

Appendix 2. Data collection tools in English and Kiswahili

CROSS-SECTIONAL HH SURVEY IN RUFJI DISTRICT CHINA -TANZANIA PILOT  
JOINT MALARIA CONTROL PROJECT

**Appendix 2:**

**Malaria indicator survey Household questionnaire for the  
study Community**

**Version 1.0**

**Form Information**

Form Serial Number (IC1): [Copy from Informed Consent agreement Household Head]	
Date (DT):	
Interviewer Name:	
Interviewer signature:	
Supervisor Name:	
Supervisor signature:	
Ten-cell unit leader name:	

**Study Information:**

Site (SE):	101 Rufiji, United Republic of Tanzania)
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## Part I-Household Information-Fill out once for each house

1. Enumeration area (EA; concatenated numeric codes for Municipality-Ward-Village)

Geographic area unit:	Council/District	Ward	Village/Sub-village
Digits:	1	2	2
Code:			

2. House location and identity within the sampling frame

Housing unit:	Ten-cell unit cluster (CR)	Compound or Plot (CP)	Household (HH)
Digits:	3	3	3
Code:			

3. Registered House Number\_\_\_\_\_

4. Name of Head of Household\_\_\_\_\_

**Part II-Household Listing-Fill out questionnaire for each person who stayed in house previous night.**

1. Name of person\_\_\_\_\_
2. Informed Consent form number (IC1) of (NAME:\_\_\_\_\_
3. Assign an Individual Identity (II) number within the household: [      ]
4. Is (NAME) male or female?
  - a. MALE
  - b. FEMALE
5. Does (NAME) usually live here?
  - a. YES
  - b. NO
6. Did (NAME) stay here last night?
  - a. YES
  - b. NO (Go direct to question 11)
7. To the nearest hour, what time last night did (NAME) go indoors for the evening?  
[      ]
8. To the nearest hour, what time last night did (NAME) go to bed? [      ]
9. To the nearest hour, what time this morning did (NAME) get out of bed? [      ]
10. To the nearest hour, what time this morning did (NAME) first go outdoors? [      ]
11. In the past month, has (NAME) slept somewhere outside of this house?
  - a. YES
  - b. NO
  - c. NOT SURE
12. Has (NAME) been ill with a fever at any time in the last 2 weeks?
  - a. YES
  - b. NO
  - c. NOT SURE
13. Did you seek advice or treatment for the fever from any source?
  - a. YES
  - b. NO
14. Where did you seek advice or treatment? (Check all that apply)

- a. GOVT. HOSPITAL [   ]
- b. GOVT. HEALTH CENTER [   ]
- c. GOVT. HEALTH POST [   ]
- d. MOBILE CLINIC [   ]
- e. FIELD WORKER [   ]
- f. OTHER PUBLIC [   ]
- g. PVT. HOSPITAL/CLINIC [   ]
- h. PHARMACY [   ]
- i. PRIVATE DOCTOR [   ]
- j. MOBILE CLINIC [   ]
- k. PROJECT COMMUNITY HEALTH NURSE [   ]
- l. OTHER PVT. MEDICAL)\_\_\_\_\_ [   ] \_\_\_\_\_
- m. SHOP [   ]
- n. TRAD. PRACTITIONER [   ]
- o. OTHER)\_\_\_\_\_ [   ]

15. Has (NAME) had a fever in the last 24 hours?

- a. YES
- b. NO
- c. DON'T KNOW

16. Has (NAME) taken any drugs in the last 2 weeks? (Check all that apply)

- a. SP/FANSIDAR [   ]
- b. CHLOROQUINE [   ]
- c. AMODIAQUINE [   ]
- d. QUININE [   ]
- e. COARTEM [   ]
- f. OTHER ANTIMALARIAL (SPECIFY)\_\_\_\_\_ [   ]
- g. ASPIRIN [   ]
- h. ACETAMINOPHEN/PARACETAMOL [   ]
- i. IBUPROFEN [   ]
- j. OTHER (SPECIFY)\_\_\_\_\_ [   ]
- k. DON'T KNOW [   ]

17. Is this person present for a malaria/anemia test?

- a. YES (Fill out results in Section IV)
- b. NO

18. Are there any other persons who live in this house that we have not listed?

- a. YES (Go back to QUESTION 1 and fill out this form for that person)
- b. NO

19. Are there any other persons such as small children or infants that we have not listed?

- a. YES (Go back to QUESTION 1 and fill out this form for that person)

b. NO

20. In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here?

a. YES (Go back to QUESTION 1 and fill out this form for that person)

b. NO

### Part III-Malaria infection status and risk factors for each participant

1. Assigned individual identifier number (II) of each participant within the household: [    ]
2. Serial number from Informed Consent agreement for this individual  
  
(IC1): \_\_\_\_\_
3. Did (NAME) stay here last night?
  - a. YES
  - b. NO
4. To the nearest hour, what time last night did (NAME) go indoors for the evening?  
[    ]
5. To the nearest hour, what time last night did (NAME) go to bed? [    ]
6. To the nearest hour, what time this morning did (NAME) get out of bed? [    ]
7. To the nearest hour, what time this morning did (NAME) first go outdoors? [    ]
8. In the past month, has (NAME) slept somewhere outside of this house?
  - a. YES
  - b. NO
  - c. NOT SURE
9. Did (NAME) sleep under a net last night?
  - a. YES
  - b. NO (Go to question 17)
  - c. NOT SURE
10. How long ago was the net obtained?  
Months: [    ]      Years: [    ]      Don't know: [    ]
11. What is the brand of net used:
  - a. PermaNet
  - b. Olyset
  - c. SupaNet
  - d. Safinet
  - e. Mbu net
12. Since you got the mosquito net, was it ever soaked or dipped in a liquid to repel mosquitoes or bugs?
  - a. YES
  - b. NO (Go to question #7)
  - c. NOT SURE (Go to question #7)

13. How long ago was the net last soaked or dipped? (If less than 1 month, enter '00')

Months:     [     ]     Years:     [     ]

