Annexure 17

PROGRAM MONITORING USING LQAS FOR NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME

INSTRUCTIONS FOR SAMPLING AND FILLING MODULES

AUGUST-SEPTEMBER, 2011

Introduction

Under the recently finalized operational guidelines, the malaria control program planned to institute regular and independent data collection mechanisms to track progress on certain critical indicators related to case management and vector control.

The appointment of MTS in high malaria burden areas makes it possible to institute such independent data collection mechanisms. Since the MTS are expected to visit the field almost daily, and since their primary responsibility is to help monitor the implementation of new interventions of the program (early diagnosis and treatment through RDT/ACT and the distribution and proper use of vector control and protection measures), it is necessary to provide them appropriate monitoring tools to facilitate their assigned tasks, and to enable them to generate monitoring data that is independent of in-service reports from service providers.

The use of the sampling technique of LQAS makes it possible to achieve such integration, generating robust results from small but perfectly random samples, and choosing universes and sample sizes in such a manner as to match the routine field visit schedules of supervisors / data collectors (in this case, the MTS). The fact that the MTS does not carry the mandate of program implementation, and is not directly responsible for results lends greater credibility to the data collected by them.

The advantages of LQAS over the usual cluster survey methods are well established. In the context of the malaria program with its own dedicated supervisors (MTS), the following are the chief advantages:

1. Reliable, independent data can be generated for disaggregated levels, such as the block and district levels through LQAS at almost no extra program cost – which routine cluster survey methods can accomplish only at very high cost.

2. The data is collected and used locally, improving speed of turnover of results and the level of ownership by program staff.

3. The method is flexible and easy to use – over time, as districts and states gain competence in the use of the method, they will be able to modify the tools and methods to generate indicators of greatest local relevance and usefulness.

The first round of data collection by MTS using LQAS in Aug-Sep 2010, where data was collected from over 150 blocks in at least 6 states, established the feasibility of using the method at large scale, and the ease of use by MTS, supervised by the district VBDC and DMO, with training and facilitation from state VBD consultants. Block level pass-fail results and district and state level point estimates were generated in each of these states for over 30 key program monitoring indicators, using simple hand-tabulation. Feedback from all states, particularly from MTS and VBDC, strongly indicates that there is much enthusiasm and willingness to use the LQAS method as a part of their routine work. A parallel, ongoing study by the Liverpool School of Tropical Medicine over the last two years in three interventions districts in Orissa also demonstrated the feasibility of use of the method in the malaria program.

Following the 2010 experience across many states, it was confirmed that it would be feasible for each MTS to collect data from the 2-3 blocks that each of them covers, once every quarter. This is being implemented from the first quarter of 2011. Tools and procedures were also revised based on the experience in 2010, and the LQAS tools and the monitoring checklist of MTS have been integrated to the extent possible to facilitate the work of the MTS and minimize duplications.

It is expected that the District Malaria Officer along with additional program staff, namely the VBD consultants at state and district levels and the MTS will together be able to utilize this mechanism to facilitate close monitoring of the program, and make mid-course corrections to program implementation through the PHC/NRHM staff and ASHA, and direct the program towards effectiveness.

Thus, LQAS is not a stand-alone data collection exercise, but an integral part of the management of the malaria program. This data will be used in conjunction with HMIS data, and should also help improve quality and completeness of HMIS data over time.

Purpose of LQAS data collection

The LQAS data collection with therefore serve the following purposes:

1. It will provide pass-fail results for all key process and outcome indicators at the block level, and reliable point estimates at the district and state levels across those areas where MTS have been appointed.

2. The results thus generated will enable close monitoring of the efforts of PHC staff and ASHA (or equivalent local trained providers), and thus enable mid-course corrections at decentralized levels.

3. The results will provide district and state health authorities, and the Directorate of NVBDCP as well as NRHM at the center, reliable monitoring data on program processes and outcomes that are not otherwise available from any frequently available data source.

Methodology

Indicators

The minimal sample size needed for reliably applying an LQAS decision rule is typically 19. The MTS will need to collect data from random samples of 19 households / individuals representing each high burden block every quarter, for each set of indicators. This will provide block level pass/fail decisions for predetermined target achievements for the following indicators:

- Prompt diagnosis and treatment of fever cases of the previous two weeks

- Sleeping under an effective LLIN/ITN the previous night

- Proportion of individuals protected by IRS

- Awareness of presence of local provider of malaria diagnosis and treatment

- Levels of knowledge and skills of local providers (diagnosis, management, prevention, data recording, stock keeping)

- Frequency of RDT / ACT stock-outs

Sample size

The information about the above indicators and all other relevant areas of inquiries will be gathered from the following two universes:

I. All the villages / habitations in the block

II. All the villages / habitations in the block that are saturated (till now) with LLINs under the program

From each of the above, **a sample of 19** will be drawn falling under a block PHC (or Mandal PHC in AP). This is the smallest sample that has acceptable levels of sampling error, and is preferable to larger samples because of the significant additional effort involved with increasing sample size even by one.

Sampling process

The following will be followed for achieving this random selection:

1. Selection of villages:
   a. From the list of villages provided by each block PHC to the MTS, two lists will be prepared:
      i. List of all villages
      ii. List of villages targeted for saturation with LLIN so far
   b. Both lists will be separately copy-pasted in a pre-programmed spreadsheet provided, and from each of the two lists, one sample of 19 villages will be drawn, by using PPS systematic sampling.
   c. In case there are no villages selected for LLIN in a given block, the second sample will not be drawn.
   d. In case there are very few villages in a given block targeted for LLIN, such villages from several adjacent blocks could be combined into a single list, and a single sample of 19 villages be drawn. States can decide whether to do this.

2. Coverage of selected villages:

   The MTS in each block will be given the list of selected villages (19 or more per block, as above). They are expected to visit these villages as part of their routine field work, and collect data as detailed below. (For the first quarter, there will be a need to complete data collection as soon as possible, latest by the first week of September).

3. Selection of households and individual (with fever in previous 2 weeks) in sampled villages:

   The idea is to ensure random sampling of a household and an individual, as listed above. The following procedure will be followed to ensure this:
   a. Seek out one or more key informants in the village, such as ASHA or AWW. Ask her to tell you in which house in the village the last (latest) marriage or child birth took place (alternatively, in which house in the village the last birth took place). Note down the name of the head of the household and the street, and go and locate the house. This is the index house.
   b. Facing the door of the index house, turn right, and count 10 consecutive households, starting with the index house as "1". From the 10th house, start assessing each house for eligibility of respondent using the table on the first page of Module 1 of the questionnaire, until an eligible household is found.

      An eligible respondent is any responsible adult of the house who is available and who consents to answer questions. For the first house you find having an eligible respondent, fill Part 2 of Module 1 (Part 2 is related to awareness about malaria, bed-nets and IRS).
   c. In Section 5 of Part 2 of Module 1, you will need to list all the members of the household and select one random individual for answering some

questions of Summary Analysis section. Use the random number table given to you to make this selection.

d. **If the same house as selected above has a case of fever in the previous two weeks**, fill Part 3 of Module 1 also for the same house. In this case, there is no need to repeat consent and identification details and Section 1 (respondent's profile) when filling Part 3.

e. **If there is no such fever case in the household, continue to the next household** in the same sequence until such a fever case is found, and a responsible respondent is available and willing to respond. Fill Part 3 of Module 1 for this house. In this case, fill all sections of Part 3, including identification details, Section 1 and Section 6.

f. In Section 6 in Part 3 of Module 1, you will need to list all fever cases of the last two weeks and select one random individual in the selected household for interview. Use the random number table given to you to make this selection.

Role of the MTS

The MTS will collect the information in each village / habitation as part of their routine jobs. The MTS will play a crucial role in the present LQAS. His/her responsibilities include:

- MTS will obtain a full listing of all villages /habitations falling under the block PHCs covered by them as per the format (Annex 1) circulated earlier. This list will have information regarding the villages covered by IRS and LLIN distribution, and the number of trained local providers in each village. This will enable the drawing of samples from different universes.

- The MTS will prepare his / her tour program for each month and quarter based on the list of sampled villages., to make sure that, in addition to any other duties, the sampled villages are also covered in the program. He / she will visit the sampled villages according to this program, making sure that these villages are visited in the planned quarter.

- On visiting a sampled village, the MTS will go about with his / her routine work, in addition to collecting LQAS data as prescribed. For instance, it can be anticipated that, once a MTS visits a village, he / she will spend about 2-3 hours there. Of this, about an hour may be needed for completing the processes of identifying the household and data collection using Module 1. The rest of the time will be spent on doing his / her other work, including interacting with the ASHA / local provider on all program matters, which will be facilitated by using Module 2. The MTS will follow the prescribed methods for identifying random households, individuals and local providers as respondents for Modules 1 and 2.

- The MTS will ensure that all questions are completely answered and correctly coded before leaving the village, particularly the questions in the Summary Analysis sections. If need be, a household or respondent should be revisited to ensure completion of data collection.

- The MTS will perform the block-level analysis of the data as instructed.

Role of VBDC / DMO

- **The VBDC, and in his / her absence, the DMO will be directly responsible for the appropriate conduct of LQAS data collection and analysis in the district, and for the data entry as instructed by the Directorate.**

- **The VBDC/DMO will perform back-checks on a sub-sample of the data collected by the MTS, as instructed. In addition, whenever possible, s/he will accompany the MTS on field visits.**

- **The VBDC/DMO will ensure that block level analysis of the data is correctly performed by the MTS at the end of the specified period.**

- **The VBDC/DMO will pass on the block level results of the LQAS data to the respective PHC teams (MO/PHC and others) and discuss the results with them and with the Chief District Health / Medical Officer, and help make action plans to correct any shortcomings in the implementation of the malaria program.**

Training and Supervision of Data Collection

Training of MTS will consist of a combination of classroom training, practical experience and field visit. It is essential to go through the instructions and questionnaires thoroughly during each training session. All queries should be written down and sought clarification in order to avoid mistakes during actual interviews.

Mock interviews should be conducted by interviewing another trainee. After the classroom training the MTS should practice interviewing. The investigator should learn to check and edit the questionnaires just as it is done in actual fieldwork. The VBDC consultants and project monitoring team would also play an important role in training and ensuring the data quality. They are expected to observe some interviews, back check the addresses of the selected units interviewed, review the questionnaires for completeness and consistency, meet the team MTS on a periodic basis to review the performance and allot assignments, and help solve any problems that arise during the interviews and fieldwork.

Guidelines for conducting an interview

Introduction to the respondent:
1. The first impression made should be good
2. Always follow a positive approach
3. Whenever necessary stress that the responses would be confidential
4. Questions put forward by the respondents are to be frankly answered
5. Interview the respondent alone, as far as possible

Conducting the Interview:
1. Be neutral throughout the interview
2. Never suggest answers to the respondent, unless specifically indicated
3. Never change the wording or sequence of the questions
4. Hesitant respondents should be handled tactfully
5. Never form expectations
6. Do not hurry the interview

Fieldwork procedures

A. Preparatory Activities

1. Obtain list of villages and collect the sample list of villagesthe.
2. One needs to make revisits to a respondent to try to obtain an interview.
3. Supplies required for fieldwork: supply of 19 questionnaires; identification documents, pencils/eraser/sharpner, bag to carry the questionnaires etc.

B. Select the eligible respondents for interviews.

C. Before leaving the place of interview, thoroughly check the completed questionnaire and make sure that you have asked every appropriate question, and that all the answers are clear and reasonable and your handwriting is legible.

Check to see if you have followed the skip instructions correctly. If in case it is necessary to visit the respondent again, apologize and explain that you have made an error and ask the questions again.

Do not recopy the questionnaires as long as the answers are clear and readable. Transferring answers to a new questionnaire increases the chances of an error. It is necessary to record all the information on the questionnaires that you have been provided with. In case of any extra information or reasoning, record the same in the margin near the relevant question or at the end of the questionnaire. Check to see if the cover sheet of each questionnaire has been properly filled up.

Procedures for Completing the Questionnaires

A. Asking the Questions
01 Ask the questions exactly as it is given in the questionnaire. Speak slowly and clearly and repeat the questions if necessary.

B. Recording the Answers

1. Instructions are provided for each section and questions wherever necessary. The possible answers from the pre-coded list should not be read out.

2. In some cases, the pre-coded response includes 'other category'. This answer should be circled if the respondent's answer is different from the pre-coded responses. After circling the 'other code', you must write the respondents answer in the space provided.

3. Questions pertaining to multiple responses: In such cases, the respondents may give more than one response to these questions. You will have to record all the responses (multiple responses) by circling the codes corresponding to these responses. In these questions you can circle one or more numerical codes depending on the number of responses. Note that the multiple responses may also have an 'other category'. Circle the code for 'other' if the respondent gives a response which is not pre-coded and record the response in the respondent's words in the space provided.

Correcting the Answers

1. It is very important to record all the answers neatly. For pre-coded responses, make sure that you circle the code for correct response. If you make a mistake while entering the respondent's answer or he/she changes the reply, then make sure you cross out the incorrect answer (with two parallel slash lines) and enter the right answer. Do not overwrite on the original replies or try to erase an answer.

2. Skip instructions should be followed carefully. It is important not to ask the questions, which are not relevant to her/him. When a particular response makes subsequent questions irrelevant for a given respondent, an arrow mark against the code/s will direct you to skip to the next appropriate question.

3. Filters help ensure the proper flow of a questionnaire. You will sometimes be asked to check a respondent's answer to an earlier question and then follow the various skip instructions. Filter questions are being used to prevent a respondent from being asked irrelevant, embarrassing or in some cases, upsetting questions. Check back and circle the appropriate code given in the filter box and follow the instructions carefully.

MODULE 1- PART 1: HOUSEHOLD QUESTIONNAIRES

A Household is defined as a person or a group of persons who live under the same roof, who may or may not be blood related, but share a common kitchen. For example, three unrelated men who live and cook meals together would be considered as one household. *A household is defined in the context of a kitchen. If a house has two functional kitchens, then it should be treated as two households.*

The purpose of the household questionnaire is to identify the eligible respondent to be interviewed. Data on the household would be collected by interviewing the head of the household or any other adult member who is capable of providing information. Once you have introduced yourself and the purpose of your visit, you are ready to begin the interview. First of all the respondent should be informed about the objectives of the survey and made to understand that the information provided by him/her would be related the some health services so that the program can be improved further.

Please remember the 10th household is the starting point for beginning to look for the individuals who qualify for being selected. In this household, ask the filter questions, and if the household does not qualify, note the name of the head of household and move on to the next house.

The household questionnaire provides information on name of the head of the household, if the household is open, any responsible respondent available and gives consent to interview. This information helps in identifying eligible respondent.

Name of Head of Household: Write the name of the head of the household on the lines provided.

Household open: If a house is locked, or a responsible respondent is not available, find out from the neighborhood if such a respondent will become available in the next 15-30 minutes. If yes, complete other work in the village and return to this house later. If no, mark "N" in the corresponding column and move to the next house.

Any member had fever in last two weeks: Ask the question in column 6, "Did any member of this house have fever in the last two weeks?" If the answer to this is "Y", circle the same serial number a second time. In this house, both Part 2 and Part 3 of Module 1 should be completed.

If there is no one in this house who had fever in the last two weeks, complete filling Part 2 of the questionnaire in this house. Then, go the next house, and so on, asking all the four filter questions in each house. When a fever case is found, circle the serial number of that house, and fill Part 3 for that house.

If one more household / individual is sampled from this village, use a fresh questionnaire and start from the beginning.

PART 2: AWARENESS, BED-NETS, IRS

Part 2 of Module 1 is regarding awareness on bed-nets and IRS. This part is supposed to be administered to all the eligible households. Before beginning an interview fill in the identification on the first page.

LQAS Number (Out of 19): Write the serial number of the sample from the list of selected villages.

State / District / Block PHC: Fill the respective name in the space provided.

Sub centre: Write name of the sub-centre where the village is located.

Village/ Ward: Mention name or number (in case of ward.

Hamlet / Street: Mention the landmark of the household.

Name of Head of Household: Write the name of the head of the household on the lines provided.

Record the name of the MTS, date of visit that made to complete the questionnaire

Section 1:

Age: Please note that age should be recorded in COMPLETED years i.e. the age completed in the last birthday has to be recorded. For instance, if respondent says that he is 18 years old, confirm immediately whether he has completed 18 years or is running the 18th year. If he has completed, write '18' or otherwise '17'.

Years of education: record only the number of the years of education that the respondent successfully completed. Like,

       Bachelor's degree   15 years (12+3)

       Master's degree   17 years (12+3+2)

Caste: Write the caste / tribe in the space at the top and circle the correct response. If you are not sure how to code the caste, write down the name of caste as told by the respondent and code later

Daily wage labour: Here the purpose is to know whether the standard of living of respondent.

Section 2: Awareness related to Malaria

This section contributes largely to the readiness for prompt diagnosis and management of fever cases in the village / habitation. The information would reflect on the availability of suitable local providers to use promptly diagnosis and treatment of fever from *falciparum* malaria.

Q1-2: Pertains to the availability of any local provider/s in the village to conduct the malaria blood test. If yes, who does it?

Q3-4: Pertains to the availability of any local provider/s in the village to treat malaria fever cases.

Designated local provider means the ASHA, AWW or other local volunteer identified and trained to provide diagnosis and treatment for malaria

Section 2 (A) Knolwledge about malaria

This section would provide information on the knowledge about the cause of, symptom of, treatment for and prevention for malaria amongst the respondents.

Section 3: Bed nets

This section would provide critical program information around distribution and usafe of ITN or LLIN to ensure sleeping under an effective LLIN/ITN in the high burden blocks covered under the program.

Q1: Is a single response question to assess availability of any mosquito nets in the respondents' household.

If answer is 'No', elicit reasons for not having the nets and skip to the next section.

Q2-10: Observe each net and record the responses. Firstly, assign each net a number, viz. 1, 2, 3...

For each net, observe, assess, ask and record:

- If the net is LLIN?
- If the net hanging?
- If it is in regular use?
- If it was treated anytime? If the net is LLIN, it should have been treated with insecticide.
- Record in complete months, when it was last treated?
- Number of people sleeps under each net.
- Total bed nets in the households, including those not in use.

Repeat all the questions for net #2.

The MTS is supposed to know the household and should be able to assess from his knowledge or with the help from local providers in the village.

Section 4: Indoor Residual Spray

This section would provide critical program indicator around proportion of people protected by IRS in the high burden blocks covered under the program.

Q1-3: Ask if the house has ever been partly or fully sprayed to keep away from mosquitoes.

If answer is 'No', elicit reasons for not having the nets and skip to the section 5.

Ask when the house was last sprayed and the no. of times sprayed in last one year.

Q4-11: Request the respondent to show you the rooms in the house. Observe and ask the following questions about each room. First, assign number against each room in the questionnaire viz. 1, 2, 3... and then ask about each room.

For each room, observe, assess, ask and record:

- If the room used for sleeping, cooking, storing etc.?
- If sprayed removing the furniture?
- If the walls painted or mud plastered after the last because if the room painted or mud plastered, then the effect of spray would no longer remain.

Repeat all the questions for room#2.

The MTS is supposed to know the household and should be able to assess from his knowledge or with the help from local providers in the village.

