

Beneficiary Feedback Mechanism (BFM) for Neglected Tropical Disease Programmes

BFM Toolkit: Guides and Tools

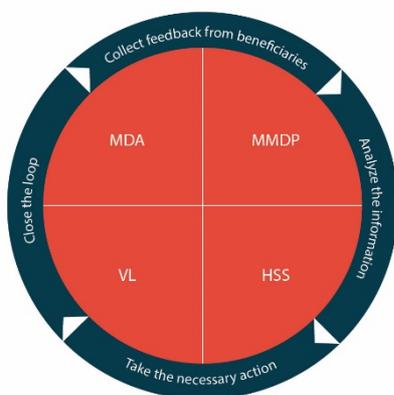
Ascend is managed geographically in two lots. Lot 1 focuses on 11 countries in East and Southern Africa and South Asia: Bangladesh, Ethiopia, Kenya, Malawi, Mozambique, Nepal, Sudan, South Sudan, Tanzania, Uganda, Zambia. We gratefully acknowledge the financial support provided by the UK Foreign Commonwealth and Development Office (FCDO) to fund the Ascend programme.

Contents

Introduction	3
MDA BFM Tools	3
Beneficiary feedback through the Supervisor’s Coverage Tool (SCT).....	3
Beneficiary Feedback Questions in Independent Coverage Survey (ICS) - Mozambique	5
MMDP BFM Tools	6
Beneficiary Feedback Mechanism for Trichiasis Surgery Patients - Tanzania	6
Beneficiary Feedback Mechanism for LF Hydrocele Surgery Patients - Bangladesh.....	9
Beneficiary Feedback Mechanism for LF Hydrocele Surgery Patients - Nepal.....	12
Beneficiary Feedback Mechanism for Hydrocele patients six months after surgery through in-depth interviews - Zanzibar.....	16
VL BFM Tools	19
Beneficiary Feedback Mechanism Guideline for VL - Bangladesh.....	19
Beneficiary Feedback Mechanism Guideline for VL - Kenya	22
Training Feedback Tools	27
Training beneficiary feedback form.....	27
Standard Operating Procedure: Training Participant Feedback - Online Survey Distribution	28
For further information	31

Introduction

To improve the delivery of health interventions people-centred approaches are needed, both to ensure that interventions are accessible and address health care needs appropriately. Feedback of patients and community members can be used to improve programmatic activities and lead to the more equitable and comprehensive distribution of the programme interventions. Beneficiary Feedback Mechanisms (BFMs) provide a means of recording, evaluating and addressing beneficiaries' perspectives into health care delivery.



The approach of Ascend Lot 1 to beneficiary feedback is centered around alignment with existing systems and processes to manage NTD activities where possible. In line with our focus on health system strengthening, we worked closely with Ministries of Health to introduce or enhance components of beneficiary feedback across NTD service delivery. Implementation of BFM followed the main NTD service areas featured in Ascend: Mass Drug Administration (MDA) campaigns, morbidity management and disability prevention (MMDP) and Visceral Leishmaniasis (VL) patient care.

This BFM toolkit presents the different tools developed within Ascend lot 1 for collecting and using feedback. The MMDP/VL tools are country specific, but can easily be adapted to situation/needs of another country. The tools are further described in the **Ascend**

lot 1 BFM Learning brief, which also discusses lessons learned from the pilot implementations, which can be accessed at the [Ascend Portal](#).

Accelerating the Sustainable Control and Elimination of Neglected Tropical Diseases (Ascend) is a programme funded by the UK Foreign Commonwealth and Development Office (FCDO) to achieve progress towards global targets for the control and elimination of neglected tropical diseases (NTDs). The programme supports countries in their efforts to control and eliminate five NTDs: Trachoma, Schistosomiasis, Onchocerciasis, Lymphatic Filariasis and Visceral Leishmaniasis. Ascend is managed geographically in two lots. Lot 1 focuses on 11 countries in East and Southern Africa and South Asia: Bangladesh, Ethiopia, Kenya, Malawi, Mozambique, Nepal, Sudan, South Sudan, Tanzania, Uganda, Zambia.

