

Conducted with the support of the National Vector Borne Diseases Control Program (NVBDCP) and The World Bank

IMPLEMENTING FIRM: PRELUDE NOVEL VENTURES PRIVATE LIMITED

STARTING TIME:

HOUR	MINUTE

END TIME:

HOUR	MINUTE

SCHEDULE NO:

D	B	T	V	V	V	A	A	A
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Village Level Malaria Service Provider (ASHA/Other Service Provider)

STATE NAME

DISTRICT NAME

BLOCK NAME

PHC/CHC

HEALTH SUB-CENTRE

PANCHAYAT NAME

VILLAGE NAME

VILLAGE TYPE

A Type Intervention Village - 1

Internal Control Village - 3

B Type Intervention Village- 2

External Control Village - 4

V	V	V
T		

NAME OF VILLAGE LEVEL MALARIA SERVICE PROVIDER

H	H	H	H
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GPS COORDINATES OF HOUSEHOLD

LONGITUDE

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LATITUDE

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ALTITUDE (METERS)

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RESULT OF THE INTERVIEW

Completed - 1

Refusal - 3

Partially Completed - 2

HH Members Not Present - 4

LANGUAGE OF THE
INTERVIEW
RESPONDENTS' LOCAL
LANGUAGE

TRANSLATOR USED (1 = NEVER; 2 = SOMETIMES; 3 = ALWAYS)

MAJHI/SANTHALI-1
KANDHA-2GANDA-3
MUNDA-4HO-5
ORIYA-6HINDI-7
SADRI-8

OTHER, Specify:

INTERVIEWER NAME

CODE

DATE OF FIRST INTERVIEW

SUPERVISOR NAME

TEAM

ROLE

ID

DATA ENTRY OPERATOR

TEAM

ROLE

ID

DATA ENTRY SUPERVISOR

TEAM

ROLE

ID

DAY	MONTH	YEAR
DAY	MONTH	YEAR

DAY	MONTH	YEAR

DAY	MONTH	YEAR

Section 1: Respondent's background

No.	Questions and Filters	Response	Code	Skip to
1.1	What kind of service provider are you?	ASHA AWW Others (specify) _____	1 2 3	
1.2	How old are you?	Age in completed years		
1.3	Sex of respondent	Male Female	1 2	
1.4	How many years of education have you completed?	Years		
1.5	How long have you been providing malaria services?	Years Months 		
1.6	How many days of initial training did you have on malaria for RDT and ACT usage?	days		
1.7	How many days of follow up training did you have on malaria for RDT and ACT usage?	days		
1.8	What all work do you do for the malaria program? Read out all options	Blood testing Giving treatment to fever cases Educating people about how to prevent malaria / distribute IEC materials Impregnating / distribution of bed nets Helping with insecticide spray Others (Specify) _____	<u>Yes</u> 1 1 1 1 1 1	<u>No</u> 2 2 2 2 2 2

Section 2 : Malaria-related Knowledge, Attitude and Practice (KAP)

CAUSES	
MOSQUITOES	01
DIRTY FOODS	02
DIRTY WATER	03
DIRTY SURROUNDINGS	04
CLIMATE / WEATHER	05
WITCHCRAFT	06
OTHER, SPECIFY	

11

DO NOT READ OUT ANSWERS. ONLY LISTEN TO RESPONDENT AND RECORD UP TO 3 RESPONSES. ENTER SYMPTOM CODES IN THE BOXES.

SYMPTOMS	
FEVER	01
HEADACHE	02
SHIVERING	03
BODYACHE	04
NAUSEA	05
VOMITING	06
BODY WEAKNESS	07
SEIZURE / CONVULSION	08
OTHER, SPECIFY	

RESPONSES		
1st	2nd	3rd

DO NOT READ OUT ANSWERS. ONLY LISTEN TO RESPONDENT AND
RECORD UP TO 3 RESPONSES. ENTER SYMPTOM CODES IN THE BOXES.