Section 5: Information about individual members

Col 1: Line number of the household members

Col 2: Name of the usual member living in household

Col 3: Recode completed age of the household members

Col 4: Recode sex of the household members; 1 for Male, and 2 for Female

Col 5: Currently pregnant or not as because health vulnerability increases significantly with malaria during pregnancy.

Col 6-7: Slept in which room to assess whether the member slept in IRS protected room or not. Check room number from Section 4

Col 8-9: Slept under which net to assess whether the member slept under insecticide treated net or not. Check net number from section 3.

PART 3: CASE OF FEVER IN THE PAST 2 WEEKS

This section will provide information about the individual level impact of the disease control program including: the prevalence of fever, the tests conducted, treatment of cases and promptness regarding the disease management.

If the patient of fever case is from the same household where the HH interview was conducted, then all the sections should be filled except for the identification details. In case the patient of fever is from a different household, all sections including the section on identification detail are to be filled.

Respondent Profile: instructions similar as the part 2 of module 1.

Section 6: Details of Fever in the last two weeks

Q1: Ask how many people in the household have had fever anytime in the two weeks prior to the survey

The fever may have started at anytime, but should have continued to some time in the last two weeks.

Exclude cases of fever with other obvious cause. For this, use the exclusion criteria used in the state for training ASHA.

If there were/are more than one case of fever in the household, record the names of all of them and select one name at random and circle it.

Q2: Record age in complete years for the selected person. Record in "months" In case the person is infant.

Q4-11: is a grid which depicts a calendar. In this, 20 days are denoted including the day of interview. Starting from last column, i.e. today (denoted as '0') each day is to be considered as one column.

Fill in the questionnaire are self explanatory.

Here "within a clear day" means there should not be more than one clear day gap between the two events described as seen in the calendar.

Q12-14: These questions pertains to the Rapid Diagnostic Test (RDT), whether the test was conducted in the village itself and by designated local providers, i.e. ASHA, AWW, ANM, or MPW.

Q15-18: These questions pertains to the treatment seeking behaviour in case the malaria test result was positive, which tablet was given and by whom, i.e. local providers, i.e. ASHA, AWW, ANM, or MPW.

In order to validate the compliance to medicine, Ask to show the medicine container (with or without leftover tablets) to confirm whether the patient has taken the medicines as required.

MODULE 2: ASHA / AWW / ANY OTHER TRAINED COMMUNITY HEALTH PROVIDER

If there is more than one ASHA/AWW/any other community health provider trained in RDT and ACT who is staying and working in the village, then select one of them randomly for administering the questionnaire. If there is no such trained person in the particular village, proceed to the nearest village where such a provider is available and fill the questionnaire. This questionnaire has to be administered in a neutral and non-threatening manner.

Section 1: Respondent's background

Q1: Check with the MTS regarding the respondent if s/he is trained provider in the use of RDT /ACT

Q2-5: Self explanatory

Q6-7: ask how long has s/he been providing malaria related services? Ask what duration of training s/he had received?

Q8-9: pertains to any printed booklet / training materials received during training. Ask to show the material, check and fill the codes.

Q10: is related to the current responsibilities of the respondent that pertains to malaria related services.

Section 2: Knowledge on Malaria

This section pertains to the respondents' knowledge regarding malaria: the source of transmission, preventive measures, signs of malaria, treatment and management of disease..

Q1: Check how does the disease transmit? Probe, ask for more responses and circle all the responses obtained.

Q2: Check what could be done to prevent the transmission. Probe, ask for more responses and circle all the responses obtained.

Q3-6: pertains to the symptoms of malaria, confirmation, disease management and lastly where does malaria transmitting mosquitoes lay eggs intended to understand knowledge regarding vector control. Probe and circle multiple responses in all these questions.

Section 3: RDT and Slide collection

This section validates the respondents' knowledge regarding rapid diagnostic test and slide collections.

Q1-2: Ask if the respondent is trained in blood slide preparation. If s/he is trained, s/he should be asked about the steps to prepare blood slides. Verify the same with the operations manual and fill the response.

Q3-5: pertains to the RDT. If s/he is trained, s/he should be asked to describe the steps in conducting RDT. Verify the same with the operations manual and fill the response.

Verify if s/he knows how to know the RDT is fit to be used. Check how long it takes to get the test results.

Q7-9: pertains to the stock of RDT available with the ASHA / provider. Check the stock card or stock register and actual stock – reconcile by asking the respondent in detail.

Q10-11: check the actual stock and verify if the stock is kept in cool / dry place as per norm. Also, if any expired stock is kept.

Section 4: Treatment

Another important element of the program is to ensure prompt treatment of the person diagnosed with fever. The stock of drugs should be maintained including some buffer stocks.

Q1-4: Record the current stock, from the stock card or register, verify from the stocks maintained whether the stocks are expired or not etc.

Section 5: Documentation

Along with provision of services, the providers are also supposed to maintain up-to-date documentations. This section pertains to gather the information around the same.

Q1-2: Check the current M1 form or register. If it is not there, then ask in the following question, if at all any fever record is maintained or not.

Q3-4: Check the current M1 form or register. Look at the M1 form and fill if the M1 of respondent is completed. Verify by seeing the M1 form of previous fortnight as well.

Q5: Check the flow of information from the respondent to the PHC.

Q6-11: Select the last RDT positive case and the second last RDT positive case from the M1 or other record, and record their names and addresses.

Visit the last RDT positive case and, if not available, the second last case, and ask the fever case or any suitable responsible respondent regarding test showing the sample strip, treatment etc.

Section 6: Community participation

Community buy-in is crucial for vector control and disease management. This section pertains to the community participation with the local provider in any meetings or gathering to discuss malaria, control and management.

MODULE 3: ANM/MPW (Multipurpose Health Worker M or F)

If there is more than one ANM/MPW trained in RDT and ACT who is staying and working in the Sub-center, then select one of them randomly for administering the questionnaire. If there is no such trained person in the particular sub-center, proceed to the nearest sub-center where such a worker is available and fill the questionnaire. This questionnaire has to be administered in a neutral and non-threatening manner.

Section 1: Respondent's background

Q1-11: Self explanatory. It provides the information about the health worker at the sub-center.

Section 2: Training & Knowledge on Malaria

This section pertains to the respondents' knowledge regarding malaria: the source of transmission, preventive measures, signs of malaria, treatment and management of disease..

Q1: Ask how many days' training was given to him/her

Q2-3 : Provides the information regarding the training

Check what could be done to prevent the transmission. Probe, ask for more responses and circle all the responses obtained.

Q4-5: pertains to the role of health worker in anti-malaria work.

Q.6-13 deals with the knowledge on diagnosis and treatment and transmission

Section 3: Data /Stock

This section validates the respondents'

Q.1-2 pertains to record keeping

Q.3-10: pertains to the stock of RDT/ Medicines available with the Health worker. Check the stock card or stock register and actual stock – reconcile by asking the respondent in detail.

Q11-12: check the actual stock and verify if the stock of LLIN.

Section 4: ASHA / Local Providers

Another important element of the program is to ensure prompt treatment of the person diagnosed with fever at the village level. This section deals with the ASHA/local providers at the village level and their interaction with health workers.

Q1-4: Record the current stock, from the stock card or register, verify from the stocks maintained whether the stocks are expired or not etc.

Q.5-10 deals with the involvement of ASHA in diagnosis and treatment and the process of communication of slides and results.

Section 5: Supervision

Along with provision of services, the healthworkers are also supposed to be supervised. This section deals with the supervision and review of their work by the PHC.

Random Number Table

87172 43062 39719 10020 32722 86545 86985 04962 54546 23138 62135 55870 97083 67875
28900 50851 30543 89185 16747 95104 49852 26467 58869 79053 06894 23975 34902 23587
86248 71156 55044 13045 33161 95604 57876 23367 10768 78193 60477 70307 06498 48793
10531 51391 41884 69759 32741 70072 01902 96656 90584 59263 49995 27235 40055 20917
02481 90230 81978 39127 93335 74259 25856 52838 49847 69042 85964 78159 40374 49658
23988 13019 78830 17069 58267 69796 94329 34050 25622 55349 10403 93790 77631 74261
37137 47689 82466 24243 10756 54009 44053 74870 28352 66389 38729 80349 50509 56465
38230 82039 34158 90149 82948 60686 27962 39306 53826 47852 76144 38812 76939 03119
98745 08288 19108 84791 58470 59415 45456 44839 86274 25091 42809 56707 47169 95273
44653 58412 91751 14954 87949 81399 51105 29718 82780 11262 23712 99782 42829 26308
88386 66621 16648 19217 52375 05417 26136 05952 71958 25744 52021 20225 01377 47012
50660 58138 01695 69351 25445 20797 74079 60851 47634 36633 93999 96345 58484 12506
36732 74234 84240 46924 62744 39238 78397 60869 26426 55588 56963 59506 17293 45096
34187 78277 83678 34754 46616 45250 25291 04999 19717 60324 66915 03473 98329 82447
26095 98131 79362 39530 53870 87445 26277 90551 28604 39865 40686 05435 74511 69866
00067 74289 20706 74076 28206 36960 09231 82988 57062 35331 08212 68111 52199 05065
42104 26434 30953 15259 76676 63339 75664 23993 63538 34968 47655 44553 61982 13296
82580 46580 87292 23226 21865 60338 04115 33807 38395 98484 40387 69877 24910 13317
89266 14764 17681 68663 66030 12931 17372 35601 63805 55739 42705 30549 31697 33478
47100 92329 89435 69974 40783 52649 93444 41317 02749 19052 34647 92814 88046 34020
59566 26527 44706 85670 96223 36275 82013 82673 60955 62617 90214 24589 59715 57612
10946 24676 66513 56743 96911 89042 08263 70753 89045 39189 04306 06090 94515 17772
34013 69250 27977 84597 55192 65088 55739 35953 18533 39339 78037 32827 68269 69218
21606 11751 30073 71431 53569 27865 90215 34772 21779 11734 64313 49764 30816 56852
56620 92612 77157 90231 90144 29781 01683 52503 60080 73703 70080 80686 47379 33279
49238 90475 84356 87159 21222 40106 02671 52684 38514 68434 16407 58164 13341 48142
50738 21999 73539 51802 78179 27872 57937 29696 67783 29373 96563 74619 77099 17190
58761 21571 71692 19723 25088 10483 71430 47068 78378 80237 32113 09381 62931 29243
55335 71937 22025 33538 04648 74232 57839 62431 61835 04784 06732 34202 93497 72070
26515 31143 83795 78445 32869 31489 81587 90354 97672 70106 35008 37899 36246 97805
32625 36806 00082 26902 26250 28919 38054 49027 22209 42696 46980 17065 61288 30208
20311 96089 20141 30362 04980 32703 04202 91080 28660 89691 84660 73433 70169 11273
10941 73003 87930 85620 06956 38719 88711 61454 64076 13316 02203 54437 54306 78229
56982 46636 34070 30803 39095 80387 08971 25067 07377 70704 13629 68474 99229 05535
14661 10670 15811 00454 81124 46977 89983 48836 48182 17054 06344 24267 16686 21401
52760 78118 23277 29760 00099 97325 54762 43117 73199 19621 24599 11030 64809 35088
48874 20831 02286 73635 93771 54264 49801 22653 01524 84621 91023 64028 29278 15987
44817 77408 48447 25934 22912 43086 68126 92970 91833 26418 72454 97636 94593 07880
17896 79375 70883 70135 21589 51181 71969 32951 35036 17219 27357 96517 55307 84470
27166 22347 92146 92189 16301 15747 72837 59174 75024 39459 54910 95335 95013 47068
13665 30490 63583 73098 19976 03001 94645 40476 43617 85698 66512 42759 20973 98759
58644 73840 08103 97926 57340 63077 08114 10031 35668 21740 33787 44756 20527 65367
72570 36278 06602 56406 85679 85529 08576 50874 59706 01019 29980 56742 05356 04810
92041 68829 02163 59918 83041 71241 90678 79835 86324 13075 29913 99831 25688 53648

NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME

Questionnaire for collecting data for program monitoring using LQAS

Module 1. Households and Individuals

Part 1: Identification of households and individuals

(To be filled separately for each household sampled in the village)

¼xkao esa ISEiy ds IHkh ?kjksa }kjk vyx&vyx Hkjk tk;½

The MTS will approach the ASHA or Anganwadi Worker (AWW) of the village, and ask her to show the household where the last (latest) marriage or child birth had taken place. This is the **index household**. Visit the household, and write down the name of the head of this household in the space provided. Then, starting from this index house, by proceeding in the "Right" direction, walk along and count 10 households. The 10th house is the house to start looking for eligible respondent. Use the table below to record the name of head of household of each house visited, and to record the answers to the given questions.

,eVh,I xkao dh vk'kk ;k vkxuokoM+h dk;ZdrkZ ds ikl tk;saxs vkSj og ?kj fn[kkus ds fy, dgsaxs tgka fcyndy gky gh esa fookg ;k cPps dk tUe gqvk gksA ;g og baMsDl ?kj gksxkA ml ?kj ij tk;sa vkSj nh x;h txg ij ifjokj ds eqf[k;k dk uke fy[ksaA blds ckn bl baMsDl ?kj ls nk;ha fn'kk esa vkxs c<+sa vkSj 10 ?kjksa dks fxusaA bl 10osa ls vkidks ;ksX; mRrjnkrk [kkstuk 'kq: djuk gSA izR;sd ?kj tgka vki x;s gSa mlds eqf[k;k dk uke uhps nh x;h rkfydk esa fy[ksa vkSj lokyksa ds tokc fy[ksaA

1	2	3	4	5	6
		Households visited before finding the eligible respondent os ?kj tgka vki ;ksX; mRrjnkrk feyus ds igys x;s			
Sr no of house-hold ifjokj dh Øe la[;k	Name of head of household ifjokj ds eqf[k;k dk uke	House Open? ?kj [kqyk gS\	Responsible respondent available? ftEesnkj mRrjnkrk miyC/k gS\	Willing to be interviewed? (read consent request) baVjO;w ds fy, rS;kj gS\ ¼lgefr fuosnu i<+sa½	Any member had fever in last two weeks? D;k fiNys nks IIrkg esa ?kj ds fdlh InL; dks cq[kkj Fkk
		Y / N	Y / N	Y / N	Y / N
Index					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

(Please see the next page for detailed instructions) ¼foLr`r funsZ'k ds fy, vxyk iUuk ns[ksa½

The eligible household is the first one with a "Y" answer to questions 3, 4 and 5. Circle the serial number of this house.

igyk ;ksX; ifjokj og gS ftlesa iz'u 3] 4 vkSj 5 ds tokc gka esa gSaA bl ?kj dh Øe la[;k ij xksyk cuk;saA

Ask the question in column 6, "Did any member of this house have fever in the last two weeks?" If the answer to this is also "Y", circle the same serial number a second time. In this house, complete both, Part 2 and Part 3 of Module 1.

dkye 6 dk tokc iwNsa ^D;k bl ifjokj ds fdlh InL; dks fiNys 2 IIrkg esa cq[kkj Fkk* ;fn bl loky dk tokc Hkh gka esa gks rks ,d ckj fQj bl Øe la[;k ij xksyk cuk;sa A bl ?kj esa eksM~;wy 1 dk Hkkx 2 vkSj Hkkx 3 iwNsaA

If there is no one in this house who had fever in the last two weeks, complete filling Part 2 of the questionnaire in this house? Then, go the next house, and so on, asking all the four filter questions in each house. When a fever case is found, circle the serial number of that house, and fill Part 3 for that house.

;fn bl ?kj esa ,slk dksbZ ugha gS ftls fiNys nks IIrkg esa cq[kkj gqvk gks rks bl ?kj ds fy, iz'ukoyh dk Hkkx 2 HkjsaA blds ckn vxys ?kj esa tk;s] vkSj pkjksa fQYVj iz'u iwNsaA ;fn cq[kkj dk dksbZ ekeyk feyrk gS rks ml ?kj dh Øe la[;k ij xksyk cuk;sa vkSj ml ?kj ds fy, Hkkx 3 HkjsaA

If a house is locked, or a responsible respondent is not available, find out from the neighborhood if such a respondent will become available in the next 15-30 minutes. If yes, complete other work in the village and return to this house later. If no, mark "N" in the corresponding column and move to the next house.

;fn ?kj esa rkyk cUn gS ;k dksbZ ftEesnkj mRrjnkrk miyC/k ugha gS rks mlds iM+ksl esa iwNsa fd D;k vxys 15&30 feuV esa ?kj dk dksbZ ftEesnkj vkneh fey ldrk gSA ;fn gka rks xkao esa nwljs dk;Z djsa vkSj ckn esa bl ?kj ij ykSVsaA ;fn ugha rks lacaf/kr dkye esa ^,u* fy[ksa vkSj vxys ?kj ij tk;aA

If one more household / individual is sampled from this village, use a fresh questionnaire and start from the beginning.
;fn bl xkao ls ,d vkSj ifjokj@O;fDr ISEiy esa vkrk gS rks mlds fy, ,d u;h iz'ukoyh bLrseky djsa vkSj 'kq#vkr ls 'kq: djsaA

NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME
Questionnaire for collecting data for program monitoring using LQAS
Module 1. Households and Individuals

Part 2: Awareness, Bed-nets, IRS

Once the respondent has been identified, seek permission to ask questions as follows:

Good morning / afternoon / evening. My name is _____ and I am working with the Malaria Program of the Government of [Name of State]. I am here to ask you a few questions about the health services available to you so that we can improve the program further. I will take about 15 or 20 minutes. You may also ask me any questions that you wish to. May I ask you some questions now?

ueLrs! esjk uke ---------------------------------- gS vkSj eSa ------------------ ljdkj ds eysfj;k dk;ZØe esa dke djrk gwaA eSa vkids fy, miyC/k LokLF; lsokvksa ds ckjs esa dqN loky djuk pkgwaxk rkfd ge dk;ZØe dks vkSj csgrj cuk ldsaA blesa yxHkx 20 ;k 25 feuVksa dk le; yxsxkA ;fn vkids dksbZ loky gksa rks vki eq>ls iwN ldrs gSaA D;k eSa vc vkils dqN loky dj ldrk gwa\

Signature of interviewer: _____   Date: _____
baVjO;wvj ds gLrk{kj   rkjh[k

Identification Information to be filled at the start of the interview:

From which universe has this household been selected? (Circle as appropriate)

All villages in the programme block   1

Villages targeted for LLIN   2

LQAS Number (Out of 19):   ☐ ☐

Write names and codes as instructed by the VBDC / DMO:
ohchlhMh@Mh,evks }kjk crk;s x;s uke vkSj dksM fy[ksa %