MDA BFM Tools

Beneficiary feedback through the Supervisor's Coverage Tool (SCT)¹

Introduction

The Supervisor's Coverage Tool (SCT) is a useful device that allows for close monitoring and has been demonstrated to improve coverage during rounds of an MDA within a given supervisory area. The SCT provides an opportunity to collect important feedback from people eligible for an MDA. The SCT creates an opportunity to add beneficiary feedback mechanisms (BFM) in a feasible and cost effective manner, further creating opportunities to improve upon the MDA activities based upon the feedback received. SCT is unique and distinct from the Independent Coverage Survey (ICS) in that it allows for rapid feedback that can still be used during an ongoing MDA. It is not a replacement for the ICS however, which is larger in scope and uses randomization to cover a greater area.

The objective of using the SCT to collect BF: to create a method of making direct improvements to the activity based on the feedback of beneficiaries in areas with expected low MDA coverage

¹ This tool was used in Mozambique as well as Sudan

In practice

Including BFM in the SCT would not require additional resources or sampling methodologies, it could simply be done by adding a brief BFM question section to follow the SCT questions. Below we have listed a sample set of questions that can be used as a template or directly in the questionnaire.

Sample set of BFM questions

- 1) Was the timing of the MDA (day/hour) convenient to you? yes/no/don't know (DK)
- 2) if not, how could it be improved?
- 3) Were you satisfied with the information you received from the CDD? (yes/no/did not receive any information/do not remember)
- 4) if not, why? (possible answer categories: not using local language, missing essential information, too many difficult wordings used, ...)
- 5) Did you have a chance to ask questions to the CDD? (yes/no/DK)
- 6) Were you satisfied with the attitude/performance of the CDD? ²(yes/no/DK)
- 7) Did the CDD wear a mask? (Y/N/DK)

Preparation steps

1. Discuss BF questions with MoH
2. Translate questions in the local language
3. Pilot the questions
4. In case of electronic data collection, include the questions in the electronic tool. The MEL team is available to assist with this if there are any technical barriers or advice required.
5. In case of paper-based data collection include the questions on the form and develop a strategy of data-entry
6. Include the BF section in the training of the supervisors, or whoever will carry out the SCT

Analysis, Actions taken and Reporting

Ideally analysis does not take place after the MDA has finished, but directly in the field to have the activity (and thus the beneficiaries) directly benefit from the results.

Discuss results during the daily review meeting, document proposed actions in the minutes of the meeting to enable reporting on those actions in the deliverables.

Sharing and disseminating results will help each country to create the best possible conditions for beneficiaries, hopefully improving trust between providers and beneficiaries, and may also become a source of key learnings for other countries participating in MDA activities within the ASCEND program.

Informing beneficiaries of the response to their inputs (closing the loop) is an important part of a BFM, to increase people's confidence in the use of the feedback, which should contribute to willingness to continue to engage with the programme. Adaptations made to programmatic activities based upon beneficiary feedback can be communicated through various channels such as radio messages, newspaper items, through the community leaders, during congregational opportunities etc.

² Alternatively this can be changed into 'Were you satisfied with the interaction with the CDD?', however the difference between question 3 and 6 needs to remain clear

Beneficiary Feedback Questions in Independent Coverage Survey (ICS) - Mozambique

The following questions appeared in an electronic data capture tool (ODK) translated into Portuguese for the ICS survey in Mozambique that took place in May - June 2021. All were multiple choice except for the final four questions which had fields for open responses.

- 1) From 1 to 4, how satisfied were you with the location of the venue? *PROMPT*: 1 Being not satisfied at all, and 4 being very satisfied
- 2) What day of the week did they deliver the treatment?
- 3) From 1 to 4, how satisfied were you with the choice of the day of the week? *PROMPT*: 1 Being not satisfied at all, and 4 being very satisfied
- 4) What time was the treatment administered?
- 5) How convenient for you was the time of day that the treatment was offered? *PROMPT*: 1 Being not convenient at all, and 4 being very convenient
- 6) How convenient for you was the time of the month that the treatment was offered? *PROMPT*: 1 Being not convenient at all, and 4 being very convenient
- 7) How long did you have to wait at the venue before you received the treatment?
- 8) How much time did it take you to participate in the MDA take?
- 9) How satisfied were you with the information you received from the CDD on the medicine that was given? *PROMPT*: 1 Being not satisfied at all, and 4 being very satisfied
- 10) Did you have a chance to ask questions?
- 11) How satisfied were you with the performance of the CDD? *PROMPT*: 1 Being not satisfied at all, and 4 being very satisfied
- 12) What were the reasons you were not satisfied?
- 13) Do you have suggestions to improve the MDA?
- 14) Do you have questions regarding the prevention of NTD?
- 15) Do you have any suggestions to improve the communication around the MDA?

