

**NMCP**

NATIONAL  
MALARIA  
CONTROL  
PROGRAMME

SAMPLE CONTROL FILE CODE

CDD ID			



# GOMBE STATE MALARIA CONTROL BOOSTER PROJECT

## Community-Directed Distributor (CDD) Survey

### 2012

Conducted with the support of the World Bank

Implementing Firm: Hanovia Medical Limited

NAME OF STATE

CODE

NAME OF LGA

CODE

NAME OF WARD

CODE

NAME OF NEAREST PRIMARY HEALTHCARE FACILITY

CODE

SEA NUMBER

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RURAL	1	
PERI-URBAN	2	
URBAN	3	

NAME OF VILLAGE/TOWN

INTERVIEWER NAME

CODE

DATE OF FIRST INTERVIEW

DAY	MONTH	YEAR

INTERVIEWER NAME

CODE

DATE OF FINAL INTERVIEW

DAY	MONTH	YEAR

<b>RESULT OF INTERVIEW</b>	COMPLETED	01
	PARTIALLY COMPLETED	02
	REFUSAL	03
	CDD NOT PRESENT	04
	OTHER (SPECIFY)	96



<b>LANGUAGE</b>	ENGLISH	01
	BOLEWA	02
	FULFULDU	03
	HAUSA	04
	IGBO	05
	KANURI	06
	TANGALE	07
	TERA	08
	OTHER (SPECIFY)	96




LANGUAGE OF THE INTERVIEW

RESPONDENTS' LOCAL LANGUAGE

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

**SUPERVISOR NAME**

TEAM	ID
<input type="text"/>	<input type="text"/>

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

**DATA ENTRY OPERATOR**

TEAM	ID
<input type="text"/>	<input type="text"/>

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

**DATA ENTRY SUPERVISOR**

TEAM	ID
<input type="text"/>	<input type="text"/>

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

## CONSENT

**Instructions for Enumerator:** Read the standard CDD Interview Consent text.

## Do you agree to participate in this interview?

YES	1	<input type="text"/>
NO	2	<input type="text"/>

► END INTERVIEW

**GENDER OF RESPONDENT**

MALE	1	<input type="text"/>
FEMALE	2	<input type="text"/>

**NAME OF RESPONDENT (CDD)**

**COMMENTS**

**Mobile Phone #:**

**Email:**

**GPS:**

Eas: [    ] . [      ]

We: [    ] . [      ]

**Comments:**

## Section 1: General Information

(1.01) What is your current age, in years?

RECORD NUMBER OF YEARS:

(1.02) What is your marital status?

MARRIED	01
SINGLE	02
DIVORCED	03
WIDOWED	04

OTHER (SPECIFY) 96




(1.03) What is the highest grade you have completed in school?

JS1	21
JS2	22
JS3	23
SS1	24
SS2	25
SS3	26

VOCATIONAL 32

TECHNICAL 33

UNIVERSITY UNDERGRADUATE 42

UNIVERSITY GRADUATE 43

OTHER (SPECIFY) 96




(1.04) What is your religion?

NONE	01
CATHOLIC	02
PROTESTANT	03
MUSLIM	04
TRADITIONAL	05

NONE 07

OTHER (SPECIFY) 96




(1.05) What is your ethnic group?

**ASK SURVEY FIRM ABOUT POSSIBLE ANSWERS**

  
  


OTHER (SPECIFY) 96




(1.06) For how many years have you been resident in this community?

RECORD NUMBER OF YEARS:

(1.07) Have you previously been involved with volunteer and / or community/village work?

YES, VOLUNTEER	01
YES, COMMUNITY	02
YES, VOLUNTEER AND COMMUNITY	03
NO	04

► **NEXT SECTION**

(1.08) What kind of community and / or volunteer work were you involved in?

CAMPAIGNS FOR SPECIAL EVENTS (e.g. NATIONAL IMMUNIZATION DAYS, SAFE MOTHERHOOD DAY, LLIN DISTRIBUTION, WORLD MALARIA DAY, ETC.) 01

COMMUNITY DEVELOPMENT WORK (e.g. BUILDING BOREHOLES, ETC.) 02

PROVIDING COMMUNITY / NEIGHBORHOOD SECURITY 03

COMMUNITY HEALTH PROMOTION (e.g. FAMILY PLANNING, IMMUNIZATION, HIV, ETC.) 04

OTHER (SPECIFY) 96



## Section 2: Training and Services

(2.01) Have you received any previous training for village health work?

YES	01
NO	02

► (2.05)

☐

(2.02) Was this training specifically for CDD work?

YES	01
NO	02

☐

(2.03) Who provided this training?

LOCAL GOVERNMENT	01
STATE GOVERNMENT	02
FEDERAL GOVERNMENT	03
JHPIEGO	04
SOCIETY FOR FAMILY HEALTH (SFH)	05
OTHER NGO	06

PRIVATE ORGANIZATION	07
RELIGIOUS ORGANIZATION	08
OTHER (SPECIFY)	96

☐


(2.04) What topics were covered in these trainings?

YES	01
NO	02
Other	96

READ OPTIONS ALOUD AND RECORD "YES" / "NO" FOR EACH OPTION

A. Childhood diseases (ARI, diarrhea, fever)

☐

I. Malaria

☐

B. Family Planning

☐

J. Nutrition

☐

C. Antenatal and postnatal care

☐

K. Sanitation and home hygiene

☐

D. Referral to facility for delivery or danger signs

☐

L. Mental health

☐

E. Newborn care

☐

M. Disabilities

☐

F. Tuberculosis

☐

N. Other (specify)

☐

G. Vaccinations

☐


H. Record keeping / Inventory management

☐

(2.05) Have you provided any health services in the past 3 months?

