Malaria Service Delivery Assessment Tool:

Four Steps to Identify Challenges and Opportunities

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Breakthrough ACTION FOR SOCIAL & BEHAVIOR CHANGE

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Acronyms

ACT	Artemisinin-based combination therapy
ANC	Antenatal care
CHW	Community health worker
DRC	Democratic Republic of the Congo
EPI	Expanded Program on Immunization
HMIS	Health Management Information System
ICC	Inventory control cards
IPTp	Intermittent preventive treatment in pregnancy
IPTp-3	Three doses of IPTp
ITN	Insecticide-treated net
LMIS	Logistics Management Information System
MIP	Malaria in pregnancy
NMP	National Malaria Program
OPD	Outpatient department
PMI	U.S. President's Malaria Initiative
RDT	Rapid diagnostic test
SP	Sulfadoxine-pyrimethamine

Introduction

Background and Rationale

District health teams and implementing partners receive frequent alerts to facilities with possible gaps in service delivery. These flags may emerge from field visits, meetings, and/or communications with facility staff and community members, and/or during data-related activities such as supportive supervision, health facility assessments, and review of routine data. When such flags emerge, further investigation into the causes of these gaps would benefit from a comprehensive tool that can be flexibly tailored to each facility.

This toolkit expands the capacity of districts and implementing partners to respond to reported concerns about malaria service delivery at specific facilities by examining a comprehensive range of factors, such as: provider knowledge and perceptions; commodity availability and commodity management; data documentation, reporting, and data use processes; provider workload and workflow; coordination, supervision, and feedback processes; and financial incentives/disincentives; that may influence service provision. This holistic approach, particularly the incorporation of a behavioral lens, is not typically used by formal investigation tools, although a broad set of factors like these are routinely identified during informal conversations.

Complementarity with Existing Data Sources

Although malaria programs already collect data about services in multiple ways, there is still a need for complementary tools that help to holistically examine the complex web of factors that influence providers and rapidly identify the ones at play in select facilities and contexts. Health management information systems (HMIS), logistic management information system (LMIS), facility assessments, and supportive supervision visits provide information on commodity availability and use, case management, epidemiological trends, and service delivery overall. While invaluable, each has its strengths and limitations (Annex 1. Existing Data Sources). For example, HMIS and LMIS data can indicate service delivery challenges but are unable to diagnose root causes. Facility assessments can identify service delivery challenges, though they are relatively resource intensive and lack flexibility for documenting data collectors' observations. Supportive supervision tools are generally more flexible, though they often do not assess provider behavioral factors including workplace norms, self-efficacy, and other attitudes or perceptions that impact quality of service delivery.

This tool complements these data sources by providing an adaptable process, which can be deployed to individual facilities. It is not meant to be used for routine monitoring or surveillance, nor to assess coverage or facility performance, but to support districts and implementing partners in reacting to concerns raised about specific facilities, identifying the factors impeding malaria services at those facilities, validating the needs of facility staff, and facilitating action and accountability among stakeholders. This process makes it possible to design impactful and sustainable solutions based on a deeper understanding of providers and the complex systems in which they operate. (See Figure 1. A malaria service ecosystem).

During the development of this tool, Breakthrough ACTION convened stakeholders representing local health authorities, implementing partners, health providers, and donors.[1] Reflecting on the need for this tool, they noted:

"There can be a disconnect between different levels of the system about what is really needed or what the actual issues are."

"We need more guidance on how to prioritize the behavioral determinants [of health provider behaviors] in a given context."

"Sometimes, I wonder if we are asking the right questions to the health providers."

1 Breakthrough ACTION. Intent workshop synthesis [interviews]. (2021).

Purpose

The purpose of this document is to provide an adaptable tool that incorporates a behavioral lens to rapidly identify factors influencing service delivery deficiencies at health facility level as well as potential programmatic responses to address those deficiencies.

Through a series of stakeholder consultations, co-design workshops and country-level pilot testing,[2] the agreed-upon vision for the tool is to help those who apply it to better understand the day-to-day nature of providers' work and the root causes of issues that affect the quality of service delivery. The tool guides users through a holistic and flexible process of listening to and observing the challenges providers face. It then helps users develop ideas for programmatic action to improve service delivery and provide high quality client-centered care. While the tool is intended to provide facility-level insights, broader implementation may help to identify any consistent patterns that may be more widespread in a region or country. Use of this tool may also further strengthen the capacity of local health authorities to understand and respond to the challenges identified.

This tool may be suitable for the following instances among others:

To follow-up on partner reports or other anecdotal observations of service delivery issues, such as those from site visits, or district health officer reports.

As a follow-on to routine data quality assessments, a health facility survey, or malaria surveillance activities. These assessments help identify problems, while this tool is used to obtain a deeper understanding of the factors contributing to service delivery issues.

As a companion/complement to supportive supervision. Supportive supervision data can trigger the use of the tool to further investigate causes of poor performance in select facilities. Alternatively, portions of this tool can be used during supportive supervision visits, when those visits are targeted to lower-performing facilities.

To investigate high-performing facilities to identify best practices that may be applied elsewhere.

2 Breakthrough ACTION. (2021). Intent Workshop Synthesis. Pilot testing conducted in Kenya and the Democratic Republic of the Congo.

Overview of the Diagnostic Process

This toolkit follows a four-step process.

STEP 1

Identify facilities requiring further inquiry.

During routine activities (such as site visits or data review meetings) district and partner staff become aware of facilities with service delivery concerns. These concerns are then documented on a referral form.

STEP 2

Phone screening to confirm the need for a site visit.

Phone call with the facility's in-charge or relevant department heads to discuss potential explanations for the concerns identified.

Share the screening results with other health authorities and stakeholders (along with a preliminary recommendation on whether to proceed with a site visit), as they may have additional information or context to share.

In addition, discuss any additional actions that may be needed to support the facility.

STEP 3

Site visit to identify contributing factors.

Conduct interviews and observations of relevant departments and data sources to understand factors contributing to the concerns seen, such as:

- Provider knowledge and perceptions.
- Commodity availability and processes for preventing and managing stock-outs.
- Processes related to documentation, reporting, and data use.
- Provider workload and workflow.
- Coordination, supervision, and feedback processes.
- Financial incentives/disincentives.

STEP 4

Review findings with stakeholders and identify next steps.

Debrief and use a template to guide synthesis and document key findings.

The result is a "light-touch" report laying out suspected factors that emerged from the site visit.

Team members will share findings with health authorities and stakeholders involved in the areas flagged for concern who can then take action.

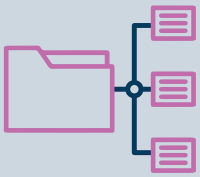
Team Composition

Using this tool requires a team with familiarity with malaria service delivery and what shapes services within a facility. Ideally the team should be composed of implementing partners, and as appropriate, relevant staff at the district level. The mix of three to four proposed team members will ensure valuable technical expertise, decision-making power, and the ability to support programmatic activities to address the challenges identified. The selection of team members will also need to consider power dynamics and whether the inclusion of supervisory health authorities during the site visit would make providers comfortable with sharing their experiences and challenges honestly. The team will ideally have skills in the following areas:

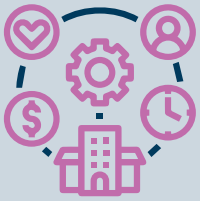
- **Clinical guidelines:** Experience with malaria guidelines and the content used in training; an awareness of best practices for facility-level supply chain management and reporting would be useful as well.
- **Service provision:** Past experience providing malaria care in health facilities helps ensure the process is supportive to the providers, and not punitive.
- **Facilitation:** Experience with facilitation is recommended, however, the tool guides users through every step in an easy-to-understand way. The ability to document notes and synthesize the information gathered is also helpful.
- **Social and behavioral factors:** It helps when the team is familiar with the malaria service ecosystem, keeping in mind the range of factors that shape behavior (Figure 1. A malaria service ecosystem). Additional experience and understanding of social and behavior change approaches, particularly an awareness of the universe of options for influencing provider behavior,[3] can be helpful for discussing potential programmatic responses.

3 Breakthrough ACTION and PMI Impact Malaria. (2020). *A blueprint for applying behavioral insights to malaria service delivery: Methods and frameworks for improving provider behavior.* Johns Hopkins Center for Communication Programs. **https://breakthroughactionandresearch.org/malaria-blueprint**

Core Principles



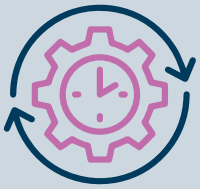
Complements existing data sources
Existing data sources and activities (e.g., supervision data, surveys, partner reports) indicate a need for further investigation. This flexible, qualitative tool fills gaps or provides rich context to better understand service delivery challenges.



Deploys a systems lens
To provide a holistic view of provider behavior, one must examine a broad, systemwide range of potential influences (e.g., client, community, individual provider, workplace).

Encourages a supportive outlook
One must approach the diagnosis process with humility and curiosity, assuming that providers want to provide quality services but need support and adequate resources to do so.

Empowers providers and district health teams to understand and respond to issues
The tool facilitates local identification of issues, thereby deepening providers' and ultimately district health teams' understanding of what is working and what might be improved while building capacity.



Follows a rapid, flexible process
The process can be done quickly (site visits take less than a day). The tool is adaptable to multiple settings and service delivery challenges.