State jkT; _____ ☐ ☐   District ftyk _____ ☐ ☐

Block PHC:: [k.M/IkzkFkfed LokLF; dsUnz _____ ☐ ☐ ☐

Subcentre: mi&dsUnz _____ ☐ ☐   Village / Ward: XkkWao/okMZ _____ ☐ ☐ ☐
☐

Hamlet / Street: gseysV/xyh _____

Name of Head of Household:_____

Respondent's Name (Any responsible member responding to the questionnaire) _____

Name of MTS: _____ Signature: _____

Date of interview: _____ /_____ /_____
Day /   Month   / Year

Section 1: Respondent's Profile

No.	Questions	Response	Code	Skip to
1	What is your age? mez	Age in completed years iw.kZ o"kksaZ esa vk;q	☐☐	
2	Sex **f**yax	Male iq#"k Female Efgyk Others (Specify) vU;] Li"V djsa	1 2 3	
3	Have you ever attended school? D;k vki dHkh Ldwy x;s gSa\	Yes gkWa No ugha	1 2 →	 5
4	How many years of education have you completed? fdrus lky vkius f'k{kk yh gS\	Completed Years iw.kZ o"kZ	☐☐	
5	What is your caste? vkidh tkfr D;k gS\ Write the caste / tribe in the space at the top and circle the correct response. If you are not sure how to code the caste, write down the name of caste as told by the respondent, and code later Åij nh x;h txg esa tkfr@tutkfr fy[ksa vkSj lgh tokc ij xksyk cuk;saA ;fn vkidks irk ugha fd fdl rjg ls tkfr dksM djsa rks mRrjnkrk dh crk;h x;h tkfr fy[ksa vkSj ckn esa dksM djsa	_____ _____ Scheduled Caste: vuqlwfpr tkfr ¼tkfr dk uke½ Scheduled Tribe: vuqlwfpr tutkfr ¼tutkfr dk uke½ OBC/SEBC vU; fiNM+h tkfr@,lbZchlh ¼tkfr dk uke½ General lkekU;	 1 2 3 4	
6	What is the type of the house? ?kj dk izdkj D;k gS\	Pucca iDdk Kucha dPpk Mixed feyktqyk	1 2 3	
7	Does any man in the family engage in daily wage labour? D;k bl ifjokj dk dksbZ iq#"k nSfud etnwjh djrk gS	Yes gkWa No ugha	1 2	
8	Does any woman in the family engage in daily wage labour? D;k bl ifjokj dh dksbZ efgyk nSfud etnwjh djrh gS\	Yes gkW No ugha	1 2	

Section 2: Awareness related to malaria

No.	Questions	Response	code	Skip to
1	Is there anyone in your village who does a blood test for malaria? D;k vkids xkao esa ,slk dksbZ O;fDr gS tks eysfj;k ds fy, [kwu dh tkap djrk gS\	Yes gkWa	1	.
		No ugha	2 →	3
		Don't know ugha tkurs	88→	3
2	Who does it? dkSu O;fDr ;g djrk gS\ *(Circle all options mentioned by the respondent)* mRrjnkrk }kjk fn;s x;s lHkh tokc ij xksyk cuk;saA	ASHA vk'kk	1	
		AWW ,MCY;wMCY;w	2	
		ANM ,,u,e	3	
		MPW(M) ,eihMCY;w ¼,e½	4	
		Other appropriate FTD vU; mi;qDr ,QVhMh	5	
		Chemist / Pharmacist dsfeLV@QkekZflLV	6	
		Laboratory iz;ksx'kkyk	7	
		Health Facility / doctor LokLF; lqfo/kk@MkDVj	8	
		Others (specify) _____ vU;] Li"V djsa	9	
		Don't know. ugha tkurs	88	
3	Is there someone in your village who gives treatment for malaria? D;k vkids xkao esa dksbZ O;fDr eysfj;k dk bykt djrk gS\	Yes gkWa	1	
		No ugha	2 →	Section 3
		Don't know ugha tkurs	88→	Section 3
4	Who gives such treatment? dkSu bl rjg dk bykt djrk gS\ *(Circle all options mentioned by the respondent)*	ASHA vk'kk	1	
		AWW ,MCY;wMCY;w	2	
		ANM ,,u,e	3	
		MPW(M) ,eihMCY;w ¼,e½	4	
		Other appropriate FTD vU; mi;qDr ,QVhMh	5	
		Chemist / Pharmacist dsfeLV@QkekZflLV	6	
		Laboratory iz;ksx'kkyk	7	
		Health Facility / doctor LokLF; lqfo/kk@MkDVj	8	
		Others (specify) _____ vU;] Li"V djsa	9	
		Don't know. ugha tkurs	88	

Section 2(A) : Knowledge on malaria

No.	Questions	Response	Code	Skips
1	How do people get malaria? fdl izdkj yksxksa dks eysfj;k gksrk gS \ *Circle all answers given* fn;s x;s lHkh tokcksa ij xksyk cuk;sa *Do not read options.* mRrj u i<sa *Probe for more responses by asking, "Any other …?"* T;knk tokcksa dh iwNrkN djsa "vkSj dqN\" dg dj iwNsa	Mosquito transmitting the parasite ePNj ds dkVus ls ijthoh QSyrk gS Mosquito bites ePNj ds dkVus ls Microorganism / *P. vivax / falciparum* lw{etho@ih- okboSDl@QkYlhiSje From another person fdlh nwljs O;fDr ls Any other insects fdlh nwljs dhV ls Drinking polluted water nwf"kr ikuh ihus ls Others (specify) _____ vU;] Li"V djsa Don't Know ugha tkurs	1 2 3 4 5 6 7 8	
2	What can one do to avoid getting malaria? eysfj;k ls cpus ds fy, dksbZ O;fDr D;k dj ldrk gS\ *Circle all answers given* fn;s x;s lHkh tokcksa ij xksyk cuk;sa *Do not read options.* mRrj u i<sa *Probe for more responses by asking, "Any other …?"* T;knk tokcksa dh iwNrkN djsa vkSj dqN dg dj iwNsa	Use mosquito net ePNjnkuh bLrseky djsa Use ITN/LLIN vkbZVh,u@,y,yvkbZ,u bLrseky djsa Use insecticide spray / IRS dhVuk'kd dk fNM+dko djsa@vkbZvkkj,l Use repellents (coil, etc) ePNj Hkxkus okyh phtsa tSls dkW;y vkfn bLrseky djsa Use smoke /kwvka bLrseky djsa Use skin ointments, oils, etc. Ropk ij yxkus okys eyge] rsy vkfn bLrseky djsa Wear clothes to cover the body 'kjhj dks <adus ds ds fy, diM+s iguuk Take medicines for malaria eysfj;k dh nok,a ysuk Remove stagnant water ikuh ds teko dks gVkuk Keep surroundings clean vklikl lQkbZ j[kuk Drink clean water lkQ ikuh ihuk Others (specify) _____ vU;] Li"V djsa Don't Know ugha tkurs	1 2 3 4 5 6 7 8 9 10 11 12 88	
3	What are the symptoms of malaria? eysfj;k ds y{k.k D;k gSa\	Fever cq[kkj	1	

No.	Questions	Response	Code	Skips
	Circle all answers given fn;s x;s lHkh tokcksa ij xksyk cuk;sa *Do not read options.* mRrj u i<sa *Probe for more responses by asking, "Any other …?"* T;knk tokcksa dh iwNrkN djsa vkSj dqN dg dj iwNsa	Chills and rigor BaM vkSj twM+h Headaches ljnnZ Body ache 'kjhj esa nnZ Nausea / vomiting feryh@myVh Others (specify)_____ vU;] Li"V djsa Don't know ugha tkurs	2 3 4 5 6 7	
4	How can malaria be confirmed? eysfj;k dh iqf"V dSls gksrh gS\ *Circle all answers given* fn;s x;s lHkh tokcksa ij xksyk cuk;sa *Do not read options.* mRrj u i<sa *Probe for more responses by asking, "Any other …?"* T;knk tokcksa dh iwNrkN djsa vkSj dqN dg dj iwNsa	Blood test [kwu dh tkap Consult doctor MkDVj ls ijke'kZ Consult any other health provider fdlh nwljs LokLF; izksokbMj ls ijke'kZ Others (specify) _____ vU;] Li"V djsa Don't know ugha tkurs	1 2 3 4 8	
5	What should be done for curing malaria? eysfj;k ds bykt ds fy, D;k fd;k tkuk pkfg,\ *Circle all answers given* fn;s x;s lHkh tokcksa ij xksyk cuk;sa *Do not read options.* mRrj u i<sa *Probe for more responses by asking, "Any other …?"* T;knk tokcksa dh iwNrkN djsa vkSj dqN dg dj iwNsa	Do nothing – it will go away on its own dqN u djsa & ;g vius vki nwj gks tk;sxk Go to the Health Facility LokLF; dsUnz ij tkuk Traditional / home remedies ikjaifjd@?kjsyw nok,a Treatment from health worker LokLF; dk;ZdrkZ ls bykt Treatment from hospital vLirky ls bykt Take medicines nok,a ysuk Others (specify) _____ vU;] Li"V djsa Don't know ugha tkurs	1 2 3 4 5 6 7 8	
6	Where do malaria transmitting mosquito lay eggs? eysfj;k QSykus okys ePNj dgka v.Ms nsrs gSa\ *Circle all answers given* fn;s x;s lHkh tokcksa ij xksyk cuk;sa *Do not read options.* mRrj u i<sa *Probe for more responses by asking, "Any other …?"* T;knk tokcksa dh iwNrkN djsa vkSj dqN dg dj iwNsa	Clean and stagnant water lkQ vkSj #ds ikuh esa Dirty water xans ikuh Any water dksbZ Hkh ikuh Bushes / grass >kfM+;ka@?kkl Forest taxy Others (Specify) _____ vU;] Li"V djsa Don't know	1 2 3 4 5 6 8	

No.	Questions	Response	Code	Skips
		ugha tkurs		

Section 3: Bed nets

No.	Questions and filters	Response	Code	Skip to
1	Do you have a mosquito net at home? D;k vkids ?kj esa ePNjnkuh gS\	Yes gkWa No ugha	1 2 →	Sec 4 IsD'ku 4

If answer is 'No', elicit reasons for not having the nets and skip to the next section.

;fn tokc ugha gS rks ePNjnkuh u gksus dk dkj.k iwNsa vkSj vxys IsD'ku ij tk;aA

Ask: "Can I please see all the bednets you have?" Observe each net and ask the following questions:

iwNsa % D;k eSa vkidh lHkh ePNjnkfu;ka ns[k ldrk gwa\ izR;sd ePNjnkuh ns[ksa vkSj vkxs ds loky iwNsaA

First, assign a number to each net. Then, get information for Q 2-8 for one net before asking about the next net.

igys izR;sd ePNjnkuh dks ,d uEcj nsaA blds ckn ,d ePNnkjh ds ckjs esa iz'u 2&8 rd dh lwpuk ysa vkSj fQj vxyh ePNjnkuh ij tk;aA

No	Questions	Codes					
2	**Net number:**	☐	☐	☐	☐	☐	☐
3	Seen? ns[kk\	Y N	Y N	Y N	Y N	Y N	Y N
4	***Observe, and ask if necessary:*** *Is the net a LLIN?* D;k usV ,y,yvkbZ,u gS\	Y N	Y N	Y N	Y N	Y N	Y N
5	***Observe or ask:*** *Is the net hanging?* D;k ePNjnkuh Vaxh gqbZ gS\	Y N	Y N	Y N	Y N	Y N	Y N
6	Is the net in daily or regular use? D;k ePNjnkuh jkstkuk ;k fu;fer :i Is bLrseky gksrh gS\	Y N	Y N	Y N	Y N	Y N	Y N
7	Was the net ever treated with insecticide? ePNjnkuh dks dhVuk'kd Is dHkh mipkfjr fd;k x;k Fkk\	Y N	Y N	Y N	Y N	Y N	Y N
8	If Yes, when was it last treated? fiNyh ckj dc ePNjnkuh dhVuk'kd Is mipkfjr dh x;h\ *Record in completed months*	☐☐ Months ago	☐☐ Months ago	☐☐ Months ago	☐☐ Months ago	☐☐ Months ago	☐☐ Months ago
9	How many people slept under each net last night? fiNyh jkr dks ,d&,d ePNjnkuh esa fdrus yksx lks;s\	☐	☐	☐	☐	☐	☐
10	Total number of bednets in the house: ?kj ds vanj dqy ePNjnkfu;ksa dh la[;k	Count from above Åij Is fxudj fy[ksa	☐☐			
11	==Has anyone given you advice== about how to use bednets? D;k fdlhus vkidks ePNjnkuh dk mi;ksx dSls djuk gS] ;g le>k;k gS\	Yes gkWa No uk	1 2		
12	==Who has advised you about how to use bednets?== ePNjnkuh dk mi;ksx dSls djuk gS] ;g fdlus le>k;k gS\	ASHA/AWW ANM/MPW Other vU;	1 2 3		

Section 4: Indoor Residual Spray (IRS)

No.	Questions	Response	Code	Skips
1	Has your house ever been sprayed with insecticide for keeping away mosquitoes? D;k ePNjksa dks Hkxkus ds fy, vkids ?kj esa dHkh dhVuk'kd dk fNM+dko fd;k x;k gS\	Yes gkWa No ugha	1 2	 ➜Section 5
2	When your house was last sprayed? vkids ?kj esa fiNyh ckj dc fNM+dko gqvk\ if less than one month ago, record as '00' ;fn ,d eghuk ls de gks rks 00' fy[ksa		☐☐ Months ago eghus igys	
3	How many times was the house sprayed during the last one year? fiNys ,d lky esa fdruh ckj vkids ?kj esa fNM+dko gqvk gS\		☐ times	
	If house sprayed more than 12 months ago skip to Section 5 ;fn 12 eghus ls vf/kd le; igys ?kj esa fNM+dko gqvk gks lsD'ku 5 ij tk;a			
4	How many rooms are there in your house? (Record number of rooms) vkids ?kj esa fdrus dejs gSa\ ¼dejksa dh la[;k fy[ksa½		☐☐	

Request the respondent to show you the rooms in the house. Observe and ask the following questions about each room. First, number each room and then ask about each room:

mRrjnkrk ls fuosnu djsa fd og vkidks ?kj ds dejs fn[kk;sA ns[ksa vkSj izR;sd dejs ds ckjs esa vkxs fn;s x;s loky iwNsaA igys izR;sd dejs dks ,d uEcj nsa vkSj fQj izR;sd dejs ds ckjs esa iwNsa

5	*Room number:*	☐	☐	☐	☐	☐	☐
6	Is this room used for sleeping at night? D;k ;g dejk jkr dks lksus ds fy, bLrseky fd;k tkrk gS\	Y N	Y N	Y N	Y N	Y N	Y N
7	Is this room used for cooking food or storing food grains? D;k ;g dejk [kkuk cukus ;k [kk|kUu LVksj djus ds fy, bLrseky fd;k tkrk gS\	Y N	Y N	Y N	Y N	Y N	Y N
8	Was this room sprayed the last time when the house was sprayed? fiNyh ckj tc bl ?kj esa fNM+dko fd;k x;k rks D;k bl dejs esa fNM+dko gqvk Fkk\	Y N	Y N	Y N	Y N	Y N	Y N
9	Was all furniture moved away from the walls before spraying this room? D;k bl dejs esa fNM+dko ls igys lHkh QuhZpj dks nhokj ls gVk fn;k x;k Fkk\	Y N	Y N	Y N	Y N	Y N	Y N
10	Were the walls painted or mud plastered after the last spray? fiNyh ckj fNM+dko ds ckn D;k nhokjksa dks isUV fd;k x;k Fkk ;k	Y N	Y N	Y N	Y N	Y N	Y N

feV~Vh ls iqrkbZ dh x;h Fkh\					

11	If yes, were the walls painted or mud plastered within 3 months of the last spray? ;fn gka rks D;k fiNyh ckj fNM+dko ds 3 eghus ds vanj nhokjksa ij isUV fd;k x;k Fkk ;k feV~Vh ls iqrkbZ dh x;h Fkh\	Y N	Y N	Y N	Y N	Y N	Y N

Section 5: Information about individual members

(Guests of the household at the time of interview will not be included)
baVjO;w ds le; ifjokj ds esgekuksa dks baVjO;w esa 'kkfey ugha fd;k tk;sxk

1	2	3		4	5	6	7	8	9
No	Name uke	Age mez		Sex fyax M / F	Currently pregnant? D;k orZeku esa xHkZorh gSa\ Y / N	Slept at home last night? fiNyh jkr dks lks;s Y / N	Slept in which room last night? fdl dejs esa lks;s\ (Room no or 88 if NA) ¼dejk uEcj ;k ;fn ugha ykxw rks 88½	Slept under a mosquito net last night? D;k fiNyh jkr ePNjnkuh esa lks;s Y / N	Slept under which net last night? fiNyh jkr fdl ePNjnkuh esa lks;s (Net no or 88 if NA) ¼ePNjnkuh dh la[;k ;k ;fn ugha ykxw rks 88½
		Years o"kZ	Months eghus						
1									
2									
3									
4									
5									
6									
7									
8									
9									

Col 7: Which room? – use Room number from Section 4
dkSu lk dejk\ & lsD'ku 4 ls dejs dh la[;k ysa
Col 9: Which net? – use Net number from Section 3
dkSu lh ePNjnkuh & lsD'ku 3 ls ePNnkuh dh la[;k ysa

Total members in the household: ☐ ☐

Summary Analysis of Part 2

MTS should not ask the following questions, but should code the answers based on answers in Sections 2, 3, 4 and 5 above

,eVh,I dks vkxs ds loky ugha iwNus gSa] ysfdu IsD'ku 2] 3] 4 vkSj 5 Is izkIr tkudkjh ds vk/kkj ij bldks Hkjuk gS