## Part IV-Malaria/Anemia-Record of the Parasitology Results for each participant

14. Assigned number of individual within the household (II): [   ]

15. Serial number from Informed Consent agreement for this individual

(IC1): \_\_\_\_\_

16. RDT Result

a. Positive

b. Negative

17. Blood smear taken?

a. YES

b. NO

***If the answer is No go to question 27***

18. Date slide was read (day/month/year):

|\_|\_|/|\_|\_|/|2|0|1|5|

### ***Asexual stages[UZAO MGAWANYO]***

19. P. falciparum (1=yes; 2=no):

|\_|

20. P. malariae (1=yes; 2=no):

|\_|

21. Number of asexual forms counted:

|\_|\_|\_|\_|

22. Number of leukocytes counted:

|\_|\_|\_|

### ***Sexual stages[ UZAO MWINGILIANO]***

23. P. falciparum gametocytes[VIMELEA PACHA] (1=yes; 2=no):

|\_|

24. P. malariae gametocytes (1=yes; 2=no):

|\_|

25. Number of gametocytes counted:

|\_|\_|\_|\_|

26. Number of (CHEMBE NYEUPE)leukocytes counted:

|\_|\_|\_|



27. Dried blood spot sample on filter paper taken?

- a. YES
- b. NO

28. Are there any other persons who live in this house that we have not tested?

- a. YES (Go back to QUESTION 1 and fill out this form for that person)
- b. NO

**UFUATILIAJI NA TATHMINI YA KIWANGO CHA MAAMBUKIZI  
YA MALARIA ENEO LA RUFJI KUPITIA MRADI WA  
USHIRIKA KATI YA CHINA NA TANZANIA KATIKA  
KUTOKOMEZA UGONJWA WA MALARIA**

**Kiambatanisho 1:**

**Hojaji la ukaguzi waviasharia vya  
malaria katika jamii wa Jumla**

**Toleo 1.0**

**Taarifa za Fomu**

Namba ya Fomu (IC1): [Nakala kutoka kwenye Fomu ya Makubaliano ya Ridhaa ya Mkuu wa Kaya]	
Tarehe (DT):	
Jina la mdodosaji:	
Sahihi ya mdodosaji:	
Jina la Msimamizi:	
Sahihi ya Msimamizi:	
Jina la Mjumbe wa Nyumba Kumi:	

**Taarifa za Utafiti:**

Mahali (SE):	101 (Dar es Salaam, Jamhuri ya Muungano ya Tanzania)
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### Sehemu ya I-Taarifa za Kaya – Jaza mara moja kwa kila nyumba

1. Eneo la Kuchukulia Taarifa (EA; Tarakimu za Kifupisho za Manispaa-Kata-Mtaa)

Eneo la Kijiografia:	Manispaa	Kata	Kijiji/Kitongoji
Tarakimu:	1	2	2
Kifupisho:			

2. Mahali nyumba ilipo na utambulisho ndani ya sampuli

Utambulisho wa Nyumba:	Namba ya shina (CR)	Namba ya Nyumba (CP)	Namba ya kaya (HH)
Tarakimu:	3	3	3
Kifupisho:			

3. Namba ya Nyumba Iliyosajiliwa \_\_\_\_\_
4. Jina la Mkuu wa Kaya \_\_\_\_\_
5. Kwa Mkuu wa Kaya, ni kiwango gani cha juu cha elimu alichofikia? [ ]
- HAJASOMA
  - ELIMU YA MSINGI
  - ELIMU YA UPILI/SEKONDARI
  - ELIMU YA JUU
6. Ukuta wa nyumba wanamoishi wanakaya umejengwa kwa kutumia nini zaidi?
- UDONGO
  - TOFALI/ZEGE
  - TOFALI/ZEGE ILIYOPIGWA PLASTA
  - TOFALI/ZEGE ILIYOPAKWA RANGI
  - MBAO, BATI
  - NYINGINE: \_\_\_\_\_
7. Ni aina gani ya paa limetumika katika nyumba au jengo wanamoishi wanakaya?
- NYASI/KARATASI ZA NAILONI/MAPIPA YALIYOPASULIWA
  - MABATI
  - VIGAE, SARUJI, ZEGE
  - NYINGINE \_\_\_\_\_
8. Je, penyo za nyumba au jengo zipo wazi au zimezibwa?

2

- ZIPO WAZI
- ZIMEZIBWA
- ZIPO WAZI KIASI

9. Je, sehemu ya nyumba au jengo wanamoishi wanakaya ina dari?
  - a. HAMNA DARI(Nenda moja kwa moja swali 11)
  - b. DARI LIPO SEHEMU TU/HAIJAZIBA VIZURI/IMECHAKAA
  - c. NYUMBA YOTE INA DARI NA IMEZIBWA VIZURI
10. Kama kuna dari, je, ni ya aina gani?
  - a. MBAO/UBAO WA PLYWOOD
  - b. JIPSAM
  - c. TOPE
  - d. MAKUTI YALIYOSUKWA
11. Je, madirisha na penyo zinazopitisha hewa katika nyumba au jengo zimezibwa kwa mbao, vioo au nyavu kuzuia mbu kuingia ndani?
  - a. YAMEZIBWA NYAVU
  - b. YAMEZIBWA NYAVU LAKINI KUNA MATUNDU
  - c. YAMEZIBWA NYAVU ila sio sahihi au ZIMEHARIBIKA SANA
  - d. HAYAJAZIBWA NYAVU (Nenda moja kwa moja swali 13)
12. Kama madirisha yamezibwa, je ni vitu gani vilivyotumika kuzibia?
  - a. MBAO
  - b. VIOO
  - c. NYAVU ZA CHUMA
  - d. NYAVU ZA VITAMBAA
  - e. NYAVU ZA PLASTIKI
13. Je, sakafu ya nyumba au jengo wanamoishi wanakaya imetengenezwa kwa kutumia nini?
  - a. UDONGO/MCHANGA
  - b. MBAO
  - c. MBAO ILIYOPIGWA POLISHI
  - d. ZULIA LA PLASTIKI
  - e. VIGAE
  - f. SARUJI/ZEGE
  - g. ZULIA
  - h. NYINGINE \_\_\_\_\_
14. Je, kuna mtu yeyote aliyepulizia dawa kuta za ndani ya nyumba au jengo wanamoishi wanakaya ndani ya miezi 12 iliopita?
  - a. NDIYO
  - b. HAPANA (Nenda moja kwa moja swali 17)
  - c. SIJUI (Nenda moja kwa moja swali 17)
15. Ni muda wa miezi mingapi umepita tangu sehemu wanamoishi wanakaya ilipopuliziwa dawa?  
(KAMA NI CHINI YA MWEZI MMOJA, ANDIKA, MIEZI '00' ILIYOPITA) \_\_\_\_\_
16. Nani alipulizia dawa nyumba hii?
  - a. Mfanyakazi au Mradi wa Serikali
  - b. Kampuni binafsi