Budgetary Considerations

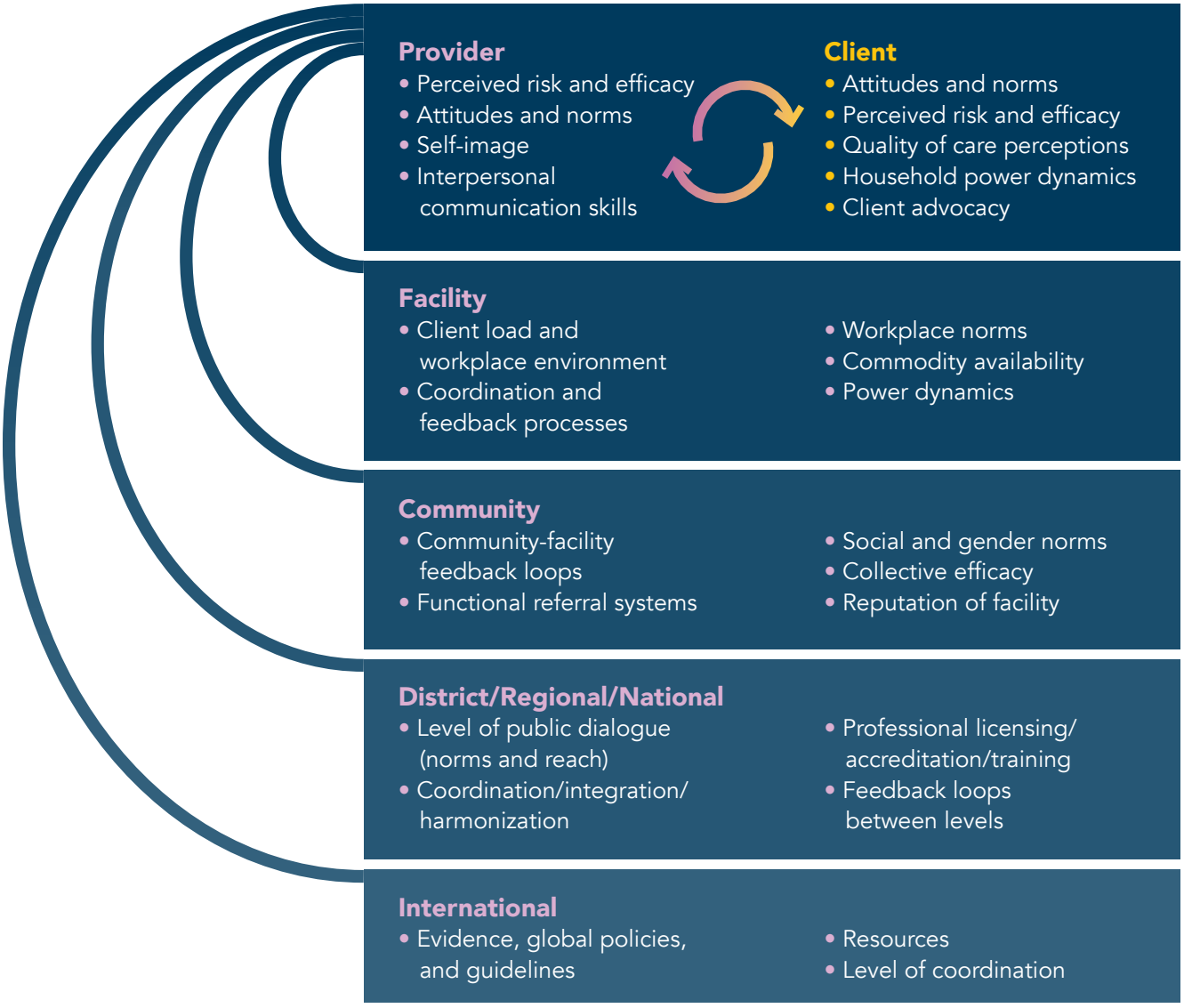
Costs include fees for transport to facilities for the team, refreshments, supplies, lodging (as needed for the team). Costs will vary by country context, distance to facility, number of nights for lodging needed to travel and other such considerations.

Key Concepts for Using this Toolkit

Socio-Ecological Model

The socio-ecological model provides the theoretical underpinning of the tool. It shows that services are influenced by many factors within and beyond the individual that are interlinked and mutually reinforcing (as shown by the bi-directional arrows). Figure 1 shows, for example, that providers' practices are influenced by their personal beliefs and experience; social norms in the community and among providers; client interactions; facility processes, workloads, availability of commodities and supplies; and the actions of district and higher-level managers and policymakers.

Figure 1. A malaria service ecosystem. Excerpted from Breakthrough ACTION & Impact Malaria. (2020). *A blueprint for applying behavioral insights to malaria service delivery.* Breakthrough ACTION.



Structural and Systemic Factors

Factors, such as the facility type, supply of essential commodities and equipment, availability, design, and use of registers, staffing levels, workflow processes, high client volume, stock, and facility management practices, influence the ability of providers to follow clinical guidelines and provider high quality client centered care. Such factors, when not addressed, may lead providers to take "shortcuts" during routine service provision. Some of these issues, such as stock-outs, may have a behavioral root cause such as late submission of supply chain reports, or the failure to issue commodities from the storeroom to the actual point of service in the consultation room.

Provider Behavior

As noted in the *Blueprint for Applying Behavioral Insights to Malaria Service Delivery*, recognizing the complexity of provider behaviors is the first step in unpacking service delivery challenges.[4] Provider behavior is the outcome of a complex set of factors that are both internal (e.g., attitudes, values, and beliefs) and external (e.g., training, guidelines, work environment) to providers. Related behaviors include counseling, reporting, supervision of community health workers (CHWs), supply chain management, coordination activities (e.g., referrals, coordination between units for patient care, communication with the district), and any other tasks they may perform. This list alone signals the complexity of the many behaviors they are expected to perform.

Knowledge and Skills

These factors are foundational to providing better services. However, knowledge may not be enough to change provider behavior when structural and systemic inputs are not in place.

Attitudes and Biases

These refer to the value judgements providers hold toward specific clients and services. They can be positive, negative, or neutral.[5] Providers with positive attitudes toward nets, for example, may enthusiastically champion them while counseling clients, while those with neutral attitudes may merely take a cursory, informative approach. Providers with negative attitudes toward rapid diagnostic tests (RDTs) may fail to use them or adhere to their results, even if they know how to conduct a test. These value judgments may be rooted in social norms (described in the next section), beliefs about the risks to clients, and the effectiveness or convenience of the intervention, product, or service.

Social Norms

Defined as perceptions around common behaviors and expected practices in a group, social norms influence providers in meaningful ways. People often conform to what they perceive their peers are doing, so, for example, if they think their peers are not adhering to RDTs, they likely will not either. Similarly, providers often look to other colleagues as sources of information and guidance.[6]

4 Breakthrough ACTION and PMI Impact Malaria. (2020). A Blueprint for Applying Behavioral Insights to Malaria Service Delivery: Methods and Frameworks for Improving Provider Behavior. Baltimore: Johns Hopkins Center for Communication Programs.

5 RBM Partnership to End Malaria, 2017. Malaria Social and Behavior Change Indicator Reference Guide: Second Edition. Venier, Switzerland: RBM.

6 Umeano-Enemuoh, J. C., Uzochukwu, B., Ezumah, N., Mangham-Jefferies, L., Wiseman, V., & Onwujekwe, O. (2015). A qualitative study on health workers' and community members' perceived sources, role of information and communication on malaria treatment, prevention and control in southeast Nigeria. *BMC Infectious Diseases, 15*(1), 1-10.

Empathy

This concept refers to cultivating a deep understanding of and sensitivity to the problems and complexities providers face in the health system and opportunities for change. It allows one to step into the shoes of the providers and clinical staff to gain insights into providers' experience to more effectively generate solutions that are sensitive to their needs, desires, and realities and therefore more likely to have impact.[7] An empathetic approach sees providers as part of the solution, not the problem.

Limitations

The tool draws from other research tools and human-centered design approaches.[8] The results from participating facilities are not necessarily generalizable to other facilities. This is partly by design so users can tailor them to individual facilities. As noted above, this tool seeks to uncover the underlying factors causing a challenge within a facility but is not exhaustive. Multiple domains of service delivery and potential influencing factors are covered within a short period, so the tool helps users to respond to anomalies flexibly and rapidly.

At present, the tool does not include interaction with clients nor overt observation of direct service provision. It does not capture the client perspective. While this perspective is valuable, client interviews extend the duration of facility visits and potentially require ethics board approvals that would make it difficult to diagnose service delivery challenges with relative speed. Data from supportive supervision can be triangulated with this tool since observation of services is frequently a part of those visits. Despite these limitations, the diagnostic tool can still provide many useful insights for malaria programming.

7 Breakthrough ACTION. (n.d.). Provider behavior change toolkit: Family planning focus instructions booklet. https://breakthroughactionandresearch.org/wp-content/uploads/2022/07/PBC-Toolkit-Instruction-Booklet.pdf

8 Design for Health. (2022) What is design? https://www.designforhealth.org/understanding-design/what-is-design

Use Case: Kenya

In Kenya, the National Malaria Control Programme wanted to understand barriers to reaching pregnant women who should receive at least three doses of intermittent preventive treatment during pregnancy (IPTp-3). It also wanted to learn how malaria in pregnancy (MIP) counseling occurred within health facilities. A team conducted a rapid assessment drawing on this tool with nine facilities and malaria focal points from the sub-county and county over 1.5 weeks. Facilities whose IPTp-3 rates were at least 20% below antenatal care (ANC) four rates were prioritized. The process revealed that directly observed therapy corners were functional, providers knew the guidelines well, and providers were supportive of intermittent preventive treatment during pregnancy (IPTp). However, sulfadoxine-pyrimethamine (SP) stock-outs were widespread and frequent, so providers had to refer clients to private pharmacies. Further, clients often received limited counseling about malaria and only during the first ANC visit. Therefore, they did not understand why they should take IPTp or why three or more doses were necessary. As a result, at least in part, clients did not purchase SP as prescribed.