PREVENTION	
MOSQUITO NET	01
INSECT REPELLENT	02
INSECT SCREENS	03
PREVENTIVE MEDICATION	04
INSECTICIDE (IRS)	05
MOSQUITO COILS	06
AVOID DIRTY FOODS	07
DRINK CLEAN WATER	08
FILL IN PUDDLES	09
KEEP HOUSE CLEAN	10
BURN LEAVES	11
OTHER, SPECIFY	

RESPONSES		
1st	2nd	3rd

PREVENTION	
Mosquito net?	01

RESPONSES		
1st	2nd	3rd

RECORD UP TO 3 RESPONSES. ENTER PROTECTION CODES IN THE BOXES.

Insect repellent?	02
Insect screens?	03
Preventive medication?	04
Insecticide (irs)?	05
Mosquito coils?	06
Avoid dirty foods?	07
Avoid dirty liquids?	08
Fill in puddles / avoid stagnant water?	09
Keep house clean?	10
Burn grass?	11
Other?, SPECIFY	

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(2.5) What is the best way to treat malaria?

RECORD UP TO 3 RESPONSES. ENTER TREATMENT CODES IN THE BOXES.

TREATMENT	
MEDICINE	01
INJECTION	02
CHLOROQUINE	03
PRIMAQUINE	04
QUININE	05
ACT	06
PARACETAMOL	07
TRADITIONAL MEDICINE	08
OTHER, SPECIFY	

RESPONSES		
1st	2nd	3rd

(2.6) Where do you typically hear more about malaria?

RECORD UP TO 3 RESPONSES. ENTER INFORMATION SOURCE CODES IN THE BOXES.

INFORMATION SOURCES	
ASHA	01
ANGANWADI WORKER	02
ANM	03
GKS	04
HEALTH CLINIC / HOSPITAL	05
RADIO	06
TELEVISION	07
NEWSPAPER	08
FAMILY	09
FRIENDS AND / OR NEIGHBORS IN THE VILLAGE	10
OTHER, SPECIFY	

RESPONSES		
1st	2nd	3rd

Section 3: RDT and Slide Collection

No.	Questions	Response	Code	Skip to
3.1	Are you trained in blood slide preparation?	Yes No	1 2 →	3
3.2	Can you tell me the important steps to do for blood slide preparation? <i>Ask him/her to describe how thin and thick smears are made</i>	Correctly told Incorrectly told	1 2	
3.3	Are you trained to use RDT?	Yes No	1 2 →	6
3.4	Can you tell me the important steps for doing RDT? REFER TO THE CHECKLIST GIVEN BELOW, MARK INCORRECT IF ANY STEP BETWEEN 3-11 IS NOT TOLD OR NOT IN ORDER Steps in RDT 1. Ask the patient to sit down and enquire about the symptoms 2. If the symptoms resemble that of malaria explain the patient what you are going to do next. 3. Clean the ring or middle finger with rectified spirit 4. Prick with a new lancet 5. Discard the first few drops of blood by repeatedly cleaning with spirit swab 6. Collect the blood with the capillary tube provided in the box 7. Put the capillary tube in a test tube with four drops of buffer solution 8. Dip the test strip in the test tube 9. Wait for 15 minutes 10. Read the strip 11. The test is positive, if two lines come in the strip	Correctly told Incorrectly told	1 2	
3.5	Before using RDT, what do you check to make sure that the RDT kit is fit to be used?	Check Expiry date Others (specify) _____ Don't know	1 2 99	
3.6	How long should one wait before reading the RDT result?	minutes Don't know 88		
3.7	How many times did MPW/ANM visit you during the last one month and inquired about cases of malaria?	Number of visits		
3.8	Can you show the RDT stock card / stock register, where you maintain a record of how many RDT you have?	Card/register available and shown Never maintained card / register Card / register lost Card / register not available Card / register with ANM / Health Staff	1 2 3 4 5	

No.	Questions	Response	Code	Skip to
3.9	Can you please show me your stock of RDT? <i>Verify by seeing the stock</i>	☐ ☐ Tests in stock, not expired Fill 00 in the above box, if no stock		If no stock, skip to Q3.10
3.10	Has it happened in the last three months that you wanted to do a blood test on a patient of fever, but could not do RDT because you did not have any RDT left? <i>Verify by seeing the stock card/ stock register – reconcile by asking the respondent in detail</i>	Yes No I don't know, ANM has stock card	1 2 3	
3.11	Are there any RDTs kept in the stock that are life expired? <i>Verify by seeing the stock</i>	Yes No No RDTs	1 2 3	
3.12	Is the RDT stored in a cool and dry place? (observe)	Yes No		

