

**PMV Listing in Rivers State  
Malaria Control Booster Program  
Rivers State Ministry of Health**

**Training Manual**



**Public Health Services and Solution (PHSS)**

## **1. INTRODUCTION**

As part of the implementation of malaria control interventions involving community-directed distributors (CDDs) through community-directed interventions (CDIs) and public-private partnerships (PPPs) with patent medicine vendors (PMVs), the World Bank-supported Nigeria Malaria Control Booster Project (MCBP), with support from the World Bank Malaria Impact Evaluation Program (MIEP), is carrying out a listing of Primary Health Care Facilities (PHCFs), Kindred's, Patent Medicine Vendors (PMVs), and Community Laboratories in seven states of Nigeria. The listing activity is centered on two key interventions namely CDI and PMV. The CDI intervention is clustered by primary health facility catchment area. As this intervention relies on the selection of CDI distributors (CDD) by Kindreds themselves, an accurate list of all kindreds living within the communities in the catchment area of each primary health facility is needed. CDI intervention will use information about primary health care facilities and the kindred served by the health facility to implement the program. The implementation unit for the PMV intervention is the political ward. As such, an accurate list of all PMVs (registered and unregistered) operating within each ward will be needed. In addition, PMVs and PHCF refer patients to community laboratories for diagnostic testing before dispensing drugs. For this reason, an accurate list of the community laboratories within each ward is also required.

This listing activity will provide the basis for planning, implementation, management, monitoring, and evaluation, including impact evaluation (IE), of the CDI and PMV interventions. Public Health Services and Solutions (PHSS) a health consulting firm has been awarded the task in Rivers State.

## **2. OBJECTIVES**

- a) To develop a data base of PHCF, PMV, Kindred and Community Labs in Rivers State at the LGA level.
- b) Collect Global Positioning System (GPS) data of all PHCF, PMVs and Community Labs in the state and produce maps showing distribution PHCF, PMVs, Community Labs by LGA.

## **3. Geographical Coverage of the exercise and basic statistics of the state**

The listing exercise will cover all 23 LGAs of Rivers State. The LGAs are distributed in three senatorial districts: Rivers West, Rivers East and Rivers South-East. Of them 9 are in Rivers West, 7 each in Rivers West and Rivers South West Senatorial Districts (SD). There are 319 wards and 3,795 settlements scattered around the state. In 10 LGAs there are large urban areas while others are mostly rural. Port Harcourt and Obi-Akpor are two large urban centers. The state is riverine as such several LGAs are bound by ocean and rivers and require speed boat and other river transport as the means of movement from one LGA to another. The riverine LGAs are Bonny, Andoni, Asari-Toru, Ogu-Bolo and OpoboNkoro. The state has a population close to six million. The state capital is Port Harcourt and has over half a million population. The map below shows the distribution of LGAs by Senatorial District.



**Table 1. Summary Statistics of Rivers State**

LGAs	Senatorial District	No. of Wards	Public HFs	Total Population	#PMV (registered)	#Settlements
1. Etche	Rivers East	19	33	295,200	64	254
2. Ikwerre	Rivers East	13	13	222,875	90	105
3. Obio/Akpor	Rivers East	17	23	535,800	240	596
4. Okrika	Rivers East	12	16	295,325	0	110
5. Omumma	Rivers East	10	12	114,734	20	86
6. Port-Harcourt	Rivers East	20	16	618,456	566	563
7. Emuoha	Rivers East	14	16	199,711	224	107
8. Ogu-Bolo	Rivers East	12	7	87,300	22	80
1. Eleme	Rivers South East	10	9	218,200	229	78
2. Andoni	Rivers South East	11	25	248,532	34	206
3. Gokana	Rivers South East	17	17	261,570	128	145
4. Khana	Rivers South East	19	25	336,267	11	139
5. Opobo/Nkoro	Rivers South East	11	6	173,228	21	74
6. Oyigbo	Rivers South East	10	12	140,243	375	173
7. Tai	Rivers South East	10	15	134,495	89	98
1. Abua-Odual	Rivers West	13	25	323,100	65	47
2. Ahoada-East	Rivers West	13	17	189,413	35	85
3. Ahoada-West	Rivers West	12	23	285,116	131	67
4. Akuku-Toru	Rivers West	17	7	178,328	15	171
5. Asari-Toru	Rivers West	13	13	251,595	6	186
6. Bonny	Rivers West	12	11	237,299	82	171
7. Degema	Rivers West	17	9	285,515	0	84
8. Ogba/Egbema/Ndoni	Rivers West	17	24	322,851	390	170
<b>Total</b>	<b>23</b>	<b>319</b>	<b>374</b>	<b>5,955,153</b>	<b>2837</b>	<b>3795</b>

#### **4. METHODS**

##### **A. Health Facilities**

A master list of primary health facilities will be obtained from the State Ministry of Health, with support from the State MCBP. The team will list all health facilities ward by ward in the LGA and collect information about the health facility using **PHC Form**.

##### **B. KINDRED**

Data on kindred within the catchment area of each health facility will be collected through a series of interviews with key informants using **KFORM**. This information will be collected in three steps.

**First**, the health facility worker interviewed for the health facility listing will be asked to provide a list of communities residing within the catchment area of the primary health facility.

**Second**, interviewers and coordinators working with community members will divide each community into a maximum of 4 distinct zones based on man-made and natural landmarks (e.g. church/mosque, river/stream, etc.). One interviewer will then be assigned to each zone.

**Third**, within each zone, a knowledgeable member of the community (for example, a health worker, religious leader, or elder) will be identified. The kindred listing questionnaire (Form 2) will be administered to this person, who will be asked to provide information (names and approximate sizes) on all kindred living within the zone.