Moreover, the denominators for IPTp were skewed at some facilities. Many clients came to facilities with laboratory services for their first ANC visit and attended other facilities for later visits, challenging the facilities' ability to track completed doses for a given client. The rapid assessment found that gaps in counseling, laboratory requirements, and stock-outs influenced achievement of IPTp-3 targets and IPTp-3 monitoring.

While the description above pooled results from multiple facilities, the process shed light on which issues were more influential at certain facilities than others. The results of the process pointed to the need to provide reinforcement to some facilities on the importance of and how to integrate MIP counseling at multiple points in ANC, the need to provide additional channels for this information, such as through CHWs to share community-level communication; and the need to bolster providers' trust in CHWs' ability to provide this type of counseling at health facilities. The results also showed the need for reflection at the national level on how to better harmonize ANC and MIP guidelines and indicators to account for the laboratory requirements and IPTp monitoring challenges.

Use Case: The Democratic Republic of the Congo

In the Democratic Republic of the Congo (DRC), the National Malaria Program (NMP) was interested in exploring malaria-related service delivery challenges in facilities supported by the U.S. President's Malaria Initiative (PMI) and/or the Global Fund to Fight AIDS, Tuberculosis and Malaria. Following routine monthly reviews of data from several provinces, several health facilities were identified for further investigation in cases where there were data inconsistencies. The intention of the pilot was to identify whether sites consistently adhered to diagnosis and treatment guidelines, accurately collected and reported their data, and managed their malaria-related stock as well as the factors for inhibiting sites from doing so. To test the use of this tool in a variety of settings, the NMP selected six health facilities, including a combination of public and private health facilities, small health centers, and larger provincial hospitals.

With minimal orientation on the tool, the NMP, with support from Breakthrough ACTION and PMI, led the examination of malaria service delivery in each site. The tool revealed unexpected insights as the team witnessed first-hand the challenges that health care workers face in delivering high quality malaria services. A combination of central, provincial, health zone, facility in-charge, and provider factors influenced adherence to diagnosis and treatment guidelines, data collection and reporting, and management of stock. While each facility varied in terms of size, location, number of staff and supervision, similar factors shaped provider behaviors and resulted in the following:

- Mismanagement of uncomplicated and severe cases of malaria
- Severe under-reporting of malaria morbidity and mortality
- Chronic stock-outs of RDTs, insecticide-treated nets (ITNs), and artemisinin-based combination therapies (ACTs) (and subsequent inability to provide satellite facilities with adequate stock)

The NPM learned many lessons through the pilot test of this tool in DRC, including the identification of major discrepancies between HMIS and actual data collected in registers across all facilities visited. That said, the process also uncovered an extraordinary wealth of knowledge among health care workers related to their challenges and how to address them; they just needed to be asked.

While challenges were identified, best practices for replication elsewhere were also present at each facility. This created an enormous opportunity for sharing with other sites and leveraging a strengths-based approach to problem solving based on local solutions uncovered by the health care workers themselves. Rather than framing the process as a supervision visit, it was instead introduced as an exploration with facility staff that resulted in frank dialogue. When discussing what was uncovered at the end of the visit, all interviewed providers, not limited to the in-charge, were invited to share their thoughts about what was found and were asked whether findings reflected their reality, which unlocked even deeper reflection and dialogue. By applying a behavioral lens to uncover the "why" underpinning service delivery challenges, the tool, through a combination of quantitative data review and qualitative reflection, helped explain the full story and complex set of factors influencing malaria service delivery while uncovering best practices that emerged from providers themselves. This tool provided a complement to ongoing supportive supervision by digging deeper into the challenges that surfaced.

STEP 1:

Identify Facilities Requiring Further Inquiry

Time:
1–2 hours

Purpose:
Identify facilities where there are concerns with the quality of service delivery.

Materials needed:
- Service Challenge Identification Template

Participants and roles:
- Implementing partner and/or point person from the government (local health authorities) who is informed of the service delivery issue.
- Representative(s) from relevant agencies who should be informed of the concerns that are being reported (e.g., district health authorities, implementing partners).

Introduction

Step 1 of the toolkit walks users through identifying facilities where there are concerns with malaria service delivery and the initial response as to whether further investigation is needed.

Instructions

Users can apply this tool in response to several situations when a review of routine data, supportive supervision reports, partner reports, or other data collection activities (e.g., health facility survey) or field visit when districts and/or implementing partners identify facilities with service delivery concerns. For example, a district-level routine indicator review meeting may identify a potential issue. The data may fall outside the typical parameters of what is expected. The team conducting the routine data review may have different ideas about the potential causes of the anomaly, but none can be sure without further exploration into the service delivery challenge. Step 1 focuses on identifying those health facilities where further examination is needed to inquire about the flag from the data and identify what the underlying causes are.

This may include facilities in areas experiencing upsurges in malaria cases, those with an influx of vulnerable populations (e.g., internally displaced persons), in the elimination context, or in areas where other interventions have been withdrawn (i.e., seasonal malaria chemoprevention or indoor residual spraying). And finally, Step 1 may be used to identify health facilities that appear to perform well based on routine monitoring, but where verifying those practices is a programmatic priority.

After a facility is flagged as having a service delivery concern, users should check the relevant data from the previous two timepoints or triangulate with other data sources, such as supportive supervision, to see whether the issue is a recurring challenge.

Illustrative examples of data checks that may indicate a service delivery issue requiring further investigated are listed on the following page:

Table 2. Examples of how data checks can identify possible gaps in malaria service delivery.

THEME	CHECKS
Intermittent preventive treatment in pregnancy	IPTp-3 rates well below targets. Compare the number of women who receive three or more doses of IPTp with the number of women with at least four ANC visits.
Testing	Compare the number and percentage of clients presenting with fever and note if the percentage of fever patients tested for malaria is much higher or lower than 100%. Check if expected seasonal fluctuations are occurring.
Adherence to negative test results	Malaria test positivity at sustained high rates (60% or more) throughout the year. This trend might imply that some negative results are not being reported or adhered to. The number of positive test results can also be compared to either the number of clients given ACTs or ACT consumption in a given period.
Insecticide-treated nets	Look for facilities with ITN distribution rates well below targets. Accountability: Compare the expected and actual numbers of beneficiaries with the actual numbers of ITNs being delivered and distributed. If, for example, HMIS data shows that the number of nets distributed by facilities is about the same as the number of eligible pregnant women, and that the numbers of eligible clients are not unusually high or low, then there may not be a need to focus on ITN distribution at ANC and/or routine immunization.
Availability of commodities	Some routine data systems, such as LMIS, capture whether there were stockouts of specific commodities in the past month, and for how long. Look for recurrent stockouts, and how quickly stockouts seem to occur after deliveries.
Reporting	Look for consistent gaps in the data, wild variations in the data, or absence of expected seasonal variation in the above indicators.

The following template may be used to summarize the facilities identified in Step 1. →

Service Challenge Identification Template

Facility name:

Affiliation:

Date of referral:

Contact information:

Name of referring person(s):

Other information:

If possible and relevant, document when the challenge was identified, such as during a routine data review meeting or field visit and/or whether multiple people observed the issue.

Service Delivery Challenge

Description of service delivery issue:

Duration of issue:

Supporting data:

Provide quotations or summarize quantitative evidence. Attach any relevant data.

Possible causes:

Possible consequences:

Actions taken by facility (if known):

Actions taken by those who identified the challenge (if any):

Decision Log

Recommended actions:

- Phone screening recommended (STEP 2)
- Proceed directly to site visit (STEP 3)
- Monitor facility data for the next ____ months to: ____
- Contact: ____
- Other action: ____
- No further action needed

Rationale for decision:

Persons involved:

Next Steps

This form allows the user to capture the service challenges identified. Use this tool to proceed to Step 2: Phone Screening or Step 3: Site Visit for further investigation or, if no further action is required, then this tool is not needed.

STEP 2:

Phone Screening

Time:
15–30 minutes per facility identified in Step 1

Purpose:
Confirm if there is a need for a site visit.

Materials needed:

- Results from the data review
- Phone screening form
- Cell phone and airtime

Participants and roles:

- One person who can conduct the phone screening
- Representative(s) from relevant agencies who should participate in the decision to proceed onsite. This may, for example, include the local health authorities and the implementing partner.
- Representative(s) from relevant agencies who should be informed of the outputs from the phone screening (e.g., regional health authorities, implementing partners, or donors).

Introduction

After identification of facilities with concerns requiring further investigation, a phone screening is used to confirm if there is a need for a site visit. The purpose is not to identify the causes of the concerns but simply to confirm if circumstances warrant a site visit.

The phone screening can be carried out by an implementing partner who has a relationship with the facility or completed by the health authorities. This will vary by country, and the tool is meant for flexible use depending on the context.

Phone Screening Overview

For Step 2, the phone call will take approximately 15–30 minutes with the in-charge or relevant department head of the identified facility. This step of the tool is not intended to fully identify the root causes of the concerns, but rather to identify if the concerns are relevant and require an onsite visit. The script can be read as-is or easily adapted as needed. The phone screening comprises the following key sections:

Data Confirmation

The phone screening allows the team to rule out the possibility that the concerns identified during Step 1 were a one-time reporting error, or if there is other context that might indicate the issue can be addressed remotely without using additional resources for a site visit.

Commodity/Supply Availability

The phone screening guides the team through a series of questions to confirm if there were stock-outs of malaria supplies and commodities at the facility, as well as what actions were taken to correct the stock-outs.

> **Note:** If the health facility representative cannot be contacted despite two or three phone screening attempts, proceed with Step 3.

Next Steps

Use the templates provided below to make a recommendation as to whether a site visit is needed. Share the screening results with other health authorities and partners, along with a recommendation for the half-day site visit or a summary of why a site visit is not needed, as they may have additional information or context to share.