- c. Mwanakaya
  - d. Wengine (Eleza) \_\_\_\_\_
  - e. SIJUI
17. Je, kuna kitu chochote miongoni mwa hivi kilitumika katika nyumba wako wiki iliyopita?
- a. Dawa ya mbu ya kuchoma?
  - b. Kiuatilifu cha kupulizia (mfano: DOOM, Rungu, Expel, n.k.)?
  - c. Dawa ya kujipaka kuwinga (kufukuza) mbu?
18. Je, Kaya yako ina chandarua cha mbu kinazoweza kutumika wakati wa kulala?
- a. Ndiyo
  - b. Hapana

**Sehemu ya II: Orodha ya Kaya - Jaza hojaji kwa kila mtu aliyekuwepo ndani ya kaya usiku uliopita**

1. Jina la mtu \_\_\_\_\_
2. Namba ya fomu ya ridhaa (IC1) ya (JINA) \_\_\_\_\_
3. Mpatie mtu namba ya utambulisho (II) ndani ya kaya: [    ]
4. Je (JINA) ni Mwanaume au Mwanamke?
  - a. Mwanaume
  - b. Mwanamke
5. Je (JINA) kawaida anaishi hapa?
  - a. Ndiyo
  - b. Hapana
6. Je (JINA) alikuwa hapa usiku uliopita?
  - a. Ndiyo
  - b. Hapana (Nenda swali namba 11)
7. Je, usiku uliopita (JINA) aliingia ndani saa ngapi? [Andika saa kamili bila dakika] [    ]
8. Je, usiku uliopita (JINA) alikwenda kulala saa ngapi? [Andika saa kamili bila dakika] [    ]
9. Je, asubuhi ya leo (JINA) aliamka saa ngapi? [Andika saa kamili bila dakika] [    ]
10. Je, asubuhi ya leo (JINA) kwa mara ya kwanza alitoka nje saa ngapi? [Andika saa kamili bila dakika] [    ]
11. Kwa mwezi uliopita, je (JINA) aliwahi kulala nje ya nyumba hii?
  - a. NDIO
  - b. HAPANA
  - c. SINA HAKIKA
12. Ni tarehe gani alizaliwa (JINA)? \_\_\_\_\_
13. Je ana umri gani (JINA)? \_\_\_\_\_
14. Je (JINA) kwa sasa anaishi na mama yake mzazi?
  - a. NDIO
  - b. HAPANA, MAMA YAKE ALIFARIKI
  - c. HAPANA, MAMA YAKE ANAISHI SEHEMU NYINGINE
15. Je (JINA) kwa sasa anaishi na baba yake mzazi?
  - a. NDIYO
  - b. HAPANA, BABA YAKE ALIFARIKI
  - c. HAPANA, BABA YAKE ANAISHI SEHEMU NYINGINE

16. Je (JINA) ameugua homa wakati wowote katika muda wa wiki mbili zilizopita?
- NDIO
  - HAPANA
  - SINA HAKIKA
17. Ulipata ushauri au matibabu kutoka katika chanzo chochote?
- NDIO
  - HAPANA
18. Ulitafuta wapi ushauri au matibabu (Weka alama ya vema kwa yote yanayohusika)
- |   |     |
|---|-----|
| a. HOSPITALI YA SERIKALI                  | [ ] |
| b. KITUO CHA AFYA CHA SERIKALI            | [ ] |
| c. GOVT. HEALTH POST                      | [ ] |
| d. KLINIKI INAYOHAMISHIKA                 | [ ] |
| e. MFANYAKAZI WA AFYA KIJIJINI/MTAANI     | [ ] |
| f. TAASISI NYINGINE YA UMMA               | [ ] |
| g. HOSPITALI/KLINIKI BINAFSI              | [ ] |
| h. DUKA LA MADAWA                         | [ ] |
| i. DAKTARI BINAFSI                        | [ ] |
| j. TAASISI NYINGINE BINAFSI YA TIBA _____ | [ ] |
| k. DUKA                                   | [ ] |
| l. MGANGA WA JADI                         | [ ] |
| m. NYINGINE _____                         | [ ] |
19. Je (jina) alipata homa masaa 24 yaliyopita?
- NDIYO
  - HAPANA
  - SIJUI
20. Je (JINA) alitumia dawa katika muda wa wiki mbili zilizopita (Weka alama ya vema kwa yote yanayohusika)
- |   |           |
|---|-----------|
| a. SP/FANSIDA                             | [ ]       |
| b. KLOKWINI                               | [ ]       |
| c. AMODIAKWINI                            | [ ]       |
| d. KWININI                                | [ ]       |
| e. KOATEM                                 | [ ]       |
| f. DAWA ZINGINE ZA KUTIBU MALARIA (ELEZA) | [ ] _____ |
| g. ASPIRINI                               | [ ]       |
| h. ACETAMINOPHENI/PARASETAMO              | [ ]       |
| i. IBUPROFENI                             | [ ]       |
| j. NYINGINE (ELEZA) _____                 | [ ]       |
| k. SIJUI                                  | [ ]       |
21. Je mtu huyu yupo kwa kupimwa malaria/upungufu wa damu?
- NDIYO (Jaza majibu sehemu ya IV)
  - HAPANA
22. Je kuna mtu yeyote anayeishi katika nyumba hii ambaye hatujamuorodhesha?
- NDIYO (Rudi SWALI NAMBA 1 na ujaze fomu ya mtu huyo)
  - HAPANA

23. Je kuna mtu yoyote kama mtoto mdogo au mtoto mchanga ambaye hatujamuorodhesha?
- a. NDIYO (Rudi SWALI namba 1 na ujaze fomu ya mtu huyo)
  - b. HAPANA
24. Kwa nyongeza, Je kuna mtu yoyote ambaye si mwanafamilia mfano wafanyakazi wa ndani, wageni au marafiki ambao kwa kawaida wanaishi hapa?
- a. NDIYO (Rudi SWALI namba 1 na ujaze fomu ya mtu huyo)
  - b. HAPANA



**Sehemu ya III-Hali ya maambukizi ya malaria na sababu hatarishi kwa kila mshiriki. (Jaza kwa kila mshiriki wakati wa kumwandikisha na wakati wa ufuatiliaji wa kila robo mwaka)**

