

SMC_NIGERIA_COVERAGE_SURVEY_2019

1. **State.**
2. **LGA.**
3. **Ward**
4. **Health Facility**
5. **Village/Settlement**
6. **Compound number (Take Compound GPS)**
7. **Are there any child 3 months to 10 years in this compound ? (Y/N)**
8. **Do you agree to participate to this survey ? (Y/N) If No jump to question 62**
9. If Yes to question 8, sign consent form.

Use ODK to randomly select one household that was not treated within the compound in cycle 4, with at least one child between 3 and 59 months, and ask the following questions.

10. **Why were your children not treated? (choose one response)**
 - Caregiver_and_or_children_not_home_during_visit - If this response, jump to 12
 - Refused_to_give_smc_drugs_to_children - If this response, jump to 11
 - Household_not_visited_at_all_by_CHW - If this response, jump to 12
 - Any_other_response ; specify
11. **Why was treatment refused ? (choose one response)**
 - Husband_not_at_home_to_give_permission -
 - Husband_refused -
 - Medicine are dangerous -
 - Religious reasons -
 - Any_other_response_refuse ; specify
12. **Has your house been sprayed during the last month ? (Y/N)**
13. **Do you have mosquito nets ? (Y/N) If No jump to 15**
14. **Did your child spend last night under a mosquito net ? (Y/N)**
15. **Has your child had a fever during the last month ? (Y/N) If No jump to 19**
16. **Did you take the child to a health facility ? (Y/N) If No jump to 19**
17. **Was your child tested for malaria at the health facility ? (Y/N) If No jump to 19**
18. **Was the test positive for malaria ? (Y/N)**

Move to the next child

Use ODK to randomly select a household that was treated with SMC within the compound, with at least one child between 3 months and 59 months, and ask the following questions

19. **Can you tell us why you allowed your child to be treated with SMC?**
 - It prevents malaria
 - Spouse consent
 - Any other responses (specify)
20. **Has your house been sprayed during the last month ? (Y/N)**
21. **Do you have mosquito nets ? (Y/N). If No jump to 23**
22. **Did your child spend last night under a mosquito net ? (Y/N)**
23. **Has your child had a fever during the last month ? (Y/N) If No, jump to 27**
24. **Did you take the child to a health facility ? (Y/N) if No jump to 27**
25. **Was your child tested for malaria at the health facility ? (Y/N) If No, jump to 27**
26. **Was the test positive for malaria ? (Y/N)**
27. **Have you heard about SMC before the drug distributors visited ? (Y/N) If No jump to 29**
28. **If yes, where and how ? (Select one or several options and always select CHECK at the end)**
 - Health worker
 - Drug distributor
 - Local leader
 - Religious leader
 - Town announcer
 - Radio
 - Television
 - Printed materials

- Word of mouth
- Other responses

CHECK

29. **Does the child have an SMC card ? (Y/N) If Yes, jump to 31**

30. If no to question 29, why ? Choose one response:

- Caregiver_lost/damaged/misplaced_card - If this response, jump to 32
- Card not_given_by_CHW - If this response, jump to 32
- Any_other_response - If this response, jump to 32

31. **Has the date of the last SMC cycle been marked on the card? (Y/N)**

32. **Can you tell us if it was the drug distributor who administered the drugs during the visit? (Y/N)**

33. **Did you know the drug distributor who administered the SMC drugs ? (Y/N) if No jump to 35**

34. **Was this drug distributor from this community/village/neighbourhood? (Y/N)**

35. How satisfied are you with the way the **drug distributor** administered the drug to your child?

- Very Satisfied
- Moderately Satisfied
- Satisfied
- Unsatisfied
- Slightly unsatisfied
- Very Unsatisfied

36. If you were not satisfied (unsatisfied, slightly unsatisfied and very unsatisfied), why?

- CHW did not personally administer the drug
- CHW was rude
- CHW rough handled my child
- Others; specify