In certain urban areas, “kindred” may no longer be an appropriate organizational unit. In this case, an alternate approach is to use the community as a whole.

##### **B. PMVs**

The team will identify all registered and unregistered PMVs in the ward and collect information about PMV using PMV FORM. The PMV data collection will occur concurrently with primary health care facility, community/kindred and Community Laboratory data collection. The team will use **PMV FORM** for PMV data collection.

PMV data will be collected through 3 steps:

1. The listing team should obtain a list of registered PMVs from the State Government, PMV association(s), and or/the Pharmacy Council of Nigeria. These will be consolidated into one master list.
2. While visiting PHFs as part of the PHF and community/kindred listing, interviewers will visit all registered PMVs within each political ward of each LGA in the State.
3. While listing registered PMVs, interviewers will enquire about new PMVs as well as **unregistered** PMVs operating within the political ward. Interviewers will then proceed to list these new and/or unregistered PMVs within each political ward of each LGA in the State.

### C. Community Laboratories

A community laboratory is defined as a private, independent laboratory offering diagnostic services. Listing and mapping of community laboratories should occur concurrently with PHF, community/kindred, and PMV data collection. During both the health facility and PMV listings, interviewers will ask about the existence of any community laboratories in surrounding areas, and this information will be used as a basis for the community laboratory listing. Interviewers should proceed to these locations to record the information on the Community Laboratory questionnaire using **LAB FORM**.

Interviewers must complete all Community Labs within each political ward in each LGA of the State have been listed.

## 5. DATA COLLECTION INSTRUMENTS

The listing instrument consists of the following five questionnaires/forms:

1. Health Facility Listing Form (**HF FORM**)
2. Kindred Listing Form (**KFORM**)
3. Patent Medicine Vendor Listing Form (**PMV FORM**)
4. Community Laboratory Listing Form (**LAB FORM**)
5. Community Map Form (**MFORM**)

All Five forms except M FORM have following three common sections:

**IDENTIFICATION** section is to capture information about the location such as Senatorial District, iLGA, Ward, Community etc.

**INTERVIEW** section is designed to ask specific questions relevant to each group such as PHC facility staff, PMV, lab person and community members.

**GPS section** is to capture coordinates (longitude and latitude) of PHC facility, PMV shop and Community Laboratory.

HF FORM has additional section of **health facility catchment area and its population**. While KFORM (KINDRED) has section **for listing of KINDRED** in the area of the community/village/settlement/ward visited. The MFORM is meant for drawing a map of the catchment community of the health facility visited.

There are two types of question. First, some questions have a limited set of possible responses, in which case the appropriate answer should be either circled or entered in the proper space, as defined on the form. Second, some questions are open-ended, in that it is not possible to define ahead of time the possible set of answers. In these cases, the answer should be carefully and clearly written in the space provided.

In some cases, for the first class of questions, the appropriate response may not be included on the questionnaire. In this case, the interviewer should record **77 for Other (specify)**, and should record NEATLY AND LEGIBLY also the specific response given by the respondent.

Sometimes, a question may not be applicable to a particular respondent (for example, if the respondent does not have an e-mail address then it is impossible to record his or her e-mail address), and so the question cannot be applied to this respondent. In these cases, the interviewer should record **99 for Not Applicable**.

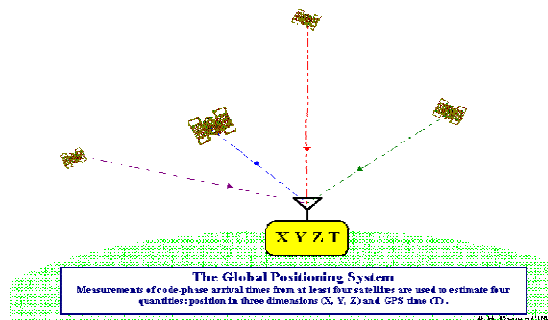
Finally, in those cases where the respondent does not know the answer to a particular question, the interviewer should record **88 for Don't Know**. Interviewers should be very careful to record this response only in those cases where the respondent genuinely does not know the answer.

### Global Positioning System (GPS) AND GPS DATA

The Global Positioning System (GPS) is a worldwide navigational system based on constellation of 24 satellites hovering high above the earth surface. These satellites are equipped with atomic clock and send out radio signal as to the exact time and location. GPS receiver uses these satellites as reference to calculate distance, position and time at any point on the earth surface.



To find out where you are, the system uses triangulation. To triangulate, the GPS receiver measures the distance to a satellite by timing how long it takes a radio signal to reach it. This can be easily measured because radio waves travel at the speed of light. The receiver simply calculates the distance to 4 different satellites to determine its location. Only three measurements are required to give the three dimensional position and the fourth satellite is to overcome the timing offset in the receiver, this is because the receiver does not use an expensive timing clock (atomic time) as the satellite does. Most Satellites are at a distance of 20,000km above the earth surface.



In the GPS section, record GPS coordinates in hddd.dddd format for both Longitude and Latitude.  
 Example, GPS data of Port Harcourt:

<b>Longitude East</b>										
	h	d	d	D	.	d	d	d	d	d
<b>Latitude North</b>										

**6.INSTRUCTIONS**

**INSTRUCTION: HEALTH FACILITY (HF) FORM**

One form should be used for each health facility. This form consists of 4 (four) pages in two sheets printed on both sides (front and back). There are four sections (A-D) in the form. Before the interview you must administer consent from to the respondent. Once consent given, you proceed.

**Section A: Identification**

This section (questions 1-15) should be filled in before you commence the interview.