1. Namba ya utambulisho ya mtu (II) ya mtoto ndani ya kaya: [   ]
2. Namba ya mfululizo ya fomu ya makubaliano na ridhaa ya mshiriki kwa mshiriki huyu  
(IC1): \_\_\_\_\_
3. Je (JINA) alikuwa hapa usiku uliopita?
  - a. NDIYO
  - b. HAPANA
4. Je, usiku uliopita (JINA) aliingia ndani saa ngapi? [Andika saa kamili bila dakika] [   ]
5. Je, usiku uliopita (JINA) alikwenda kulala saa ngapi? [Andika saa kamili bila dakika] [   ]
6. Je, asubuhi ya leo (JINA) aliamka saa ngapi? [Andika saa kamili bila dakika] [   ]
7. Je, asubuhi ya leo (JINA) kwa mara ya kwanza alitoka nje saa ngapi? [Andika saa kamili bila dakika] [   ]
8. Katika mwezi uliopita, (JINA) aliwahi kulala nje ya nyumba hii?
  - a. NDIYO
  - b. HAPANA
  - c. SINA UHAKIKA
9. Je (JINA) alilala kwenye chandarua usiku uliopita?
  - a. NDIYO
  - b. HAPANA (Nenda swali 17)
  - c. SINA UHAKIKA
10. Alipata lini chandarua anachotumia?  
Miezi: [   ]      Miaka: [   ]      Sijui: [   ]
11. Aina ipi ya chandarua anatumia:
  - a. PermaNet
  - b. Olyset
  - c. SupaNet
  - d. Safinet
  - e. Mbu net
  - f. Afya net
  - g. Nyingine \_\_\_\_\_
  - h. Sijui
12. Tangu ulipopata chandarua, ulikifua au uliloweka kwenye dawa ili kufukuza mbu au wadudu?
  - a. NDIYO
  - b. HAPANA (Nenda swali 17)
  - c. SINA UHAKIKA (Nenda swali 17)

13. Ni muda gani umepita tangu mara ya mwisho chandarua kilipolowekwa au kutumbukizwa kwenye kimiminika (dawa)? (Kama ni chini ya mwezi mmoja, weka '00')

Miezi: [    ]      Miaka: [    ]



**Sehemu ya IV-Malaria/Upungufu wa damu - Andika majibu ya RDT na upungufu wa damu kwa kila mtu**

14. Namba aliyopewa mtu katika kaya (II): [    ]
15. Namba ya Fomu kutoka Fomu ya Makubaliano ya Ridhaa ya mtu huyu (IC1): \_\_\_\_\_
16. Majibu ya RDT
  - a. Kuna ugonjwa
  - b. Hakuna ugonjwa
17. Sampuli ya damu imechukuliwa?
  - a. Ndiyo
  - b. Hapana

***Kama jibu ni hapana endelea swali namba 27***

18. Tarehe ya kusomwa sampuli (siku/mwezi/mwaka):     /    /2015

**JINSI MGAWANYIKO**

19. Vimelea vya *P. falciparum* (1= Ndiyo; 2= Hapana): ☐
20. Vimelea vya *P. malariae* (1=Ndiyo; 2=Hapana): ☐
21. Idadi ya vimelea mgawanyiko vilivyohesabiwa:
22. Kiwango cha chembe hai nyeupe za damu zilizohesabiwa:

**JINSI MWINGILIANO**

23. Vimelea vya *P. falciparum* (1= Ndiyo; 2= Hapana): ☐
24. Vimelea vya *P. malariae* (1= Ndiyo; 2= Hapana): ☐
25. Idadi ya vimelea mwingiliano vilivyohesabiwa:
26. Kiwango cha chembe hai nyeupe za damu zilizohesabiwa:
27. Tone la sampuli ya damu lililokaushwa kwenye karatasi maalumu lilichukuliwa?
- a. Ndiyo
- b. Hapana
28. Kuna mtu mwingine yeyote anayeishi ndani ya nyumba hii ambaye hatujamfanyia vipimo?
- a. Ndiyo (Rudi swali la kwanza na ujaze form hii kwa ajili ya huyo mtu)
- b. Hapana

**HEALTH FACILITY ASSESSEMENT TOOL****A. Health facility identification**

A1. Date (Day/Month/Year) ..... [ ]/[ ]/[ ]

A2. Name of health facility..... [ ]

**B. General health facility characteristics**

- B1. What is the health facility type? ..... ☐ Hospital  
☐ Health centre  
☐ Dispensary  
☐ Clinic  
☐ Other
- B2. Who operates this health facility? ..... ☐ Ministry of Health  
☐ Other government institution  
☐ Mission  
☐ Private  
☐ Other

B3. How many health workers are working at this HF? ..... [ ]

- B3a. What are the health worker's cadre and number? ☐ Medical officer/medical doctor  
☐ Medical assistant  
☐ Trained nurse  
☐ Nurse aide/ health aide  
☐ Community health officer  
☐ Pharmacist  
☐ Laboratory technician  
☐ Orderly  
☐ Other specify [ ]

B4. Is there a functioning hanging Salter weighing scale? ..... ☐ Yes ☐ NoB5. Is there a functioning infant scale? ..... ☐ Yes ☐ NoB6. Is there a functioning standing scale? ..... ☐ Yes ☐ NoB7. Is there any other functioning scale? ..... ☐ Yes ☐ NoB8. Is there a functioning thermometer? ..... ☐ Yes ☐ No

B9. Is there a copy of the **most recent** national malaria treatment guidelines or other reference materials on malaria treatment at this health facility? ..... ☐ Yes ☐ No  
*[If Yes, request to see a copy- If no copies on site - tick NO]*

B9a. Is there a copy of the **most recent** national malaria diagnosis guidelines or other reference materials on malaria diagnosis (e.g mRDT) at this health facility? ..... ☐ Yes ☐ No  
*[If Yes, request to see a copy- If no copies on site - tick NO]*

B10. Is there a wall flowchart with the **most recent** guidelines for the management of malaria at this health facility? ..... ☐ Yes ☐ No

*[If Yes, request to see a copy- If no copies on site - tick NO]*

B11. Do you have electricity available today? ..... ☐ Yes ☐ No

B12. Do you have any water source available today? ..... ☐ Yes ☐ No

B13. Do you have clean drinking water available today? ..... ☐ Yes ☐ No

B14. Do you have supplies for administering oral medications (e.g. cups) today? ..... ☐ Yes ☐ No

### **C. Availability of laboratory services**

C1. Is there a microscope at health facility? ..... ☐ Yes ☐ No

**If yes,** C1a. Is the microscopy service functional today? ..... ☐ Yes ☐ No

C2. Do you use malaria RDTs for routine care of patients at this health facility? ..... ☐ Yes ☐ No

**If yes:** C2a. Do you have any RDTs in stock today? ..... ☐ Yes ☐ No ☐ NA

C2b. How many RDT stock-out days did you have in the past 3 months?

