report receiving supervisory visit within past 3 months
- 6) record are " accessible,  
" up-to-date (most recent clients entered), and  
" complete (information required is entered, e.g. age, sex)

### c. *Indigenous/Spiritual Healers*

- 1) obtained training in common illnesses and medicines - percent having certificate of attendance (note: this could be an intervention)

### d. *Formal Health Provider*

- 1) \*Quality of sick child management - using health care provider assessment form - score obtained from sick child management checklist.
- 2) reports giving appropriate anti-malarial treatment for sick child - based on treatment guidelines - including dosage of antimalarial and duration of treatment - percent giving correct answer
- 3) possesses treatment guidelines/standing orders - percent having

4) In-Service-Training within past 2(?) years on sick child management issue

**e. Client Satisfaction**

- 1) Score of reported provider behaviour (Questions 2,3,5 in exit interview to make a 5-point scale)
- 2) reports of satisfaction on exit interview - percent of respondents interviewed (Q7 exit interview)
- 3) presence or absence of complaints about health services in FGDs

**f. Facility Indicators**

- 1) \*have appropriate essential anti-malarials in stock - see essential drug list
- 2) report of supervisory visit in past 3 months
- 3) basic equipment available - " thermometer,  
" weighing scale,  
" cold box
- 4) \* equipped to manage severe malaria - " IV, " quinine,  
" lab, " blood,  
(may need to modify facility checklist) " trained staff, ....
- 5) reports of out-of-stock in past 3 months
- 6) record keeping: records are " accessible,  
" up-to-date (most recent clients entered), and  
" complete (information required is entered,  
e.g. age, sex, ailment)
- 7) transport: " minimum - ability to communicate with central, carry small supplies  
" referral - ability to carry sick persons comfortably, safely  
" outreach - ability to visit surrounding villages under local conditions  
(Note - "ability" means functioning vehicles)

### **3. DISTRICT LEVEL**

**a. Community Involvement and Partnerships**

- 1) \*CBOs report being involved in recent/current health programmes
- 2) \*FGDs report that health workers have visited community to encourage participation in health development efforts
- 3) \*District health plan exists and is available supporting community involvement

- 4) Presence of functioning mechanism for inter-sectoral and community involvement in health care management (e.g. district management boards, committees) (evidence - budget line, minutes of meetings, ... )
- 5) specific roles spelled out for each partner in health plans

**b. *Planning and Management***

- 1) Presence of district health plan with set objectives, targets, strategies and evaluation mechanisms
- 2) Presence of annual report that contains achievement of targets and financial accounting
- 3) Presence of population based malaria intervention plans
- 4) Equitable (and functional/factual) distribution of staff (how to verify)
- 5) Adequate supplies of essential/appropriate supply of anti-malarials in relation to expected incidence (implies presence of an estimated incidence that considers whole district, not just based on clinic records)
- 6) Transportation - from checklist make an inventory - type, number and note whether transport pool meets –
  - “ minimum - ability to communicate with central, carry small supplies
  - “ referral - ability to carry sick persons comfortably, safely
  - “ outreach - ability to visit surrounding villages under local conditions
 (Note - “ability” means functioning vehicles)

## **4. NATIONAL**

- 1) \*Presence of national malaria policy with strategies
- 2) \*National health policy exists and is available supporting community involvement
- 3) Presence of functioning mechanism for inter-sectoral and partner involvement in health policy and planning - (evidence - budget line, minutes of meetings, ... )
- 4) specific roles spelled out for each partner in health plans and policies
- 5) Availability of access standards such as distance, ...