Section A contains the following questions:

1. Write 9 digit code of the health facility you are working from the LGA information booklet. LGA and ward code are two digit codes while facility has three digits. In the LGA information booklet you will see these codes. Write HF for health facility at the beginning of the code. Double check to make sure that you have written the HF code correctly.
2. State (circle code). Circle the 1-digit code to on the right side of the state you are working in.
3. Circle Senatorial District Code the health facility you are working belongs to.
4. LGA. Write the name of the LGA that the primary health facility you are working on is in.
5. Write two digit LGA Code from the LGA information booklet
6. Ward: Record the name of the ward that the Primary Health Facility is in.
7. Write two digit code of the ward you are in from the LGA information booklet.
8. Location (circle code): Circle the 1-digit code to the right of "Urban" or "Rural," to indicate that the primary health facility you are working on is in an urban or rural area.
9. Community Name. Record the name of the Community that the primary health facility you are working is located.
10. Health Facility Name. Record the name of the primary health facility
11. Circle type of health facility.
12. Write address of health facility (street name and street number if any)
13. Interviewer Name. Record your name.
14. Interviewer Code (3 digits). Record the 3-digit code that has been assigned to you.
15. Date dd/mm/yyyy. Record the date, so for example if it is January 5, 2011, record 05/01/2011.

## Section B: Interview

This section (questions 16-36) should be filled in through asking the respondent the questions in the order they appear on the form. The respondent is the person in charge of the primary health facility. If the in-charge is not available, his or her deputy, or whoever is currently responsible for the primary health facility, should answer the questions.

Section B contains has following questions:

16. Name of Respondent. Write legibly respondents name
17. Age of Respondent. Write age in years.
18. Gender of Respondent. Record 1 if the respondent is male and 2 if the respondent is female.
19. Respondent's position in health facility. Nine possible answers are provided on the form. If neither of these describes the respondent's position or role in the health facility, record 77 for Other (specify), and include the respondent's position in the space provided.
20. Respondent's e-mail. Record the respondent's e-mail address. If he/she does not have an e-mail address, record 99.
21. Respondent's mobile number. Record the respondent's mobile telephone number. Be sure to record all 11 digits. If the respondent does not have a mobile phone, record 99
22. Circle main source of power in the health facility
23. Circle main source of water. If none applicable circle others (77) and specify the source
24. Circle code for toilet type, if none applicable circle others (77) and specify the type.
25. Does HF have a working computer? Record 1 if the answer is yes, and 0 if the answer is no.
26. Which of these groups or organizations exist in the HF's area? Record the appropriate response code for each group that exists in the HF's catchment area. You can record more than one response code. If there are any other groups not specifically mentioned, record 77 for other (specify), and provide details in the space provided.
27. Is the HF located in a hard-to-reach area? Record 1 if yes, and 0 if no. If no, skip to question Q29.
28. What is the primary reason this area is difficult to access? Record the appropriate response code from the answers provided. If the appropriate response is not provided, record 77 for Other (specify), and note the reason in the space provided. If there are many reasons why the area is difficult to access, you should record the primary/main reason only.
29. What is the recommended treatment for malaria? Record the appropriate response code from the answers provided. If the appropriate response is not provided, record 77 for Others), and specify the response in the space provided. If the respondent does not know, record 88 for Don't Know.
30. How should the HF treat a case of complicated malaria? Record the appropriate response code from the answers provided. If the appropriate response is not provided, record 79 for Other (specify), and note the response in the space provided. If the respondent does not know, record 88 for Don't Know.
31. Does HF have ACTs available? Record 1 if yes, and 0 if no. If no, skip to question 33.
32. Brands of ACT available. Ask to see the brands of ACT which are available, and record the names of each brand. Record only those names which you see with your own eyes. If not shown any, record 00.
33. What is the primary method of malaria diagnosis at this HF? Record the appropriate response code from the answers provided. Record one response only. If the appropriate response code is not provided, record 77 for Other and specify the type of diagnosis used.
34. Does any community or mini-labs exist in PMVs area that provides diagnostic services? Record 1 if yes, and 0 if no. If yes, record details of location in the space provided. If no, skip to question 38.

35. What types of diagnosis are provided by the community or mini-labs? Record the appropriate response code from the answers provided. If the respondent's answer is not provided, record 77 for Other (specify), and note the answer given by the respondent. If the respondent does not know, record 88 for Don't Know.
36. Does PMV refer patients to these outlets? Record 1 for yes, and 0 for no.

#### **Section C**

37. Write names of all communities in the HF catchment area. If there are more than 15 communities, continue numbering and listing in the blank space on the left side of the page.
38. Record population of each community served by the health facility.
39. Record the number of CDDs currently serving each community. If the respondent does not know the exact number, probe for an approximate number. If the respondent cannot answer the question, record 99 for Don't Know.

#### **Section D.**

40. GPS Coordinates – Longitude North (hddd.ddddd). Using the GPS device, record the longitudinal coordinates of the front entrance of the health facility. Make sure you do this exactly as instructed during your training, and that you record the coordinates to the specified accuracy.
41. GPS Coordinates – Latitude East (hddd.ddddd). Using the GPS device, record the latitudinal coordinates of the front entrance of the health facility, the same spot used to record longitudinal coordinates. Make sure you do this exactly as instructed during your training and that you record the coordinates to the specified accuracy.

**Remember there are 4 digits before decimal and 5 digits after decimal.**

42. Write Supervisor name legibly.
43. Write three digit supervisor code assigned to your team supervisor
44. Supervisor must review the entire form and sign to certify that the form is complete and accurate.

**Before leaving, thank the respondent for participating in the survey.**

## **INSTRUCTION: KINDRED FORM (K FORM)**

One form should be used for each community zone. This means that, for each community, a maximum of four copies of form 2 should be used (since the maximum number of zones in any community is four). Form 2 consists of one sheet two pages, front and back. Remember you have to read out consent form before start of interview. Also, note that the kindred information will come from the catchment area communities of the health facility in the ward not the entire ward.