*(Enter 90 if RDTs never available or NA if not applicable)* ..... [ ][ ]

C3. Do you test for hemoglobin level in the routine care of patients at this health facility? ☐ Yes ☐ No

**If yes:** C3a. Do is hemoglobin level testing available today? ..... ☐ Yes ☐ No ☐ NA

### **D. Availability of antimalarials**

D1. Do you ever stock artemether-lumefantrine (Coratem, etc)? ..... ☐ Yes ☐ No

**If yes complete table:**

Artemether-lumefantrine Dose Type	In stock today?	How many stock-out days did you have in the past 3 months? <i>(Enter 90 if never available)</i>
ALu 6 tab packages	<input type="checkbox"/> Yes <input type="checkbox"/> No	[ ][ ]
ALu 12 tab packages	<input type="checkbox"/> Yes <input type="checkbox"/> No	[ ][ ]
ALu 18 tab packages	<input type="checkbox"/> Yes <input type="checkbox"/> No	[ ][ ]
ALu 24 tab packages	<input type="checkbox"/> Yes <input type="checkbox"/> No	[ ][ ]
Alu loose tabs	<input type="checkbox"/> Yes <input type="checkbox"/> No	[ ][ ]

D2. Do you ever stock Coarsucam (Artesunate-amodiaquine co-formulated)? ..... ☐ Yes ☐ No

**If yes complete table:**

Coarsucam Dose Type	In stock today?	How many stock-out days did you have in the past 3 months? <i>(Enter 90 if never available)</i>
Coarsucam (AS25mg/AQ67.5mg) 3 tab dose packs	<input type="checkbox"/> Yes <input type="checkbox"/> No	[ ][ ]
Coarsucam (AS50mg/AQ135mg) 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	[ ][ ]

tab dose packs		
Coarsucam (AS100mg/AQ270mg) 3 tab dose packs	<input type="checkbox"/> Yes <input type="checkbox"/> No	[ ][ ]
Coarsucam (AS100mg/AQ270mg) 6 tab dose packs	<input type="checkbox"/> Yes <input type="checkbox"/> No	[ ][ ]
Coarsucam (AS25mg/AQ67.5mg) loose tabs	<input type="checkbox"/> Yes <input type="checkbox"/> No	[ ][ ]
Coarsucam (AS50mg/AQ135mg) loose tabs	<input type="checkbox"/> Yes <input type="checkbox"/> No	[ ][ ]
Coarsucam (AS100mg/AQ270mg) loose tabs	<input type="checkbox"/> Yes <input type="checkbox"/> No	[ ][ ]

D3. Do you ever stock Artesunate or Amodiaquine co-packaged or loose tabs? ..... ☐ Yes ☐ No

**If yes complete table:**

Artesunate/Amodiaquine co-packaged dose types	In stock today?	How many stock-out days did you have in the past 3 months? (Enter 90 if never available)
Artesunate 50mg/Amodiaquine 153mg co-packaged 6 tab pack	<input type="checkbox"/> Yes <input type="checkbox"/> No	[ ][ ]
Artesunate 50mg/Amodiaquine 153mg co-packaged 12 tab pack	<input type="checkbox"/> Yes <input type="checkbox"/> No	[ ][ ]
Artesunate 50mg/Amodiaquine 153mg co-packaged 18 tab pack	<input type="checkbox"/> Yes <input type="checkbox"/> No	[ ][ ]
Artesunate 50mg/Amodiaquine 153mg co-packaged 24 tab pack	<input type="checkbox"/> Yes <input type="checkbox"/> No	[ ][ ]
Artesunate 50mg loose tabs	<input type="checkbox"/> Yes <input type="checkbox"/> No	[ ][ ]
Amodiaquine 153mg loose tabs	<input type="checkbox"/> Yes <input type="checkbox"/> No	[ ][ ]
Amodiaquine syrup/suspension	<input type="checkbox"/> Yes <input type="checkbox"/> No	[ ][ ]

D4. Do you have any of the following antimalarials in stock today?

- Pyronordine-artesunate? ..... ☐ Yes ☐ No  
 Dihydroartemisin-piperaquine? ..... ☐ Yes ☐ No  
 Dihydroartemisin? ..... ☐ Yes ☐ No  
 Piperaquine? ..... ☐ Yes ☐ No  
 Quinine sulphate tablets? ..... ☐ Yes ☐ No  
 Sulfadoxine/Pyrimethamine (SP)? ..... ☐ Yes ☐ No  
 Artesunate rectocaps? ..... ☐ Yes ☐ No  
 Artemether for injection? ..... ☐ Yes ☐ No  
 Quinine for injection? ..... ☐ Yes ☐ No  
 Other oral antimalarials? ..... ☐ Yes ☐ No

**If yes:** Other antimalarial specify 1 ..... [ ]

Other antimalarial specify 2 ..... [ ]

Other antimalarial specify 3 ..... [ ]

D5. Do you have any of the following other medications in stock today?

- Ferrous tablet? ..... ☐ Yes ☐ No  
 Folic acid tablets? ..... ☐ Yes ☐ No  
 Any antipyretic? ..... ☐ Yes ☐ No

**E. Facility incharge identification**

- E1. Name of health worker ..... [ \_\_\_\_\_ ]
- E2. Age (years) ..... [ \_\_\_\_ ]
- E3. Sex (M/F)..... ☐ Male ☐ Female
- E4. What is the health worker's cadre? ..... ☐ Medical officer/medical doctor  
☐ Medical assistant  
☐ Trained nurse  
☐ Nurse aide/ health aide  
☐ Community health officer  
☐ Pharmacist  
☐ Laboratory technician  
☐ Orderly  
☐ Other specify [ \_\_\_\_\_ ]
- E5. How many years of medical training do you have? ..... [ \_\_\_\_ ]
- E6. What year did you get your last degree or diploma? (Enter 9999 if did not get degree or diploma) ..... [ \_\_\_\_ ]
- E7. How many years of experience do you have caring for patients? ..... [ \_\_\_\_ ]

**F. Training on malaria case management**

**F1. Have you ever attended an in-service training on malaria case management?..** ☐ Yes ☐ No

If yes, provide following details for most recent training course:

F1a. When did you attend the course? (give month and year) ..... [ \_\_\_\_ ] / [ \_\_\_\_ ]

F1b. Who trained you?