MMDP BFM Tools

Beneficiary Feedback Mechanism for Trichiasis Surgery Patients - Tanzania

Purpose

To offer guidance in the implementation of beneficiary feedback mechanisms (BFMs) for Trichiasis surgery for trachoma (TT) programming, and to receive insight from feedback on how programmatic activity can be reshaped to best suit beneficiaries.

General approach

7–14-day post-surgical TT patients are routinely visited for a post-surgery review. This opportunity can be used to discuss satisfaction of the patients with the delivered health services. Trained TT surgeon alongside with National Trachoma program officer, visit each patient in their home during this 7–14-day period to ask questions through a standardized data collection tool. TT surgeon who makes the home visits and administer the questions will be trained in administering supplemental set of beneficiary feedback questions as well.

Considerations for Implementing BFMs in TT

1. Consult with TT program managers and National Eye care program teams to determine feasible schedule for completing patient surveys following surgical interventions.
2. There will need to be trainings for those implementing supplemental BFM questionnaires, and ideally guides for the trainings and digital based surveys.
3. Consider including all patients for beneficiary feedback at the onset, and then later establishing a system of sampling.

Preparation Steps

1. Discuss BF questions with the Regional and District Eye Coordinator and National NTD Control Program and come to an agreed upon selection.
2. Translate questions into the local language if necessary.
3. Pilot the questions and make subsequent changes.
4. In case of paper-based data collection include the questions on the form and develop a strategy of data-entry
5. Determine the best person to routinely assist in carrying out data management and analysis.
6. Relay concerns and any questions regarding implementation to MEL teams for support

Analysis, Actions taken and Reporting

Analysis:

It is important to have a clear plan in place for performing the analysis that recognizes:

1. Who will be performing the analysis at which level: *Each ophthalmologist to study the answers they received to come up with concrete recommendations; at IP/MoH level to identify patterns that need higher level interventions*
2. What responses will warrant direct action vs what will be discussed for more gradual reprogramming (*For example – If 10 patients are surveyed and unanimously say conditions are horrible and that they were getting mistreated, it would warrant intervention and faster response*)
3. How will improvements be made in programming based upon feedback received?

Reporting to NTDCP

Important to have a clear plan on how the results are communicated/discussed with the MoH

Reporting back to the TT patients and DMO (closing the loop)

Informing beneficiaries of the response to their inputs (closing the loop) is an important part of a BFM, to increase people's confidence in the use of the feedback, which should contribute to willingness to continue to engage with the programme. It may be difficult to communicate programmatic adaptations made directly to

the patients who provided the feedback, however health care attendees in general can be informed through leaflets, posters, newspaper items, through the health care workers etc. It would be good to consider a system that addressed beneficiary feedback during 6-month visits.

Questions:

1. What is your age?

2. What is your sex/gender?
 - a. Male
 - b. Female
3. How long ago did you receive your surgery?
 - a. last week (1-7 days ago)
 - b. 7-10 days ago
 - c. 10-14 days ago
4. Was the surgery performed on your left eye, right eye, or both?
 - a. Left Eye
 - b. Right Eye
 - c. Both Eyes
5. (IF both eyes) Were you given a choice to have one done at a time?
 - a. Yes
 - b. No
 - c. Unsure
6. (If left or right eye) Do you still need to get the other eye operated on?
 - a. Yes
 - b. No
 - c. Unsure
7. How did you reach the surgical camp?
 - a. Came myself.
 - b. The surgical team came to pick me up.
 - c. I was brought by the TT case finder.
8. If you came yourself, how long did it take you to travel from your home to the surgical camp or health facility where you received trichiasis surgery?
 - a. Less than 1 hour
 - b. Between 1 and 3 hours
 - c. Between 3 and 6 hours
 - d. More than 6 hours
 - e. More than 1 day
9. How long have you been experiencing symptoms related to the disease before you received your diagnosis?
 - a. 1-3 months
 - b. 3 – 6 months
 - c. 6 months – 1 year
 - d. 1- 3 years
 - e. More than 3 years
10. What prevented you from seeking care here at an earlier date? (Select all that apply)
 - a. lack of awareness of disease
 - b. not knowing where to seek treatment.
 - c. seeking care in informal sector first?
 - d. Travel costs
 - e. Days off/work required.
 - f. Loss of earnings
 - g. Fear of seeking care/health care facility.
 - h. Responsible for caring for others.
 - i. Other (specify) _____
11. How soon after receiving your diagnosis did you receive your surgery?