### **Section A: Identification**

This section (questions 1-12) should be filled in before you commence the interview.

Section A contains the following questions:

1. State (circle code). Circle the 1-digit code to on the right side of the state you are working in.
2. Senatorial District: Circle the code as appropriate. The code is given in LGA information booklet
3. LGA. Write the name of the LGA that the community you are working.
4. LGA Code. Record the 2-digit code of the LGA.
5. Ward: Record the name of the ward that the Primary Health Facility is in.
6. Ward Code: Record 2 digit ward code from the LGA information booklet
7. Location (circle code): Circle the 1-digit code to the right of "Urban" or "Rural," to indicate that the primary health facility you are working on is in an urban or rural area.
8. Community/Village name: Write the name of the community/settlement you are in.
9. Zone. Circle the number to the right of the zone you are working in.
10. Interviewer Name. Record your name.
11. Interviewer Code (3 digits). Record the 3-digit code that has been assigned to you.
12. Date dd/mm/yyyy. Record the date, so for example if it is January 5, 2011, record 05/01/2011.

### **Section B: Interview**

This section (questions 13-21) should be filled in through asking the respondent the questions in the order they appear on the form. The respondent is a knowledgeable and senior member of the community.

Section B contains the following questions:

13. Name of Respondent: Write legibly full name of respondent
14. Age of Respondent: Write age in years
15. Gender of Respondent. Record 1 if the respondent is male and 2 if the respondent is female.
16. What is Respondent's position in community? Record the appropriate code from the answers provided. Record one response only. If the appropriate response code is not provided, record 77 for Other (specify), and note the respondent's position in the space provided.
17. Respondent's mobile number. Record the respondent's mobile telephone number. Be sure to record all 11 digits. If the respondent does not have a mobile phone, record 99 for Not Applicable.

**Note: Answer questions 18-21 for each kindred before moving to the next kindred.** So for the first Kindred, you will list this in the space under question 18, then ask question 19, then question 20, then question 21, and ONLY THEN will you ask for the name of the next Kindred.

18. Name of Kindred. Ask the respondent to name the kindreds within the community zone. After each name, ask questions 19, 20, and 21 about that kindred before asking for the next kindred name.

19. About how many people belong to this kindred? Record the response in the space provided. If the respondent is unable to provide an exact answer, probe for an approximate figure. If the respondent cannot answer, record 88 for Don't Know.
20. About how many households belong to this kindred? Record the response in the space provided. If the respondent is unable to provide an exact answer, probe for an approximate figure. If the respondent cannot answer, record 88 for Don't Know.
21. About how many CDDs are currently serving this kindred? Record the response in the space provided. If the respondent is unable to provide an exact answer, probe for an approximate figure. If the respondent cannot answer, record 88 for Don't Know.

### **Section C: GPS Coordinates**

22. GPS Coordinates – Longitude North (hddd.ddddd). Using the GPS device, record the longitudinal coordinates of the center of the community zone. Make sure you do this exactly as instructed during your training and that you record the coordinates to the specified accuracy.  
GPS Coordinates – Latitude East (hddd.ddddd). Using the GPS device, record the latitudinal coordinates of the center of the community zone, the same spot used to record longitudinal coordinates in item 22. Make sure you do this exactly as instructed during your training and that you record the coordinates to the specified accuracy. **Remember there are 4 digits before decimal and 5 digits after decimal.**
23. Supervisor Name: Write Supervisor's name
24. Supervisor Code: Write 3 digit code
25. Reviewed and signed by Supervisor: Reveiwed Signed by supervisor

**Before leaving, thank the respondent for participating in the survey.**

## **INSTRUCTION: M FORM**

This form is to sketch each community/settlement served by the health facility and divide into suitable zones for use in collecting kindred information in the community. The communities/settlements are extracted from the health facility form. The form has two parts: Identification and Community Map.

### **Section A: Identification**

This section (questions 1-11) should be filled in before you commence the interview. Section A contains the following questions:

1. State (circle code). Circle the 1-digit code to on the right side of the state you are working in.
2. Senatorial District: Circle Code as appropriate.
3. LGA. Write the name of the LGA that you are working on is in.
4. LGA Code. Record 2-digit code of the LGA.
5. Ward: Record the name of the ward that the community is in.
6. Ward Code: write two digit ward code from the LGA information booklet
7. Location (circle code): Circle the 1-digit code to the right of "Urban" or "Rural," to indicate that the lab you are working on is in an urban or rural area. .
8. Community Name. Record the name of the Community that the primary health facility you are working on is in.
9. Interviewer Name. Record your name.
10. Interviewer Code (2 digits). Record the 2-digit code that has been assigned to you.
11. Date dd/mm/yyyy. Record the date in dd/mm/yyyy format, so for example if it is January 5, 2011, record 05/01/2011.

### **B. Community Map**

Prior to starting the kindred listing in any community, this Map should be drawn in conjunction with the supervisor/coordinator and other interviewers working in this area.

In the space provided, the community area and any internal and external boundaries should be sketched with the help of community members. The most important man-made and natural landmarks (e.g. health facility, river/stream, church/mosque) should be clearly identified. These landmarks should then be used to divide the community into distinct zones which do not overlap. The maximum number of zones per community is four, and they should be labeled with capital letters, starting with the letter A. The team will use the map to complete the entire community/settlement in a systematic way starting from Zone A and finishing all zones.

12. Supervisor Name: Write Supervisor's name
13. Supervisor Code: Write 3 digit code
14. Reviewed and signed by Supervisor: Reveiwed Signed by supervisor

## **INSTRUCTION: LAB FORM**

One form should be used for each Community Laboratory. This form consists of two pages in one sheet, front and back. Make sure you read out the consent form and start the interview once the respondent gave consent.