- ☐ Facility in-charge  
☐ Co-worker  
☐ DHMT  
☐ Other specify [ \_\_\_\_\_ ]  
☐ NA

F1c. How many days long was the in-service training? ..... [ \_\_\_\_ ]

F1d. Did the in-service training include any clinical practice with real patients? ☐ Yes ☐ No ☐ NA

F1e. Did the in-service training provide training on the use of new antimalarials? ☐ Yes ☐ No ☐ NA

F1f. If Yes, which drug were you trained on?

- ☐ Artemetherlumefantrine (Coartem, etc)  
☐ Coarsucam (Artesunate-amodiaquine co-formulated, etc)  
☐ Artesunate-amodiaquine co-packaged  
☐ Other antimalarial specify [ \_\_\_\_\_ ]  
☐ NA

F1g. Did the in-service training include a followup visit to your job? ..... ☐ Yes ☐ No ☐ NA

F2. Have you ever attended training on the use of malaria RDTs? ..... ☐ Yes ☐ No

F2a. If Yes, when did you attend the training? (month-year)..... [ \_\_\_\_ ] / [ \_\_\_\_ ]

**G. On job supervision**

G1. Did you have any supervisory visits in the last 6 months? ..... ☐ Yes ☐ No

If Yes, ask the following questions:

G1a. Did any of these supervisory visits assess your clinical performance? ..... ☐ Yes ☐ No ☐ NA

G1b. Did any of these supervisory visits include observation of patient consultations? ☐ Yes ☐ No ☐ NA

G1c. Did any of these supervisory visits include observation of patient consultations and feedback? ☐  
Yes ☐ No ☐ NA

### **H. Practices and knowledge**

H 1. What is the name of the first line drug recommended for uncomplicated malaria in adults and children above 5 kg? Mention [\_\_\_\_\_]

H 2. What is the name of the first line drug recommended for uncomplicated malaria in children below 5 kg? Mention [\_\_\_\_\_]

H 3. What is the name of the first line drug recommended for uncomplicated malaria in pregnant women in first trimester? Mention [\_\_\_\_\_]

H 4. First line drug recommended for uncomplicated malaria in pregnant women in second and third trimester? Mention [\_\_\_\_\_]

### **I. Knowledge of Intervention**

I1. Have you heard of any malaria programme implemented in Rufiji ? ..... ☐ Yes ☐ No

### **J. Data summary from HMIS**

Indicator	Total patient (1month from day of survey)	Total patient (last 2 quarters)
Total OPD patients	[_____]	[_____]
Total sent for malaria test	[_____]	[_____]
Confirmed (positive) malaria	[_____]	[_____]
Malaria confirmed (<5)	[_____]	[_____]
Malaria confirmed (>5/ adults)	[_____]	[_____]
Total malaria referral (pre-referral)	[_____]	[_____]
Total diagnosis of ill-defined	[_____]	[_____]



**A. Vitambulisho vya Kituo**

A1. Tarehe (Siku/Mwezi/Mwaka) ..... [ ]/[ ]/[ ]

A2. Jina la kituo cha tiba..... [ ]

**B. Hali ya kituo kwa ujumla**

- B1. Kituo ni cha aina gani? ..... ☐ Hospitali  
☐ Kituo cha Afya  
☐ Zahanati  
☐ Kliniki  
☐ Ingingine
- B2. Nani anaendesha kituo hiki? ..... ☐ Wizara ya Afya  
☐ Shirika lingine la kiserikali  
☐ Kanisa/ Taasisi ya dini  
☐ Binafsi  
☐ Ingingine
- B3. Je kuna watumishi wangapi katika kituo hiki? ..... [ ]
- B3a. Je ni zipi kada zao na idadi yao? ..... ☐ Medical officer/medical doctor  
☐ Medical assistant  
☐ Trained nurse  
☐ Nurse aide/ health aide  
☐ Community health officer  
☐ Pharmacist  
☐ Laboratory technician  
☐ Orderly  
☐ Ingingine taja [ ]
- B4. Je kuna mzani wa kuning'iniza unaofanya kazi? ..... ☐ Ndio ☐ Hapana
- B5. Je kuna mzani wa watoto wachanga unaofanya kazi? ..... ☐ Ndio ☐ Hapana
- B6. Je kuna mzani wa kusimama unaofanya kazi? ..... ☐ Ndio ☐ Hapana
- B7. Je kuna mzani wa aina nyingine unaofanya kazi? ..... ☐ Ndio ☐ Hapana
- B8. Kuna kipima joto kinachofanya kazi? ..... ☐ Ndio ☐ Hapana
- B9. Je kuna nakala ya mwongozo wa taifa wa matibabu ya malaria wa sasa au makala yeyote ya kurejea (reference materials) juu ya matibabu ya malaria kwenye kituo hiki? ..... ☐ Ndio ☐ Hapana  
*[Kama ndio, omba kuona nakala- ikiwa hakuna nakala, tiki Hapana]*
- B9. Je kuna nakala ya mwongozo wa taifa wa kupimaya malaria wa sasa au makala yeyote ya kurejea (reference materials) juu kupima malaria kwenye kituo hiki? ..... ☐ Ndio ☐ Hapana  
*[Kama ndio, omba kuona nakala- ikiwa hakuna nakala, tiki Hapana]*
- B10. Je kuna chati ya ukutani ya mwongozo wa kutibu malaria katika kituo hiki? ..... ☐ Ndio ☐ Hapana  
*[Kama ndio, omba kuona nakala- ikiwa hakuna nakala, tiki Hapana]*
- B11. Je kuna umeme leo? ..... ☐ Ndio ☐ Hapana

- B12. Je kuna sehemu ya kupata maji leo?..... ☐Ndio ☐Hapana
- B13. Je una maji safi ya kunywa leo?..... ☐Ndio ☐Hapana
- B14. Je una vifaa vya kutolea dawa za kunywa (oral medications) leo? ☐Ndio ☐Hapana

### **C. Upatikanaji wa huduma za maabara**

- C1. Je kuna hadubini kwenye kituo hiki? ..... ☐Ndio ☐Hapana
- Kama ndiyo**C1a. Hiyo hadubini inafanya kazi leo? ..... ☐Ndio ☐Hapana ☐Haihusiki
- C2. Je unatumia mRDT kwa wagonjwa wa kila siku hapa kituoni? ..... ☐Ndio ☐Hapana
- Kama ndio:** C2a. Je unazo mRDT leo? ..... ☐Ndio ☐Hapana ☐Haihusiki
- C2b. Je mlikaa siku ngapi bila mRDT katika miezi mitatu iliyopita?