- a. Same day
 - b. next day
 - c. 1-2 weeks later
 - d. 2-4 weeks later
 - e. more than one month
12. What were some of the costs involved for you and your family since you have come for surgery? (Each of these will be individual questions)—
- a. Travel costs
 - i. Currency parameters (between ___Tsh. and ___Tsh.)
 - b. costs at the health facility (between Tsh. and ___Tsh.)
 - c. Days off work required.
 - d. Loss of earnings
 - e. Other (specify) _____
13. Were the safety precautions explained to you clearly before receiving surgery?
- a. Yes
 - b. No
 - c. Somewhat
 - d. Unsure
14. Did you have the chance to ask questions from staff at the treatment facilities?
- a. Yes
 - b. No
 - c. Somewhat
 - d. Unsure
15. Do you know how trachoma is spread?
- a. Yes (go to Q16)
 - b. No (go to Q17)
16. If yes, how is trachoma spread? (Select all that apply)
- a. Through black flies
 - b. Not properly cooked food
 - c. Through contaminated unwashed hands
 - d. Not getting enough sleep
 - e. Through unclean water sources
 - f. Frequent face touching
 - g. Mosquitos
 - h. Other (specify) _____
17. Do you know some good ways to keep people in the community from getting sick with trachoma? (Select all that apply)
- a. Using mosquito nets
 - b. Facial cleanliness
 - c. Eliminating standing water
 - d. Treat all people.
 - e. Staying away from health care facilities
 - f. Improving sanitation facilities
 - g. Cover skin with cloths
 - h. Other (specify) _____
18. Where have you heard about how you can avoid trachoma? (Select all that apply)
- a. Radio
 - b. Television
 - c. Poster
 - d. Brochures/flyers
 - e. Banners
 - f. Health personnel
 - g. community health worker/teacher
 - h. Friend/family/community member
 - i. My children

- j. Political, community or religious leader
 - k. Community meeting
 - l. Newspaper
 - m. Social media (define what is locally considered as social media/communication apps)
 - n. Other (specify) _____
19. Did you receive any materials or lessons that helped you understand the disease, symptoms, and prevention methods better?
- a. Yes
 - b. No
20. Was there a request for payment made at any point during your surgery?
- a. Yes
 - b. No
21. If yes, when was payment requested?
- a. Before treatment started
 - b. every day of treatment
 - c. at end of treatment
 - d. Other (specify) _____
22. Overall, how satisfied were you with your treatment experience at the camp/healthcare facility/surgical site?
- a. Very
 - b. Somewhat
 - c. Not very
 - d. Not At all
 - e. Other (specify) _____
23. Do you have any suggestions on how to improve your experience? (Open question)

Beneficiary Feedback Mechanism for LF Hydrocele Surgery Patients - Bangladesh

Purpose

To offer guidance in the implementation of beneficiary feedback mechanisms (BFMs) for LF programming, and to receive insight from feedback on how programmatic activity can be reshaped to best suit beneficiaries.

General approach

Post-surgical LF patients are to be followed up with for a brief questionnaire and discussion within 3 months after their hydrocelectomy surgeries. These patient meetings are arranged with the goal of obtaining beneficiary feedback, and are used to specifically discuss satisfaction of the patients with the delivered health services and associated outcomes. Focal persons, provincial managers and in some cases consultants will be collecting the feedback from patients using a digital data collection tool (Google form) for the fastest reporting of real time results. Due to COVID-19 restrictions all patients will be contacted by phone.

Considerations for Implementing BFMs in LF

1. Consult with LF program managers and focal persons to determine feasible schedule for completing patient surveys following surgical interventions.
2. Consult surgical patient listings, consider demographics elements to determine appropriate sampling methods
3. Ensure that there are phone numbers available for patients who will be difficult to follow up in person
4. There will need to be trainings in both qualitative and quantitative questioning for those implementing supplemental BFM questionnaires, and ideally guides for the trainings and digital based surveys.
5. Consider getting a sizable sample of beneficiary feedback at the onset of the pilot, and then later on establishing a system of making the most representational sample possible.
6. Check what the ethical guidelines say with regard to the use of informed consent and anonymizing the data.