YES	01
NO	02

► (3.08)

☐

(2.06) Which of the following services have you provided within the past 3 months?

YES	01
NO	02
Other	96

READ OPTIONS ALOUD AND RECORD "YES" / "NO" FOR EACH OPTION

A. Treat sick children	<input type="checkbox"/>	M. Supervise home deliveries	<input type="checkbox"/>
B. Refer very sick children	<input type="checkbox"/>	N. Refer pregnant women with danger signs	<input type="checkbox"/>
C. Support outreach vaccination campaigns	<input type="checkbox"/>	O. Postnatal care	<input type="checkbox"/>
D. Consultations for adults	<input type="checkbox"/>	P. Newborn care	<input type="checkbox"/>
E. Provide birth spacing methods	<input type="checkbox"/>	Q. Refer for TB diagnosis	<input type="checkbox"/>
F. Give iron tablets and nutrition advice to pregnant women	<input type="checkbox"/>	R. Supervise DOTS treatment for TB	<input type="checkbox"/>
G. Refer pregnant women for tetanus toxoid and antenatal care	<input type="checkbox"/>	S. Malaria treatment	<input type="checkbox"/>
H. Supervise and advise TBA	<input type="checkbox"/>	T. Distribute mosquito nets	<input type="checkbox"/>
I. Supervise home deliveries	<input type="checkbox"/>	U. Advise and refer on mental health	<input type="checkbox"/>
J. Refer pregnant women with danger signs	<input type="checkbox"/>	V. Advise and refer on disabilities	<input type="checkbox"/>
K. Postnatal care	<input type="checkbox"/>	W. Health education for groups of people	<input type="checkbox"/>
L. Supervise and advise traditional birth attendants	<input type="checkbox"/>	X. Other (specify)	<input type="checkbox"/>



## Section 3: Economic Activities and Assets

### 3.1: Incentives and Fees

(3.01) Do you or did you receive any fees or other incentives for your village health work?

YES	01
NO	02

► (3.04)

(3.02) What is (was) the primary source of these fees or other incentives?

LOCAL GOVERNMENT	01	PRIVATE ORGANIZATION	06
STATE GOVERNMENT	02	RELIGIOUS ORGANIZATION	07
FEDERAL GOVERNMENT	03	OTHER (SPECIFY)	96
NGO	04	▼	
COMMUNITY/VILLAGE	05		

(3.03) What types of fees or incentives do (did) you receive?

READ OPTIONS ALOUD AND RECORD "YES" / "NO" FOR EACH OPTION

YES	01
NO	02
Other	96

A. Regular salary or stipend

I. Computer training

B. Ad-hoc / Irregular salary or stipend

J. Cloth

C. Transport money

K. Festival bonus

D. Money for referral

L. Shoes

E. Loan

M. Food for training

F. Bicycle

N. Other food

G. Literacy training

O. Other (Specify)

H. Food for work

▼

(3.04) Do (did) you charge your patients fees?

YES	01
NO	02

► (3.06)

(3.05) On average, how much?

RECORD AMOUNT IN NAIRA:

(3.06) Do (did) you receive payment other than money from patients?

YES	01
NO	02

► (3.08)

(3.07) What type of payment do (did) you receive?

YES	01
NO	02
Other	96

A. Food (fruits, vegetables, nuts, eggs, flour)

B. Livestock (chicken, etc.)

READ OPTIONS ALOUD AND RECORD "YES" / "NO" FOR EACH OPTION

C. Other (Specify)





\_\_\_\_\_

### 3.2: Other Economic Activities

(3.08) During the last 12 months, what has been your primary job (other than any village health work)?

PROFESSIONAL	01
TECHNICAL	02
SMALL BUSINESS OWNER	03
FARMER	04
LIVESTOCK KEEPER	05
FISHERMAN	06
LABORER	07
NO OTHER WORK / NOT APPLICABLE	08

OTHER (SPECIFY) 96



\_\_\_\_\_

► (3.15)

(3.09) What sector is this job connected with?

AGRICULTURE	01
FISHING	02
FORESTRY, HUNTING, LIVESTOCK	03
MINING AND QUARRYING	04
MANUFACTURING	05
ELECTRICITY / GAS / WATER	06
CONSTRUCTION	07
TOURISM / HOTEL	08
TRADE AND COMMERCE	09

TRANSPORT AND COMMUNICATION 10

FINANCE AND INSURANCE 11

PUBLIC ADMINISTRATION 12

EDUCATION 13

HEALTH 14

OTHER (SPECIFY) 96



\_\_\_\_\_

(3.10) Who paid your wages?

SELF-EMPLOYED	01
EMPLOYER	02
FAMILY (PAID)	03
FAMILY (UNPAID)	04
OTHER (SPECIFY)	05

OTHER (SPECIFY) 96



\_\_\_\_\_

(3.11) During the past 12 months, how many months did you work at your primary job?

RECORD NUMBER OF MONTHS:

(3.12) On average, how many hours per week did you work at your primary job?

RECORD NUMBER OF MONTHS:

(3.13) What was your total cash income from your primary job during the past 12 months?

RECORD INCOME IN NAIRA:

(3.14) What was your total value of in-kind payments you received for your primary job during the past 12 months?

RECORD VALUE IN NAIRA:

### 3.3: Assets

(3.15) How many of each of the following functioning assets does your household own?