37. What are the messages passed by the drug distributor after administering the drug to your child? (Multiple response)

- Administer dose 2 to your child at the second day
- Administer dose 3 to your child at the third day
- Keep the empty blisters
- Complete the child record card for dose 2 and 3
- If child vomit, ask for replacement at the health facility
- Report any drug reaction to the health facility
- Let your child sleep inside treated net
- Drug distributor did not say anything

38. **Was the second dose administered to your child? (Y/N) If No jump to 41**

39. Was the second dose administered in the second day ? (Y/N) If No, jump to 41

40. Who reminded you to give the second dose?

- Self
- Lead Mother
- Husband/wife
- Health Worker
- CHW

41. If no to question 38 or 39, why ?

- Didnt_Know
- Blister_Lost
- Child refused the drug
- Other responses

42. Was the third dose administered to your child ? (Y/N) If No jump to 45

43. Was the third dose administered in the third day ? (Y/N) If No jump to 45

44. Who reminded you? (choose one option)

- Self
- Lead Mother
- Husband

- Health Worker
- CHW

45. If no to 42 or 43, why ?

- Didnt_Know
- Blister_Lost
- Child refused the drug
- Other responses ; specify

46. Ask to see the blister. Is it available ? (Y/N) If No, jump to 48

47. Verify if there are any tablets left in the blister. (Choose one response)

- 0 tablet If this response, jump to 49
- 1 tablet
- 2 tablets
- 3 tablets
- 4 tablets

48. Why did you not give the tablets to your child?

- Didn't Know
- Forgot
- Child Refused
- Drug bitter
- Any other response specify

49. Is this your child's first time (cycle 4) of receiving SMC this year ? (Y/N) If Yes, jump to 51

50. If no to question 49, How many SMC cycles did your child receive this year?

- 2
- 3
- 4

51. The child received SMC cycles for which months?

- July
- August
- September
- October

52. Can you tell me for which disease did your child receive this treatment

- Malaria
- Any other response, Specify – if this response, jump to 54

53. Was the drug effective in preventing your child from having malaria? (Y/N)

The following questions are about your child's immediate reaction after the drugs were administered (the minutes after the drug was given)

54. Did your child vomit the drug immediately it was administered? (Y/N) If No jump to 57

55. If the child vomited or spat out the drug, did you receive another blister from the drug distributor or the health facility ? (Y/N) If Yes jump to 57

56. If no to question 55, why?

- Didn't_know_this_was_an_option
- CHW/HW_too_far
- Any_other_reason; specify

The following questions are about adverse reactions several hours after the drugs were received

57. Did the child have any adverse reactions to the drugs? (Y/N) If No jump to 61

58. If yes to question 57, which one ?

- Vomited
- Diarrhoea
- Skin reaction
- Itch
- Yellow eyes
- Sleeplessness
- Fever
- Loss of appetite
- Other responses ; Specify

59. **Did you tell the drug distributor/health facility about this adverse reaction? (Y/N) If Yes, jump to 61**

60. **If no to question 59, why ?**

- Didnt_know_this_was_an_option - CHW_HW_too_far1
- Limited_physical_access - Any_other_reason; specify

61. **Observe if the household has been marked correctly by the drug distributors? (Y/N)**

62. **Thank the caregiver. End of the interview. Move to the next compound.**

Subform on ODK

1. **State.**
2. **LGA.**
3. **Ward**
4. **Health Facility**
5. **Village/Settlement**
6. **Compound number**
7. **Compound GPS**

List all the children 3 months to 10 years in the household using the sub-form.

Information child 1

8. **What is the child's age in years?**

- 0 (0)
- 1 (1) If this response, jump to 10
- 2 (2) If this response, jump to 10
- 3 (3) If this response, jump to 10
- 4 (4) If this response, jump to 10
- 5 (5) If this response, jump to 10
- 6 (6) If this response, jump to 10
- 7 (7) If this response, jump to 10
- 8 (8) If this response, jump to 10
- 9 (9) If this response, jump to 10
- 10 (10) If this response, jump to 10

9. **What is the child's age in months?**

10. **Is the child a boy or a girl? (M/F)**

11. **Did this child receive the SMC cycle last week? (Y/N)**

Repeat question 8 – 11 for all children 3 months to 10 years in the compound