	Questions	Responses		Codes	
1	Is the respondent aware of any local person (other than ANM, MPW, doctor) providing blood testing for diagnosis of malaria? (Sec 2, Q 2) D;k mRrjnkrk dks fdlh LFkkuh; O;fDr ¼,,u,e] ,eihMCY;w] MkDVj ds vykok½ dh tkudkjh gS tks eysfj;k dk irk djus ds fy, [kwu dh tkap djrk gks\ ¼IsD'ku 2] iz'u 2½	Yes gkWa No ugha	1 2	C I	
2	Is the respondent aware of any local person (other than ANM, MPW, and doctor) providing treatment of malaria? (Sec 2, Q 4) क्या उत्तरदाता को किसी स्थानीय व्यक्ति (एएनएम, एमपीडब्ल्यू, डाक्टर के अलावा) की जानकारी है जो मलेरिया का इलाज करता हो? (सेक्शन 2, प्रश्न 4)	Yes gkWa No ugha	1 2	C I	
3	Does the respondent know that malaria is transmitted by mosquito bite? (Sec. 2(A): Q 1) क्या उत्तरदाता जानते हैं कि मच्छर काटने से मलेरिया फैलता है? (सेक्शन 2(A): प्रश्न 1)	Yes gkWa No ugha	1 2	C I	
4	Does the respondent know that mosquitoes lay eggs in water? (Sec. 2(A): Q 6) क्या उत्तरदाता जानते हैं कि मच्छर पानी में अ.Mा देते हैं? (सेक्शन 2(A): प्रश्न 6)	Yes gkWa No ugha	1 2	C I	
5	Does the respondent know about the symptoms of malaria? (Sec. 2(A): Q 3) क्या उत्तरदाता मलेरिया के चिन्Đों के बारे में जानते हैं? (सेक्शन 2(A): प्रश्न 3)	Yes gkWa No ugha	1 2	C I	
6	Does the respondent know how to prevent from malaria? (Sec. 2(A): Q 2) क्या उत्तरदाता मलेरिया से कैसे बचा जाए उसके बारे में जानते हैं? (सेक्शन 2(A): प्रश्न 2)	Yes gkWa No ugha	1 2	C I	
7	Does the household own any mosquito net? (Sec 3, Q 1) D;k ifjokj ds ikl dksbZ ePNjnkuh gS\	Yes gkWa No ugha	1 2	C I	
8	Was the house sprayed in the last 3 months? (Sec 4, Q 2) D;k fiNys 3 eghuksa esa ?kj esa fNM+dko fd;k x;k gS\	Yes gkWa No ugha	1 2	C I	
	RANDOMLY SELECT ONE OF THE HH MEMBERS FROM THE LIST IN SECTION 5 AND WRITE THE NUMBER HERE IsD'ku 5 esa nh x;h Iwph esa Is ifjokj ds fdlh InL; dh la[;k pqusa vkSj mls ;gka fy[ksa	☐ ☐ **serial number of randomly selected household member**			
9	Did the selected person sleep under a bednet last night? (Sec 5, Col 8) D;k pquk x;k O;fDr fiNyh jkr ePNjnkuh esa	Yes gkWa No ugha	1 2	C I	
10	Did the selected person sleep under an ITN/LLIN last night? (See Sec 5, Col 9 for Net number and check in Sec 3 whether this net was LLIN or impregnated in last 6 months) D;k pquk x;k O;fDr fiNyh jkr vkbZVh,u@,y,yvkbZ,u esa Iks;k\ ¼ePNjnkuh dh la[;k ds fy, IsD'ku 5] dkye 9 ns[ksa vkSj IsD'ku 3 esa irk djsa fd D;k ;g ePNjnkuh ,y,yvkbZ,u Fkh ;k mls fiNys 6	Yes gkWa No ugha	1 2	C I	

	eghuksa esa mipkfjr fd;k x;k Fkk½			
11	Did the selected person sleep in a room sprayed by insecticide in the last 3 months? (See Sec 5, Col 7 for Room number and check Sec 4 whether this room was sprayed in the last 3 months and not plastered after that) D;k pquk x;k O;fDr ml dejs esa Iks;k ftlesa fiNys 3 eghuksa esa dhVuk'kd dk fNM+dko fd;k x;k Fkk\ ¼dejs dh la[;k ds fy, lsD'ku 5] dkye 7 ns[ksa vkSj lsD'ku 4 esa irk djsa fd D;k bl dejs esa fiNys 3 eghuksa esa fNM+dko fd;k x;k Fkk vkSj mlds ckn mlij IykLVj ugha fd;k x;k gS½	Yes gkWa No ugha	1 2	C I
12	Did the selected person sleep either in a room sprayed by insecticide in the last 3 months, or under an LLIN or under a bednet impregnated in the last 6 months? ("Yes" to either Q 6 or Q 7 above) D;k pquk x;k O;fDr ;k rks fiNys 3 eghus esa dhVuk'kd fNM+dko fd;s x;s dejs esa Iks;k ;k fdlh ,y,ybZ,u ;k fdlh ePNjnkuh ds vanj Iks;k ftls fiNys 6 eghuksa esa mipkfjr fd;k x;k gks\ ¼Åij ds iz'u 6 ;k 7 esa gka½	Yes gkWa No ugha	1 2	C I

NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME

Questionnaire for collecting data for program monitoring using LQAS

Module 1. Households and Individuals

Part 3: Case of Fever in the last 2 weeks

To be filled in the household of the patient of fever identified on Page 1.

If the patient of fever is from the same household for which Sections 1-5 were filled, go straight to Section 6. If the patient of fever is from a different household, fill all sections below.

Once the respondent has been identified, seek permission to ask questions as follows:

Good morning / afternoon / evening. My name is _____ and I am working with the Malaria Program of the Government of [Name of State]. I am here to ask you a few questions about the health services available to you so that we can improve the program further. I will take about 15 or 20 minutes. You can also ask me any questions that you wish to. May I ask you some questions now?

UkeLrs! esjk uke ---------------------------------- gS vkSj eSa ------------------ ljdkj ds eysfj;k dk;ZØe esa dke djrk gwaA eSa vkids fy, miyC/k LokLF; lsokvksa ds ckjs esa dqN loky djuk pkgwaxk rkfd ge dk;ZØe dks vkSj csgrj cuk ldsaA blesa yxHkx 20 ;k 25 feuVksa dk le; yxsxkA ;fn vkids dksbZ loky gksa rks vki eq>ls iwN ldrs gSaA D;k eSa vc vkils dqN loky dj ldrk gwa\

Signature of interviewer: _____   Date: _____

baVjO;wvj ds gLrk{kj   rkjh[k

Identification Information to be filled at the start of the interview:

No need to fill this section if Part 2 has been filled for this household

From which universe has this household been selected? (Circle as appropriate)

All villages in the programme block   1

Villages targeted for LLIN   2

LQAS Serial Number (Out of 19): ☐☐ **Write the number of the village in the list given to you**

Write names and codes as instructed by the VBDC / DMO:

State jkT; _____ ☐☐   District ftyk _____ ☐☐

Block PHC: : [k.M/IkzkFkfed LokLF; dsUnz _____ ☐☐☐

Subcentre: mi&dsUnz _____ ☐☐   Village / Ward: XkkWao/okMZ _____ ☐☐☐
☐

Hamlet / Street: gseysV/xyh _____

Name of Head of Household:_____

Respondent's Name (Any responsible member responding to the questionnaire) _____

Name of MTS: _____ Signature: _____

Date of interview: _____ /_____ /_____
Day /   Month   / Year

Section 1: Respondent's Profile

If Part 2 has been filled for this household, fill this section again only if the respondent is different from the one who answere questions for Part 2. If the respondent is the same, skip to Section 6

;fn bl ?kj ds fy, ikVZ 2 Hkjk x;k gS rks ;g lsD'ku rHkh nqckjk Hkjsa ;fn mRrjnkrk igys ls vyx gks ftlus ikVZ 2 dk tokc fn;k gSA ;fn mRrjnkrk ogh gS rks lsD'ku 6 ij tk;aA

No.	Questions	Response	Code	Skip to
1	What is your age? mez	Age in completed years iw.kZ o"kksaZ esa vk;q	☐ ☐	
2	Sex **f**yax	Male iq#"k Female Efgyk Others (Specify) vU;] Li"V djsa	1 2 3	
3	Have you ever attended school? D;k vki dHkh Ldwy x;s gSa\	Yes gkWa No ugha	1 2 →	 5
4	How many years of education have you completed? fdrus lky vkius f'k{kk yh gS\	Completed Years iw.kZ o"kZ	☐ ☐	
5	What is your caste? vkidh tkfr D;k gS\ Write the caste / tribe in the space at the top and circle the correct response. If you are not sure how to code the caste, write down the name of caste as told by the respondent, and code later Åij nh x;h txg esa tkfr@tutkfr fy[ksa vkSj lgh tokc ij xksyk cuk;saA ;fn vkidks irk ugha fd fdl rjg ls tkfr dksM djsa rks mRrjnkrk dh crk;h x;h tkfr fy[ksa vkSj ckn esa dksM djsa	_____ _____ Scheduled Caste: vuqlwfpr tkfr ¼tkfr dk uke½ Scheduled Tribe: vuqlwfpr tutkfr ¼tutkfr dk uke½ OBC/SEBC vU; fiNM+h tkfr@,lbZchlh ¼tkfr dk uke½ General lkekU;	 1 2 3 4	
6	What is the type of the house? ?kj dk izdkj D;k gS\	Pucca iDdk Kucha dPpk Mixed feyktqyk	1 2 3	
7	Does any man in the family engage in daily wage labour? D;k bl ifjokj dk dksbZ iq#"k nSfud etnwjh djrk gS	Yes gkWa No ugha	1 2	
8	Does any woman in the family engage in daily wage labour? D;k bl ifjokj dh dksbZ efgyk nSfud etnwjh djrh gS\	Yes gkW No ugha	1 2	

Section 6: Details of Fever in the last two weeks

No.	Questions	Response	Code
1	**How many people in this household have had fever anytime <u>in the last two weeks</u>?** fiNys 2 lIrkg esa bl ifjokj ds fdrus yksxxksa dks dHkh cq[kkj gqvk Fkk\ *The fever may have started at anytime, but should have continued to some time in the last two weeks.* cq[kkj dHkh Hkh 'kq: gqvk gks ysfdu og fiNys 2 lIrkg esa fdlh le; rd jgk gks <mark>*(Do not exclude any case of fever, even if there is an obvious cause)*</mark> <mark>vU; Li"V dkj.kksa dh otg ls cq[kkj ds ekeyksa dks Hkh 'kkfey djsaA</mark> *If there were/are more than one case of fever in the household, record the names of all of them and select one name at random and circle it.* ;fn ifjokj esa cq[kkj ds ,d ls vf/kd ekeys Fks@gka rks mu lHkh ds uke fy[ksa vkSj jS.Me :i ls ,d dks pqusa vkSj mlij xksyk cuk;saA Name 1_____ Name 2_____ Name 3_____ Name 4_____ Name 5_____ Name 6_____	Number of people in the household with fever in the last 2 weeks fiNys 2 lIrkg esa cq[kkj ls izHkkfor yksxxksa dh la[;k	☐☐
2	Age of the selected person pqus x;s O;fDr dh mez		☐☐ Years ☐☐ Months
3	Sex of the selected person with fever in the last two weeks pqus x;s O;fDr dk fyax ftls fiNys nks lIrkg esa cq[kkj Fkk	Male iq#"k Female efgyk	1 2

Ask the following questions and code in the calendar as indicated

vkxs ds fn;s x;s loky iwNsa vkSj uhps dSys.Mj esa dksM djsa

	Events	Days ago (today = 0) दिन पहले (आज=0)																				
		20	19	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	0
4	**Fever:** When did the fever first begin? When did it end? Do you still have fever today? (Fever Started: S; Fever Ended: E; If patient has fever today, circle Y in column 0) **cq[kkj %** cq[kkj dc 'kq: gqvk\ dc [kRe gqvk\ D;k vkidks vHkh cq[kkj\ ¼cq[kkj 'kq: gqvk%] cq[kkj [kRe gqvk % E] ;fn ejht dks vkt Hkh cq[kkj gS rks dkye 0 esa Y ij xksyk cuk;sa½																					Y
5	**Contact:** When did [Name] first contact a health worker / doctor / ASHA for the fever? (First contact: C; No contact: circle X in column 0) **laidZ%** dc ¼uke½ us igyh ckj cq[kkj ds fy, LokLF; dk;ZdrkZ@MkDVj@vk'kk Is laidZ fd;k\ ¼igyk laidZ % C] dksbZ laidZ ugha % dkye 0 esa X ij xksyk cuk;sa½																					X
6	**RDT:** Was RDT done (show sample strip)? How many days after fever began? (RDT done: T; Not done: circle X in column 0) **vkjMhVh %** D;k vkjMhVh fd;k x;k ¼lSEiy iV~Vh fn[kk;sa½\ cq[kkj 'kq: gksus ds fdrus fnuksa ckn\ ¼vkjMhVh fd;k x;k % T] ugha fd;k % dkye 0 esa X ij xksyk cuk;sa½																					X
7	**RDT result:** When were you told the result? (Result received: R; Result not received: circle X in column 0) **vkjMhVh dk ifj.kke %** ifj.kke ds ckjs esa dc vkidks crk;k x;k\ ¼ifj.kke feyk % R ifj.kke ugha feyk % dkye 0 esa X ij xksyk cuk;sa½																					X
8	**Slide:** Was blood taken on a slide (show sample slide)? How many days after fever began? (Slide taken: T; Not taken: circle X in column 0) **LykbM %** D;k LykbM ij [kwu fy;k x;k ¼lSEiy LykbM fn[kk;sa½ cq[kkj 'kq: gksus ds fdrus fnuksa ckn\ ¼LykbM fy;k x;k% T ugha fy;k x;k % dkye 0 esa X ij xksyk cuk;sa½																					X
9	**Slide result:** When were you told the result? (Result received: R; Result not received: circle X in column 0) **LykbM dk fjtYV %** fjtYV ds ckjs esa dc vkidks crk;k x;k\¼fjtYV feyk % R fjtYV ugha feyk % dkye 0 esa X ij xksyk cuk;sa½																					X
10	**Received Treatment:** Did you receive either of these two tablets as treatment for the fever (show chloroquine and ACT)? How many days after fever did you receive these tablets? (CQ or ACT received: T; CQ or ACT not received: circle X in column 0) bykt feyk % D;k vkidks bykt ds fy, bu nksuksa esa Is dksbZ VscysV feyk ¼DyksjksdqbZu vkSj ,lhVh ds VSctysV fn[kk;sa½ cq[kkj ds fdrus fnuksa ckn vkidks ,d VSctysV feys\ ¼lhD;w ;k ,lhVh feyk % T lhD;w ;k ,lhVh ugha feyk % dkye 0 esa X ij xksyk cuk;sa½																					X
11	**Started treatment:** When did [Name] start taking them? (Started taking tablets: S; Never taken: circle X in column 0) bykt 'kq: fd;k % dc ¼uke½ us ysuk 'kq: fd;k\ ¼VScysV ysuk 'kq: fd;k %] dHkh ugha fy;k % dkye 0 esa X ij xksyk cuk;sa½																					X

No	Questions	Responses	Code	Skip to
12	Where was the blood test (RDT/blood smear examination) done? [kwu dh tkap ¼vkjMhVh@CyM Leh;j tkap½ dgka ij dh x;h\	Not done ugha dh x;h	0 →	15
		Health Sub-center LokLF; midsUnz	1 →	14
		PHC/Govt hospital ih,plh@ljdkjh vLirky	2 →	14
		Private hospital / laboratory izkbosV vLirky@iz;ksx'kkyk	3 →	14
		In the village xkao esa	4	
13	Who conducted the test? [kwu dh tkap fdlus fd;k\	ASHA vk'kk	1	
		AWW ,MCY;wMCY;w	2	
		ANM ,,u,e	3	
		Male MPW iq#"k ,eihMCY;w	4	
		Others(Specify) _____ vU;] Li"V djsa	5	
14	What was the result of the blood test? [kwu dh tkap dk fjtYV D;k Fkk\	Told that it was positive for malaria crk;k x;k fd eysfj;k gS	1	
		Told that there was no malaria crk;k x;k fd eysfj;k ugha gS	2	
		Not told the result of the test fjtYV ugha crk;k x;k	3	
15	Which tablets were given? (on the basis of Q10) dkSu lh xksfy;ka nh x;ha\ (iz-10 ds vk/kkj ij)	Chloroquine DyksjksdqbZu	1	
		ACT ,lhVh	2	
		Neither dksbZ ugha	3 →	Summary
		Not sure	4 →	Summary

No	Questions	Responses	Code	Skip to
		fuf'pr ugha		
16	Who gave you these tablets [Chloroquine / ACT]? ;s VScysV ¼DyksjksdqbZu@,lhVh½ vkidks fdlus fn;s\	ASHA / local provider vk'kk@LFkkuh; nsus okyk O;fDr AWW ,MCY;wMCY;w ANM ,,u,e Male MPW iq#"k ,eihMCY;w Govt hospital / PHC ljdkjh vLirky@ih,plh Private hospital / pharmacy izkbosV vLirky@QkesZlh Others(specify) _____ vU;] Li"V djsa	1 2 3 4 5 6 7	
17	Did [Name] take all the medicine that was given? D;k ---------------------------- us nh x;h lkjh nok yh\ *Ask to show the medicine container (with or without leftover tablets) to confirm whether the patient has taken the medicines as required.* nok dk fMCck ¼pkgs mlesa nok gks ;k u gks½ fn[kkus ds fy, dgsa rkfd ;g irk py lds fd ejht us t:jr ds eqrkfcd nok yh gS	Yes, all doses gka] lHkh [kqjkds Yes, some doses gka] dqN [kqjkdsa Not at all fcydqy Hkh ugha Don't know ugha tkurs	1 2 3 8	
18	For how many days was the medicine taken? fdrus fnuksa rd nok yh x;h\		Days fnu	

Summary Analysis of Part 3

MTS should not ask the following questions, but should answer them on the basis of data collected in Section 6. Must code each question as Y or N

,eVh,I bu lokyksa dks u iwNsa ysfdu lsD'ku 6 esa ,d= dh x;h tkudkjh ds vk/kkj ij tokc nsaA gka ;k ugha esa izR;sd iz'u dk tokc fn;k tkuk pkfg,A

No	Questions	Responses	Code	
1	Was there a contact with any service provider within one clear day of start of fever? (Sec 6, Q 4, 5) D;k cq[kkj 'kq: gksus ds T;knk ls T;knk ,d fnu ds vanj fdlh lfoZl izksokbMj ls laidZ fd;k x;k Fkk\	Yes gkWa No ugha	1 2	C I
2	Was a blood test (RDT/blood smear) done? (Sec 6, Q 6, 8) D;k [kwu dh tkap ¼vkjMhVh@CyM Leh;j½ djk;k x;k Fkk\	Yes gkWa No ugha	1 2	C I
3	Was a blood test done within one clear day of start of fever? (Sec 6, Q 4, 6, 8) D;k cq[kkj 'kq: gksus ds T;kns ls T;knk ,d fnu ds vanj [kwu dh tkap djk;h x;h Fkh\	Yes gkWa No ugha	1 2	C I
4	Was a blood test result received within a clear day of contact with service provider? (Sec 6, Q 5, 7, 9) D;k lfoZl izksokbMj ls laidZ gksus ds T;kns ls T;knk ,d fnu ds vanj tkap dk fjtYV fey x;k Fkk\	Yes gkWa No ugha	1 2	C I
5	Was the blood test done by the designated local provider? (Sec 6, Q 12, 13) D;k [kwu dh tkap LFkkuh; izksokbMj }kjk djk;h x;h\	Yes gkWa No ugha	1 2	C I
6	Was the treatment for malaria provided by the designated local provider? (Sec 6, Q 16) D;k eysfj;k dk bykt LFkkuh; bykt nsus okys ls djk;h x;h\	Yes gkWa No ugha	1 2	C I

In all of the above:
1. "Within a clear day" means there should not be more than one clear day gap between the two events described as seen in the calendar.
T;knk ls T;knk ,d fnu ds vanj dk eryc gS & nks phtksa esa ,d fnu ls vf/kd dk varj ugha gksuk pkfg,] tSlk fd dSys.Mj esa fn[kk;k x;k gSA
2. "designated local provider" means the ASHA, AWW or other local volunteer identified and trained to provide diagnosis and treatment for malaria
fu;r LFkkuh; izksokbMj dk eryc gS&vk'kk] ,MCY;wMCY;w ;k vU; LFkkuh; dk;ZdrkZ tks eysfj;k dh tkap vkSj bykt ds fy, izf'kf{kr fd;k x;k gksA

3

NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME
Module 2: ASHA / AWW / Any other trained community health provider

If there is more than one ASHA/AWW/any other community health provider trained in RDT and ACT who is staying and working in the village, then select one of them randomly for administering the questionnaire. If there is no trained provider in the village, simply answer the first question of Section 1, and leave the rest of the questionnaire blank. If there is a trained provider, but she is not available on the day of the visit, try and conduct the interview later.