YES	01
NO	02

READ OPTIONS ALOUD AND RECORD NUMBER FOR EACH ASSET. IF NONE, RECORD "0"

A. Radio / CD / Cassette player

N. Land line telephone

B. Television

O. Mobile telephone

C. Pressing iron (electric / non-electric)

P. Motorcycle

D. Electric stove

Q. Bicycle

E. Gas stove

R. Motor vehicle (truck or car)

F. Lamp

S. Wheelbarrow

G. Bed

T. Boat

H. Mattress / sleeping mat

U. Tractor

I. Refrigerator / freezer

V. Crop sprayer / spraying machine

J. Paraffin stove

W. Irrigation equipment (water pumps, etc.)

K. Sewing machine

X. Ploughs / harrows

L. Table

Y. Hoes / axes

M. Sofa

Z. Fishing net / fishing equipment

(3.16) Does your household own any land?

YES	01
NO	02

▶ (3.19)

(3.17) What is the size of this land?

SQUARE METER	01
HECTARE	02
PLOT	03
OTHER (SPECIFY)	96

▶

RECORD BOTH UNIT CODE AND NUMBER OF UNITS

UNIT CODE:

NUMBER OF UNITS:

(3.18) If you were to sell all of the land you own, how much do you think you would receive for it?

RECORD AMOUNT IN NAIRA:



(3.19) How much land did you cultivate during the past agricultural season?

SQUARE METER	01
HECTARE	02
PLOT	03
OTHER (SPECIFY)	96 ▶

RECORD BOTH UNIT CODE AND NUMBER OF UNITS

UNIT CODE:

NUMBER OF  
UNITS:


(3.20) How many of each of the following animals does your household own?

READ OPTIONS ALOUD AND RECORD NUMBER FOR EACH ANIMAL. IF NONE, RECORD "0"

A. Goats

H. Donkey / Horse

B. Sheep

I. Cow

C. Pigs

J. Bull

D. Chicken

K. Oxen

E. Guinea Fowl

L. Calves

F. Ducks / Geese

M. Rabbits

G. Turkey

## Section 4: Working Conditions

- (4.01) Have you previously worked as a community directed distributor (CDD)

YES	01
NO	02

- (4.02) In your work as a CDD, how many households are you responsible for?

RECORD NUMBER OF HOUSEHOLDS:

- (4.03) Do you feel that this is too few, too many, or just the right amount?

TOO FEW	01
TOO MANY	02

JUST RIGHT	03
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- (4.04) How many households did you visit in the past month?

RECORD NUMBER OF HOUSEHOLDS:

- (4.05) How much time in hours do you spend each week on CDD work?

RECORD NUMBER OF HOURS:

- (4.06) Do you feel that this is too few, too many, or just the right amount?

TOO FEW	01
TOO MANY	02

JUST RIGHT	03
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- (4.07) What is the distance from your village to your referral health facility, in kilometers?

KILOMETERS	01
POLES	02

RECORD UNIT CODE  
AND NUMBER OF UNITS

UNIT CODE:

NUMBER OF  
UNITS:



- (4.08) What mode of transport do you most often use to travel to the health facility?

WALKING	01
MOTOR CYCLE	02
BICYCLE	03
MOTOR VEHICLE (TRUCK OR CAR)	04
BOAT	05

OTHER (SPECIFY) 96




- (4.09) How much time does it usually take you to travel to the health facility, in hours and minutes?

RECORD NUMBER OF HOURS:

RECORD NUMBER OF MINUTES:

## Section 5. Monitoring, Supervision, and Record Keeping

(5.01) Do you have a supervisor?

YES	01
NO	02

► (5.05)

(5.02) Who is your supervisor?

HEALTH FACILITY WORKER (MANAGER)	01
HEALTH FACILITY WORKER (NURSE)	02
HEALTH FACILITY WORKER (CHEW)	03
HEALTH FACILITY WORKER (OTHER, SPECIFY)	04

OTHER (SPECIFY)	96
-----------------	----




(5.03) How many times did you meet your supervisor to discuss your work in the past 3 months?

RECORD NUMBER OF TIMES:

(5.04) During your last visit with your supervisor, what did he/she do?

YES	01
NO	02
Other	96

RECORD "YES" / "NO" FOR ALL ITEMS BELOW, BUT DO NOT READ RESPONSES TO THE RESPONDENT

A. BROUGHT SUPPLIES

F. PROVIDED MEDICAL INFORMATION / INSTRUCTION

B. CHECKED SUPPLIES

G. VISITED HOUSEHOLDS WITH YOU

C. CHECKED RECORDS

H. MET WITH THE VILLAGE / WARD DEVELOPMENT COMMITTEE

D. OBSERVED CONSULTATION

I. OTHER (SPECIFY)

E. ASKED KNOWLEDGE QUESTIONS

\_\_\_\_\_

(5.05) Do you keep regular records of your CDD work?

YES	01
NO	02

► NEXT SECTION

(5.06) How often do you keep such records?

YES	01
NO	02
Other	96

RECORD "YES" / "NO" FOR ALL ITEMS BELOW, BUT DO NOT READ RESPONSES TO THE RESPONDENT

A. DAILY

D. OTHER (SPECIFY)

B. WEEKLY



C. MONTHLY

\_\_\_\_\_

(5.07) What do these records contain?

YES	01
NO	02
Other	96

A. PATIENT DETAILS

☐

B. DIAGNOSIS

☐

C. DRUGS RECEIVED

☐

D. DRUGS DISPENSED

☐

E. PATIENT REFERRALS

☐

RECORD "YES" / "NO" FOR ALL ITEMS BELOW,  
BUT DO NOT READ RESPONSES TO THE  
RESPONDENT

F. BCC/IEC MATERIALS DISTRIBUTED  
(HANDBILLS, POSTERS, ETC.)

☐

G. NUMBER OF PERSONS COUNSELLED  
(EITHER ONE-ON-ONE OR IN GROUP  
SESSIONS)

☐

I. OTHER (SPECIFY)

☐

(5.08) Who do you submit your records to?