Section 4: Treatment

No.	Questions	Response	Code	Skip to
4.1	Record respondent's current stock of drugs to treat malaria.	No. of Tablets / strips Artesunate tablets SP tablets AS + SP combo strips Primaquine (large) tablets Chloroquine tablets Primaquine (small) tablets		
4.2	Has it happened in the last three months that you wanted to give a specific tablet to a patient of fever, but could not give because you did not have any? <i>Verify by seeing the stock card or stock register</i>	Artesunate tablets Yes No SP tablets Yes No AS + SP combo strips Yes No Primaquine (large) tablets Yes No Chloroquine tablets Yes No Primaquine (small) tablets Yes No		
4.3	Are there any anti-malarial drugs kept in the stock that are life expired? <i>Verify by seeing the stock card or by looking at the drug packets</i> <i>If there are no stocks, indicate it by "NS"</i>	Artesunate tablets NS Yes No SP tablets NS Yes No AS+SP combo strips NS Yes No Primaquine (large) tablets NS Yes No Chloroquine tablets NS Yes No Primaquine (small) tablets NS Yes No		

No.	Questions	Response	Code	Skip to
4.4	If an adult man with fever came to you and you found that RDT was positive, what medicine would you give, in what dosage? Please refer to your dosage chart and tell me.	Correct answer	1	
		Wrong Answer	2	

Section 5: Documentation

No.	Questions	Response	Code	Skip to
5.1	Can I see your M1 Form/register?	M1 Form/register shown Lost / Misplaced Never had M1 Form / register Form/register is in other location With ANM or other Health Staff	1→ 2 3 4 5	3
5.2	Are you maintaining any record of fever cases that you test or treat?	Yes No	1 2→	6.1
5.3	Field investigator should look at the M1 form and answer the following question Is the M1 of respondent being completed? <i>Verify by seeing the M1 form of previous fortnight</i>	All the columns are filled up Some columns are left blank Completely left blank (state the reason) _____	1 2 3→	6.1
5.4	Look at the M1 form or other record maintained, for the previous fortnight and identify all RDT positive cases. a <i>If there are no RDT positive cases in the previous fortnight, then keep looking at the records for the fortnights previous to the last till you find an RDT positive case.</i>	Number of fever cases recorded Number of slides collected Number of RDT done Number of RDT positive cases	 	
5.5	How does the information of fever cases that you are recording typically reach the PHC?	I go and give it to ANM / MPW ANM / MPW come and collect the information / record / report MTS collects this from me The information from my record is not taken by anyone or given to anyone I don't know how the PHC gets the information that I record	1 2 3 4 5	

Section 6: Community participation and acceptance

No.	Questions	Response	Code	Skip to
6.1	Does this community have meetings where malaria is discussed?	Yes No	1 2→	7.1
6.2	Who organizes this meeting? (Select all that apply)	Respondent ANM Gaon Kalyan Samiti (GKS) Self help group NGO Others (specify) _____ Don't know	1 2 3 4 5 98	
6.3	When was the last meeting? Record < 1, if less than one month	----- Months ago		
6.4	How is the community's acceptance of RDT?	GOOD NOT GOOD	1→ 2	
6.5	Why community's acceptance of RDT is not good? (Select all that apply)	DO NOT HAVE TRUST THINK IT IS PAINFUL THINK IT IS UNSAFE Others (specify) _____	1 2 3	
6.6	How is the community's acceptance of ACT?	GOOD NOT GOOD	1→ 2	8
6.7	Why community's acceptance of ACT is not good? (Select all that apply)	DO NOT HAVE TRUST THINK IT IS INEFFECTIVE TOO MANY TABLETS MORE RELIANCE ON INJECTION Others (specify) _____	1 2 3 4	
6.8	Do you think majority of the villagers sleep regularly under the bed nets?	Yes No	1→ 2	10
6.9	Why majority of the villagers do not sleep under the bed nets regularly? (Select all that apply)	FEEL SUFFOCATED DO NOT FEEL IT NECESSARY SLEEP OUTDOORS ROOMS ARE NOT LARGE ENOUGH TO HANG NETS SOCIAL AND GENDER NORMS DO NOT HAVE ADEQUATE NETS ALCOHOLISM LAZINESS CANNOT AFFORD NOT AWARE OF THE BENEFIT Other (Specify) _____	1 2 3 4 5 6 7 8 9 10	
6.10	Do you think majority of the villagers allow their houses to be sprayed with insecticides?	Yes No	1→ 2	7.1
6.11	Why majority of the villagers do not allow their houses to be sprayed with insecticides? (Select all that apply)	DO NOT FEEL IT NECESSARY FEEL IT IS HARMFUL TO HEALTH THINK INSECTICIDES ARE INEFFECTIVE NOT INFORMED WELL IN ADVANCE DO NOT ALLOW OUTSIDERS TO ENTER HOME Other (Specify) _____	1 2 3 4 5 6	