Phone Screening Form

Facility name:

Screening conducted by:

Facility representative's name:

Date:

Facility's representative's role:

Introduction

"Good morning, my name is [name] from [affiliation]. Am I speaking with [name]? Are you in charge of [facility name]? I'm calling because the local health authorities (district/state/ward) have been reviewing malaria-related data. We have some follow-up questions for several facilities, including yours. This call should take no more than 30 minutes. Are you available to talk?"

If the in-charge is not available at the time, ask them either to provide a time within the next one or two days or for permission to speak with the relevant department head (such as ANC or outpatient). Inform them that you may need the relevant department head to verify some of their department's data.

First, express appreciation:

"First, I want to appreciate your facility for submitting your data and/or for participating [in a recent supervisory visit OR whatever activity led to the call]. Facility reports make it easier for the district/state/ward/region and partners to identify how we can support facilities and you're clearly doing well on many fronts." [Tailor as appropriate. If the facility was selected because it did not submit data or for some other reason, at a minimum thank the representative for agreeing to speak with you.]

Sensitively describe the findings observed in Step 1:

"During a routine review of data/supervisor visit [tailor as appropriate], we noticed [key findings]. I wish to assure you that no one is in trouble, I'm calling only to better understand the situation so we can identify what support facilities may need, if any. Can you help me understand what the issue was?"

- Pause and allow the representative time to respond. If they do not provide an explanation, ask, "In your opinion, what are the most likely reasons for these findings?"
- Probe: "Any other reasons?" Sample reasons could include reporting errors, stock-outs, staffing issues, or client/community-related concerns. List all reasons given.

If they say there is a reporting error:
Ask, "What makes you say it is a reporting error?"

- Ask them to check their records and let you know what the correct information should be.
- Ask them to check their records and verify the results for the previous time period.

If they say stock-outs occurred:
Ask for details, such as:

- What was the cause of the stock-out? When did it start and when did it end?
- What effect did it have on [malaria services]?
- How was it resolved, if it was?

For any other reasons given: Probe for more details and try to understand the underlying cause for each one. Ask questions such as, "Can you tell me more about that? How did that situation come about? How did you learn about it?"

Summarize the call:

Thank the person on the call for answering your questions and giving their time today. Repeat back what you heard to confirm you fully understood what was conveyed. Ask, "Is there anything else you'd like to share concerning the challenges mentioned today?" Edit or take additional notes as needed.

Closing:

Thank them for their time. Inform them that you will share this information with your team and the local health authorities and note that you or someone else will be in touch if next steps are needed. Ask if they have any questions or if they would like you to inform anyone else (e.g., the in-charge if speaking with the department head) of what was discussed. Ask if they require any specific support at this time.

Phone Screening Summary and Recommendations

Areas of concern revealed during the phone screening (check all that apply):

- ☐ Supply chain management practices
- ☐ Data documentation and reporting practices
- ☐ Provider adherence to guidelines
- ☐ Client or community issues
- ☐ Financial incentives/disincentives
- ☐ Workload and/or human resource management
- ☐ Other:

Is a site visit recommended? Yes / No

There is no need for further assessment if the phone screening identifies the data concern as a one-time reporting error or if the issue has been resolved.

If yes, note the reasons for site visit:

- ☐ It was not possible to reach facility representatives for a phone screening after three attempts.
- ☐ The facility representative was unable to use facility data to answer questions satisfactorily.
- ☐ Recurring data reporting errors: Phone screening reveals that the data reported is incorrect for two or more time periods.
- ☐ Persistent commodity stock outs that are not due to a national shortage.
- ☐ The data review showed that the facility failed to meet performance thresholds despite having commodities in stock.
- ☐ There is another compelling need to better understand the situation in the facility (specify):

If no, skip to additional actions needed, below.

Additional actions needed:

- ☐ Monitor facility data for the next _____ months to: _____
- ☐ Contact: _____

STEP 3:

Site Visit

Time:
2 to 4 hours per facility

Purpose:
Get a sense of what factors may have contributed to the concerns flagged for the health facility and why

Materials needed:

- Copy of the site visit tool
- Blank paper or notebook for any additional notes
- Pens and/or pencils
- Instructions or country guidelines as a reference for the correct completion of registers and HMIS monthly summary forms (adapt according to context)

Participants and roles:

At a minimum, the visiting team will include:

- A lead facilitator to ask questions
- A notetaker

The above team members or additional members will also:

- Extract data from records and registers
- Observe facility environment including the lab and pharmacy

Participants:

- At least two providers from each facility as well as the lab and pharmacy. The ideal is to have three or four provider participants to capture multiple perspectives and different components of service delivery; in practice this can be adjusted to meet local realities at the health facility

*See team composition recommendation above.

Introduction

This tool combines interview questions and observations to facilitate a comfortable conversation with health care providers while allowing the interviewer to see the facility context and service provision firsthand.

The provider interviews will allow the site visit team to learn more from providers about the potential barriers and facilitators to quality service provision by considering factors across all levels of the system. Beyond that, it will also serve as a moment of reflection for the providers participating in the site visit as they consider what is supporting or inhibiting them from providing high quality malaria services within their facility.

The observations will help users understand how the workplace environment influences providers, such as the overall dynamics, services, and structure of the facility among other factors. It supplements the interviews by capturing information that providers cannot or may not articulate verbally. Documenting the provider's body language, tone, emotions, or other con- text-specific elements helps capture elements that may have influenced their responses.

Key Principles

The site visit team should employ the following principles for quality interactions with healthy facility staff:

1. **Build rapport:** The success of the site visit is based on an ability to connect with the team in the facility and help them feel at ease. Ideally the process will spark reflection and encourage learning, not inspire fear or judgment. Be aware of any power imbalance (real or perceived) by the staff being interviewed and try to remind them that you are not there to judge, but to learn.
2. **Begin with simple, open questions:** Ask questions that do not have closed answers (these are "why"questions and "how" questions).
3. **Understand what people do:** Watch and listen attentively in trying to understand why the facility functions the way it does; look for the differences in what people say versus what they do.
4. **Use a beginner's mindset:** The provider is the expert on his or her own experience. Give yourself permission to ask questions that may appear simple or naïve and in doing so discover and learn about their experience. Try not to anticipate a specific response. Remain open to whatever is said, even if it does not follow the guidelines. Look for honesty, not the expected answer.
5. **Get comfortable with silence:** Let the provider speak, pause, and think freely. Try not to lead them into an answer by waiting as long as it takes for them to think through answers.
6. **Capture their reality through stories:** Look for anecdotes that provide a rich understanding of a provider's experience in a particular facility, system, or process. Draw out their lived day-to-day experience and not simply what standard operating procedures or guidelines say. Remind them the goal is to learn about what they do.
7. **Pay attention to body language:** Body language is a form of communication, so keep an eye on how the participant is responding to your gestures, signals, and sitting position while also noticing theirs. Take a low power pose (e.g., sitting even if the interviewee is standing) where possible. Smile with your eyes and nod to express patience and encouragement.

Instructions

Before the site visit:

- Contact the facility in-charge to identify the best day to visit the facility and schedule interviews with the providers in the facility. Visit the facility while clients are there, and endeavor to negotiate the exact time of the visit to make sure it is as minimally disruptive as possible.
- Divide the team in advance so all are clear on who is interviewing providers and who is conducting the data/register review. Whoever finishes first will then move to the lab and pharmacy.
- Ensure the site visit team is familiar with the guide so they can have a naturally flowing conversation and not miss any questions in the tool.
- Ensure the team has the necessary supplies, including print materials (e.g., copies of all the questionnaires and this booklet) and other supplies (e.g., pens, markers, paper).

Upon arrival at the health facility:

- Meet with the in-charge to introduce the activity. Remind them that you are visiting the facility following a review of facility-level data across the local health area and are there to learn from providers about their experiences in providing malaria-related services in that facility. Explain that you want to better understand the day-to-day nature of their work while you ask a few questions and tour the facility. Explain that you are there to listen and learn.
- Ask the in-charge to identify at least two providers, and ideally three or four, who are available to talk with the team and seek both male and female providers if available. If the health facility provides ANC services, one of the interviewees should be an ANC provider. The interviews can be with any cadre who has provided either ANC or malaria case management services at the facility during the period of performance reviewed. Ultimately, the number and types of providers involved in a given facility will be based on time available; speak with at least two providers to gather multiple perspectives. If the facility is supported by a lab and/or pharmacy, ask the in-charge if you could speak briefly with one person from each of these relevant departments as well.

During the site visit:

- No more than two team members should interview a specific provider to help them feel at ease (one person will interview and one will take notes). Interview one provider at a time in private and seek a gender balance if possible. The other team members will conduct the records review and, time permitting, move to the lab and pharmacy.
- Use the **Site Visit Form** below as a guide. Ask them to show you where malaria testing, ANC consultations, IPTp administration, counseling and health talks take place. Ask the relevant questions from the site visit form as you are guided through the facility.
- If services are spread out across different departments (for example, if SP is issued in the pharmacy rather than at ANC), make sure to tour and observe these departments as well.
- Keep the conversation natural and flowing and try to avoid making it feel like a formal interview. The provider should feel like their experiences are valued and heard. They should have more talk time than the team member(s) asking the questions. See tips on building rapport in the box above.

- Feel free to depart from the site visit form if needed or to probe more. If the participant reacts strongly or with emotion when a question is asked, begin probing and asking additional questions to unpack the issue further.
- The notetaker should mark any especially important or surprising insights with a * during each part of the site visit. The team will refer back to these marked insights when they complete the Key Findings section during Step 4. If helpful, the notetaker may also want to indicate a positive observation with a "+" and challenges in need of a solution with "!"
- Before leaving each department, the team should complete the observation form and records extraction form in addition to the interview modules for each department.