YES	01
NO	02
Other	96

A. HEALTH FACILITY WORKER (SUPERVISOR)

☐

B. HEALTH FACILITY WORKER (NOT  
SUPERVISOR)

☐

C. NOBODY

☐

RECORD "YES" / "NO" FOR ALL ITEMS BELOW, BUT DO  
NOT READ RESPONSES TO THE RESPONDENT

D. OTHER (SPECIFY)

☐

(5.09) Do you receive any feedback on your records?

YES	01
NO	02

► NEXT SECTION

☐

(5.10) What kind of feedback do you receive?

YES	01
NO	02
Other	96

A. WAYS TO IMPROVE RECORD-KEEPING

☐

B. WAYS TO IMPROVE WORK

☐

C. FEEDBACK ON YOUR PERFORMANCE (RELATIVE  
TO OTHER CDDs)

☐

D. SPECIAL RECOGNITION FOR WORK WELL DONE

☐

RECORD "YES" / "NO" FOR ALL ITEMS BELOW,  
BUT DO NOT READ RESPONSES TO THE  
RESPONDENT

C. CRITICISM FOR WORK NOT DONE WELL

☐

D. OTHER (SPECIFY)

☐

## Section 6. Village / Ward Development Committee and Community Support

(6.01) Is there a village or ward development committee in your area?

YES	01
NO	02

► (6.04)

☐

(6.02) Do you receive any support from this committee in your work as a CDD?

YES	01
NO	02

► 6.04

☐

(6.03) What types of support do you receive?

YES	01
NO	02
Other	96

RECORD "YES" / "NO" FOR ALL ITEMS BELOW,  
BUT DO NOT READ RESPONSES TO THE  
RESPONDENT

A. CASH PAYMENT FOR SERVICES

☐

E. APPRECIATION / RECOGNITION

☐

B. OTHER (IN-KIND) PAYMENT FOR SERVICES

☐

F. OTHER (SPECIFY)

☐


C. DONATIONS OF SUPPLIES / EQUIPMENT

☐

D. COMMUNITY MOBILIZATION TO USE HEALTH SERVICES

☐
☐

(6.04) In what ways does the health facility supported your work as a CDD?

RECORD "YES" / "NO" FOR ALL ITEMS BELOW,  
BUT DO NOT READ RESPONSES TO THE  
RESPONDENT

YES	01
NO	02
Other	96

A. SALARY OR STIPEND

☐

F. HELP WITH RECORD KEEPING

☐

B. OTHER IN-KIND PAYMENT

☐

G. APPRECIATION / RECOGNITION

☐

C. SHARING KNOWLEDGE ABOUT DISEASE PREVENTION / TREATMENT

☐

H. NO SUPPORT FROM HEALTH FACILITY

☐

D. COMMUNITY MOBILIZATION TO USE HEALTH SERVICES

☐

I. OTHER (SPECIFY)

☐


E. TRAINING

☐

(6.05) How are you addressed in your community?

CDD	01
VHW (VILLAGE HEALTH WORKER)	02
HEALTH WORKER	03
NURSE	04
OTHER (SPECIFY)	96

►

☐

## Section 7. CDD Selection and Retention

### 7.1: Selection

(7.01) Why do you think your community selected you to be a CDD?

PREVIOUS EXPERIENCE WITH HEALTH WORK	01
PREVIOUS EXPERIENCE SPECIFICALLY WITH CDD WORK	02
LONG-TIME, TRUSTED MEMBER OF KINDRED/COMMUNITY	03

LEVEL OF EDUCATION	04
OTHER (SPECIFY)	96



### 7.2: Motivation

(7.02) Why did you accept this job?

DESIRE TO SERVE COMMUNITY	01
STATUS	02
MONETARY COMPENSATION	03
HAD TO / FORCED TO ACCEPT	04

OTHER (SPECIFY)	96
-----------------	----



(7.03) What are the biggest difficulties you face in doing your job?

RECORD "YES" / "NO" FOR ALL ITEMS BELOW,  
BUT DO NOT READ RESPONSES TO THE  
RESPONDENT

YES	01
NO	02
Other	96

A. LACK OF TRAINING / KNOWLEDGE

G. LACK OF SUPPLIES AND DRUGS

B. LACK OF SUPERVISION / FEEDBACK ON PERFORMANCE

H. INADEQUATE COMPENSATION

C. PATIENTS/CARETAKERS SEEK ADVICE TOO LATE

I. LACK OF COMMUNICATION WITH HEALTH FACILITY

D. LACK OF TIME

J. CONDUCTING HOUSEHOLD VISITS

E. LACK OF MOTIVATION

K. OTHER (SPECIFY)

F. LACK OF SUPPORT FROM COMMUNITY



(7.04) How would you rate the following statements? Do you:

Strongly disagree	01	Strongly agree	04
Disagree	02	Not applicable	05
Agree	03	Don't know	89

READ EACH ITEM BELOW, AND RECORD THE RESPONDENT'S ANSWER IN THE BOX PROVIDED:

A. Your job makes you feel good about yourself	<input type="text"/>	F. You are a hard worker	<input type="text"/>
B. You are proud to be working in your community	<input type="text"/>	G. You are punctual about coming to work	<input type="text"/>
C. You are glad that you are working for this community rather than other communities in the state	<input type="text"/>	H. These days, you feel motivated to work as hard as you can	<input type="text"/>
D. The community really inspires you to do your very best on the job	<input type="text"/>	I. Overall, you are very satisfied with your job	<input type="text"/>
E. You always complete your tasks efficiently and effectively	<input type="text"/>	J. You are satisfied with the opportunity to use your abilities in your job	<input type="text"/>

### 7.3: Satisfaction and Retention

(7.05) How would you rate the following aspects of your work? Are you:

Very Unsatisfied	01	Very Satisfied	04
Unsatisfied	02	Not applicable	05
Satisfied	03	Don't know	89

READ EACH ITEM BELOW, AND RECORD THE RESPONDENT'S ANSWER IN THE BOX PROVIDED:

A. Working relationship with other CDDs	<input type="text"/>	H. Your ability to meet the needs of the community	<input type="text"/>
B. Working relationship with health facility workers	<input type="text"/>	I. Your incentives	<input type="text"/>
C. Relationship with community / community leaders	<input type="text"/>	J. Other employment benefits	<input type="text"/>
D. Community support (financial or other)	<input type="text"/>	K. Safety and security to live and work in your community	<input type="text"/>
E. Availability of medicines	<input type="text"/>	L. Living accommodations for your family	<input type="text"/>
F. Your level of respect in the community	<input type="text"/>	M. Recognition of your good work	<input type="text"/>
G. Your training opportunities to upgrade your skills and knowledge	<input type="text"/>	N. Overall satisfaction with CDD work	<input type="text"/>

(7.06) What are the top three things you would change about your work to improve your level of satisfaction?

WORKING RELATIONSHIP WITH OTHER CDDs	01
WORKING RELATIONSHIP WITH HEALTH FACILITY WORKERS	02
RELATIONSHIP WITH COMMUNITY / COMMUNITY LEADERS	03
COMMUNITY SUPPORT (FINANCIAL / OTHER)	04
AVAILABILITY OF MEDICINES	05
YOUR LEVEL OF RESPECT IN THE COMMUNITY	06
TRAINING OPPORTUNITIES	07
YOUR ABILITY TO MEET THE NEEDS OF THE COMMUNITY	08
INCENTIVES	09
OTHER EMPLOYMENT BENEFITS	10

DO NOT READ ANSWERS. RECORD UP TO THREE RESPONSES:

1ST

2ND

3RD

SAFETY AND SECURITY TO LIVE AND WORK IN YOUR COMMUNITY	11
LIVING ACCOMODATIONS FOR YOUR FAMILY	12
RECOGNITION OF YOUR GOOD WORK	13
OVERALL SATISFACTION WITH CDD WORK	14
OTHER (SPECIFY)	96
▼	

(7.07) Do you know of any CDDs who have dropped out or who have stopped working as CDDs?

YES	01
NO	02

► (7.09)

(7.08) What is the reason they no longer provide CDD services?

MOVED OUT OF VILLAGE	01
DIED	02
FOUND ANOTHER JOB	03
DISSATISFIED DUE TO LACK OF SALARY OR PAY	04
DID NOT FEEL SUPPORTED BY COMMUNITY	05

DID NOT FEEL SUPPORTED BY HEALTH FACILITY OR SUPERVISOR	06
SECURITY FACTORS	07
OTHER (SPECIFY)	96
▼	

(7.09) In the past 3 months, has there been any incidence that made you feel threatened or afraid to continue providing services?

YES	01
NO	02

► NEXT SECTION

(7.10) What was the primary reason you felt threatened or afraid to continue providing services?

DANGER FROM ARMED GROUPS / MILITANTS	01
DANGER FROM CRIMINAL ACTIVITIES LIKE ROBBERY	02
RESISTANCE FROM COMMUNITY	03
RESISTANCE FROM COMMUNITY LEADERS	04

PROBLEMS WITH TRAVEL	05
TERRORISM	06
OTHER (SPECIFY)	96
▼	



## Section 8. CDD Knowledge and Quality of Care

### 8.1: CDD Knowledge

(8.01) What is the main cause of malaria?

MOSQUITOES	01
DIRTY FOODS	02
DIRTY LIQUIDS	03
CLIMATE / WEATHER	04
OILY FOOD	05

SUN	06
WITCHCRAFT	07
OTHER (SPECIFY)	96

▼

(8.02) What are the danger signs or symptoms of malaria?

FEVER	01
HEADACHE	02
NAUSEA	03
VOMITING	04
BODY WEAKNESS	05
SEIZURE / CONVULSION	06
OTHER (SPECIFY)	96

DO NOT READ  
ANSWERS. RECORD UP  
TO 3 RESPONSES

1ST

2ND

3RD

  
  


(8.03) How can someone protect themselves against malaria?

MOSQUITO NET	01
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	09
KEEP HOUSE CLEAN	10
BURN GRASS	11
OTHER (SPECIFY)	96

DO NOT READ  
ANSWERS. RECORD UP  
TO 3 RESPONSES

1ST

2ND

3RD

  
  


(8.04) Which of the following have members of your household done to protect themselves from malaria? Have they:

Used mosquito net?	01
Used insect repellent?	02
Use insect screens?	03
Used Preventive medication?	04
Used insecticide (IRS)?	05
Use mosquito coils?	06
Avoided dirty foods?	07
Avoided dirty liquids?	08
Filled in puddles / Avoided stagnant water?	09
Kept house clean?	10
Burned grass?	11
Other? (SPECIFY)	96

READ ANSWERS.  
RECORD UP TO 3  
RESPONSES

1ST

2ND

3RD

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

SP / FANSIDAR	01
CHLOROQUINE	02
AMODIQUINE	03
QUININE	04
ACT (COARTEM)	05
ARTHEMETAN	06
TRADITIONAL MEDICINE	07
OTHER (SPECIFY)	96

DO NOT READ  
ANSWERS. RECORD UP  
TO 3 RESPONSES

1ST	<input type="text"/>
2ND	<input type="text"/>
3RD	<input type="text"/>

(8.06) What drug does the government recommend for the treatment of malaria?