### **Section A: Identification**

This section (questions 1-14) should be filled in before you commence the interview. Section A contains the following questions:

1. Write 9 digit lab code starting with LAB and three digit LGA code two digit ward code and two digit lab code.
2. State (circle code). Circle the 1-digit code to the right of the state you are working in.
3. Senatorial Districts: Circle code as appropriate.
4. LGA. Write the name of the LGA that the primary health facility you are working on is in.
5. LGA Code. From the Sample Control File, record the 2-digit code of the LGA.
6. Ward: Record the name of the ward that the lab is in.
7. Ward Code: write two digit ward code from the LGA information booklet
8. Location (circle code): Circle the 1-digit code to the right of "Urban" or "Rural," to indicate that the lab you are working on is in an urban or rural area. .
9. Community Name. Record the name of the Community that the primary health facility you are working on is in.
10. Laboratory name: Write the name of laboratory legibly
11. Address of Laboratory: Write street name and number if any
12. Interviewer Name. Record your name.
13. Interviewer Code (2 digits). Record the 2-digit code that has been assigned to you.
14. Date dd/mm/yyyy. Record the date in dd/mm/yyyy format, so for example if it is January 5, 2011, record 05/01/2011.

### **Section B: GPS Coordinates**

15. GPS Coordinates – Longitude North (hddd.ddddd). Using the GPS device, record the longitudinal coordinates of the front entrance of the community laboratory. Make sure you do this exactly as instructed during your training, and that you record the coordinates to the specified accuracy.
16. GPS Coordinates – Latitude East (hddd.ddddd). Using the GPS device, record the latitudinal coordinates of the front entrance of the community laboratory, the same spot used to record longitudinal coordinates in item 14. Make sure you do this exactly as instructed during your training, and that you record the coordinates to the specified accuracy.

**Remember there are 4 digits before decimal and 5 digits after decimal.**

### **Section C: Interview**

This section (questions 16-28) should be filled in through asking the respondent the questions in the order they appear on the form. The respondent is the owner of the laboratory, or his or her deputy that is responsible for the laboratory at the time of interview.

Section B contains the following questions:

17. Name of Respondent. Write name of respondent legibly.
18. Age of Respondent: write age in years
19. Gender of Respondent, record 1 if the respondent is male and 2 if the respondent is female.
20. Is respondent the owner/in-charge of the laboratory? Record 1 if yes and 0 if no.
21. Respondent's role in community lab. Record the appropriate response code from the answers provided. If the appropriate response is not provided, record 77 for Other (specify) and note the appropriate response in the space provided.
22. Respondent's mobile number. Record the respondent's mobile telephone number. Be sure to record all 11 digits. If the respondent does not have a mobile phone, record 99 for Not Applicable.
23. Respondent's e-mail. Record the respondent's e-mail address. If he/she does not have an e-mail address, record 99 for Not Applicable.
24. How many years has this lab existed in this location? Record the number of years the lab has been operating in the present location.
25. What types of tests are done in this lab? Record the appropriate response code from the answers provided. You can record more than one response. If the respondent's answer is not provided, record 77 for Other (specify), and note the answer given by the respondent. If the respondent does not know, record 88 for Don't Know.
26. Do you provide lab service for any Primary Health Facilities in this area? Record 1 for yes, and 0 for no.
27. Do you provide diagnosis for any PMVs in this area? Record 1 for yes, and 0 for no.
28. Are there any other community labs in this area that provide diagnostic services? Record 1 if yes, and 0 if no.
29. If yes, record details of the location of these labs (street name and number) in the space provided.
30. Write Supervisor name legibly.
31. Write three digit supervisor code assigned to your team supervisor
32. Supervisor must review the entire form and sign to certify that the form is complete and accurate.

**Before leaving, thank the respondent for participating in the survey.**

## **INSTRUCTION: PMV FORM**

One form should be used for each PMV. This form consists of one sheet, two pages (front and back). You must administer the consent form before the interview.

### **Section A: Identification**

This section (questions 1-19) should be filled in before you commence the interview. Section A contains the following questions:

1. Write 11 digit code of PMV. LGA and ward code are two digit codes while PMV has four digits. In the LGA information booklet you will see these codes. Write PMV at the beginning of the code. Double check to make sure that you have written the PMV code correctly.
2. State (circle code). Circle the 1-digit code to on the right side of the state you are working in.
3. Circle Senatorial District Code the health facility you are working belongs to.
4. LGA. Write the name of the LGA that the primary health facility you are working on is in.
5. Write two digit LGA Code from the LGA information booklet
6. Ward: Record the name of the ward that the Primary Health Facility is in.
7. Write two digit code of the ward you are in from the LGA information booklet.
8. Location (circle code): Circle the 1-digit code to the right of "Urban" or "Rural," to indicate that the primary health facility you are working on is in an urban or rural area.
9. Community Name. Record the name of the Community that the primary health facility you are working is located.
10. Write address of PMV (street name and number if any)
11. Write Nam of PMV
12. Write age of PMV in years
13. Circle 1 if the PMV is male and 2 if female
14. Write 11 digit phone number of PMV and 99 if the PMV does not have a phone.
15. Write legibly email address of PMV and 99 if he/she does not have any email address.
16. Ask if the shop is owned by PMV. If yes circle 1 and if not circle 2.
17. Interviewer Name. Record your name.
18. Interviewer Code (3 digits). Record the 3-digit code that has been assigned to you.
19. Date dd/mm/yyyy. Record the date, so for example if it is January 5, 2011, record 05/01/2011.