;fn xkao esa ,d ls vf/kd vk'kk@, MCY;w MCY;w@dksbZ vU; LokLF; dk;ZdrkZ tks vkjMhVh vkSj ,lhVh esa izf'kf{kr gS rks iz'ukoyh iwNus ds fy, jS.Me vk/kkj ij fdlh ,d dks pqusaA ;fn fdlh xkao esa bl rjg dk dksbZ izf'kf{kr O;fDr u gks rks lsD'ku 1 ds igys iz'u dk mRrj fy[kdj 'ks"k iz'ukoSRjjh [kkyh NksM nsaA ;fn xkWao esa izf'kf{kr O;fDr gS ijarq vkt miyC/k ugha gS rks fQj dHkh feydj bUVjO;q [kRe djus dh dksf'k'k djsaA

<table>
<tr><td colspan="2" align="center">Informed consent</td></tr>
<tr><td colspan="2">Good morning / afternoon / evening. My name is _____ and I am working with the Malaria Program of the Government of (State), in this district. You may have seen me earlier. I am here to ask you a few questions about your work for the malaria program, to find out what further support you need. It will take about 15-20 minutes. You may also ask me any questions or tell me about the problems you face. May I ask you some questions now?

ueLrs! esjk uke ----------------------------------- gS vkSj eSa eysfj;k izksxzke esa dke djrk gwWa vkius eq>s igys Hkh ns[kk gksxkA eSa vki ls eysfj;k izksxzke ds ckjs esa dqN loky iwNus vk;k gwWa vkSj vkidks vkxs fdl izdkj dh lgk;rk pkfg, og tkuus vk;k gwWaA vki dk 15 ls 20 feuV dk le; ysxkA vki eq>s dksbZ Hkh loky iwN ldrs gS ;k vkiuh leL;k ds ckjs esa crk ldrs gSA D;k eSa vki ls dqN loky iqNuk 'kq: dj ldrk gwWaA</td></tr>
<tr><td>Signature of interviewer: _____</td><td>Date: _____</td></tr>
</table>

Identification Information to be filled at the start of the interview:

From which universe has this village been selected? (Circle as appropriate)

All villages in the programme block   1

Villages targeted for LLIN   2

LQAS Number (Out of 19): ☐☐

Write names and codes as instructed by the VBDC / DMO:

oh ch Mh lh@Mh ,e vks ds funsZ'kksa ds vuqlkj uke vkSj dksM fy[ks

State jkT; _____ ☐☐   District ftyk _____ ☐☐

Block PHC: : [k.M@IkzkFkfed LokLF; dsUnz _____ ☐☐☐

Subcentre: mi LokLF; dsUnz _____ ☐☐   Village / Ward: XkkWao/okMZ _____ ☐☐
☐☐

Hamlet / Street: gseysV/xyh _____

Names of trained local providers of malaria services in the village:
(if more than one, select one randomly and circle the selected name)

1._____   2._____

3._____   4. _____

5. _____   6. _____

Name of MTS: _____ Signature: _____

Date of interview: _____ /_____ /_____
Day /   Month   / Year

Section 1: Respondent's background

No.	Questions and Filters	Response	Code	Skip to
1	DO NOT ASK. MTS to answer this question: Is there a trained* respondent in the Village? ,eVh,I bI iz'u dk tokc nsa % D;k xkao esa dksbZ izf'kf{kr mRrjnkrk gS\ *Trained means trained in the use of RDT and ACT izf'kf{kr dk eryc gS vkjMhVh vkSj ,hVh ds bLrseky esa izf'kf{kr	Yes gkWa No ugha	1 2 →	 **End leklr**
2	What kind of service provider are you? vki fdl rjg dh lsok nsrs gSa\	ASHA vk'kk AWW ,MCY;wMCY;w Others (specify) _____ vU;] Li"V djsa	1 2 3	
3	How old are you? vkidh mez D;k gS\	Age in completed years iw.kZ o"kkssZa eas vk;q	☐☐	
4	Sex of respondent mRrjnkrk dk fyax	Male, iq#"k Female, efgyk	1 2	
5	How many years of education have you completed? fdrus lky vkius f'k{kk yh gS\	Years o"kZ	☐☐	
6	How long have you been providing malaria services? vki fdrus lkyksa ls eysfj;k dh lsok;saa ns jgs@jgh gSa\	Years o"kZ Months eghus	☐☐ ☐☐	
7	How many days of training did you receive specially for malaria? fo'ks"k :i ls eysfj;k ij vkius fdrus fnuksa dk izf'k{k.k fy;k gS\	Days fnu	☐☐	
8	During training, did you learn to prick a finger to draw blood? izf'k{k.k ds nkSjku D;k vkius maxyh ls [kwu fudkyuk lh[kk Fkk\	Yes gkWaa No ugha Don't remember ;kn ugha	1 2 8	
9	During training, did you yourself conduct RDT test? izf'k{k.k ds nkSjku D;k vkius [kqn vkjMhVh VsLV djds ns[kk Fkk\	Yes gkWaa No ugha Don't remember ;kn ugha	1 2 8	
10	During training, did you yourself make a blood slide? izf'k{k.k ds nkSjku D;k vkius [kqn [kwu dh LykbZM cukbZ Fkh\	Yes gkWaa No ugha Don't remember ;kn ugha	1 2 8	
11	Were you given any printed booklet or other material when you received training	Yes gkWaa	1	

	for malaria? eysfj;k izf'k{k.k ds nkSjku D;k vkidks Nih gqbZ lkexzh feyh Fkh\	No ugha	2	
		Don't remember ;kn ugh	8	
12	Can you show me the material? D;k vki eq>s lkexzh fn[kk ldrs gS\	Shown, verified to be standard ASHA learners' guide fn[kk;k] igpkuk fd vk'kk dsk lh[kus ds fy;s cukbZ xbZ vk'kk xkbZM gS	1	
		Has received the ASHA learners' guide, but not available presently vk'kk dsk lh[kus ds fy;s cukbZ xbZ vk'kk xkbZM feyh gS ijarq fQygky miyC/k ugha gS	2	
		Some other material containing details of RDT / ACT vkj Mh Vh@, lh Vh ls lEcfU/kr vU; lkexzh	3	
		Some other material that does not have details of RDT / ACT lkexzh ftlesa vkj Mh Vh@, lh Vh dk fooj.k ugha gS	4	
		Not shown any materials dksbZ lkexzh ugha fn[kkbZ	5	
13	*If the respondent shows the ASHA learner's guide, ask:* Have you tried to read this guide? Can you understand what is written in it? D;k vki ;g fdrkc i<+ ikrh gSa\ i<+us ls fy[kk gqvk le> esa vkrk gS\	Yes, can read and understand gk¡] i<+dj le> ysrs gSa	1	
		Tried to read, but cannot understand i<+us dh dks'kh'k djrs gSa ysfdu le> esa ugha vkrk	2	
		Has not read i<k ugha gS	3	
		Cannot read i< ugha ldrs	4	
14	What all work do you do for the malaria program? eysfj;k izksxzke ds fy;s vki D;k D;k dke djrs gS\ Read out all options lHkh mRrjksa dks i<dj lquk,aa		Yes	No	
		Blood testing [kwu dh tkap	1	2
		Giving treatment to fever cases cq[kkj ds ejht+ dk bykt djuk	1	2
		Educating people about how to prevent malaria / distribute IEC materials yksxksa dks le>uk fd eysfj;k ls dSls cpsa @vkbZ bZ lh lkexzh ckVuk	1	2
		Impregnating / distribution of bednets ePNj nkuh ckVuk	1	2
		Helping with insecticide spray dhVuk'kd fNM+dko djus esa en~n djuk	1	2
		Others vU; Li"V djs(Specify) - _____	1	2

7

Section 2: Knowledge on malaria

No.	Questions	Response	Code	<u>Skips</u>
1	How do people get malaria? fdl izdkj yksxksa dks eysfj;k gksrk gS \ *Circle all answers given* fn;s x;s lHkh tokcksa ij xksyk cuk;sa *Do not read options.* mRrj u i<sa *Probe for more responses by asking, "Any other …?"* T;knk tokcksa dh iwNrkN djsa "vkSj dqN\" dg dj iwNsa	Mosquito transmitting the parasite ePNj ds dkVus ls ijthoh QSyrk gS	1	
		Mosquito bites ePNj ds dkVus ls	2	
		Microorganism / *P. vivax* / *falciparum* lw{etho@ih-okboSDI@QkYlhSje	3	
		From another person fdlh nwljs O;fDr ls	4	
		Any other insects fdlh nwljs dhV ls	5	
		Drinking polluted water nwf"kr ikuh ihus ls	6	
		Others (specify) _____ vU;] Li"V djsa	7	
		Don't Know ugha tkurs	8	
2	What can one do to avoid getting malaria? eysfj;k ls cpus ds fy, dksbZ O;fDr D;k dj ldrk gS\ *Circle all answers given* fn;s x;s lHkh tokcksa ij xksyk cuk;sa *Do not read options.* mRrj u i<sa *Probe for more responses by asking, "Any other …?"* T;knk tokcksa dh iwNrkN djsa vkSj dqN dg dj iwNsa	Use mosquito net ePNjnkuh bLrseky djuk	1	
		Use ITN/LLIN vkbZVh,u@,y,yvkbZ,u bLrseky djuk	2	
		Use insecticide spray / IRS dhVuk'kd dk fNM+dko djuk@vkbZVkdj,l	3	
		Use repellents (coil, etc) ePNj Hkxkus okyh phtsa] tSls dkW;y vkfn bLrseky djuk	4	
		Use smoke /kwvka bLrseky djuk	5	
		Use skin ointments, oils, etc. Ropk ij yxkus okys eyge] rsy vkfn bLrseky djuk	6	
		Wear clothes to cover the body 'kjhj dks <adus ds ds fy, diM+s iguuk	7	
		Take medicines for malaria eysfj;k dh nok,a ysuk	8	
		Remove stagnant water ikuh ds teko dks gVkuk	9	
		Keep surroundings clean vklikl IQkbZ j[kuk	10	
		Drink clean water IkkQ ikuh ihuk	11	
			12	
			88	

No.	Questions	Response	Code	Skips
		Others (specify) _____ vU;] Li"V djsa Don't Know ugha tkurs		

No.	Questions	Response	Code	Skips
3	What are the symptoms of malaria? eysfj;k ds y{k.k D;k gSa\ *Circle all answers given* fn;s x;s lHkh tokcksa ij xksyk cuk;sa *Do not read options.* mRrj u i<sa *Probe for more responses by asking, "Any other …?"* T;knk tokcksa dh iwNrkN djsa vkSj dqN dg dj iwNsa	Fever cq[kkj Chills and rigor BaM vkSj twM+h Headaches ljnnZ Body ache 'kjhj esa nnZ Nausea / vomiting feryh@myVh Others (specify)_____ vU;] Li"V djsa Don't know ugha tkurs	1 2 3 4 5 6 7	
4	How can malaria be confirmed? eysfj;k dh iqf"V dSls gksrh gS\ *Circle all answers given* fn;s x;s lHkh tokcksa ij xksyk cuk;sa *Do not read options.* mRrj u i<sa *Probe for more responses by asking, "Any other …?"* T;knk tokcksa dh iwNrkN djsa vkSj dqN dg dj iwNsa	Blood test [kwu dh tkap Consult doctor MkDVj ls ijke'kZ Consult any other health provider fdlh nwljs LokLF; izksokbMj ls ijke'kZ Others (specify) _____ vU;] Li"V djsa Don't know ugha tkurs	1 2 3 4 8	
5	What should be done for curing malaria? eysfj;k ds bykt ds fy, D;k fd;k tkuk pkfg,\ *Circle all answers given* fn;s x;s lHkh tokcksa ij xksyk cuk;sa *Do not read options.* mRrj u i<sa *Probe for more responses by asking, "Any other …?"* T;knk tokcksa dh iwNrkN djsa vkSj dqN dg dj iwNsa	Do nothing – it will go away on its own dqN u djsa & ;g vius vki nwj gks tk;sxk Go to the Health Facility LokLF; dsUnz ij tkuk Traditional / home remedies ikjaifjd@?kjsyw nok,a Treatment from health worker LokLF; dk;ZdrkZ ls bykt Treatment from hospital vLirky ls bykt Take medicines nok,a ysuk Others (specify) _____ vU;] Li"V djsa Don't know ugha tkurs	1 2 3 4 5 6 7 8	
6	Where do malaria transmitting mosquito lay eggs? eysfj;k QSykus okys ePNj	Clean and stagnant water IkQ vkSj #ds ikuh esa Dirty water xans ikuh	1 2	

dgka v.Ms nsrs gSa\	Any water	3	
Circle all answers given	dksbZ Hkh ikuh		
fn;s x;s lHkh tokcksa ij xksyk cuk;sa	Bushes / grass	4	
	>kfM+;ka@?kkl		
Do not read options. mRrj u i<sa	Forest	5	
Probe for more responses by asking, "Any other …?"	taxy		
T;knk tokcksa dh iwNrkN djsa vkSj dqN dg dj iwNsa	Others (Specify) _____	6	
	vU;] Li"V djsa		
	Don't know	8	
	ugha tkurs		

Section 3: RDT and Slide Collection

No.	Questions	Response	Code	Skip to
1	Do you make blood slides of patients with fever? D;k vki cq[kkj ds ejht+ksa ds [kwu dh LykbM rS;kj djrs gSa\	Yes gkWa No ugha	1 2 →	 6
2	Can you tell me the important steps to do for blood slide preparation? d`i;k crk;sa fd [kwu dh LykbM rS;kj djus ds egRoiw.kZ pj.k D;k gSa\ *Ask him/her to describe how thin and thick smears are made* iryk vkSj eksVk jDrysi dSls cuk;k tkrk gS] mUgsa ;g crkus ds fy, dgsa	Correctly told lgh crk;k x;k Incorrectly told xyr crk;k x;k	1 2	
3	After making the slide, when do you send it to the laboratory for testing? LykbZM cukus ds ckn vki mls tkap ds fy, yscksjsVjh dc ys tkrs gSa\	The same day as I make the slide mlh fnu tc LykbZM cukbZ Twice a week lIrkg esa nks ckj Once a week lIrkg esa ,d ckj Other vU;	1 2 3 4	
4	How do the slides reach the laboratory? LykbZM dks yscksjsVjh rd dkSu igqapkrk gS\	Taken there by ASHA/local provider vk'kk [kqn ys tkrh gS Taken by ANM/MPW ,eihMCY;w@,,u,e ys tkrs gSa Taken by patient's relatives ejht+ ds IEcU/kh ys tkrs gSa Other vU;	1 2 3 4	
5	Do you get reports from the laboratory for the slides that you send there? D;k vkidks LykbM dh tkap dh fjiksVZ feyrh gSa\	Yes gk¡ No ugha	1 2 →	 8

10

No.	Questions	Response	Code	Skip to
6	Once you send the slides to the laboratory, after how many days do you usually get the report? LykbM Hkstus ds IkekU;r: fdrus fnuksa ckn yscksjsVjh Is vkidks mldh fjiksVZ feyrh gS\	Usual number of days: IkekU;r: fnu	☐☐ days	
7	How do the laboratory reports reach you? yscksjsVjh Is fjiksZV vki rd fdl rjg Is igqaprh gS\	Brought by ASHA/local provider vk'kk [kqn ys vkrh gS Brought by ANM/MPW ,eihMCY;w@,,u,e ys vkrs gSa Conveyed by phone Qksu Is irk yx tkrk gS Other vU;	1 2 3 4	
8	Do you conduct RDT test on patients with fever? D;k vki vkjMhVh Is cq[kkj ds ejht+ksa ds [kwu dk VsLV djrh gSa\	Yes gkWa No ugha	1 2 →	12
9	Can you tell me the important steps for doing RDT? d`i;k crk;sa fd vkj Mh Vh djus ds egRoiw.kZ pj.k D;k gSa\ *Ask him/her to describe how RDT is done* mu Is iwNsa fd vkj Mh Vh dSls dh tkrh gS	Correctly told lgh crk;k x;k Incorrectly told xyr crk;k x;k	1 2	
10	Before using RDT, what do you check to make sure that the RDT kit is fit to be used? vkj Mh Vh ds iz;ksx Is igys vki D;k psd djsxsa\ ftlls dh ;g lqfuf'pr gks lds fd vkj Mh Vh dsV bLrseky djus ds fy;s lgh gSa\	Check Expiry date ,Dlik;jh MsV ¼bLrseky dk vafre le;½ irk djuk Others (specify) _____ vU;] Li"V djsa Don't know ugha tkurs	1 2 8	
11	How long should one wait before reading the RDT result? vkj Mh Vh ds fjtYV i<+us ds fy, fdrus le; rd bartkj fd;k tkuk pkfg,\	Minutes feuV~l Don't know 88 ugha tkurs	☐☐☐	
12	How many times did MPW/ANM visit you during the last one month? fiNys ,d eghus esa fdruh ckj ,eihMCY;w@,,u,e vkils feyus vk, gSa\	Number of visits foftV dh la[;k	☐☐	

No.	Questions	Response	Code	Skip to
13	Does the ANM or MPW ask you about your malaria work? D;k ,eihMCY;w@,,u,e vkils eysfj;k ds ekeyksa ds ckjs esa iwNrkN djrs gSa\	Yes gkWa No ugha	1 2	
14	Can you show the RDT stock card / stock register, where you maintain a record of how many RDT you have? D;k vki eq>s vkjMhVh dk LVkd dkMZ@LVkd jftLVj fn[kk ldrs gSa tgka vki fjdkMZ j[krs gSa fd vkids ikl fdrus vkjMh gS\	Card/register available and shown dkMZ@jftLVj miyC/k Fkk vkSj fn[kk;k Never maintained card / register dHkh dkMZ@jftLVj ugha j[kk Card / register lost dkMZ@jftLVj [kks x;k Card / register not available dkMZ@jftLVj miyC/k ugha Fkk Card / register with ANM / Health Staff dkMZ@jftLVj ,,u,e@LokLF;dehZ ds ikl gS	1 2 3 4 5	
15	Can you please show me your stock of RDT? d`i;k vkjMhVh dk viuk LVkd fn[kk;sa\ *Verify by seeing the stock* D;k mRrjnkrk ds ikl vkjMhVh dk nks eghus dk LVkd gS] eryc de ls de 20 VsLV\ LVkd ns[kdj irk djsaA	Tests in stock, not expired LVkd esa fdrus VsLV 'ks"k gSa] tks fd ,Dlik;j gq, ugha gSa Fill 00 in the box, if no stock ckDl esa 00 fy[ks ;fn LVkd 'kwU; gks	☐ ☐	If 0, skip to Sec 4 ;fn 0 gks Sec 4 dks pysa
16	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? D;k fiNys rhu eghuksa esa dHkh ,slk gqvk gS fd vki dksbZ cq[kkj ls ihM+r ejht dk [kwu VsLV djuk pkgrs Fks ijUrq vkjMhVh ekStr gks tkus ds dkj.k vki ,slk u dj lds\ *Verify by seeing the stock card/ stock register – reconcile by asking the respondent in detail* LVkd dkMZ@LVkd jftLVj ns[kdj irk djsa & mRrjnkrk ls foLrkj ls iwNdj feyku djsa	Yes gkWa No ugha I don't know ugha tkurs	1 2 3	