SP / FANSIDAR	01
CHLOROQUINE	02
AMODIQUINE	03
QUININE	04
ACT (COARTEM)	05
ARTHEMETAN	06
TRADITIONAL MEDICINE	07
OTHER (SPECIFY)	96

DO NOT READ  
ANSWERS. RECORD UP  
TO 3 RESPONSES

1ST	<input type="text"/>
2ND	<input type="text"/>
3RD	<input type="text"/>

(8.07) What is the primary source of knowledge about malaria in your community?

VILLAGE HEALTH WORKER (VHW)	01
COMMUNITY-DIRECTED DISTRIBUTOR (CDD)	02
VILLAGE / WARD DEVELOPMENT COMMITTEE	03
PATENT MEDICINE VENDOR	04
DOCTOR AND / OR NURSE	05
HEALTH FACILITY / HOSPITAL	06
RADIO / TV	07
NEWSPAPER / MAGAZINE	08
FAMILY	09
FRIENDS AND / OR NEIGHBORS IN THE CITY	10

DO NOT READ  
ANSWERS. RECORD UP  
TO 3 RESPONSES

1ST	<input type="text"/>
2ND	<input type="text"/>
3RD	<input type="text"/>

PMV ASSOCIATION	11
FRIENDS AND / OR NEIGHBORS IN THE VILLAGE	12
CHURCH	13
MOSQUE	14
OTHER (SPECIFY)	96



## 8.2: Quality of Care - Previous Experiences

(8.08) In the last two weeks, have you seen any patients with fever?

YES	01
NO	02

(8.21)

(8.09) How many patients have you seen in the last two weeks?

RECORD NUMBER OF PATIENTS:

THE FOLLOWING QUESTIONS RELATE TO THE LAST PATIENT YOU SAW WITH FEVER

(8.10) When did you see your last patient with fever?

IN THE LAST 24 HOURS	01
IN THE LAST 7 DAYS (WEEK)	02
IN THE LAST 14 DAYS (2 WEEKS)	03
OTHER	96

(8.21)

(8.11) Was this patient male or female?

MALE	01
FEMALE	02

(8.12) How old was this patient?

12 MONTHS OR LESS	01
BETWEEN 1 AND 5 YEARS	02
OLDER THAN FIVE YEARS	03
DON'T KNOW / DON'T REMEMBER	04

(8.13) What symptoms did the patient have?

FEVER	01
HEADACHE	02
NAUSEA	03
VOMITING	04
BODY WEAKNESS	05
SEIZURE / CONVULSION	06
OTHER (SPECIFY)	96

DO NOT READ  
ANSWERS. RECORD UP  
TO 3 RESPONSES

1ST

2ND

3RD

(8.14) How did you diagnose the patient?

CLINICAL DIAGNOSIS (BY OBSERVATION)	01
WITH RAPID DIAGNOSTIC TEST	02
SEND TO LAB / HEALTH FACILITY FOR MICROSCOPY	03
OTHER (SPECIFY)	96

NOTE FIRST REPLY ONLY

(8.15) What was your initial diagnosis?

UNCOMPLICATED MALARIA	01
COMPLICATED MALARIA	02
FEVER (NOT MALARIA-RELATED)	03
DEHYDRATION	04
OTHER (SPECIFY)	96

NOTE FIRST REPLY ONLY

(8.16) What action did you take?

TEPID SPONGE CHILD AND PROVIDE TREATMENT WITH ARTEMISININ COMBINATION THERAPY	01
PROVIDE TREATMENT WITH ACT	02
PROVIDE TREATMENT WITH OTHER ANTI- MALARIAL	03
PROVIDE TREATMENT WITH OTHER MEDICINE	04

NOTE FIRST REPLY ONLY

REFER TO HEALTH FACILITY	05
REFER TO HOSPITAL	06
NO ACTION	07
OTHER (SPECIFY)	96



(8.17) Did you record details about this patient in your patient register?

YES	01
NO	02

(8.20)

(8.18) Can I see this entry?

YES	01
NO	02

(8.20)

(8.19) CHECK THE RESPONSES (8.10) TO (8.16)  
DO THESE MATCH THE ENTRY IN THE PATIENT REGISTER?

YES	01
NO (SPECIFY)	02

(8.20) What was the outcome for the patient?

FULL RECOVERY	01
PARTIAL RECOVERY	02
STILL SICK	03
DEATH	04
ADVERSE REACTION TO MEDICINE	05

DON'T KNOW	06
OTHER (SPECIFY)	96
▼	

(8.21) Do you use RDTs for diagnosis?

YES	01
NO	02

(8.22) Are there any community outlets or mini-labs that support malaria diagnosis in your area?

YES	01
NO	02

► (8.24)

(8.23) Do you ever refer patients to such community outlets or mini-labs for diagnosis of malaria?

YES	01
NO	02

(8.24) Do you ever refer patients to health facilities for diagnosis of malaria?

YES	01
NO	02

(8.25) Do you keep records on patient diagnoses?

YES	01
NO	02

► (8.28)

(8.26) Can I see your records?