Section 7: Incentives and work load

No.	Questions	Response	Code	Skip to
7.1	Do you receive any incentive for diagnosing and treating malaria patients?	Yes No	1 2→	
7.2	How much incentive do you receive per month?	RUPEES		
7.3	What is the periodicity of receipt of incentives?	Every month Every quarter Annually Don't know Other (Specify) _____	1 2 3 4	
7.4	Are you satisfied with the incentive?	Yes No	1→ 2	
7.5	How much incentive do you think should be adequate?	RUPEES		
7.6	On an average, how many days do you spend on malaria work EVERY MONTH during high transmission season? HIGH TRANSMISSION SEASON: JUNE-SEPTEMBER	DAYS		
7.7	On an average, how many days do you spend on work OTHER THAN MALARIA EVERY MONTH during high transmission season? HIGH TRANSMISSION SEASON: JUNE-SEPTEMBER?	DAYS		
7.8	On an average, how many hours do you spend on malaria work EVERY WEEK? MALARIA WORK: DIAGNOSIS, TREATMENT, COMMUNITY MOBILIZATION, RECORDING, AND REPORTING, MEETINGS, TRAININGS	HOURS		
7.9	On an average, how many hours do you work OTHER THAN MALARIA EVERY WEEK? DIAGNOSIS, TREATMENT, COMMUNITY MOBILIZATION, RECORDING, AND REPORTING, MEETINGS, TRAININGS	HOURS		

Section 8: Motivation, work satisfaction and self-efficacy

Scoring: Strongly disagree 1, disagree 2, neutral 3, agree 4, strongly agree 5

Sl. No.	Construct	Questions	Score (1–5)
8.1	Self-efficacy and job motivation	8.1.1. I can always manage to solve difficult problems if I try hard enough.	
		8.1.2. If someone opposes me, I can find the means and ways to get what I want.	
		8.1.3. It is easy for me to stick to my aims and accomplish my goals.	
		8.1.4. I am confident that I could deal efficiently with unexpected events.	
		8.1.5. Thanks to my resourcefulness, I know how to handle unforeseen situations.	
		8.1.6. I can solve most problems if I invest the necessary effort.	
		8.1.7. I can remain calm when facing difficulties because I can rely on my coping abilities.	
		8.1.8. When I am confronted with a problem, I can usually find several solutions.	
		8.1.9. If I am in trouble, I can usually think of a solution.	
		8.1.10. I can usually handle whatever comes my way.	
		8.1.11. I do this job only because I need the money	
		8.1.12. I do this job because my spouse/partner, other people, society, social organizations or my community insist that I do.	
		8.1.13. I do this job because others expect it of me or to obtain their approval. If I didn't, they might blame me.	
		8.1.14. I do this job because I personally consider it important.	
8.2	Autonomy	8.2.1 I feel free to decide for myself how to lead my life.	
		8.2.2 I generally feel free to express my ideas and opinions	
		8.2.3 I feel like I can pretty much be honest with myself in daily situations.	
8.3	Self-development	8.3.1 I have enhanced my communication skills.	
		8.3.2 I have enjoyed working in the community.	
		8.3.3 I have a new sense of self-pride and accomplishment from my job.	
		8.3.4 I feel that I have adequate field experience to qualify for other public health jobs.	
8.4	Competence	8.4.1. People I know tell me I am competent/capable at what I do.	
		8.4.2. I generally feel very capable.	
8.5	Relatedness	8.5.1. I get along well with people I come into contact with.	
		8.5.2. I consider myself close to the people I regularly interact with.	
		8.5.3. People in my life care about me	
8.6	General motivation	8.6.1. These days, I feel motivated to work as hard as I can	