No.	Questions	Response	Code	Skip to
17	Are there any RDTs kept in the stock that are life expired? D;k LVkd esa dksbZ vkjMhVh gS ftlds bLrseky dh le;&lhek [kRe gks x;h gks\ *Verify by seeing the stock* LVkd ns[kdj IR;kfir djsa	Yes gkWa No ugha No RDTs vkj Mh Vh LVkd esa ugha	1 2 3	
18	Can you tell me if the RDK that you have is good for use, or has it expired? D;k vki crk ldrs gSa fd vkids LVkd esa tks vkjMhVh gS og bLrseky djus yk;d gS ;k iqjkuk gks pqdk gS\ (examine the label yourself and asses her answer) (yscy [kqn i<dj mRrj lgh gS ;k xyr ;g lqfuf'pr djsa)	Correct answer lgh mRrj Wrong answer xyr mRrj Label not readable yscy i<k ugha tkrk	1 2 3	
19	Is the RDT stored in a cool and dry place? (observe) D;k vkj Mh Vh BaMs vkSj lw[ks LFkku ij j[kh x;h gS\ ¼fujh{k.k djs½	Yes gkWa No ugha	1 2	

Section 4: Treatment

No.	Questions	Response	Code	Skip to
1	Record respondent's current stock of drugs to treat malaria. eysfj;k ds bykt ds fy, mRrjnkrk ds orZeku LVkd dks fjdkMZ djsa	**No. of Tablets / strips** VScysV@fLV^ai dh la[;k Artesunate tablets ☐☐☐ vkfVZlqusV VScysV SP tablets ☐☐☐ ,lih VScysV AS + SP combo strips ☐☐☐ ,,l $,lih dkEcks fLV^ai Primaquine (large) tablets ☐☐☐ izkbekdqbZu ¼cM+s½ VScysV Chloroquine tablets ☐☐☐ DyksjksdqbZu VScysV Primaquine (small) tablets ☐☐☐ izkbekdqbZu ¼NksVs½ VScysV		
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? D;k fiNys rhu eghuksa esa ,slk gqvk gS fd vki cq[kkj ls ihfM+r ejht dks dqN [kkl nokbZ nsuk pkgrs gks ij vki ugha ns ik;s D;ksa fd vkids ikl ml nokbZ dk LVkd ugha Fkk\ *Verify by seeing the stock card or stock register* LVkd dkMZ ;k LVkd jftLVj ns[kdj irk djsa	Artesunate tablets Yes No vkfVZlqusV VScysV SP tablets Yes No ,lih VScysV AS + SP combo strips Yes No ,,l $,lih dkEcks fLV^ai Primaquine (large) tablets Yes No izkbekdqbZu ¼cM+s½ VScysV Chloroquine tablets Yes No DyksjksdqbZu VScysV Primaquine (small) tablets Yes No izkbekdqbZu ¼NksVs½ VScysV		
3	Are there any anti-malarial drugs kept in the stock that are life expired? D;k LVkd esa dksbZ eysfj;k dh nok gS ftlds bLrseky dh le;&lhek [kRe gks x;h gks\ *Verify by seeing the stock card or by looking at the drug packets* LVkd dkMZ ;k nok ds iSdsV ij ns[kdj irk djsa *If there are no stocks, indicate it by "NS"* ;fn dksbZ LVkd u gks rks bls ^,u,l* ij xksyk dj ds crk;sa	Artesunate tablets NS Yes No vkfVZlqusV VScysV SP tablets NS Yes No ,lih VScysV AS+SP combo strips NS Yes No ,,l $,lih dkEcks fLV^ai Primaquine (large) tablets NS Yes No izkbekdqbZu ¼cM+s½ VScysV Chloroquine tablets NS Yes No DyksjksdqbZu VScysV Primaquine (small) tablets NS Yes No izkbekdqbZu ¼NksV½ VScysV		

No.	Questions	Response	Code	Skip to
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. ;fn dksbZ cq[kkj ls ihfM+r o;Ld iq:"k vkidS ikl vkrk gS vkSj vkidks irk pyrk gS fd mldk vkj Mh Vh ikWthVho gS rks vki mls dkSu lh nok vkSj fdl ek=k esa nsxsa\ d`i;k vius nokbZ dh ek=k ds pkVZ dks ns[k dj crk;sA	Correct answer lgh mRrj	1	
		Wrong Answer xyr mRrj	2	
		Dosage chart not available nokbZ dh ek=k dk pkVZ miyC/k ugha gS	3	
5	Has it happened in last one month that there was no stock-out of antimalarial drugs lasting more than one week? D;k fiNys ,d ekl esa ,slk dHkh ugha gqvk fd vk'kk ds ikl ,d lIrkg ls vf/kd le; rd eysfj;k fojks/kh xksfy;kWa miyC/k ugha jgha gksa\	Yes gkWa	1	
		No ugha	2	

Section 5: Documentation

No.	Questions	Response	Code	Skip to
1	Can I see your M1 Form/register? D;k eSa vkidk ,e1 QkeZ/ jftLVj ns[k ldrk gwa\	M1 Form/register shown ,e1 QkeZ/jftLVj fn[kk;k x;k	1→	3
		Lost / Misplaced [kks x;k@dgha vkSj j[k fn;k x;k gS	2	
		Never had M1 Form / register dHkh ,e1 QkeZ/jftLVj ugha feyk	3	
		Form/register is in other location QkeZ/jftLVj fdlh vkSj txg ij gS	4	
		With ANM or other Health Staff ,,u,e ;k fdlh nwljs LokLF;dk;ZdrkZ ds ikl gS	5	
2.	Are you maintaining any record of fever cases that you test or treat? Ckq[kkj ds ftu ekeyksa dk vki VsLV ;k bykt djrs gSa] D;k mudk dksbZ fjdkMZ j[krs gSa\	Yes gkWa	1	
		No ugha	2→	Section 6
3	MTS should look at the M1 form and answer the following question ,eVh,l ,e1 QkeZ ns[ksa vkSj uhps ds iz'uksa ds tokc nsa % Is the M1 of respondent being completed? D;k mRrjnkrk dk ,e1 iwjk fd;k tk jgk gS\ Verify by seeing the M1 form of previous fortnight fiNys i[kokokM+s dk ,e1 QkeZ ns[kdj IR;kfir djsa	All the columns are filled up lkjs dkye Hkjs x;s gSa	1	
		Some columns are left blank dqN dkye [kkyh gSa	2	
		Completely left blank (state the reason) iwjh rjg ls [kkyh gS ¼dkj.k crk;sa½	3	

15

4	Look at the M1 form or other record maintained, for the previous 3 months and identify all RDTpositive cases. fiNys 3 ekg dk fjdkMZ ,e1 QkeZ ;k vU; fjdkMZ ns[ksa vkSj vkMhVh ds lHkh ikftfVo ekeyksa dk irk yxk;sa	Number of fever cases recorded cq[kkj ds fjdkMZ fd;s x;s ekeyksa dh la[;k ☐☐ Number of slides collected ,d= dh x;h LykbM dh la[;k ☐☐ Number of RDT done vkMhVh Is tkap dh la[;k ☐☐ Number of RDT positive cases vkjMhVh ikftfVo ekeyksa dh la[;k ☐☐		
5	How does the information of fever cases that you are recording reach the PHC? tks cq[kkj Is ihfM+r ejht ds fjdkMZ j[krs gS mu fjdkMZ dks ih ,p lh rd dSls igqapkrs gS\	I go and give it to ANM / MPW eSa Lo;a tk dj , ,u ,e@,e ih Mcyw dks nsrh gwWa	1	
		ANM / MPW come and collect the information / record / report , ,u ,e@,e ih Mcyw Lo;a gh vkdj fjdkMZ@fjiksZV ;k lwpuk bDV~Bk djrs gS	2	
		MTS collects this from me ,e Vh ,l Lo;a gh vkdj eq> Is ysrs gS	3	
		The information from my record is not taken by anyone or given to anyone fdlh dks Hkh lwpuk ugha nh tkrh ;k fQj dksbZ ysus ugha vkrk	4	
		Don't know eq>s ugha irk	5	
6	Select the last RDT positive case and the second last RDT positive case from the M1 or other record, and record their names and addresses. ,e1 ;k vU; fjdkMZ Is fiNys vkjMhVh ikftfVo ekeys vkSj mlds igys okys vkjMhVh ikftfVo ekeys dks pqusa vkSj muds uke vkSj irs fjdkMZ djsa	2 Name: _____ uke Date of testing:_____ ijh{k.k dh rkjh[k Address:_____ irk _____ 2. Name: _____ uke Date of testing:_____ ijh{k.k dh rkjh[k Address:_____ irk		

Visit the last RDT positive case and, if not available, the second last case, and ask the following questions to the fever case or to a suitable responsible respondent:
fiNys vkjMhVh ikftfVo ekeys] vkSj ;fn og miyC/k u gks rks mlds igys okys ekeys ij tk;s vkSj cq[kkj okys O;fDr Is ;k mi;qDr ftEesnkj mRrjnkrk Is ;s loky iwNsa

7	Did [Name] recently have fever? D;k uke] ------------------------- dks gky gh esa cq[kkj Fkk\	Yes gkWa	1	
		No ugha	2	

8	Was [Name's] blood tested with something like this? (Show sample RDT strip) D;k bl rjg ls ¼lSEiy okyh vkjMhVh fLVªi fn[kk;sa½ uke] -------------------------- ds [kwu dh tkap dh x;h\	Yes, RDT used gkWa vkjMhVh ls tkap dh Blood tested, but RDT not used [kwudh tkap dh ij vkjMhVh ls tkap ugha dh No blood test done [kwu dh tkap ugha gqbZ	1 2 3→	 11
9	Who conducted the blood test? [kwu dh tkap fdlus dh\	ASHA/local trained provider vk'kk ;k xkao ds vU; izf'kf{kr iznkrk Other vU;	1 2	
10	Were you told that the test showed that you had malaria? D;k vkidks crk;k x;k fd VsLV ds vk/kkj ij vkidks eysfj;k gS\	Yes gkWa No ugha	1 2	
11	Were you given tablets like these (Show ACT strip)? D;k vkidks bl rjg ds ¼,lhVh fLVªi fn[kk;sa½ VscysV fn;s x;s\	Yes gkWa No ugha	1 2→	 13
12	When were you given these tablets? vkidks ;s xksfy;ka dc nh x;ha\	Same day as test VsLV okys fnu The day after the test VsLV ds ckn okys fnu Later ckn esa	1 2 3	
13	Were you charged any money for diagnosis or treatment? [kwu dh tkap ;k nokbZ ds fy, D;k vkils iSls fy;s Fks\	Yes gkWa No ugha	1 2	

Section 6: Community participation

No.	Questions	Response	Code	Skip to
1	Does this community have meetings where malaria is discussed? D;k leqnk; ds yksx cSBdsa djrs gSa ftuesa eysfj;k ds ckjs esa ppkZ gksrh gS\	Yes gkWa No ugha	1 2	If 'No', that is the end of the interview
2	Who organized this meeting? dkSu O;fDr bl cSBd dks vk;ksftr djrk gS] cqykrk gS\ *Circle all answers given* fn;s x;s lHkh tokcksa ij xksyk cuk;sa	Respondent mRrjnkrk ANM ,,u,e Village Health and Sanitation Committee xzke LokLF; ,oa LoPNrk lfefr Community based Organization leqnk; vk/kkfjr laLFkkk Faith based Organization /kkfeZd laLFkkk Others (specify) _____ vU;] Li"V djsa Don't know ugha tkurs	1 2 3 4 5 6 8	
3	When was the last meeting? fiNyh cSBd dc gqbZ Fkh\ *Record < 1, if less than one month* ;fn ,d eghus ls de gks rks < 1 fjdkMZ djsa	---------------- Months ago ……………… eghus igys		

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

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Summary Analysis of Module 2

MTS should not ask the following questions, but should answer them on the basis of the instructions provided. Must code each question as Y or N

,eVh,I bu lokyksa dks u iwNsa ysfdu budk tokc tks funsZ'k fn;s x;s gS muds vk/kkj ij vkuk pkfg, gka ;k ugha esa izR;sd iz'u dk tokc fn;k tkuk pkfg,A

No	Questions	Responses	Code	
1	Are there enough local trained providers in the village to meet the norm of 1 per 1000 population? (Identification Box) D;k xkao esa i;kZIr LFkkuh; izf'kf{kr iznkrk gS tks fd ekud ds vk/kkj ij 1000 tula[;k ds vuqikr esa 1 gksuk pkfg,	Yes gkWa No ugha	1 2	C I
2	Are there enough local trained providers in the village to meet the norm of access to everyone in the community within 15 minutes walking distance? (Identification Box) D;k xkao esa i;kZIr LFkkuh; izf'kf{kr iznkrk gS tks fd ekud ds fglkc Is leqnk; ds fdlh Hkh O;fDr Is 15 feuV dh igqap esa gks	Yes gkWa No ugha	1 2	C I
3	Does the trained local provider have the ASHA learners' guide that was made especially for the malaria program? (Sec. 1: Q. 8, Q. 12) D;k LFkkuh; izf'kf{kr iznkrk ds ikl vk'kk dh izf'kf{kr iqfLrdk gS tks fo'ks"k :i Is eysfj;k ds fy;s ckuk;h x;h Fkh\	Yes gkWa No ugha	1 2	C I
4	Does the trained local provider know that malaria is transmitted by mosquito bite? (Sec. 2: Q 1) D;k LFkkuh; izf'kf{kr iznkrk dks irk gS fd eysfj;k ePNj ds dkVus Is izsf"kr gksrk gS\	Yes gkWa No ugha	1 2	C I
5	Does the trained local provider know that mosquitoes lay eggs in water? (Sec. 2: Q 6) D;k LFkkuh; izf'kf{kr iznkrk dks irk gS fd ePNj ikuh esa v.Ms nsrk gS\	Yes gkWa No ugha	1 2	C I
6	Is the trained provider proficient in conducting RDT? (Sec. 3: Q. 8, Q. 9) D;k izf'kf{kr iznkrk vkj Mh Vh Is tkap djus esa I{e gS\	Yes gkWa No ugha	1 2	C I
7	Does the trained local provider currently have at least 10 non-expired RD tests in stock? (Sec. 3: Q. 15) D;k orZeku esa LFkkuh; izf'kf{kr iznkrk ds ikl volku vof/k ds iwoZ ds de Is de 10 vkj Mh VsLV LVkd esa gS\	Yes gkWa No ugha	1 2	C I
8	Does the trained local provider currently have at least 20 non-expired RD tests in stock? (Sec. 3: Q. 15) D;k orZeku esa LFkkuh; izf'kf{kr iznkrk ds ikl volku vof/k ds iwoZ ds de Is de 20 vkj Mh VsLV LVkd esa gS\	Yes gkWa No ugha	1 2	C I

9	At any time in the last three months, did it happen that the trained provider could not do a blood test because s/he did not have the test kit in stock? (Sec 3, Q 16) D;k fiNys rhu eghuksa esa dHkh ,slk gqvk dh izf'kf{kr iznkrk [kwu dh tkap blfy;s ugha dj ik, D;wafd tkap dh fdV LVkd esa ugha Fkh\	Yes gkWa No ugha	**1** 2	I C
10	Does the trained local provider know how to read and use the expiry date on the RDT kit? (Sec. 3: Q. 18) D;k LFkkuh; izf'kf{kr iznkrk dks vkjMhVh ij fy[kh xbZ lekIrh frfFk dks i<+uk vkSj mi;ksx djuk vkrk gS\	Yes gkWa No ugha	1 2	C I
11	Was the RDT correctly stored? (Sec. 3: Q. 19) D;k vkj Mh Vh dks lgh rjhds Is j[kk x;k Fkk\	Yes gkWa No ugha	1 2	C I
12	Does the trained local provider have enough stock of ACT (at least 1 adult doses), not expired? (Sec. 4: Q. 1) D;k orZeku esa LFkkuh; izf'kf{kr iznkrk ds ikl de Is de 1 xSj lekid , lh Vh LVkd esa gS\ ¼tks o;Ld ds fy;s gksrh gS½	Yes gkWa No ugha	1 2	C I
13	At any time in the last three months, did it happen that the trained provider could not provide ACT to a patient because s/he did not have ACT in stock? (Sec 4, Q 2) D;k fiNys rhu eghuksa esa dHkh ,slk gqvk gS dh izf'kf{kr iznkrk ejht dks ,lhVh bl fy;s ugha ns ik, D;wafd ,lhVh dh xksyh LVkd esa ugha Fkh\	Yes gkWa No ugha	1 2	I C
14	Does the trained provider have a dosage chart for ACT, CQ and PQ? (Sec. 4: Q. 4) D;k izf'kf{kr iznkrk ds ikl , lh Vh] lh D;w vkSj ih D;w dk [kqjkd pkVZ gS\	Yes gkWa No ugha	1 2	C I
15	Is the trained local provider able to read and use the dosage chart correctly? (Sec 4, Q 4) D;k LFkkuh; izf'kf{kr iznkrk [kqjkd pkVZ dks lgh Bax Is i<+ ikrk vkSj bLrseky dj ikrk gS\	Yes gkWa No ugha	1 2	C I
16	Does the trained local provider have the M1 form or an equivalent register? (Sec. 5: Q 1) D;k LFkkuh; izf'kf{kr iznkrk ds ikl ,e 1 QkeZ gS ;k mlh rjg dk dksbZ jftLVj \	Yes gkWa No ugha	1 2	C I
17	Does the trained local provider maintain any written record of the fever cases that she tests or treats? (Sec. 5: Q 2) D;k LFkkuh; izf'kf{kr iznkrk cq[kkj Is ihfM+r dslksa dks ntZ djrk gS ftudk mlus ifj{k.k ;k bykt fd;k gks\	Yes gkWa No ugha	1 2	C I
18	Is the trained local provider using the M1 form or equivalent register to record fever cases? (Sec. 5: Q 3) D;k LFkkuh; izf'kf{kr iznkrk ,e 1 QkeZ ;k mlh rjg ds fdlh jftLVj esas cq[kkj ds dslksa dks ntZ djrh gS\	Yes gkWa No ugha	1 2	C I

19	Has the trained local provider seen at least once case of test-positive malaria in the last three months? (Sec. 5: Q 4) D;k LFkkuh; izf'kf{kr iznkrk us vkj-Mh-Vh-VsLV esa fiNys rhu eghuksa esa ,d Hkh iksflfVo eysfj;k dsl ik;k gS\	Yes gkWa No ugha	1 2	C I
20	Did the last RDT positive case seen by the trained provider receive ACT on the same day as the test? (Sec 5, Q 11) D;k fiNys vkjMhVh ikftfVo ejht dks mlh fnu ,lhVh feyh ftl fnu [kwu dh tkaap gqbZ Fkh\	Yes gkWa No ugha	1 2	C I
21	Has it happened in last one month that there was no stock-out of antimalarial drugs which lasted more than one week (Sec 4 Q. 5) D;k fiNys ,d ekl esa ,slk dHkh ugha gqvk fd vk'kk ds ikl ,d lIrkg ls vf/kd le; rd eysfj;k fojks/kh xksfy;kWa miyC/k ugha jgha gksa\	Yes gkWa No ugha	1 2	C I

NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME
Module 3: ANM/MPW (Multipurpose Health Worker M or F)

This form is for interviewing the Multipurpose Worker, Male (MPW) or Female (ANM) in charge of the subcenter that serves the sampled village. If the ANM / MPW are not available in the village on the day of the village visit, s/he may be interviewed on any other day during the same quarter.