YES	01
NO	02

(8.27) ASK AND RECORD THE NUMBER OF FEVER CASES, NUMBER OF RDT POSITIVE CASES (IF APPLICABLE), NUMBER OF MINI-LAB POSITIVE CASES (IF APPLICABLE), NUMBER OF HEALTH FACILITY POSITIVE CASES (IF APPLICABLE), AND DOSES OF ACT DISPENSED IN LAST 2 WEEKS. USE RECORDS IF AVAILABLE.

A. FEVER CASES

B. RDT POSITIVE CASES

C. MINI-LAB POSITIVE CASES

D. HEALTH FACILITY POSITIVE CASES

E. DOSES OF ACT DISPENSED


(8.28) What types of activities have you engaged in for the prevention of malaria in the last two weeks?

ITN/LLIN NET HANGING ASSISTANCE	01
BCC FOR ITN/LLIN USE	02
REFERRALS FOR IPT	03
BCC FOR IPT	04
BCC FOR PROMPT TREATMENT WITH ACT	05
NONE	06
OTHER (SPECIFY)	96

► (8.30)

►

DO NOT READ  
ANSWERS. RECORD  
ALL THAT APPLY.

1ST	2ND
<input type="text"/>	<input type="text"/>
3RD	4TH
<input type="text"/>	<input type="text"/>
5TH	6TH
<input type="text"/>	<input type="text"/>

- (8.29) How many times have you engaged in each of these activities in the last two weeks?

RECORD NUMBER  
OF TIMES FOR EACH  
ACTIVITY

1ST	2ND
<input type="text"/>	<input type="text"/>
3RD	4TH
<input type="text"/>	<input type="text"/>
5TH	6TH
<input type="text"/>	<input type="text"/>

### 8.3: Quality of Care - Scenarios

#### SCENARIO 1

I am now going to read a scenario to you, and ask you some questions about this scenario:

A little girl aged 25 months is brought to you by her mother. She has had a fever and diarrhea for some days, and has not been taking food or drink. When the girl and her mother are with you, she starts convulsing.

- (8.30) How would you diagnose the patient?

CLINICAL DIAGNOSIS (BY OBSERVATION)	01
WITH RAPID DIAGNOSTIC TEST (RDT)	02
SEND TO LAB / HEALTH FACILITY FOR MICROSCOPY	03
OTHER (SPECIFY)	96 ▶

NOTE FIRST REPLY ONLY

- (8.31) What do you think would be your initial diagnosis?

UNCOMPLICATED MALARIA	01
COMPLICATED MALARIA	02
FEVER (NOT MALARIA-RELATED)	03
DEHYDRATION	04
OTHER (SPECIFY)	96 ▶

NOTE FIRST REPLY ONLY

(8.32) What action would you take next?

TEPID SPONGE CHILD AND PROVIDE TREATMENT WITH ARTEMISININ COMBINATION THERAPY	01
PROVIDE TREATMENT WITH ACT	02
PROVIDE TREATMENT WITH OTHER ANTI- MALARIAL	03
PROVIDE TREATMENT WITH OTHER MEDICINE	04

NOTE FIRST REPLY ONLY

REFER TO HEALTH FACILITY	05
REFER TO HOSPITAL	06
NO ACTION	07
OTHER (SPECIFY)	96

▼

(8.33) How would you advise the mother / parents to act in the future if they notice their daughter falling ill in a similar manner?

TAKE SIMILAR ACTION	01
COME TO SHOP IMMEDIATELY UPON NOTICING SYMPTOMS	02
GO TO HEALTH FACILITY / HOSPITAL IMMEDIATELY IF DAUGHTER'S CONDITION DETERIORATES	03

NOTE FIRST REPLY ONLY

NO ADVICE TO GIVE	04
OTHER (SPECIFY)	96

▼

## SCENARIO 2

I am now going to read another scenario to you, and ask you some questions about this scenario:

A man from your village arrives at your door, shivering with fever. You recognize this man as someone you gave ACT to three days ago. He says the medicine didn't work, and asks for another dose.

(8.34) How would you diagnose the patient?

CLINICAL DIAGNOSIS (BY OBSERVATION)	01
WITH RAPID DIAGNOSTIC TEST	02
SEND TO LAB / HEALTH FACILITY FOR MICROSCOPY	03
OTHER (SPECIFY)	96

NOTE FIRST REPLY ONLY

(8.35) What do you think would be your initial diagnosis?

UNCOMPLICATED MALARIA	01
COMPLICATED MALARIA	02
FEVER (NOT MALARIA-RELATED)	03
DEHYDRATION	04
OTHER (SPECIFY)	96

NOTE FIRST REPLY ONLY

(8.36) What would you do next?

GIVE ANOTHER DOSE OF ACT	01
REFER TO PMV	02
REFER TO HEALTH FACILITY / HOSPITAL	03
ASK HIM TO WAIT, THE MEDICINE WILL WORK	04
OTHER (SPECIFY)	96

NOTE FIRST REPLY ONLY

► (8.38)

► (8.38)

► (8.38)

(8.37) What advice would you offer to the man, in case a similar situation arises in the future?

COME BACK TO CDD IF NOT FEELING BETTER 1 DAY AFTER TAKING ACT	01
GO IMMEDIATELY TO HEALTH FACILITY OR HOSPITAL IF NOT FEELING BETTER 1 DAY AFTER TAKING ACT	02
NO ADVICE	03
OTHER (SPECIFY)	96

### SCENARIO 3

I am now going to read another scenario to you, and ask you some questions about this scenario:

While making home calls, you encounter a pregnant woman in her third trimester. You enquire about her prenatal care, and find that she has not received any IPT.

(8.38) What would you do?