Tip: Some ways to build a rapport with providers include: Asking "how is work today (or over the past month, or season)?" Another way is to comment on a positive aspect of the facility or the facility environment that you have observed. Finally, be present and engage providers during "in-between times." These are times between interviews, such as when you are walking to another part of the facility, or when waiting for someone to arrive. They present easy opportunities for people to open up, ask questions, and share what's on their minds.

Introduction and consent before interviewing providers

Talking with each provider before you start the interview will ensure:

1. They are willing and able to participate in the interview.
2. They provide malaria services and, ideally, did so during the period reviewed.
3. They understand the purpose of the activity and the duration.

Cover the following points before starting the interview with a provider:

- We are from [organization name] and are working together with the NMP/Ministry of Health. We would like to speak with you to learn more about how this facility functions and your experience with providing malaria services. We hope to gain a better understanding of the factors that influence services in different types of facilities. We also want to learn about the best practices from this facility to share with others.
- Does your work at this facility include **malaria case management or ANC services**?
- We are here to listen to you and want you to feel that this is an open space for discussion.
- Ultimately, our purpose is to understand how we can better support providers. We want to hear your reflections on what seems to be working, and what should be improved.
- We are not here to evaluate or assess you. This is not a research study nor a supervision visit. There are no right or wrong answers. You are the expert of your own experience.
- You may not always have the answers immediately and may need a few moments to think. That is okay. Take all the time that you need.
- This discussion will take about an hour.
- Do you agree to the interview? Ensure there is a private space to hold the discussion.

Site Visit Form: Malaria Service Providers

Facility name:

Observer:

Facilitator:

Date:

Notetaker:

Provider Name:

Instructions

- Use the questions on this Site Visit Form to guide the interview with providers followed by the observational walk-through of the health facility. Feel free to depart from the guide as needed.
- Space is provided next to each question for entering responses and taking notes.
- The notetaker should mark any especially important or surprising insights that emerge with a * during each part of the site visit. The team will refer back to these insights during the synthesis step. If helpful, the notetaker may also want to indicate a positive observation with a "+" and challenges in need of a solution with "!"
- Remember to adapt the questions based on whether the team is examining malaria case management or malaria in pregnancy services or the distribution of ITNs. Text that requires this modification is in blue color.

Interview Questions

Section A. Provider characteristics

To begin, I'd like to learn more about you.

1. Write down the provider's gender:
2. Please tell me about your background, such as your training and experience:

- What cadre of health care worker are you (e.g., nurse, doctor)?
- How many years of experience do you have in patient care?
- How long have you worked at this facility?

3. What are your primary responsibilities?

- Do you conduct consultations for fevers or ANC or both?
- Do you hold a position of authority or have any supervision responsibilities in this facility?
- Are you responsible for managing the documentation related to commodities at this facility?
- Are you responsible for filling out the monthly summary forms?
- Are you responsible for issuing ITNs and if so, do you record it?
- What is your favorite part of your job and why?

Section B. Workflow at the Health Facility

We understand that every facility is unique. We would like to learn about the way **fever case management, ITN distribution, and/or malaria in pregnancy** are provided at THIS facility.

1. We would like to understand the process for how a client received malaria services in this facility from arrival to exit. NOTE: Some providers may provide multiple malaria-related services.

For all clients:

- Where do clients go first?

- Where do they wait in between each step?
- When/where is counseling done? By whom?
- Where is the patient book/card/folder filled out? By whom?
- Where is the **outpatient department (OPD) or ANC** register filled out? When? By whom?
- In which situations are they not always followed?

For ANC clients only:

- Where and how do providers assess gestational age?
- Where is SP given? How is SP administered?
- Where are ITNs issued? What are the steps involved?

For case management clients only:

- Is any screening or triage done for clients with fever? Where?
- Where are patients' temperatures taken?
- Where is malaria testing done? What kind of test?
- How does the provider see the malaria test results?
- Where does the provider prescribe malaria treatment, if any is needed?
- Where is malaria treatment dispensed?

For Expanded Program on Immunization (EPI) clients:

- Where are vaccinations given?
- Where are ITNs issued?
- What are the steps involved?
- Do you also distribute ITNs during EPI outreach activities?
- Please tell us about that process.

2. Thank you for that overview of the general process for client care for **malaria case management, ITN distribution, and/or MIP** in THIS facility

   - In your opinion, what parts are working well?

   - What are the main challenges you see?

Section C. Knowledge, Perceptions, Training, and Supervision

Now I'd like to ask you some questions about different challenges and opportunities related to **fever management and/or MIP services** provided at this facility.

1. How do providers at this facility decide whether someone **has malaria or should get SP or ITNs** during their visit? *(NOTE: Do not correct the provider if they state something that is not in line with the guidelines. Merely listen and probe to gain their knowledge of what is done in the facility.)*

2. Have you ever been uncertain about a **malaria diagnosis or a decision to give someone SP or an ITN?** Could you tell me why? How did you manage those situations? *(NOTE: For example, are RDTs used here? Or how often can a pregnant woman get SP?) Or are there times when a client's characteristics—such as gender or wealth or distance or issues of consent and permission—cause you to provide ITNs/malaria treatment/SP in a certain way?*

3. Are there any other aspects of **fever management, ITN distribution, or ANC service provision** that providers here find challenging? *(For example, can you tell us about management of non-malaria fevers or side effects due to SP or ACTs? Include management of non-malaria fevers or side effects due to SP or ACTs.)*

   - How do you manage those situations?

4. Do situations occur when a client comes to the facility but is unable or unwilling to get a **test/ANC/SP/ITN,** even if it was in stock? If so, what are they? *(Examples of such situations include the lab is closed or somebody comes in at the end of the day. Wait for the provider to list them all, then ask, "How frequently do these situations happen?" and "How do you manage these situations?")*

5. When was the last training you received on fever or **malaria case management, ITN distribution, or MIP?**

6. When was the last time that you received any clinical supervision for malaria, **ITN distribution, and/or ANC?**
   - What kind of feedback did you receive?
   - How easy has it been for you to adopt their suggestions? What made it easy/hard? How would you describe your relationship with your supervisor? (Probe: do you feel you get enough support? What is working well in your supervisor–supervisee relationship? What is not working well?)

7. In your opinion, what aspects of **fever management services/malaria in pregnancy or ITN distribution** are working well at this facility?
   - What are the main areas that should be improved?

Next, we will talk about supplies and commodities.

8. Do you have everything you need to provide **ITNs/IPTp/malaria case management?** If not, what is missing? And for how long has it been missing? For example, a pregnant woman comes in for ANC services and you give her SP but have no water. What do you typically do?

9. When and how are requests for restocking of **SP/RDTs/ACTs/ITNs** done? How is the supply of clean cups and water maintained at this facility?

OBSERVE: Tick if the item is in the consultation room. Ask where the item is kept, if it is not there.

ANC

- SP
- ITNs
- ITN register
- Cups
- Drinking water
- ANC register
- Other: _____
- Guidelines or job aids about SP dosage, timing and frequency
- Counseling materials about MIP

EPI

- ITNs
- EPI register
- ITN register
- Other: _____

Where is it kept during clinic hours, if not the consultation room?

Case management

- Thermometer
- RDTs
- Gloves
- ACTs
- Cell phone/ clock/timer
- Other: _____
- Guidelines or job aids about fever case management
- Counseling materials for fever case management

Where is it kept during clinic hours, if not the consultation room?

Section D. Data Reporting and Data Use

Now I would like to ask you about documentation duties in this facility.

1. What forms or documents are you required to fill out when you provide **malaria case management, ITN distribution, or malaria in pregnancy services?** *(Note to Interviewer: Write down the forms this provider is required to fill out, such as patient cards, consultation sheets, or the registers. If it does not come up, ask if they are responsible for completing the outpatient registers.*

2. Do you feel that you are able to keep up with your documentation responsibilities? How do you manage the documentation when you have a lot of clients or other competing tasks?

3. Have you received any training or feedback on how to complete these forms? If so, when was the last time? From whom? What suggestions came out of the discussion?

4. What process is used to review your facility's performance in the areas of **fever case management/IPTp/ITN distribution?** What malaria data is tracked? How are the providers in this facility involved in the process? *(Probe: Can you tell me about the most recent situation when you participated in a review of your facility's performance? What data was reviewed? What did you learn?).*

5. What are some ways to improve documentation processes at this facility?

Section E. Financing

Now I'll ask you a few questions about finances related to service delivery.

1. Does the facility charge clients for any supplies or services related to **fever case management, ITN distribution, or malaria in pregnancy?** If so, how much does it cost? *(Note to Interviewer: items that you might ask about include how much a client may pay for services such as patient cards, SP, microscopy services, RDTs, ACTs, gloves, injections, paracetamol, among others and how much costs may differ for children under five versus those over five years of age).*

2. Are fees posted anywhere in the facility and if so, where?

3. Do providers at this facility get their compensation on time, every month?

Section F. Workload and Work Culture

This next series of questions is about the workload here at the facility.

1. How many clients did you see yesterday (or the last day worked)?

- Was it a normal workload for you?
- What time did you start and end work?

2. How much of a problem is the workload at this facility? What aspects of the work, if any, cause the most pressure for providers here?
   - How do you manage these situations/aspects?

3. How would providers here describe the work culture or the amount of "teamwork" in this facility? *(Possible probes: Would you say it is supportive? Needing improvement? Do you feel you have the right team in terms of number of staff and skill sets? Do you think that the team coordinates well with each other? How do you balance your work and personal life?)*

4. What are some aspects about the teamwork, work culture, or administration that work well at this facility?

5. What are some ways to improve the work experience in this facility? *(Probe: We are interested in your experience and so please share any ideas you have to make the system work better.)*

6. What questions do you have?

7. Are there questions we missed and should have asked about?

OBSERVE

Document the providers' reactions/feelings, body language, tone, or other context that may influence their responses.