### **SECTION B. GPS COORDINATES OF PMV SHOP**

20. GPS Coordinates – Longitude North (hddd.ddddd). Using the GPS device, record the longitudinal coordinates of the front entrance of the health facility. Make sure you do this exactly as instructed during your training, and that you record the coordinates to the specified accuracy.
21. GPS Coordinates – Latitude East (hddd.ddddd). Using the GPS device, record the latitudinal coordinates of the front entrance of the health facility, the same spot used to record longitudinal coordinates. Make sure you do this exactly as instructed during your training and that you record the coordinates to the specified accuracy.

**Remember there are 4 digits before decimal and 5 digits after decimal.**

### Section C: Interview

This section (questions 22-36) should be filled in through asking the respondent the questions in the order they appear on the form. The respondent is the owner of the PMV shop, or his or her deputy that is responsible for the shop at the time of interview.

Section C contains the following questions:

22. Respondent's role in PMV shop. Record the appropriate response code from the answers provided. If the appropriate response is not provided, record 77 for other and note the appropriate response in the space provided.
23. How many years of experience does PMV have in this location? Record the number of years the PMV has been active in this shop.
24. How many total years of experience does PMV have? Record the number of years the shop owner has been active as a PMV, either in this shop or elsewhere.
25. What is the highest level of education completed by Respondent? Record the appropriate response code from the answers provided. If the appropriate response is not provided, record 77 for Other (specify) and note the appropriate response in the space provided.
26. Has PMV received any training as pharmacist? Circle 1 for yes and 0 for No.
27. Has PMV received any training on malaria case management? Circle 1 for yes and 0 for No.
28. Has PMV received any training from Society for Family Health in the past year? Record 1 if yes, and 0 if no.
29. What is the recommended treatment for malaria? Record the appropriate response code from the answers provided. If the appropriate response is not provided, record 77 for Other (specify), and note the respondent's answer in the space provided. If the respondent does not know the answer, record 88 for Don't Know.
30. How should a case of complicated malaria be treated? Record the appropriate response code from the answers provided. If the appropriate response is not provided, record 77 for Other (specify), and note the respondent's answer in the space provided. If the respondent does not know the answer, record 88 for Don't Know.
31. Does PMV have facility where drugs are stored? Record 1 for yes, and 0 for no. A facility is defined as an enclosure, separate from the main PMV shop room, which is protected from sun, heat, moisture, animals, and is otherwise suitable for the storage of drugs.
32. Brands of ACT available. Ask to see the brands of ACT which are available, and record the names of each brand. Record only those names which you see with your own eyes. If not available record 00.
33. Do any community or mini-labs exist in PMVs area that provide diagnostic services? Record 1 if yes, and 0 if no.
34. If yes to Q33, record details of location in the space provided. If no, skip to question 36.
35. Does PMV refer patients to these outlets? Record 1 for yes, and 0 for no.
36. Is PMV registered or unregistered? If registered, ask to see certificate. Record 1 if PMV is registered and you see their certificate, 2 if PMV says they are registered but do not show you the certificate, 3 if PMV is unregistered, and 4 if PMV refuses to answer the question.
37. Write Supervisor name legibly.
38. Write three digit supervisor code assigned to your team supervisor
39. Supervisor must review the entire form and sign to certify that the form is complete and accurate.

**Before leaving, thank the respondent for participating in the survey.**

## 7. CONSENT FORM

Good morning/afternoon/evening. My name is \_\_\_\_\_ and I am working with Public Health Services and Solutions (PHSS). We are conducting a survey for Rivers State Ministry of Health on malaria. We would very much appreciate your participation in this survey. The information you provide will help the state to control malaria in the state. The survey usually takes between 10 and 20 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey? May I begin the interview now?

## **8. TRAINING**

A three days training will be organized for enumerators, supervisors, coordinators and monitors. The training of enumerators will be conducted in two batches as the numbers are too large and not suitable for such hands on training. Each batch will have maximum of 40 participants. The training methodology will include: brief presentation followed by discussion, group work, case study, demonstration, field work, role play and self-study. The facilitators will be drawn from PHSS, World Bank Consultants and the State. The training materials will be limited to data collection instruments and data collection methods and GPS. First two days will be classroom and third day will be practical in the field. A pre and post test will be conducted to assess the quality of training and the performance of participants. The main objective of the training is to equip participants required knowledge and skill to conduct the listing exercise. A combination of presentation, case study, role play, group work and practical in the field will be used to ensure quality of training.

## 9. Training Agenda

### PATENT MEDICINE VENDORS (PMVs)-LISTING IN RIVERS STATE OF NIGERIA

RIVERS STATE MINISTRY OF HEALTH AND PUBLIC HEALTH SERVICES AND SOLUTIONS (PHSS) 

Date: February 23-25, 2011.

Venue: Dannic Hotels, Plot 33 Circular Road, Presidential Estate, Rumola, Port Harcourt

#### TRAINING AGENDA

##### Day one

Time	Topic	Focal Person
8.00 am -8.30 am	Registration and pre test	WBC
8.30 am -9.00 am	Objectives of training	Esther
9.00-10.30 am	Presentation of data collection instruments	WBC/PHSS
10.30-11.00 am	Tea Break	PHSS
11.00-1.2.00	Case study	PHSS
12.00-1.00pm	Review of forms in small group	WBC/PHSS
1.00pm-1.30pm	Lunch	PHSS
1.30-2.30 pm	GPS presentation	WBC
3.30-4.30pm	Practical on GPS	WBC
4.00-5.00 pm	GPS group work	PHSS/WBC
5.00 pm-6.00 pm	Meeting with monitors and develop work plan	