Informed consent

Good morning / afternoon / evening. As you probably know my name is_____ and I am the MTS supporting the malaria work of this block. You may have seen me earlier. I am here to ask you a few questions about your work for the malaria program, to find out what further support you need. It will take about 15-20 minutes. You may also ask me any questions or tell me about the problems you face. May I ask you some questions now?

UkeLdkj! esjk uke ---------------------------------- gS vkSj eSa -------------- ¼in½ gwWa vkius eq>s igys Hkh ns[kk gksxkA eSa vki ls eysfj;k izksxzke ds ckjs esa dqN loky iwNus vk;k gwWa vkSj vkidks vkxs fdl izdkj dh lgk;rk pkfg, og tkuus vk;k gwWaA vki dk le; 15 ls 20 feuV dk le; ysxasA vki eq>s dksbZ Hkh loky iwN ldrs gSa ;k viuh leL;k ds ckjs esa crk ldrs gaSA D;k eSa vki ls dqN loky iwN ldrk gwWaA

Signature of interviewer: _____   Date: _____

Identification Information to be filled at the start of the interview :

From which universe has this village been selected? (Circle as appropriate)

All villages in the programme block   1

Villages targeted for LLIN   2

LQAS Number (Out of 19): ☐☐

Write names and codes as instructed by the VBDC / DMO:

oh ch Mh lh@Mh ,e vks ds funsZ'kksa ds vuqlkj uke vkSj dksM fy[ksa

State jkT; _____ ☐☐   District ft+yk _____ ☐☐

Block PHC: [k.M IkzkFkfed LokLF; dsUnz _____ ☐☐☐

Subcentre: mi&dsUnz _____ ☐☐   Village / Ward: Xkk¡o/ okMZ _____ ☐☐☐
☐

Hamlet / Street: gseysV/ xyh _____

Names of the ANM and MPW responsible for services in this subcenter: (Interview any one of the two)

Name of ANM: _____ Interviewed? Yes / No

Name of MPW:_____ Interviewed? Yes / No

Name of MTS: _____ Signature: _____

Date of interview: _____ /_____ /_____
Day /   Month   / Year

Section 1: Respondent's background

No.	Questions and Filters	Response	Code	Skip to
1	How old are you? vkidh mez D;k gS\	Age in completed years iw.kZ o"kksZa eas vk;q	☐ ☐	
2	How long have you been working as ANM / MPW? vki fdrus lkyksa ls ANM / MPW dh lsok,Wa ns jgs@jgh gSa\	Years o"kZ Months eghus	☐ ☐ ☐ ☐	
3	How long have you been serving in this subcenter? vki fdrus lkyksa ls bl mi&dsUnz esa lsok,Wa ns jgs@jgh gSa\	Years o"kZ Months eghus	☐ ☐ ☐ ☐	
4	Does the ANM reside in the subcenter? D;k ,,u,e mi LokLF; dsaUnz ds xkao esa jgrh gS\	Yes gkWa No ugha	1 2	
5	What is the total population of your subcenter area? vkids mi&dsaUnz fd tula[;k fdruh gSS\	Total Survey Population: ☐ ☐ ☐ ☐ ☐		
6	What is the total number of villages in your subcenter area? vkids mi&dsaUnz esa dqy xkao fd la[;k fdruh gSS\	Total Number	☐ ☐	
7	Total number of local trained providers for malaria in your area (formally trained in the use of RDT / ACT) vkids mi LokLF; dsaUnz esa fdrus eysfj;k izf'f{kr ¼RDT/ACT ds mi;ksx ds ckjs esa½ LFkkuh; lsok dehZ gSS\	Total number	☐ ☐	
8	Are there independent hamlets in your subcenter area where there should be a local trained provider, but there are none? D;k vkids mi&LokLF; dsaUnz foLrkj esa dksbZ ,slk xkao gS fd tgka eysfj;k izf'f{kr LFkkuh; lsok dehZ gksuk pkfg, ij ugha gS\	Yes gkWa No ugha	1 2→	Sec 2
9	How many such hamlets? fdrus ,sls xkao gS\	Total Number	☐ ☐	
10	How many of the above hamlets have an ASHA? ,sls fdrus xkao es vk'kk gS\	Total Number	☐ ☐	
11	How many of the above hamlets have an AWC? ,sls fdrus xkao es vkaxuokMh dk;ZdrkZ gS\	Total Number	☐ ☐	

Section 2: Training, knowledge and roles of ANM/MPW in malaria

1	How many days of training did you have on malaria for RDT and ACT usage? vkj-Mh-Vh- vkSj ,-lh-Vh- ds bLrseky ij vkius fdrus fnuksa dk izf'k{k.k fy;k gS\		☐ ☐ days	
2	Were you given any printed booklet or other material when you received training for malaria? eysfj;k izf'k{k.k ds nkSjku D;k vkidks Nih gqbZ lkexzh feyh Fkh\	Yes gkWaa	1	
		No ugha	2→	4
		Don't remember ;kn ugha	8→	4
3	Can you show me the material? D;k vki eq>s lkexzh fn[kk ldrs gS\ *Circle all answers given* fn;s x;s lHkh tokcksa ij xksyk cuk;sa	Shown, verified to be standard MPW learners' guide fn[kk;k igpkuk fd MPW dks lh[kus ds fy;s cukbZ xbZ xkbZM gSA	1	
		Has the MPW learners' guide, but not available presently MPW dks lh[kus ds fy;s cukbZ xbZ MPW xkbZM gS ijarq gky esa miyC/k ugha gSA	2	
		Some other material containing details of RDT / ACT vkj Mh Vh@, lh Vh ls IEcfU/kr vU; lkexzh	3	
		Some other material that does not have details of RDT / ACT lkexzh ftlesa vkj Mh Vh@, lh Vh dk fooj.k ugha gS	4	
		Not shown any materials dksbZ lkexzh ugha fn[kkbZ	5	
4	What all work do you do for the malaria program? eysfj;k izksxzke ds fy;s vki D;k&D;k dke djrs gS\	Blood testing [kwu dh tkap	1	
		Giving treatment to fever cases cq[kkj IEcfU/kr dsl dks bykt djuk	2	
		Educating people about how to prevent malaria / distribute IEC materials eysfj;k jksdus ds fy;s yksxksa dks le>kuk@vkbZ bZ lh lkexzh ckVuk	3	
		Impregnating / distribution of bednets ePNjnkuh ckVuk	4	
		Helping with insecticide spray dhVuk'kd Lizs djus esa en~n djuk	5	
		Supporting ASHA or other trained local provider	6	

			8		
		Others vU; Li"V djs (Specify) - _____			
5	Did you (either ANM or MPW) do any of the following? D;k LokLF; dehZ buesa Is D;k&D;k dkt djrk gS\		Yes	No	
		Helped identify a local provider in each village or hamlet who could be trained for malaria work	1	2	
		Ensured that the identified provider is sent for training	1	2	
		Attended the malaria training at the same time that the local provider was trained	1	2	
		Helped train the local provider in learning how to do a blood test during classroom training	1	2	
		Helped train the local provider during visits to the village	1	2	
		Informed and encouraged people of the village to seek blood testing and treatment from the local provider when someone has fever	1	2	
		Met the local provider regularly to check if s/he has any problems with blood testing or treating fever	1	2	
		Regularly checked for stocks of slides, RDT, ACT, CQ with the local provider and replenished when required	1	2	
		Involved the local provider during IRS	1	2	
		Involved the local provider for bednet distribution or impregnation	1	2	
6	Do you do RDT tests? D;k vki vkj Mh Vh }kjk jDr ifj{k.k djrs gSa\	Yes gkWa No ugha		1 2 →	9
7	Can you tell me the important steps for doing RDT? d`i;k crk;sa fd vkj Mh Vh djus ds egRoiw.kZ pj.k D;k gSa\ *Ask him/her to describe how RDT is done* mu Is iwNsa fd vkj Mh Vh dSls dh tkrh gS	Correctly told Igh crk;k x;k Incorrectly told xyr crk;k x;k Not told ugha crk;k	1 2 3		
8	How long should one wait before reading the RDT result? vkjVhMh ds fjtYV i<+us ds fy,	Don't know 88	☐☐☐ minutes		

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		fdrus le; rd bartkj fd;k tkuk pkfg,\	ugha tkurs		
9		I will now ask you questions related to four different cases of fever. You may look at your dosage chart and tell me what treatment you will give. vc eSa vkidks cq[kkj ds pkj vyx&vyx dsl ds IEcfU/kr iz'u iwNwxk\ vki viuk Mkst pkVZ ns[kdj crk;s fd dkSu lh mipkj nsxsaA			
10	Suppose a 25 year old man with fever comes to you, and you find that RDT is positive. What treatment will you give? cq[kkj Is ihfM+r 25 lky dh vk;q dk iq#"k vxj vkids ikl vkrk gS vkSj vkj Mh Vh ifj{k.k /kukRed gS rks vki D;k mipkj nsaxs\	Correct answer Igh mRrj	1	
		Wrong Answer xyr mRrj	2	
		Dosage chart not available nokbZ dh ek=k dk pkVZ ugha gS	3	
11	Suppose a year old child with fever comes to you, and you find that RDT is positive. What treatment will you give? cq[kkj Is ihfM+r 1 lky dh vk;q dk cPpk vxj vkids ikl vkrk gS vkSj vkj Mh Vh ifj{k.k /kukRed gS rks vki D;k mipkj nsaxs\	Correct answer Igh mRrj	1	
		Wrong Answer xyr mRrj	2	
		Dosage chart not available nokbZ dh ek=k dk pkVZ ugha gS	3	
12	Suppose a 50 year old woman with fever comes to you, and you find that RDT is negative. What treatment will you give? cq[kkj Is ihfM+r 50 lky dh vk;q dh efgyk vxj vkids ikl vkrh gS vkSj vkj Mh Vh ifj{k.k udkjkRed gS rks vki D;k mipkj nsaxs\	Correct answer Igh mRrj	1	
		Wrong Answer xyr mRrj	2	
		Dosage chart not available nokbZ dh ek=k dk pkVZ ugha gS	3	
13	Suppose a pregnant woman with fever comes to you and you find RDT is positive. What treatment will you give? cq[kkj Is ihfM+r xHkZorh efgyk vxj vkids ikl vkrh gS vkSj vkj Mh Vh ifj{k.k /kukRed gS rks vki D;k mipkj nsaxs\	Correct answer Igh mRrj	1	
		Wrong Answer xyr mRrj	2	
		Dosage chart not available nokbZ dh ek=k dk pkVZ ugha gS	3	
14	Where do malaria transmitting mosquito lay eggs? eysfj;k QSykus okys ePNj dgka v.Ms nrs gSa\ *Circle all answers given* fn;s x;s lHkh tokcksa ij xksyk cuk;sa *Do not read options.* mRrj u i<sa *Probe for more responses by asking,* "Any other …?" T;knk tokcksa dh iwNrkN djsa vkSj dqN dg dj iwNsa	Clean and stagnant water IkQ vkSj #ds ikuh esa	1	
		Dirty water xans ikuh	2	
		Any water dksbZ Hkh ikuh	3	
		Bushes / grass >kfM+;ka@?kkl	4	
		Forest taxy	5	
		Others (Specify) _____ vU;] Li"V djsa	6	
		Don't know ugha tkurs	8	

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Section 3: Data / Stock

1	Do you maintain M1 form? D;k vki ,e 1 QkWeZ fu;fer Hkjrs gS\	Yes gkWa No ugha	1 2	
2	Do you maintain a family-wise record of bednet ownership in the subcenter? D;k vki vius mi LokLF; dsUnz esa ePNjnkuh j[kus okys izR;sd ifjokj dk ys[kktks[kk j[krs gSa\	Yes, seen gkWa ns[kk Yes, but not shown gkWa] ij fn[kk;k ugha No such record maintained ,slk dksbZ ys[kk& tks[kk ugh j[kk gSA	1 2 3	
3	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? D;k fiNys rhu eghuksa esa dHkh ,slk gqvk gS fd vki dksbZ cq[kkj ls ihM+hr ejht dk [kwu VsLV djuk pkgrs Fks ijUrq vkjMhVh lekIr gks tkus ds dkj.k vki ,slk u dj lds\	Yes gkWa No ugha	1 2	
4	Has it happened in the last one month that you wanted to give a specific tablet to a patient of fever, but could not give because you did not have any drug for more than one week? D;k fiNys rhu eghuksa esa ,slk gqvk gS fd vki cq[kkj ls ihfM+r ejht dks dqN [kkl nokbZ nsuk pkgrs gks ij vki ugha ns ik;s D;ksa fd vkids ikl ml nokbZ dk LVkd ugha Fkk\		Y N	

		Artesunate tablets vkfVZlqusV VScysV	1 2	
		SP tablets ,lih VScysV	1 2	
		AS + SP combo strips ,,l $,lih dkEcks fLVªi	1 2	
		Primaquine (large) tablets izkbekdqbZu ¼cM+s½ VScysV	1 2	
		Chloroquine tablets Dyksjksdqbuu VScysV	1 2	
		Primaquine (small) tablets izkbekdqbZu ¼NksVs½ VScysV	1 2	

5	Examine the report or other records of the subcenter and note down the following information for slides collected during the month previous to the last reporting month (a reporting month that ended at least 15 days prior to the date of interview) mi&dsUnz uksaFk ,oe~ fjiksVZ ns[kdj fuEufyf[kr eqnnksa dh uksaFk djsaA xr fjiksfVax ekg ds igys ds ekg esa ,d= dh xbZ jDr iVVh;ksa dk fooj.k uksFksaA	Number of slides collected (total) Number of slides by active case finding Number sent to microscopy center (all) Number of slide reports received (all) Number of slides found positive (all) Number of positive cases completing RT	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
6	How many adult doses of ACT do you have in stock	Number in stock dqy fdrus gSaA	☐ ☐	

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	vkids ikl esa ACT& o;Ld ds fdrus [kqjkd gSa		☐☐	
7	How many tablets of CQ do you have in stock? dqy fdruh DyksjksfDou gSaA	Number in stock dqy fdrus gSaA	☐☐	
8	How many tablets of PQ do you have in stock? dqy fdruh ijkbekfDou gSaA	Number in stock dqy fdrus gSaA	☐☐	
9	How many RDT expired last month? xr ekg esa dqy fdrus RDT dh rkjh[k chr xbZA	Number expired dqy fdrus chrh rkjh[k ds gSaA	☐☐	
10	How many ACT adult doses expired last month? xr ekg esa dqy fdrus ACT o;Ld dh rkjh[k chr xbZA	Number expired dqy fdrus chrh rkjh[k ds gSaA	☐☐	
11	How many LLINs were distributed in the SC since January 2010? dqy fdrus LLINs ykbu ckaBs x,A	Number distributed dqy fdrus ckaVs x, gSaA	☐☐	
12	How many ITN were distributed in the SC since January 2010? dqy fdrus ITN ckaVs x,\	Number distributed dqy fdrus ckaVs x, gSaA	☐☐	

Section 4: ASHA / Local providers

1	Do the ASHA / local trained providers in your subcenter conduct blood tests for malaria? D;k vk'kk ;k LFkkuh; iznkrk jDr tkap djrk gS\	Yes gkWa No ugha	1 2→	8
2	Do they use RDT? D;k og RDT mi;ksx djrk gS\	Yes gkWa No ugha	1 2	
3	Do they collect slides? D;k og jDr iVV~h cukrk gS\	Yes gkWa No ugha	1 2	
4	Have the ASHA / local providers been instructed to conduct blood tests of all fever cases or only of fever cases suspected to be malaria? D;k og lkjs cq[kkj ds ejht dh jDr iVV~h cukrk gS ;k dsoy eysfj;k v'kadk okys dh\	Blood tests of all fever cases Blood tests of only suspected malaria cases RDT of suspected malaria cases, slides of other fever case Other (specify)	1 2 3 4	
5	How are the slides from ASHA / local trained providers transported to the microscopy center? vk'kk ;k LFkkuh; iznkrk }kjk ,d= dh xbZ jDr iVV~h tkap dsUnz rd dSls igaqprh gS\	Taken to lab by the ASHA herself Taken to lab by ANM/MPW Taken to lab by patient's relatives Other	1 2 3 4	
6	How are the slides results conveyed to the ASHA / local trained provider? vk'kk ;k LFkkuh; iznkrk rd jDr iVV~h dk ifj.kke dSls igaqprk gS\	Report collected by ASHA from lab Report given to ASHA by ANM/MPW Report not given to ASHA Other	1 2 3 4	
7	On an average, how many days does it take from collection of a slide in the village by the ASHA to the report reaching the village from the lab? jDr iVV~h ,d= djus ds fdrus fnuksa ds vUnj	Number of days	☐ ☐	
8	Do the ASHA/Local providers maintain a record of fever cases they see?	Yes, some of them	1	

	क्या आशा / स्थानीय प्रदाता बुखार के मामलों के रिकार्ड रखते हैं?	Yes, all of them	2	
		No, none of them	3 →	10
9	How often do you collect the record / report of fever cases from each ASHA / local provider? / / ?	Do not get any data from them Get it once a month Get it once a fortnight Get it once a week Other		
10	According to the training you have received, or the instructions given from the PHC, which worker is expected to support the ASHA / local trained provider for malaria-related work?	Male MPW Malaria Inspector ANM MTS Other	1 2 3 4 5	

Section 5: Supervision

1	Is your malaria related work reviewed by your superiors? क्या आपके मलेरिया से संबंधित काम की समीक्षा वरिष्ठ अधिकारियों द्वारा की गयी है?	Yes gkWa No ugha	1 2	
2	Who reviews your work? आपके काम की समीक्षा कौन करता है?	MO-PHC Male/Female Supervisor/LHV Other	1 2 3	
3	How often is your malaria-related work formally reviewed in PHC meetings? कितनी बार मलारिय से सम्बन्धित कार्य की समीक्षा में की जाती है?	Once a week Once a month Less frequently than once a month	1 2 3	

Summary Analysis of Module 3

MTS should not ask the following questions, but should answer them on the basis of the instructions provided. Must code each question as Y or N

,eVh,l bu lokyksa dks u iwNsa ysfdu budk tokc tks funsZ'k fn;s x;s gS muds vk/kkj ij vkuk pkfg, gka ;k ugha esa izR;sd iz'u dk tokc fn;k tkuk pkfg,A

No	Questions	Responses		Code
1	Are there enough local trained providers in the subcenter to meet the norm of 1 per 1000 population? (Sec 1, Q 5, 7) D;k xkao esa i;kZIr LFkkuh; izf'kf{kr iznkrk gS tks fd ekud ds vk/kkj ij 1000 tula[;k ds vuqikr esa 1 gksuk pkfg,	Yes gkWa No ugha	1 2	C I
2	Is there any village or hamlet without local trained providers in the sub-center area, despite the presence of ASHA or AWW in the hamlet? (Sec 1, Q 8, 10, 11) D;k bl mi dsUnz ds vUrxZr dksbZ ,slk xkao gS tgka ij vk'kk ;k vkxauokMh dk;ZdrkZ gksus ds ckotwn LFkkuh; izf'kf{kr iznkrk ugha gSA	Yes gkWa No ugha	1 2	I C
3	Has the interviewed ANM/MPW received formal training in use of RDT/ACT? (Sec 2, Q 1) D;k ;g MPWs RDT/ACT dk mi;ksx djus ds fy, izf'kf{kr gSA	Yes gkWa No ugha	1 2	C I