(Ingiza 90 kama hakuna mRDT au NA kama haihusiki) ..... [ ][ ]

- C3. Je mnapima wingi wa damu (Hb) kwa wagonjwa wa kila siku hapa kituoni? . ☐Ndio ☐Hapana
- Kama ndio:** C3a. Je kipimo cha wingi wa damu leo kinapatikana?.. ☐Ndio ☐Hapana ☐Haihusiki

### **D. Upatikanaji wa dawa za malaria**

- D1. Umewahi kuwa na artemether-lumefantrine (Alu) kwenye stock (Coartem, nk)? ☐Ndio ☐Hapana

#### **Kama ndiyo, jaza jedwali:**

<b>Aina ya dozi za artemether-lumefantrine</b>	<b>Ipo leo?</b>	<b>Je mlikaa siku ngapi bila dawa hii katika miezi mitatu iliyopita (Ingiza 90 kama haijawahi kuwepo)</b>
Pakiti ya ALU ya vidonge 6	<input type="checkbox"/> Ndio <input type="checkbox"/> Hapana	[ ][ ]
Pakiti ya ALU ya vidonge 12	<input type="checkbox"/> Ndio <input type="checkbox"/> Hapana	[ ][ ]
Pakiti ya ALU ya vidonge 18	<input type="checkbox"/> Ndio <input type="checkbox"/> Hapana	[ ][ ]
Pakiti ya ALU ya vidonge 24	<input type="checkbox"/> Ndio <input type="checkbox"/> Hapana	[ ][ ]
Vidonge vya Alu kimoja-kimoja	<input type="checkbox"/> Ndio <input type="checkbox"/> Hapana	[ ][ ]

- D2. Umewahi kuwa na Coarsucam (Mchanganyiko wa Artesunate-amodiaquine)? ☐Ndio ☐Hapana

#### **Kama ndiyo, Jaza jedwali: .....**

<b>Aina ya dozi za Coarsucam</b>	<b>Ipo leo?</b>	<b>Je mlikaa siku ngapi bila dawa hii katika miezi mitatu iliyopita (Ingiza 90 kama haijawahi kuwepo)</b>
Pakiti ya dozi ya vidonge 3(AS25mg/AQ67.5mg)	<input type="checkbox"/> Ndio <input type="checkbox"/> Hapana	[ ][ ]
Pakiti ya dozi ya vidonge 3 Coarsucam (AS50mg/AQ135mg)	<input type="checkbox"/> Ndio <input type="checkbox"/> Hapana	[ ][ ]
Pakiti ya dozi ya vidonge 3 Coarsucam (AS100mg/AQ270mg)	<input type="checkbox"/> Ndio <input type="checkbox"/> Hapana	[ ][ ]
Pakiti ya dozi ya vidonge 6 Coarsucam (AS100mg/AQ270mg)	<input type="checkbox"/> Ndio <input type="checkbox"/> Hapana	[ ][ ]

Vidonge kimoja-kimoja vya Coarsucam (AS25mg/AQ67.5mg)	<input type="checkbox"/> Ndio <input type="checkbox"/> Hapana	[ ][ ]
Vidonge kimoja-kimoja vya Coarsucam (AS50mg/AQ135mg)	<input type="checkbox"/> Ndiyo <input type="checkbox"/> Hapana	[ ][ ]
Vidonge kimoja-kimoja vya Coarsucam (AS100mg/AQ270mg)	<input type="checkbox"/> Ndiyo <input type="checkbox"/> Hapana	[ ][ ]

D3. Umewahi kuwa na Artesunate au Amodiaquine iliyopakikiwa pamoja au kidonge kimoja-moja?

.....☐Ndio ☐Hapana:

**Kama ndiyo, jaza jedwali**

Dozi ya Artesunate/Amodiaquine iliyofungwa pamoja	Ipo leo?	Je mlikaa siku ngapi bila dawa katika miezi mitatu iliyopita (Ingiza 90 kama haijawahi kuwepo)
Vidonge 6 vya Artesunate 50mg/Amodiaquine 153mg vilivyopakikiwa pamoja	<input type="checkbox"/> Ndio <input type="checkbox"/> Hapana	[ ][ ]
Vidonge 12 vya Artesunate 50mg/Amodiaquine 153mg vilivyopakikiwa pamoja	<input type="checkbox"/> Ndio <input type="checkbox"/> Hapana	[ ][ ]
Vidonge 18 vya Artesunate 50mg/Amodiaquine 153mg vilivyopakikiwa pamoja	<input type="checkbox"/> Ndio <input type="checkbox"/> Hapana	[ ][ ]
Vidonge 24 vya Artesunate 50mg/Amodiaquine 153mg vilivyopakikiwa pamoja	<input type="checkbox"/> Ndio <input type="checkbox"/> Hapana	[ ][ ]
Vidonge vya Artesunate 50mg kimoja-kimoja	<input type="checkbox"/> Ndio <input type="checkbox"/> Hapana	[ ][ ]
Vidonge vya Amodiaquine 153mg kimojakimoja	<input type="checkbox"/> Ndiyo <input type="checkbox"/> Hapana	[ ][ ]
Sirapu/dawa ya maji ya Amodiaquine	<input type="checkbox"/> Ndiyo <input type="checkbox"/> Hapana	[ ][ ]

D4. Je unayo dawa yoyote ya malaria leo, kati ya hizi zifuatazo?

Pyronordine-artesunate? .....☐Ndio ☐Hapana  
 Dihydroartemisin-piperaquine? .....☐Ndio ☐Hapana  
 Dihydroartemisin?.....☐Ndio ☐Hapana  
 Piperaquine?.....☐Ndio ☐Hapana  
 Quinine sulphate tablets?.....☐Ndio ☐Hapana  
 Sulfadoxine/Pyrimethamine (SP)?.....☐Ndio ☐Hapana  
 Artesunate ya njia ya haja kubwa?.....☐Ndio ☐Hapana  
 Sindano ya Artemether?.....☐Ndio ☐Hapana  
 Sindano ya Quinine? .....☐Ndio ☐Hapana  
 Dawa nyingine ya malaria? .....☐Ndio ☐Hapana

**Kama ndiyo:** Dawa nyingine ya malaria itaje 1 ... [ ]

Dawa nyingine ya malaria itaje 2..... [ ]

Dawa nyingine ya malaria itaje 3..... [ ]

D5. Je, unazo dawa kati ya hizi zifuatazo, leo?