- **In three words, how would you describe the waiting room for outpatient/ANC services?**

- **In three words, how would you describe the consultation room?**

Before leaving the consultation room, ask to see the outpatient register, the ANC register, or the register(s) used to document ITN distribution. Fill out the register extraction form and thank the provider for their time.

Site Visit Form: Laboratory Department

Facility name:

Observer:

Facilitator:

Date:

Notetaker:

Health Care Provider:

If the facility has a lab, please proceed to that area to ask the questions outlined below. This section is only meant to be asked of lab staff responsible for conducting malaria RDTs and/or microscopy.

Instructions

- Confirm that you are speaking to the correct person: Are you responsible for conducting malaria RDTs and/or microscopy?
- Review the points listed above under "Introduction and consent before interviewing providers" to introduce yourself, explain the purpose of the visit, and encourage them to draw on their own experience when answering questions. Mention you will need just 20 minutes of their time and confirm their consent to participate, then begin the interview.
- Space is provided next to each question for entering responses and taking notes.
- At the end of the interview, ask for permission to see the lab register/notebook.

Tip: If possible, meet providers in their workspace so they have cues to remind them of the day-to-day details.

Interview Questions

To begin, I'd like to learn more about you.

1. Please tell me about yourself:
   - Age
   - Gender
   - Level of education
   - Role in the facility
   - Length of time worked at this facility

2. How do providers at this facility decide whether someone has malaria? *(Note: Do not correct the provider if they state something that is not in line with the guidelines. Merely listen and probe to gain their knowledge of what is done in the facility.)*

3. Have you ever been uncertain about a diagnostic test result, either from RDT or microscopy? Why? How do you manage those situations?

4. When was the last time you received training or feedback on RDTs and/or microscopy? What kind of feedback did you get?

5. How easy or difficult has it been to adopt/maintain what you learned from the training or feedback? What made it easy or hard?

6. How are your malaria results recorded? How are your results shared with **ANC or OPD** providers?

7. How is the malaria data in the lab notebook used?

8. We just spoke about two processes: malaria diagnosis, and documentation of lab results. n your opinion, which elements in **malaria diagnosis** are working well in this facility? Which elements in the **documentation of lab results** are working well in this facility?

9. What are the main challenges? For example, how often do you have stock-outs of the supplies you need to diagnose malaria?

10. What are some ways to improve or streamline these processes in this facility?

11. What else would you like us to know about malaria diagnosis that we have not discussed yet?

12. What questions do you have?

13. Please ask to review the lab register to see if there are columns for positive and negative results. Check to see if those columns have results recorded. Do the results recorded align with tests ordered, tests used, and medications prescribed (potentially found in other registers)?

OBSERVE: **Document the providers' reactions/feelings, body language, tone, or other context that may influence their responses.**

In three words, how would you describe the lab?

Site Visit Form: Pharmacy Department

Facility name:

Observer:

Facilitator:

Date:

Notetaker:

Health Care Provider:

This part of the site visit is conducted with the Pharmacy Department. Depending on the size of the facility and staff roles, the person to interview pharmacy staff or a malaria service provider responsible for commodities.

Instructions

- Confirm that you are speaking to the correct person: Are you responsible for the management of malaria supplies and commodities at this facility?
- If you are interviewing a service provider you interviewed earlier, then start with question 2 to avoid duplicate questions.
- If you are interviewing a new person, review the points listed above under "Introduction and consent before interviewing providers" to introduce yourself, explain the purpose of the visit, and encourage them to draw on their own experience when answering questions. Mention you will need just 30 minutes of their time and confirm their consent to participate, then begin the interview.
- Space is provided next to each question for entering responses and taking notes.
- The notetaker should mark any especially important or surprising insights that emerge with a * during each part of the site visit. The team will refer back to these insights during the synthesis step.
- At the end of the interview, ask for permission to see the **RDT/ACT/SP/ITN** stocks, as well as the latest supply chain report/requisition form.

Interview Questions

To begin, I'd like to learn more about you.

1. Please tell me about yourself:

- Age
- Gender
- Level of education
- Role in the facility
- Length of time worked at this facility

2. I will now ask you about the process for restocking **RDTs/ACTs/SP/ITNs** from regional depots to the facility. I understand there can be two processes: routine, and emergency. Is that the case here? When it comes to **RDTs/ACTs/SP/ITNs,** which of the two processes do you use more often?

3. Let's start with routine restocking.

- When and how are requests for restocking the facility done? How often? What documentation is used?
- What is the role of the other departments in this process?
- What is the length of time between re-ordering and receipt of commodities?
- Once the commodities arrive at the facility, what is the process for restocking service points (such as the lab or consultation rooms)?

4. Now tell me about emergency requests. What is the process for emergency restocking?

5. Think about the last time you had a stock-out of **RDTs/ACTs/SP/ITNs.**

- When was it? How long did it last?
- In your opinion, what factors contributed to the shortage(s)?

6. You mentioned a few factors that played a role in the recent shortage of **RDTs/ACT/SP/ITNs.** Besides those factors, are there any other bottlenecks to restocking **ANC/case management supplies?** *(Probes: within the facility? at higher levels?)*

7. In your opinion, which aspects of your facility's supply chain management processes are working well?

8. What are some ways to improve?

9. When was the last time you received any training or feedback on how to complete inventory control cards (ICC) and resupply forms? What areas for improvement did you take away?

10. How easy or difficult has it been to adopt or maintain these practices? What made them easy or difficult?

11. Ask to see the stocks of each commodity of interest (e.g., **RDTs, ACTs, SP**):

Commodity	ICC present? Y/N	Is the ICC up to date? Y/N	If yes, what is the ending balance?	Count how many is in the pharmacy and note amount below	Is there greater than 5% variance on the card vs. physical count? Y/N	Ask: How much of [commodity] are you supposed to have on hand, at minimum?*

*Write "don't know," if they do not know what their minimum stock level is supposed to be.

12. What questions do you have?

OBSERVE: **Document the providers' reactions/feelings, body language, tone, or other context that may influence their responses.**

In three words, how would you describe the pharmacy department?

Note to Interviewer: With the Inventory Control Cards for **ACTs and SP**, go to the **Records Extraction Form** to fill in **Questions C2–C3**, then close the interview and thank the provider for their time.

Site Visit Form: Data Assessment

Facility name:

Observer:

Facilitator:

Date:

Notetaker:

Health Care Provider:

This part of the site visit is conducted with the staff responsible for the HMIS monthly summary form. Depending on their role in the facility, the person to interview may be a staff member providing malaria service consultations.

Instructions

- Confirm that you are speaking to the correct person: Are you responsible for filling out the HMIS summary forms and/or carrying out other data collection responsibilities?
- If you are interviewing a service provider you interviewed earlier, then start with question 2 to avoid duplicate questions.
- If you are interviewing a new person, review the points listed above under "Introduction and consent before interviewing providers" to introduce yourself, explain the purpose of the visit, and encourage them to draw on their own experience when answering questions. Mention you will need just 20 minutes of their time and confirm their consent to participate, then begin the interview.
- Space is provided next to each question for entering responses and taking notes.
- At the end of the interview, ask for permission to see a copy of the last HMIS monthly summary form.

Interview Questions

To begin, I'd like to learn more about you.

1. Please tell me about yourself:
   - Age
   - Gender
   - Level of education
   - Role in the facility
   - Length of time worked at this facility

2. I would like to ask you about the HMIS monthly summary form and/or other data summaries. Can you tell me the process for filling it out?
   - How do you compile the data?
   - How do you check and correct errors?
   - How is the information submitted?
   - (If not described) What role does the data from the **ANC register/OPD register/lab notebook/pharmacy** play in this process? How does information in the client forms triangulate with the registers?

   (Note to Interviewer: This question is intended to capture efforts to compare, triangulate, or reconcile these data sources in the facility).

3. Do you get any feedback on the HMIS monthly reports and any others submitted? What kind of feedback have you gotten (general and malaria specific)? From where? How often?

4. In your opinion, what parts of the process of compiling and submission of the HMIS monthly report go well?

5. What are the challenges or bottlenecks?

6. What are your ideas or recommendations for improvement?

7. What questions do you have?

8. Lastly, may I please see the latest HMIS monthly summary form before we finalize our discussion? Thank you so much for your time.

OBSERVE: Document the providers' reactions/feelings, body language, tone, or other context that may influence their responses.

In three words, how would you describe the records department?

Note to Interviewer: With the latest HMIS monthly summary form in hand, go to the **Records Extraction Form** to fill in **Section B**, then close the interview and thank the provider for their time.

Site Visit Form: Data Assessment Form

Facility name:

Observer:

Facilitator:

Date:

Notetaker:

A. Malaria case management

Outpatient Register

Go to the last full date where all clients were recorded. Count the number of clients with fever. If there were more than 10 clients divide the total number of febrile clients by 10 then copy the data from every th line into the rows below. For example, if there were 20 clients with fever, divide 20 by 10 then record only every second line. Copy the data exactly as written in the register (e.g., Y, N, ✓, +, –). Write "blank" or "illegible" where relevant.