##### Day two

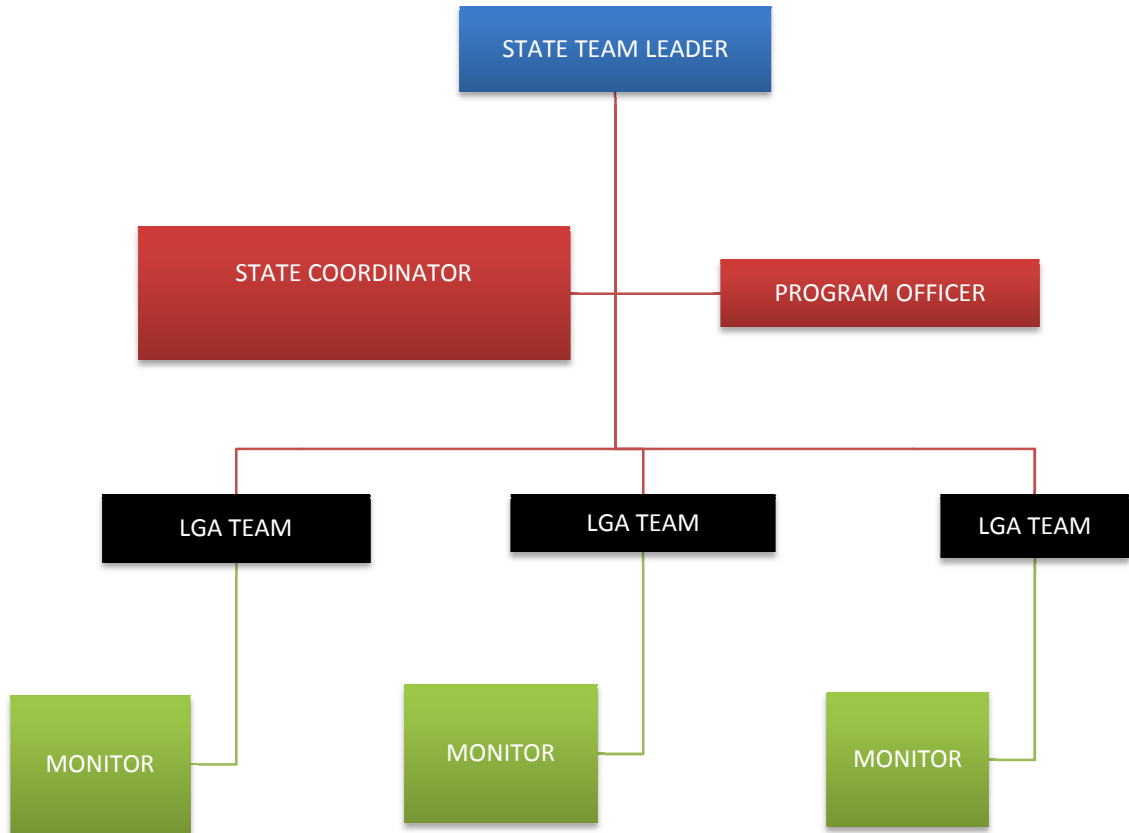
Time	Topic	Focal Person
8.00 am -1.00 am	Field Trip	SMOH/PHSS
1.00-2.00 pm	Lunch	PHSS
2.00-3.00 pm	Group work on field trip	
3.00-4.00 pm	Presentation on field trip (FORMS and GPS)	WBC
4.00-5.00 pm	Monitoring, Supervision and reliability assessment	PHSS
5.00 -6.00 pm	Meeting with coordinators, monitors and finalize field work plan	

##### Day three

Time	Topic	Focal Person
8.00 am -9.00 am	Post test and workshop evaluation	PHSS
9.00 am – 10.00 am	Logistics for field work (forms and stationaries)	PHSS
10.00-10.30 am	Closing remarks and tea	SMOH/PHSS/WB
11.00 am	Departure	

**9. Data Collection team**

In each LGA a three member team will collect data from health facilities, laboratories, communities and PMVs. Two members of the team will be interviewers and the third will act as supervisor. They will be supervised by the State Team and monitored by LGA Monitors. The entire survey in the state will be led by a State Team Leader supported by a Program Officer and State Liaison Officer. The organogram below shows the survey team.



## 10. Supervision and Monitoring

The survey will be supervised by the team leader and Technical Advisors. They will be conducting spot checks across the state and address any quality issues with the team. They will be using the monitoring check list.

At the LGA level the team will be monitored by LGA monitors. They will be visiting teams in the field and ensure quality of data collection. They will be using a monitoring check list to identify problems and rectify them on the spot.

### Monitoring through Web and sms

Each monitor at the end of the day will collect information from each LGA team on the number of health facilities, PMVs, Kindreds and Labs completed and send a text message to a specific number. The information sent will be instantly analyzed and a report is produced in a dashboard. All concerned can see the progress by LGA.

Format for sms and instruction

**RS ICCODE.H##.K##.L##.P##.W##**

**e.g RS 123.H12.K23.L34.P45.W05**

1. Write RS and give a space
2. Write 3 digit interviewer code and put dot e.g 231
3. Write H for health facility followed by number of health facilities completed and then put dot
4. Write K for kindred followed by number of kindreds completed and then put dot
5. Write L for Community Laboratory followed by number of laboratories completed and then put dot
6. Write P for PMV followed by number of PMVs completed followed by dot
7. Write W for Ward and put number of wards completed.
8. Review the sms and make sure there is a space after RS and 5 dots separates subsequent field and no dot at the end
9. All together the sms has 26 characters including one space and five dots
10. Send sms to the designated number
11. You will receive two messages of execution and successful submission.
12. If there is error do not send repeated sms but send your sms to sms coordinator.