Ferrous ya vidonge? .....☐Ndio ☐Hapana  
 Folic acid vidonge? .....☐Ndio ☐Hapana  
 Dawa yoyote ya kushusha homa (antipyretic)? .....☐Ndio ☐Hapana

**E. Utambulisho wa mkuu wa kituo**

- E1. Jina la mtoa huduma..... [\_\_\_\_\_]
- E2. Umri (miaka) ..... [\_\_\_\_]
- E3. Jinsia (Me/Ke) ..... ☐ Me ☐ Ke
- E4. Ipi kada ya mtoa huduma?.....  
☐ Medical officer/medical doctor  
☐ Medical assistant  
☐ Trained nurse  
☐ Nurse aide/ health aide  
☐ Community health officer  
☐ Pharmacist  
☐ Laboratory technician  
☐ Orderly  
☐ Other specify [\_\_\_\_\_]
- E5. Umepata mafunzo ya madawa/kutibu kwa miaka mingapi? ..... [\_\_\_\_]
- E6. Mwaka gani umepata shahada (degree) au stashahada (diploma) ya mafunzo? (*Weka 9999 kama hana shahada au stashahada*) ..... [\_\_\_\_]
- E7. Una uzoefu wa miaka mingapi kuhudumia wagonjwa? ..... [\_\_\_\_]

**F. Mafunzo ya kuhudumia wagonjwa wa malaria**

**F1. Umeshawahi kuhudhuria mafunzo kazini jinsi ya kutibu mgonjwa wa malaria?** ☐ Ndiyo ☐ Hapana  
 Kama ndiyo, toa maelezo zaidi kwa mafunzo uliyoyapata hivi karibuni:

F1a. Lini ulihudhuria mafunzo? (taja mwezi na mwaka) ..... [\_\_\_\_]/[\_\_\_\_]

F1b. Nani alikufundisha?

- ☐ Mkuu wa kituo  
☐ Mfanyakazi mwenzangu  
☐ DHMT/ CHMT  
☐ Mwingine taja [\_\_\_\_\_]  
☐ HAIHUSIKI

F1c. Mafunzo hao yalikuwa kwa siku ngapi?..... [\_\_\_\_]

F1d. Je mafunzo hayo yalikusisha kujifunza kwa vitendo klinik kwa wagonjwa halisi? ☐ Ndiyo ☐ Hapana  
☐ HAIHUSIKI

F1e. Je mafunzo ya kazini yalikusisha jinsi ya kutumia dawa mpya za kutibu malaria? ☐ Ndiyo ☐ Hapana  
☐ HAIHUSIKI

F1f. **Kama ndiyo**, ni dawa gani mliyofundishwa?

- ☐ Artemetherlumefantrine (Coartem, etc)  
☐ Coarsucam (Artesunate-amodiaquine co-formulated, etc)  
☐ Artesunate-amodiaquine co-packaged  
☐ Dawa nyingine ya malaria, taja [\_\_\_\_\_]  
☐ HAIHUSIKI

F1g. Je mafunzo hayo yalikusisha kufuatiliwa na kutembelewa kazini? ..... ☐ Ndiyo ☐ Hapana  
☐ HAIHUSIKI

F2. Je umewahi kuhudhuria mafunzo ya kutumia RDT? ..... ☐ Ndiyo ☐ Hapana

F2a. Kama ndiyo, lini ulihudhuria? (mwezi-mwaka) ..... [\_\_\_\_]/[\_\_\_\_]

**G. Usimamizi kazini**

G1. Je umewahi kutembelewa na wakaguzi/ wasimamizi katika miezi 6 iliyopita? ☐ Ndiyo ☐ Hapana

**Kama ndiyo, uliza maswali yafuatayo:**

G1a. Je katika ukaguzi huo, waliangalia utendaji wako wa kazi kliniki? ..... ☐Ndiyo ☐Hapana  
☐HAIHUSIKI

G1b. Je katika ukaguzi huo, waliangalia jinsi unavyowasilikiza wagonjwa? ☐Ndiyo ☐Hapana

G1c. Je kuna ukaguzi wowote uliohusishwa kuangalia wagonjwa wanavyosikilizwa na kupata mrejesho? ☐Ndiyo ☐Hapana ☐HAIHUSIKI

**H. Mazoezi na Ufahamu:**

H1. Je dawa ya malaria ya mstari wa kwanza inayopendekezwa kutibu malaria isiyo kali kwa watu wazima na watoto wenye uzito zaidi ya kilogramu 5 inaitwaje?

Taja [\_\_\_\_\_]

H 2. Je dawa ya malaria ya mstari wa kwanza inayopendekezwa kutibu malaria isiyo kali

Kwa watoto chini ya kilogramu 5 inaitwaje? Taja [\_\_\_\_\_]

H 3. Je dawa ya malaria ya mstari wa kwanza inayopendekezwa kutibu malaria isiyo kali

Kwa wanawake wajawazito kwenye kipindi cha miezi 3 ya kwanza, inaitwaje? .....

Taja [\_\_\_\_\_]

H 4. Je dawa ya malaria ya mstari wa kwanza inayopendekezwa kutibu malaria isiyo kali

Kwa wanawake wajawazito kwenye kipindi cha miezi 3 ya pili na ya tatu, inaitwaje?.....

Taja [\_\_\_\_\_]

**I. Ufahamu wa utafiti unaoendelea**

I1. Je umesikia mradi au programu yoyote ya malaria hapa wilaya ya Rufiji? ☐Ndiyo ☐Hapana

**J. Report kutoka MTUHA**

Indicator	Total patient (1month from day of survey)	Total patient (last 2 quarters)
Total OPD patients	[_____]	[_____]
Total sent for malaria test	[_____]	[_____]
Confirmed (positive) malaria	[_____]	[_____]
Malaria confirmed (<5)	[_____]	[_____]
Malaria confirmed (>5/ adults)	[_____]	[_____]
Total malaria referral (pre-referral)	[_____]	[_____]
Total diagnosis of ill-defined	[_____]	[_____]