Date reviewed:				
Clients (Do not collect identifiers)	Signs and symptoms	Malaria test performed (RDT, microscopy, not done, data missing)	Malaria test performed (positive, negative, missing, N/A)	Treatment given
1				
2				
3				
4				
5				
6				

7				
8				
9				
10				

Completeness of OPD register: How many had complete malaria testing and treatment data? This means that the type of malaria test done, malaria test result, and treatment given were all documented legibly. _____

Quality of OPD care:

How many were given the correct diagnostic test (per national guidelines)? _____

- How many were given malaria medications without a malaria test? _____
- How many had a positive malaria test result and were given ACTs? _____
- How many had a negative malaria test result and were given ACTs? _____
- How many were given severe malaria treatment (such as injectable artesunate or artemether)? _____
- How many of those given severe malaria treatment displayed signs of severe malaria? _____
- How many of those given severe malaria treatment were given a malaria test? _____
- How many had a positive test result? ___
- Of the clients displaying signs of severe malaria, how many were referred and given pre-referral treatment per national guidelines? _____

Other notes about the quality of care:

Document other observations about the register.

- Delays in recording
- Type of register (i.e., official or improvised)
- Any missing columns
- Errors in the way it is filled out
- Best practices observed

Other observations about the quality of data recording:

B. Malaria in pregnancy

Go to the last full date where all clients were recorded. If there were more than 10 clients divide the total number of ANC clients by 10 then copy the data from every __th line into the rows below. For example, if there were 20 clients, divide 20 by 10 then record only every second line (if it is a cohort register, randomly select 10 pages, for example, every third page, starting with the date of the register review. Select the second to last ANC client on each page and refer to the patient's MOST RECENT ANC visit. Record information from 10 unique clients). Copy the data exactly as written in the register (e.g., Y, N, ✓, +, –). Write "blank" or "illegible" where relevant.

Date reviewed:				
ANC Client (Do not collect identifiers)	Visit #	Gestational age	Was SP given?	Patient taking cotrimoxazole *or had malaria at the time of the visit*
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Completeness of OPD register: How many had complete malaria testing and treatment data? This means that the visit #, gestational age, SP, and ITN fields were all documented legibly. _____

Quality of ANC care:

- How many eligible ANC clients received SP? _____ of _____
- How many eligible ANC clients received an ITN at first ANC? _____ of _____

Note to Interviewer: Similar to the above, these numbers are not meant to provide accurate estimates. Rather they are intended to provide a general sense of the extent of adherence and data quality.

Other notes about the quality of care:

Document other observations about the register:

- Delays in recording
- Type of register (i.e., official or improvised)
- Any missing columns
- Errors in the way it is filled out
- Best practices observed

Other observations about the quality of data recording:

C. Level of concordance between data sources

Go to the last full date where all clients were recorded. If there were more than 10 EPI clients divide the total number clients by 10 then copy the data from every ___th line into the rows below. For example, if there were 20 clients, divide 20 by 10 then record only every second line. Copy the data exactly as written in the register (e.g., Y, N, ✓, +, –). Write "blank" or "illegible" where relevant.

Date reviewed:			
Clients (Do not collect identifiers)	Age	Vaccine(s) given	Was an ITN given?
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Calculate completeness: _____ of ____ EPI client records had all ITN distribution-relevant fields filled in.

Quality of service delivery: _____ of _____ eligible EPI clients receive an ITN in accordance with the eligibility criteria.

Other notes about the quality of care:

Document other observations about the register:

- Delays in recording
- Type of register (i.e., official or improvised)
- Any missing columns
- Errors in the way it is filled out
- Best practices observed

Other observations about the quality of data recording:

D. Concordance in data sources

Choose no more than three concordance exercises to carry out during this site visit.

D1 = data source 1; D2 = data source 2. Concordance is the ratio of the two data sources expressed as a percentage.

Case management

Date reviewed:			
Clients (Do not collect identifiers)	Concordance exercise	Calculations *D1 divided by D2 x 100*	Result
% difference in the number of positive malaria tests recorded number of positive malaria tests recorded	☐ Lab register versus OPD register ☐ OPD register versus HMIS monthly report		
% difference in the number of RDTs used	☐ Lab register and OPD register ☐ OPD register and pharmacy monthly inventory		
% difference in the number of ACTs prescribed and consumed	☐ OPD register and HMIS monthly report ☐ OPD register and pharmacy monthly inventory		

**When using pharmacy inventory data, make sure to account for the number of pills in a dose.*

Malaria in pregnancy

Date reviewed:			
Indicator	Concordance exercise	Calculations *D1 divided by D2 x 100*	Result
% difference in the number of SP doses prescribed and consumed	☐ ANC register and HMIS monthly report ☐ ANC register and pharmacy monthly inventory		
% difference in the number of ITNs distributed	☐ ANC register and HMIS monthly report ☐ ANC register and ITN register ☐ HMIS monthly report and pharmacy monthly inventory		

**When using pharmacy inventory data, make sure to account for the number of pills in a dose.*

Malaria in pregnancy

Date reviewed:			
Indicator	Concordance exercise	Calculations *D1 divided by D2 x 100*	Result
% difference in the number of ITNs distributed	☐ EPI register and HMIS monthly report ☐ EPI register and ITN register ☐ HMIS monthly report and pharmacy monthly inventory		

Notes:

STEP 4:

Synthesize Findings and Share with Stakeholders

Time:
1.5 hours for onsite synthesis + 1 hour stakeholder meeting (at a later date)

Purpose:
Summarize the findings and reflect on possible root causes of the issues; identify recommendations and next steps with relevant stakeholders

Materials needed:

- Filled out site visit forms, notes and observations from the onsite visit
- Team synthesis form
- Pen

Participants and roles:
At minimum:

- Lead facilitator to manage the process and request inputs from all
- Notetaker
- Timekeeper
- Person to schedule follow-up stakeholder review

Introduction

Now that the team has completed the onsite visit and gathered information at the health facility, the synthesis step is the time to summarize the findings and think about possible root causes of the issues. During this step, the team will take a holistic yet in-depth look at the identified challenges and what might influence them.

This step consists of two parts:

A. Synthesis of the site visit findings to be done by the visiting team (with participation of health facility staff, as possible) on the same day as the site visit
B. Review findings with stakeholders at the district or national level (as relevant) and develop recommendations, at a meeting on a later date

Throughout this process, the team will produce a documentation trail and will use team-based approaches to help ensure that people with diverse perspectives participate in sharing their insights and proposing recommendations.

A. Synthesis of Findings on the Same Day as Site Visit

Going through the synthesis allows the site visit team to see connections across different aspects of service delivery in the facility and consolidate what was learned. It allows for reflection and summarization of the factors that support or impede quality malaria service delivery in the facility.

Instructions

1. Individual reflection
   - Each team member of the site visit team will use Part 1 of the Synthesis Form below and individually answer the reflection questions based on their notes from the interactions and observations at the health facility. The synthesis form will help them summarize what is working well as well as what the main challenges seem to be.
   - Allow five to 10 minutes for this.
2. Group discussion
   - Next, the group will come together to discuss Part 2 of the Synthesis Form and discuss openly the key findings that each member noticed based on their notes and individual reflections in Part 1.
   - Make sure every team member shares their perspective.
   - The notetaker will document the group's consensus in the final notes for sharing.
   - Once the team has identified the key findings and opportunities, the next step is to chart a way forward so that potential solutions can be identified and put into action. The team can brainstorm some preliminary recommendations for short- and longer-term implementation using the Preliminary Recommendations Form.
   - Allow 30–45 minutes for this.
3. Debrief with health facility
   - During the synthesis, ideally, the team should engage with everyone interviewed and ideally anyone else in the facility who is available to join the debrief and who understand best the challenges of providing malaria services in their specific context. They can and should validate findings and be a part of developing the recommendations and next steps. Please use the Discussion with Health Facility Staff template below on page 70 to finalize the recommendations with them and leave a copy of the document with them for their files and action.
   - Allow 30 minutes for this.

Synthesis Form Part 1: Individual Reflection

Each team member should take time to complete the following questions on their own.

1. I appreciate and celebrate the facility for:

What is working well within the facility? What strengths stand out?

2. I noticed the following factors contributing to the challenge:

What are the biggest factors? Where are the gaps between reality and the ideal for service provision?

3. My impression of the health providers' experience is:

What was the emotional state of each provider and why? What is motivating or demotivating to the providers that you interviewed or observed?

4. I was surprised to notice that:

Which findings were surprising, and why?

5. It would be game-changing if:

What opportunities did you uncover? What makes them a good opportunity?

6. We need to learn more about:

What are the important issues to follow-up on before finalizing the synthesis and recommended next steps? What are some areas that are still ambiguous or incongruous (not quite lining up)?

Synthesis Form Part 2: Group Discussion of Key Findings

Next, the external team will share their individual reflections captured in the form on the previous page (Part 1) and discuss each of the prompts below as a group to come to a consensus so that the external team is in agreement on the main feedback to be shared with the facility. Remember that during the interviews, notetakers were asked to mark any especially important or surprising insights with an asterisk (*). This is a good time to reflect on those asterisks and the rest of the notes as a whole. Make sure every team member shares their perspective. Find consensus on the key findings. The notetaker will document the group's consensus key findings in the final notes for sharing. Only the external team will complete this group discussion, before meeting with the health facility staff. That process is described further below.

Service Delivery

1. Some of the factors that work well to ensure quality malaria services in this facility include:

2. Some of the factors that create challenges for malaria service provision that were observed include factors in the workplace that create hassles or that make it easier for providers to provide **[malaria service]**?

3. Some beliefs or knowledge gaps that impact providers' ability to provide malaria services include:

4. What types of training and supervisory support/feedback do they need?

5. Report back on commodities and supplies that appear to be lacking. Also discuss whether human resource challenges exist at the facility that may be challenging to malaria service delivery.

6. If there is a reason to believe that financial concerns are negatively impacting malaria services, explain how or why.

Documentation, Data Reporting, and Data Use

1. How well does the facility's data appear to reflect malaria services? In other words, is there reason to believe that the quality or quantity of service provided differs significantly from what is reported? If so, in what way?

2. Completeness: to what extent do registers contain all clinically necessary data about malaria services? To what extent do facility data sources match what is documented in the HMIS?