8.7	Burnout	8.7.1. I feel emotionally drained at the end of every day	
		Sometimes when I get up in the morning, I dread having to face another day at work	
8.8	Job satisfaction	8.8.1. Overall, I am very satisfied with my work as ASHA	
		8.8.2. I am not satisfied with my colleagues (AWW)	
		8.8.3. I am satisfied with my Supervisor (ANM)	
		8.8.4. I am satisfied with my Supervisor (NGO) supervisor	
8.9	Intrinsic job satisfaction	8.9.1. I am satisfied with the opportunity to use my abilities in my job	
		8.9.2. I am satisfied that I accomplish something worthwhile in this job	
		8.9.3. I do not think that my work in the hospital is valuable these days	
8.10	Meaning in life. Please take a few minutes to think about the things that make your life important.	8.10.1. My life has a clear meaning or purpose.	
		8.10.2. I have found a satisfactory meaning in life.	
		8.10.3. I have a clear sense of what gives meaning to my life.	
8.11	Recognition and contribution to community health	8.11.1. I am proud to be a CHW and feel that my work is valued.	
8.12	Supervision & support	8.12.1. I receive immediate help when I need it.	
		8.12.2. I receive regular feedback from my supervisors on my performance and quality of work	
		8.12.3. I feel that my supervisor understands my job and the challenges I face.	
		8.12.4. I feel that if I have a concern, I can share it with my supervisor/manager.	
8.13	Workload	8.13.1. I have enough time to complete my daily tasks.	
		8.13.2. I have enough time for my personal duties.	
		8.13.3. My schedule is flexible, can tailor it to my preferences & those of families I work with.	
8.14	Value and recognition	8.14.1. My family and friends encouraged me apply for the job.	
		8.14.2. I knew of other CHWs who were respected in the community.	
		8.14.3. I believed working as a CHW was a respectable and honourable job	
8.15	Financial independence	8.15.1. I needed to earn money to help support my family.	
		8.15.2. I wanted to earn money to save for school	

Section 9: Supportive supervision

No.	Questions	Response	Code	Skip to
9.1	Does anybody visit you regularly to support in your malaria work?	Yes No	1 2→	

9.2	Who visits you regularly to support in your malaria work?	ANM MPW (M) MTS NGO Other (Specify) _____	1 2 3 4	
9.3	How often does he/she visit you?	Every week Every fortnight Every month Every quarter Sometimes Other (Specify) _____	1 2 3 4 5	
9.4	How often do you think he/she should visit you?	Every week Every fortnight Every month Every quarter Sometimes Other (Specify) _____	1 2 3 4 5	
9.5	What does he/she do during supervision? (Select all that apply)	Checks your stock of medicines Checks your stock of RDT Checks your records Discusses your problems Other (Specify) _____	1 2 3 4	
9.6	Do you find his/her visit useful?	Yes No	1 2 →	7.8
9.7	Why do you find his/her visit useful? (RECORD UP TO 3 RESPONSES. ENTER INFORMATION SOURCE CODES IN THE BOXES)	Helps me to learn new things.....1 Helps me to rectify my mistakes.....2 Feels like I am being cared.....3 Commodities are replenished faster.....4 Other (Specify) _____	1st 2nd 3rd	
9.8	Do you feel more confident now due to the supervision and support?	Yes No	1 2	
9.9	Why do you NOT find his/her visit useful?	I don't learn anything new It is a disturbance to my work I don't find his/her attitude appropriate Other (Specify) _____	1 2 3	
9.10	How long did it take to replenish your commodities BEFORE SUPERVISION?	DAYS 		
9.11	How long does it take NOW to replenish your commodities AFTER SUPERVISION?	DAYS 		

----- End of interview -----