4	Does the ANM/MPW report that s/he informs and encourages the community to seek blood testing and treatment from the local provider in case of fever? (Sec 2, Q 5) D;k ;g MPW us crk;k fd oks cq[kkj ds ekjht dks jDr dh tkap ,oe~ mipkj ds fy, tkudkjh nsrk gS vkSj izksRlkfgr djrk gSA	Yes gkWa No ugha	1 2	C I
5	Does the ANM/MPW know the correct method of conducting the RDT? (Sec 2, Q 7, 8) D;k ;g MPW lgh rjhds ls RDK }kjk tkap djuk tkurk gS\	Yes gkWa No ugha	1 2	C I
6	Does the ANM/MPW tell the correct treatment for an adult man with fever who is RDT positive? (Sec 2, Q 10) D;k ;g MPW]o;Ld cq[kkj okys ejht ftldk RD Test ?kukRed gS mldk lgh mipkj crk ik jgs gSa\	Yes gkWa No ugha	1 2	C I
7	Does the ANM/MPW tell the correct treatment for a pregnant woman who is RDT positive? (Sec 2, Q 13) D;k ;g MPW] xHkZorh efgyk ejht ftldk RD Test ?kukRed gS mldk lgh mipkj crk ik jgs gSa\	Yes gkWa No ugha	1 2	C I
8	Does the ANM/MPW know that malaria is transmitted by mosquitoes that lay eggs in clean water? (Sec 2, Q 14) D;k ;g MPW tkurk gS fd tks lkQ ikuh esa v.Ms nsrk gS oSls ePNj ls eysfj;k QSyrk gS\	Yes gkWa No ugha	1 2	C I
9	Does the ANM/MPW maintain a family-wise record of bednet ownership? (Sec 3, Q 2) D;k ;g MPW ePNjnkuh j[kus okys izR;sd dqVqEc dh uksan j[krk gS\	Yes gkWa No ugha	1 2	C I
10	Has the ANM/MPW experienced a stock out of RDT in the past three months? (Sec 3, Q 3) D;k ;g MPW dks foxr rhu ekg esa RDT miyC/k u gks ,slk vuqHko gqvk gS\	Yes gkWa No ugha	1 2	I C
11	Has the ANM/MPW experienced a stock out of ACT lasting more than one week in the last one month? (Sec 3, Q 4, 6) D;k ;g MPW dks xr ekg esa ,d lIrkg ls T;knk le; rd ACT miyC/k u gks ,slk vuqHko gqvk gS\	Yes gkWa No ugha	1 2	I C
12	Does the interviewed ANM/MPW report that either the ANM or the male MPW is expected to support ASHA / local providers for malaria-related work? (Sec 4, Q 10) D;k ;g MPW tkurk gS fd mls eysfj;k fojks/kh dkt ds fy, vk'kk ;k LFkkuh; izf'kf{kr iznkrk dks lgk; nsuk gS\	Yes gkWa No ugha	1 2	C I
13	Is the malaria-related work of the ANM/MPW reviewed at least once a month at PHC meetings? (Sec 5, Q 3) D;k ;g MPW ds eysfj;k fojks/kh dkt dh lekykspuk vjksX; dsUnz dh IHkk esa ekg esa ,d ckj gksrh gS\	Yes gkWa No ugha	1 2	C I

NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME

Hand Tabulation Table for one LQAS sample from One Universe
From Module 1, Summary Analysis of Part 2 (Awareness, Bednets, IRS)

Universe (circle one): 1. All villages in Block   2. Villages targeted for LLIN   3. Areas targeted for IRS

4. Other (specify) _____

State: _____   District: _____   Block-PHC: _____

Supervisor: _____   Date: _____/_____/_____

CORRECT = C   **INCORRECT = I**   **SKIPPED = S**   **MISSING = M**

No	Indicator	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	Total Correct (C)	Total Sample Size=C+I
1	Is the respondent aware of any local person (other than ANM, MPW, doctor) providing blood testing for diagnosis of malaria? D;k mRrjnkrk dks fdlh LFkkuh; O;fDr ¼,,u,e] ,eihMCY;w MkDVj ds vykok½ dh tkudkjh gS tks eysfj;k dk irk djus ds fy, [kwu dh tkap djrk gks\ ¼lsD'ku 2] iz'u 2½																					
2	Is the respondent aware of any local person providing treatment of malaria? क्या उत्तरदाता को किसी स्थानीय व्यक्ति (एएनएम, एमपीडब्ल्यू, डाक्टर के अलावा) की जानकारी है जो मलेरिया का इलाज करता हो? (सेक्शन 2, प्रश्न 4)																					
3	Does the respondent know that malaria is transmitted by mosquito bite? क्या उत्तरदाता जानते हैं कि मच्छर काटने से मलेरिया फैलता है? (सेक्शन 2(A): प्रश्न 1)																					
4	Does the respondent know that mosquitoes lay eggs in water? क्या उत्तरदाता जानते हैं कि मच्छर पानी में अ.Mा देते हैं? (सेक्शन 2(A): प्रश्न 6)																					
5	Does the respondent know about the symptoms of malaria? क्या उत्तरदाता मलेरिया के चिन्Ðों के बारे में जानते हैं? (सेक्शन 2(A): प्रश्न 3)																					
6	Does the respondent know how to prevent from malaria? क्या उत्तरदाता मलेरिया से कैसे बचा जाए उसके बारे में जानते हैं? (सेक्शन 2(A): प्रश्न 2)																					
7	Does the household own any mosquito net? D;k ifjokj ds ikl dksbZ ePNjnkuh gS\																					
8	Was the house sprayed in the last 3 months? D;k fiNys 3 eghuksa esa ?kj esa fNM+dko fd;k x;k gS\																					
9	Did the selected person sleep under a bednet last night? D;k pquk x;k O;fDr fiNyh jkr ePNjnkuh esa lks;k\																					
10	Did the selected person sleep under an ITN/LLIN last night? D;k pquk x;k O;fDr fiNyh jkr vkbZVh,u@,y,yvkbZ,u esa lks;k\																					

No	Indicator	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	Total Correct (C)	Total Sample Size=C+I
11	Did the selected person sleep in a room sprayed by insecticide in the last 3 months? D;k pquk x;k O;fDr ml dejs esa lks;k ftlesa fiNys 3 eghuksa esa dhVuk'kd dk fNM+dko fd;k x;k Fkk\																					
12	Did the selected person sleep either in a room sprayed by insecticide in the last 3 months, or under an LLIN or under a bed net impregnated in the last 6 months? D;k pquk x;k O;fDr ;k rks fiNys 3 eghus esa dhVuk'kd fNM+dko fd;s x;s dejs esa lks;k ;k fdlh ,y,yvkbZ,u ;k fdlh ePNjnkuh ds vanj lks;k ftls fiNys 6 eghuksa esa mipkfjr fd;k x;k gks\																					

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Hand Tabulation Table for one LQAS sample from One Universe
From Module 1, Summary Analysis of Part 3 (Case of Fever in the Last 2 weeks)

Universe (circle one): 1. All villages in Block   2. Villages targeted for LLIN   3. Areas targeted for IRS
4. Other (specify) _____

State: _____   District: _____   Block-PHC: _____

Supervisor: _____   Date: _____/_____/_____

CORRECT = C   INCORRECT = I   SKIPPED = S   MISSING = M

No	Indicator	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	Total Correct (C)	Total Sample Size = C+
1	Was there a contact with any service provider within one clear day of start of fever? D;k cq[kkj 'kq: gksus ds T;knk ls T;knk ,d fnu ds vanj fdlh lfoZl izksokbMj ls laidZ fd;k x;k Fkk\																					
2	Was a blood test (RDT/blood smear) done? D;k [kwu dh tkap ¼vkjMhVh@CyM Leh;j½ djk;k x;k Fkk\																					
3	Was a blood test done within one clear day of start of fever? D;k cq[kkj 'kq: gksus ds T;kns ls T;knk ,d fnu ds vanj [kwu dh tkap djk;h x;h Fkh\																					
4	Did the patient get the result of a slide test within a clear day of doing the slide test? D;k jDr tkap gksus ds ,d fnu ds vanj tkap dk fjtYV fey x;k Fkk\																					
5	Was a blood test result received within a clear day of contact with service provider? D;k lfoZl izksokbMj ls laidZ gksus ds T;kns ls T;knk ,d fnu ds vanj tkap dk fjtYV fey x;k Fkk\																					
6	Was the blood test done by the designated local provider? D;k [kwu dh tkap LFkkuh; izksokbMj }kjk djk;h x;h\																					
7	Was the treatment for malaria provided by the designated local provider? D;k eysfj;k dk bykt LFkkuh; bykt nsus okys ls djk;h x;h\																					

NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME

Hand Tabulation Table for one LQAS sample from One Universe
From Module 2, Summary Analysis

Universe (circle one): 1. All villages in Block   2. Villages targeted for LLIN   3. Areas targeted for IRS
4. Other (specify) _____

State: _____   District: _____   Block-PHC: _____

Supervisor: _____   Date: _____/_____/_____

CORRECT = C	INCORRECT = I	SKIPPED = S	MISSING = M

No	Indicator	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	Total Correct (C)	Total Sample Size=C+I
1	Are there enough local trained providers in the village to meet the norm of 1 per 1000 population? D;k xkao esa i;kZIr LFkkuh; izf'kf{kr iznkrk gS tks fd ekud ds vk/kkj ij 1000 tula[;k ds vuqikr esa 1 gksuk pkfg,																						
2	Are there enough local trained providers in the village to meet the norm of access to everyone in the community within 15 minutes walking distance? D;k xkao esa i;kZIr LFkkuh; izf'kf{kr iznkrk gS tks fd ekud ds fglkc ls leqnk; ds fdlh Hkh O;fDr ls 15 feuV dh igqap esa gks																						
3	Does the trained local provider have the ASHA learners' guide that was made especially for the malaria program? D;k LFkkuh; izf'kf{kr iznkrk ds ikl vk'kk dh izf'kf{kr iqfLrdk gS tks fo'ks"k :i ls eysfj;k ds fy;s ckuk;h x;h Fkh\																						
4	Does the trained local provider know that malaria is transmitted by mosquito bite? D;k LFkkuh; izf'kf{kr iznkrk dks irk gS fd eysfj;k ePNj ds dkVus ls izlf"kr gksrk gS\																						
5	Does the trained local provider know that mosquitoes lay eggs in water? D;k LFkkuh; izf'kf{kr iznkrk dks irk gS fd ePNj ikuh esa v.Ms nsrk gS\																						
6	Is the trained provider proficient in conducting RDT? D;k izf'kf{kr iznkrk vkj Mh Vh ls tkap djus esa l{e gS\																						

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No	Indicator	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	Total Correct (C)	Total Sample Size=C+I
7	Does the trained local provider currently have at least 10 non-expired RD tests in stock? D;k orZeku esa LFkkkuh; izf'kf{kr iznkrk ds ikl volku vof/k ds iwoZ ds de ls de 10 vkj Mh VsLV LVkd esa gS\																					
8	Does the trained local provider currently have at least 20 non-expired RD tests in stock? D;k orZeku esa LFkkkuh; izf'kf{kr iznkrk ds ikl volku vof/k ds iwoZ ds de ls de 20 vkj Mh VsLV LVkd esa gS\																					
9	At any time in the last three months, did it happen that the trained provider could not do a blood test because s/he did not have the test kit in stock? D;k fiNys rhu eghuksa esa dHkh ,slk gqvk dh izf'kf{kr iznkrk [kwu dh tkap blfy;s ugha dj ik, D;wafd tkap dh fdV LVkd esa ugha Fkh\																					
10	Does the trained local provider know how to read and use the expiry date on the RDT kit? D;k LFkkkuh; izf'kf{kr iznkrk dks vkjMhVh ij fy[kh xbZ lekIrh frfFk dsk i<+uk vkSj mi;ksx djuk vkrk gS\																					
11	Was the RDT correctly stored? D;k vkj Mh Vh dks lgh rjhds ls j[kk x;k Fkk\																					
12	Does the trained local provider have enough stock of ACT (at least 1 adult doses), not expired? D;k orZeku esa LFkkkuh; izf'kf{kr iznkrk ds ikl de ls de 1 xSj lekid , lh Vh LVkd esa gS\ ¼tks o;Ld ds fy;s gksrh gS½																					
13	At any time in the last three months, did it happen that the trained provider could not provide ACT to a patient because s/he did not have ACT in stock? D;k fiNys rhu eghuksa esa dHkh ,slk gqvk gS dh izf'kf{kr iznkrk ejht dks ,lhVh bl fy;s ugha ns ik, D;wafd ,lhVh dh xksyh LVkd esa ugha Fkh\																					
14	Does the trained provider have a dosage chart for ACT, CQ and PQ? D;k izf'kf{kr iznkrk ds ikl , lh Vh] lh D;w vkSj ih D;w dk [kqjkd pkVZ gS\																					
15	Is the trained local provider able to read and use the dosage chart correctly? D;k LFkkkuh; izf'kf{kr iznkrk [kqjkd pkVZ dks lgh Bax ls i<+ ikrk vkSj bLrseky dj ikrk gS\																					

No	Indicator	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	Total Correct (C)	Total Sample Size=C+I
16	Does the trained local provider have the M1 form or an equivalent register? D;k LFkkuh; izf'kf{kr iznkrk ds ikl ,e 1 QkeZ gS ;k mlh rjg dk dksbZ jftLVj \																					
17	Does the trained local provider maintain any written record of the fever cases that she tests or treats? D;k LFkkuh; izf'kf{kr iznkrk cq[kkj ls ihfM+r dslksa dks ntZ djrk gS ftudk mlus ifj{k.k ;k bykt fd;k gks\																					
18	Is the trained local provider using the M1 form or equivalent register to record fever cases? D;k LFkkuh; izf'kf{kr iznkrk ,e 1 QkeZ ;k mlh rjg ds fdlh jftLVj esas cq[kkj ds dslksa dks ntZ djrh gS\																					
19	Has the trained local provider seen at least once case of test-positive malaria in the last three months? D;k LFkkuh; izf'kf{kr iznkrk us vkj-Mh-Vh-VsLV esa fiNys rhu eghuksa esa ,d Hkh iksflfVo eysfj;k dsl ik;k gS\																					
20	Did the last RDT positive case seen by the trained provider receive ACT on the same day as the test? D;k fiNys vkjMhVh ikftfVo ejht dks mlh fnu ,lhVh feyh ftl fnu [kwu dh tkaap gqbZ Fkh\																					
21	Has it happened in last one month that there was no stock-out of anti-malarial drugs which lasted more than one week D;k fiNys ,d ekl esa ,slk dHkh ugha gqvk fd vk'kk ds ikl ,d lIrkg ls vf/kd le; rd eysfj;k fojks/kh xksfy;kWa miyC/k ugha jgha gksa\																					

Hand Tabulation Table for one LQAS sample from One Universe
From Module 3, Summary Analysis

Universe (circle one): 1. All villages in Block   2. Villages targeted for LLIN   3. Areas targeted for IRS
4. Other (specify) _____

State: _____   **District:** _____   **Block-PHC:** _____

Supervisor: _____   **Date:** _____/_____/_____

CORRECT = C	INCORRECT = I	SKIPPED = S	MISSING = M

No	Indicator	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	Total Correct (C)	Total Sample Size=C+I
1	Are there enough local trained providers in the sub-center to meet the norm of 1 per 1000 population? (Sec 1, Q 5, 7) D;k xkao esa i;kZIr LFkkuh; izf'kf{kr iznkrk gS tks fd ekud ds vk/kkj ij 1000 tula[;k ds vuqikr esa 1 gksuk pkfg,																					
2	Is there any village or hamlet without local trained providers in the sub-center area, despite the presence of ASHA or AWW in the hamlet? (Sec 1, Q 8, 10, 11) D;k bl mi dsUnz ds vUrxZr dksbZ ,slk xkao gS tgka ij vk'kk ;k vkxukokMh dk;ZdrkZ gksus ds ckotwn LFkkuh; izf'kf{kr iznkrk ugha gSA																					
3	Has the interviewed ANM/MPW received formal training in use of RDT/ACT? (Sec 2, Q 1) D;k ;g MPWs RDT/ACT dk mi;ksx djus ds fy, izf'kf{kr gSA																					
4	Does the ANM/MPW report that s/he informs and encourages the community to seek blood testing and treatment from the local provider in case of fever? (Sec 2, Q 5) D;k ;g MPW us crk;k fd oks cq[kkj ds ekeht dks jDr dh tkap ,oe~ mipkj ds fy, tkudkjh nsrk gS vkSj izksRlkfgr djrk gSA																					
5	Does the ANM/MPW know the correct method of conducting the RDT? (Sec 2, Q 7, 8) D;k ;g MPW lgh rjhds ls RDK }kjk tkap djuk tkurk gS\																					

No	Indicator	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	Total Correct (C)	Total Sample Size=C+I
6	Does the ANM/MPW tell the correct treatment for an adult man with fever who is RDT positive? (Sec 2, Q 10) D;k ;g MPW]o;Ld cq[kkj okys ejht ftldk RD Test ?kukRed gS mldk lgh mipkj crk ik jgs gSa\																					
7	Does the ANM/MPW tell the correct treatment for a pregnant woman who is RDT positive? (Sec 2, Q 13) D;k ;g MPW] xHkZorh efgyk ejht ftldk RD Test ?kukRed gS mldk lgh mipkj crk ik jgs gSa\																					
8	Does the ANM/MPW know that malaria is transmitted by mosquitoes that lay eggs in clean water? (Sec 2, Q 14) D;k ;g MPW tkurk gS fd tks lkQ ikuh esa v.Ms nsrk gS oSls ePNj ls eysfj;k QSyrk gS\																					
9	Does the ANM/MPW maintain a family-wise record of bednet ownership? (Sec 3, Q 2) D;k ;g MPW ePNjnkuh j[kus okys izR;sd dqVqEc dh uksan j[krk gS\																					
10	Has the ANM/MPW experienced a stock out of RDT in the past three months? (Sec 3, Q 3) D;k ;g MPW dks foxr rhu ekg esa RDT miyC/k u gks ,slk vuqHko gqvk gS\																					
11	Has the ANM/MPW experienced a stock out of ACT which lasted more than one week in the last one month? (Sec 3, Q 4, 6) D;k ;g MPW dks xr ekg esa ,d lIrkg ls T;knk le; rd ACT miyC/k u gks ,slk vuqHko gqvk gS\																					
12	Does the interviewed ANM/MPW report that either the ANM or the male MPW is expected to support ASHA / local providers for malaria-related work? (Sec 4, Q 10) D;k ;g MPW tkurk gS fd mls eysfj;k fojks/kh dkt ds fy, vk'kk ;k LFkkuh; izf'kf{kr iznkrk dks lgk; nsuk gS\																					
13	Is the malaria-related work of the ANM/MPW reviewed at least once a month at PHC meetings? (Sec 5, Q 3) D;k ;g MPW ds eysfj;k fojks/kh dkt dh lekykspuk vjksX; dsUnz dh lHkk esa ekg esa ,d ckj gksrh gS\																					