Additional file 3. Malaria post assessment form.

Malaria post assessment

Village Name_____ Township_____ District _____State_____ Malaria Post Code_____ HH number_____

Village GPS coordinates: LAT: _____ LONG: _____

Name of Malaria post worker (1) _____ (2) _____

TRAINING: Yes ☐ No ☐

RETRAINING: Yes ☐ No ☐

Name of MP Supervisor _____

MP worker not present ☐ Number of days since MPW away _____ Number of days until back _____ If not at post, where did the MPW go? _____

Assessment questions to MP workers (Ask to malaria workers directly)

1	Was the MP closed for > 24 hours in last 2 months? If MPW was available even if MP was closed, mention in remark	Condition ☐YES NO	**Comment/remark**
2	Are there valid ACTs in the MP?	☐YES ☐NO	
3	Are there valid RDTs in the MP?	☐YES ☐NO	
4	Were there >2 days out of stocks (RDTs or ACTs) in the past 4 weeks? _____ Adequate or sufficient medication and supplies (observe and check carefully) RDTs =_____tests ACT=_____tabs CQ = _____tabs PMQ =_____tabs Clindamycin	☐YES ☐NO	If no, ask why
5	How are the results reported? ☐ SMS ☐Paper ☐Other (_____)		
6	Does the MPW receive regular financial incentive?	☐YES ☐NO	
7	Is there another MP in the village?	☐YES ☐NO	
8a	If YES, specify the supporting organization		
8b	If Yes, do you receive malaria data from them?	☐ YES ☐ NO	

9	How often did you receive the visit of your MP supervisor in the last 2 months? _____ time(s)	☐1 Per Month ☐<1 Per Month ☐>1 Per Month	

MP: Malaria post; MPW: Malaria post worker; RDT: Rapid diagnostic test; ACT: Artemisinin combination therapy; CQ: Chloroquine; PMQ: Primaquine

Assessment by Evaluator (Check - List)

1	Is there a Malaria Post Manual in the MP?	☐ YES ☐NO
2	Are there reporting forms in the MP?	☐ YES ☐NO
3	Is there a logbook (daily recording of individual patients) in the MP?	☐ YES ☐NO
4	Are the "Days of fever" recorded for each patient? (Review the daily record sheets)	☐ YES ☐NO
5	Are there more than 5 consecutive days without activity in the logbook?	☐ YES ☐NO

Activity: malaria post consultations.

1. Comment or suggestions from malaria post worker

   _____
   _____
   _____
   _____

2. Comments or suggestion from the observer

   _____
   _____
   _____
   _____

Name: _____

Signature: _____

Date: _____