3. What are some factors that facilitate or impede the quality of data in the registers and HMIS forms?

4. What types of training and supervisory support do providers need?

5. To what extent do facility staff use the facility's malaria **service delivery** data?

Supply Chain

1. Is there an effective system for restocking the facility and the points of service?
2. How may financial incentives/disincentives affect the availability or issuance of malaria-related commodities?
3. What are the weaknesses in the existing system?

Preliminary Recommendations Form

After the external team has discussed their findings as a group and agreed upon the main findings uncovered through the site visit, it is now time for the team to develop preliminary recommendations using this form as a guide.

Step 1

Prioritize the challenges based on impact and feasibility. List the most important challenges across each level below as well as short- and longer-term recommendations. These may include structural, facility, or provider-level challenges.

Short term recommendations:	Longer term recommendations:
•	•
•	•
•	•
•	•

Discussion with Health Facility Staff

Estimated time: 1 hour

The time has come for the external team to meet with the facility level staff and share their reflections on what they observed as strengths of the health facility, the challenges observed, and proposed recommendations for the staff to consider going forward to resolve the challenges.

- Ask the health facility in-charge (or equivalent) and the rest of the providers who were interviewed including the lab and pharmacy to join the team for a final review and debrief to validate what was observed and heard. This process will be more effective if it includes as many providers as possible beyond the in-charge so the findings are discussed and shared widely.
- This is an open discussion in which the team will review the key findings from the synthesis above and the preliminary recommendations, obtaining feedback and reactions throughout.
- Invite all health facility staff members to help the team finalize the recommendations and next steps.
- Be mindful about presenting your findings in a neutral, non-judgmental way.
- The note-taker will document the main points of the discussion below.
- If disagreement occurs, the facilitator can respectfully probe to understand why, and the note-taker should accurately capture the health facility staff's point of view in the notes so that it can be considered.
- Let everyone know that the team will be leaving the Action Plan template below with the recommendations behind with the health facility. This will ensure documentation of the findings from the site visit and a proposed way forward is in the hands of the facility to take action on the challenges uncovered. The external team may also ask if the facility keeps a supervision notebook and whether they would also like any of the recommendations to be noted there to ensure the issues are captured in the best format and location.

Discussion Prompts

1. We celebrate the health facility for the following things that are going well… (NOTE: Each member of the external team, when providing feedback to the facility staff, should begin with congratulating them on what is going well in the facility. This sets a tone of appreciation for the work well done and creates an opportunity to offer positive feedback on the strengths observed during the site visit.

2. The key findings we prioritized from this visit today were…

3. How do these findings reflect your reality?

4. What findings being shared today do you want to prioritize? Are there any quick wins or easy to change items? What was missed?

5. Is there anything else you (facility staff) feel is important that we should take back as key findings?

Action Plan Template

Recommendation: Please describe the proposed recommendations for addressing the challenge and the vision for how it will work and when.

Short term recommendations:

-
-
-
-

Long term recommendations:

-
-
-
-

People Responsible: Please outline who should be involved in carrying out the recommendation and their specific roles.

-
-
-
-

Indicators of Success: Describe what will indicate that the challenge has been addressed and what success will look like. If possible, use SMART indicators (Specific, Measurable, Actionable, Relevant, and Time-Bound).

-
-
-
-

Other notes:

B. Review Findings with Stakeholders and Develop Recommendations

Introduction

Once the Synthesis is complete and the team has discussed the key challenges identified and opportunities for addressing them with the health facility staff, the onsite visit team will schedule a time on a later date to meet with stakeholders from the relevant district level. A multi-stakeholder review is needed given that different stakeholders play different roles in addressing the challenges at hand and every challenge is multi-faceted. This can be done for one facility or be combined if several facilities were visited.

Instructions

1. Identify the key stakeholders to share the findings with. This may include members of local and regional authorities and other implementing partners working on malaria service delivery and health system strengthening. If there is a need to involve higher levels, this can be reflected in the action plan resulting from this discussion.
2. Gather them to share the purpose of the site visit and describe the data review that initiated the phone call and the site visit.
3. Share the synthesized summary of the key findings highlighting the drivers underscoring the issue and the prioritized challenges.
4. Walk through the preliminary recommendations developed by the site visit team and health facility staff for both the short and longer term.

Stakeholder Discussion

Participants:

Summary of Findings from the Site Visit(s)

Refer to notes from the site visit(s) and provide an overview of the challenges identified and the recommendation agreed upon with each facility. Then use the following discussion prompts as needed to capture additional feedback during the stakeholder meeting.

Discussion Prompts

- What are some actions or activities times of that have already been implemented to help solve this challenge? Why were these activities successful? Why did these activities fail?
- Is there a behavioral component that needs to be considered or better understood?
- Is there a need for advocacy or coordination with other key authorities or stakeholders including implementing partners?
- Are there other activities or time points that we can leverage to make a strategic impact on this issue? Consider activities or time points related to budgeting or planning, or when providers are brought together.

Tip: Encourage space for thinking of new strategies and approaches to resolve the challenges in malaria service provision. This tool cannot provide prescriptive recommendations as they need to be tailored to the specific challenges and context, however some illustrative recommendations include:

- The data reported by the health facility during the last two quarters should be monitored to see if there are any changes from the original review in Step 1.
- More supportive supervision or tailored training content.
- Deeper investigation into specific areas of concern.
- Improved coordination with other units of government and/or health systems strengthening partners.
- Revised supply chain procedures (such as restocking route/schedule) or additional support from supply chain partners.
- Consultation of existing tools, resources, and guidance for improving service delivery quality, including, but not limited to provider behavior.
    - Blueprint for Applying Behavioral Insights to Malaria Service Delivery
    - Health Care Provider Performance Review Database and Publications
    - Leadership & Engagement for Improved Accountability & Delivery of Services Framework (LEAD)
- Refer the facility to a unit of government or implementing partner that can support the specific issues identified, for example the supply chain or service delivery partner.

Action Plan Template for Stakeholder Discussion

Leave a summary for the zone/district records in an effort to ensure accountability and follow up.

Key actions by staff at facility 1:

-
-
-
-

Key actions by staff at facility 2:

-
-
-
-

Key actions by the zone/district:

-
-
-
-

Key actions by _____

Conclusion

Congratulations!

You have completed the targeted diagnostic process. The goal of this tool was to help those who apply it to:

- Capture a snapshot of a health facility's systems, including structural, individual, and social factors.
- Understand the challenges in a facility and identify the root causes of those challenges.
- Prioritize and select which challenges or factors to address.
- Strengthen the capacity of local health authorities and facility-based staff to understand and respond to the challenges identified.

Following the application of this process, more work is no doubt needed. Ideally, however, users of this tool will have a better understanding of the service delivery challenge, identify what additional information is needed, and guide those using it to other tools, partners/stakeholders, and approaches to address the challenge(s) at hand. Hopefully, the district or regional authorities will also be able to help address the challenges and hold the facility accountable for making changes following the recommendations wherever possible.

Annex 1. How This Tool Complements Other Data Sources

Existing data sources on malaria service delivery and influencing factors that span both routine and non-routine data sources. The table below summarizes these data sources and their strengths and limitations, as well as those of this toolkit.

Data source	Advantages	Disadvantages
HMIS	• Quantitative data over time on select malaria services (IPTp, testing, adherence, and data quality) can provide indications on client volume. • Sometimes contains data on stockouts of select commodities, such as ACTs. • Cost: low (mainly level of effort to analyze data). • Data on all facilities.	• No data on factors such as workplace norms, self-efficacy, patient demands, and other attitudes or perceptions that impact quality of service delivery. • No data on some behaviors, such as counseling related to IPTp.
LMIS	• Quantitative data over time on factors like commodity consumption and stock level. Stock data can serve as a proxy for understanding services related to testing, adherence, and IPTp. • Cost: low (mainly level of effort to analyze data). • Data on all/many facilities.	• Similar disadvantages as those under HMIS, above.
Health Facility Assessments/ Surveys	• Can be designed to quantitatively capture all of the data described above (commodity, service provision, psychological, and social factors).	• Lack of flexibility to tailor the tool on site based on data collectors' observations. • Resource intensive. • Not designed to inform interventions for specific facilities.

Data source	Advantages	Disadvantages
Supportive supervision	• Typically collects quantitative data on key services (e.g., diagnosis and treatment) and related actions (e.g., counseling and reporting) and provider knowledge. In some places, supervisors can document qualitative data on behavioral determinants that emerge from their observations, but they may not necessarily have or use a behavioral lens. • Intended to take place routinely (for example, twice a year) and can capture trends over time. • Data is used for targeted interventions in specific facilities.	• Frequently lacks data on provider perceptions. • More resource intensive than routine data collection. • Intervention may be mainly limited to mentorship, though approaches vary by country and program there is a possibility of identifying other approaches or escalating issues to higher levels.
This tool	• Capture data on influencing factors and other related services elements such as counseling and reporting (complementing data available through other sources). • Data collectors can flexibly adapt their questions based on what they are observing and hearing at each facility. • The use of qualitative approaches can provide rich context for quantitative data when the picture provided by other data sources appear to be contradictory or riddled with gaps/questions. • Rapid synthesis process ensures the resulting recommendations are timely and relevant and targeted to specific facilities. • The holistic assessment of a range of potential factors (from structural, to the immediate workplace environment, to the individual provider and client level), allows for a broader and more flexible set of programmatic responses, rather than one-size-fits-all or default approaches.	• Requires training on qualitative data collection and qualitative data analysis skills and malaria service delivery. • More resource intensive than routine data collection and supportive supervision since it is not an ongoing activity like HMIS or LMIS data submission, so needs to be targeted to specific facilities, but it is likely less resource-intensive than a health facility assessment.

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