## COMPLETING THE SURVEY QUESTIONNAIRES

- Each member of the survey team should administer the same questionnaire(s) at each community to improve the reliability of the results.
- It is important that each questionnaire be administered exactly as agreed upon during the training.
- **NO GUESS WORK:** If an interviewer is uncertain about what to do or has any questions, then she/he should ask the supervisor. The validity of the results obtained will depend on each person administering the questionnaire in exactly the same way.
- It is important that the questionnaires be completed clearly and legibly. The following are also important:
  - ✓ Always use a pencil to complete questionnaires
  - ✓ Make sure that check marks do not overlap more than one answer
  - ✓ For questions where there is a *yes* or *no* response, circle **1** for *yes* or 0 for *no*.
  - ✓ If the respondent gives a response other than those suggested, check the space "*other*" and write in the response that is given
  - ✓ Do not leave the community without completely filling the questionnaire. Cross check all before leaving the village
  - ✓ Do not write from memory

## **QUALITIES OF A GOOD INTERVIEWER**

1. Must be courteous to the respondent. Greet and explain your mission and ask for permission to conduct the interview
2. Privacy should be maintained and confidentiality of responses emphasized
3. He or she should always adhere to the instructions given in the survey guidelines for administration of questionnaire. Questions should be asked exactly as they are written in the questionnaire, however try to maintain a conversational tone of voice; don't make the interview seem like an interrogation
4. Must be honest. A good interviewer should never give nor record his own opinion or feeling about a situation
5. Must be professional and tactful in approach; Try not to react to answers in such a way as to show that you approve or disapprove
6. Should be patient with respondents; Allow respondent to think, speak slowly and clearly.
7. A good interviewer should be able to communicate in the local language of the respondent
8. A good interviewer must be neat in appearance
9. A good interviewer should be punctual if prior appointment was made
10. An interviewer should always ask questions from a supervisor if anything is unclear
11. An interviewer should keep the questionnaire away from the view of the respondents
12. Thank the respondent for answering, cooperating and participating in the interview

**MONITORING CHECK LIST FOR PMV LISTING IN RIVERS STATE**  
**RIVERS STATE MALARIA CONTROL BOOSTER PROGRAM**  
**Public Health Services and Solutions (PHSS)**

**LGA:**

**Ward:**

**COMMUNITY:**

**DATE:**

<b>S/N</b>	<b>Question</b>	<b>Answer</b>	<b>Code</b>
1.	Interviewer greeted respondent and explained about their visit	Yes No	1 0
2.	Interviewer took informed consent from the respondent before the interview	Yes No	1 0
3.	Interviewer used local words to explain questions where necessary	Yes No	1 0
4.	Interviewer listen carefully before writing the answer	Yes No	1 0
5.	Interviewer write information against the respective column	Yes No	1 0
6.	Interviewer did not prompt unless indicated in the questionnaire	Yes No	1 0
7.	Interviewer did not probe for answers unless indicated	Yes No	1 0
8.	Interviewer coded all responses where indicated	Yes No	1 0
9.	Interviewer skipped questions where indicated	Yes No	1 0
10.	Interviewer reviewed/cross checked all questionnaires before leaving the respondent's place	Yes No	1 0
11.	Interviewer thanked respondent for his/her time	Yes No	1 0
12.	Supervisor reviewed and signed the set of questionnaire before leaving respondent's place	Yes No	1 0
13.	Interviewer took GPS data as per protocol	Yes No	1 0
14.	The team created a map of the community for kindred information	Yes No	1 0
15.	Interviewer observed antimalarial drugs at the health facility/PMV shop	Yes No	1 0
16.	Interviewer checked PMV certificate	Yes No	1 0

**Any other comments:**

**MONITOR'S NAME:**

**CODE:**

**SIGNATURE:**

## **11. Reliability Assessment**

Reliability assessment will be conducted by LGA monitors at the end of the first week of data collection in a randomly selected ward. The monitor will interview one health facility and a community close to the health facility for kindreds and one PMV in the selected community (random selection if there is more than one) and any lab in the area. The data will be compared with the collected data. An error rate of 3 percent or more will call for the whole LGA data invalid and a new team will be deployed to conduct survey in the LGA. The monitors will also collect GPS data and compare the location in the form collected by the LGA team.

**Annex 1. List of Codes for Senatorial Districts and LGA**

S/N	LGA	LGA CODE	SD	SD CODE
1	ETCHE	13	RIVERS EAST	2
2	IKWERE	14	RIVERS EAST	2
3	OBIO/AKPOR	11	RIVERS EAST	2
4	OKRIKA	09	RIVERS EAST	2
5	OMUMMA	12	RIVERS EAST	2
6	PORT-HARCOURT	10	RIVERS EAST	2
7	OGU-BOLO	08	RIVERS EAST	2
8	EMUOHA	15	RIVERS EAST	2
1	ANDONI	02	RIVERS SOUTH EAST	1
2	GOKANA	04	RIVERS SOUTH EAST	1
3	KHANA	03	RIVERS SOUTH EAST	1
4	OPOBO/NKORO	01	RIVERS SOUTH EAST	1
5	OYIGBO	06	RIVERS SOUTH EAST	1
6	TAI	05	RIVERS SOUTH EAST	1
7	ELEME	07	RIVERS SOUTH EAST	1
1	ABUA-ODUAL	20	RIVERS WEST	3
2	AHOADA-EAST	21	RIVERS WEST	3
3	AHOADA-WEST	22	RIVERS WEST	3
4	AKUKU-TORU	18	RIVERS WEST	3
5	ASARI-TORU	19	RIVERS WEST	3
6	BONNY	16	RIVERS WEST	3
7	DEGEMA	17	RIVERS WEST	3
8	OGBA/EGBEMA/NDONI	23	RIVERS WEST	3