ADMINISTER IPT 1	01
ADMINISTER IPT 1 AND 2	02
ADMINISTER ACT	03
ADMINISTER ANOTHER ANTI-MALARIAL	04
REFER TO HEALTH FACILITY / HOSPITAL	05

DO NOTHING	06
OTHER (SPECIFY)	96
▼	

## Section 9. Drug Procurement, Storage and Availability

(9.01) From where do you procure your drugs and supplies?

HEALTH FACILITY	01
MARKET	02
PMV	03
OTHER (SPECIFY)	96

RECORD ALL THAT APPLY:

1ST	2ND	3RD	4TH

(9.02) How frequently do you procure/order drugs and supplies?

WEEKLY	01
BI-WEEKLY	02
MONTHLY	03
OTHER (SPECIFY)	96

(9.03) How long does it normally take between the time of your order and time you receive your drugs and supplies?

DAYS	01
WEEKS	02
MONTHS	03
OTHER (SPECIFY)	96

RECORD UNIT CODE AND NUMBER OF UNITS

UNIT CODE:

NUMBER OF UNITS:


(9.04) How do you store your drugs and supplies?

DRY & COOL PLACE AT HOME	01
DRY & COOL PLACE OUTSIDE HOME	02
IN DEDICATED DRAWER / CLOSET	03
IN BAG	04
AT HOME (IN OPEN SPACE)	05

ANYWHERE / NO PLACE IN PARTICULAR	06
NO STORAGE	07
OTHER (SPECIFY)	96




(9.05) Is the storage space secured?

YES, WITH A LOCK	01
NO	02
YES, WITH OTHER (SPECIFY)	96

(9.06) Do you keep a stock register?

YES	01
NO	02

(9.08)

(9.07) Can I see this register?

YES (SEEN)	01
NO (NOT SEEN)	02

(9.08) Do you currently have ACTs available?

YES	01
NO	02

(9.10)

CHECK REGISTER IF AVAILABLE

(9.09) How many doses of ACT do you have available right now?

CHECK REGISTER IF AVAILABLE.  
RECORD NUMBER OF DOSES:

(9.10) How many ACT stockouts have you experienced in the last 3 months?

CHECK REGISTER IF AVAILABLE.  
RECORD NUMBER OF STOCKOUTS:

IF ZERO ► (9.12)



(9.11) What was the number one reason for these stockouts?

LACK OF AVAILABILITY IN HEALTH FACILITY	01
UNEXPECTED HIGH DEMAND	02
LACK OF PLANNING	03

NOT APPLICABLE	04
OTHER (SPECIFY)	96



(9.12) Do you currently have SP available?

YES	01
NO	02

► (9.14)

CHECK REGISTER IF AVAILABLE

(9.13) How many doses of SP do you have available right now?

CHECK REGISTER IF AVAILABLE.  
RECORD NUMBER OF DOSES:

(9.14) How many SP stockouts have you experienced in the last 6 months?

CHECK REGISTER IF AVAILABLE.  
RECORD NUMBER OF STOCKOUTS:

IF ZERO ► (9.16)

(9.15) What was the number one reason for these stockouts?

LACK OF AVAILABILITY IN HEALTH FACILITY	01
UNEXPECTED HIGH DEMAND	02
LACK OF PLANNING	03

NOT APPLICABLE	04
OTHER (SPECIFY)	96



(9.16) Do you currently have RDT kits available?

YES	01
NO	02

► (9.18)

CHECK REGISTER IF AVAILABLE

(9.17) How many RDT kits do you have available right now?

CHECK REGISTER IF AVAILABLE.  
RECORD NUMBER OF DOSES:

(9.18) How many RDT kit stockouts have you experienced in the last 3 months?

CHECK REGISTER IF AVAILABLE.  
RECORD NUMBER OF STOCKOUTS:

IF ZERO ► NEXT SECTION

(9.19) What was the number one reason for these stockouts?

LACK OF AVAILABILITY IN HEALTH FACILITY	01
UNEXPECTED HIGH DEMAND	02
LACK OF PLANNING	03

NOT APPLICABLE	04
OTHER (SPECIFY)	96



## Section 10. Comparison with Other / Past Jobs

(10.01) In the past year, have you had any other job, in addition to your CDD work?

YES	01
NO	02

 ► (10.03)

(10.02) How does [...] in your CDD work compare to your other work? Is it:

Worse	01
Same	02
Better	03

READ EACH ITEM BELOW, AND RECORD THE RESPONDENT'S ANSWER IN THE BOX PROVIDED:

A. Salary

H. Availability of necessary equipment / commodities

B. Allowances

I. Adequate time available to perform tasks

C. Other benefits

J. Supervision and feedback from supervisor

D. Job security

K. Teamwork / relationships with other CDDs / co-workers

E. Opportunities for training

L. Motivation and satisfaction with work

F. Your level of respect in the community

M. Recognition of your good work

(10.03) At any time in the past, have you had any other job (other than this CDD work)?

YES	01
NO	02

 ► END INTERVIEW

(10.04) How does [...] in your CDD work compare to your previous work? Is it:

Worse	01
Same	02
Better	03

READ EACH ITEM BELOW, AND RECORD THE RESPONDENT'S ANSWER IN THE BOX PROVIDED:

A. Salary

H. Availability of necessary equipment / commodities

B. Allowances

I. Adequate time available to perform tasks

C. Other benefits

J. Supervision and feedback from supervisor

D. Job security

K. Teamwork / relationships with other CDDs / co-workers

E. Opportunities for training

L. Motivation and satisfaction with work

F. Your level of respect in the community

M. Recognition of your good work