Preparation Steps:

1. Discuss BF questions with the MoH and the IP (if applicable) and come to an agreed upon selection
2. Translate questions into the local language if necessary
3. Pilot the questions and make subsequent changes
4. In case of electronic data collection, include the questions in the electronic tool. The MEL team is available to assist with this if there are any technical barriers or advice required.
5. In case of paper-based data collection include the questions on the form and develop a strategy of data-entry
6. Determine the best person to routinely assist in carrying out data management and analysis
7. Relay concerns and any questions regarding implementation to MEL teams for support

Analysis, Actions taken and Reporting

Analysis:

It is important to have a clear plan in place for performing the analysis that recognizes:

1. Who will be performing the analysis at which level?
2. What responses will warrant direct action vs what will be discussed for more gradual reprogramming (*For example – If 10 patients are surveyed and unanimously say conditions are horrible or that they were getting mistreated, it would warrant intervention and faster response*)
3. How will improvements be made in programming based upon feedback received?

Reporting to MoH

Important to have a clear plan on how the results are communicated/discussed with the MoH

Reporting back to the LF patients and health facilities (closing the loop)

Informing beneficiaries of the response to their inputs (closing the loop) is an important part of a BFM, to increase people's confidence in the use of the feedback, which should contribute to willingness to continue to engage with the programme. It may be difficult to communicate programmatic adaptations made directly to the patients who actually provided the feedback, however health care attendees in general can be informed through leaflets, posters, newspaper items, through the health care workers etc. It would be good to consider a system that addressed beneficiary feedback during 6 month visits.

Questionnaire

Beneficiary Feedback from Patients who Completed Hydrocele Surgery arranged by ASCEND in Bangladesh ASCEND Bangladesh

Name of the interviewer

Designation of the interviewer

Date of the interview mm/dd/yyyy

Mode of the interview Over Telephone/Face to Face

ID of the beneficiary

Age in years of the beneficiary

Village

Upazila

District

Date of surgery - mm/dd/yyyy

1. Have you or your family members been infected with Covid-19? Yes / No
2. If Yes, who? Please write relation
3. Do you wear mask for preventing Covid-19 when you go outside? Yes / No
4. Did you face any problem to do your hydrocele surgery due to Covid-19 situation?
 - Didn't face any problem
 - Afraid of going to the health facility due to fear of COVID-19
 - The transport facility were not available due to lockdown

- The surgery was postponed due to Covid-19 situation
 - Other:
5. Who informed you to visit the hospital for hydrocele operation?
- Surveyor / Community Volunteer
 - icddr,B representative (
 - A Hydrocele surgery patient recently completed surgery
 - Govt. health staff
 - Local community / Neighbor
 - Other:
6. How satisfied you were with hydrocele patient detection through MMDP survey?
- Very Good
 - Good
 - Somewhat
 - Bad
 - Very Bad
 - Not present during MMDP Survey
7. Please describe the reason (If the answer is Bad or Very Bad)-
8. How long (in years) did you suffer from hydrocele?
9. Why didn't you do the hydrocele surgery before?
- Have no problem at all.
 - Lack of money
 - Lack of Confidence
 - Went for traditional treatment
 - Fear of operation
 - Didn't know about the operation
 - Other:
10. Why you are motivated to do the hydrocele surgery this time?
11. How many minutes does it take to travel from home to the hospital where your surgery was done?
12. How much money you have spent from your own pocket for traveling to the hospital? in BDT
13. How did you travel to the hospital where your surgery was done? (select all that apply)
- Walking
 - Public Bus
 - Rickshaw/ Van/ Auto
 - Personal vehicle (Motorcycle/ Bicycle)
 - Boat
 - Other:
14. How many days you have to wait for the surgery after visiting the doctor in the hospital?
15. Did the health care provider inform you about the risk and benefit of hydrocele surgery? Yes / No / Don't remember
16. Did you have the opportunity to ask any questions about the risk and benefits of surgery to the health care provider? Yes / No
17. During your stay at the hospital for the hydrocele surgery did you face any difficulty? Yes / No If faced, what was that? Please write the difficulties details in the other section "other"
- No
 - Other:
18. How much money you have spent for hydrocele surgery related investigation? in BDT
19. How much money you have spent for purchasing the drug for hydrocele operation?
20. How much money you have spent for food during your hospital stay for hydrocele operation?
21. How much money you have received for transport purpose for hydrocele operation?
- Please provide the amount of received money in the other section.
 - Didn't receive money
 - Other:
22. Have you been asked to pay money for your hydrocele surgery at any point?
- No
 - Field Health Staff

- Hospital staff
 - Other:
23. Did you have any complication after the hydrocele surgery? Yes / No If yes, go to Question No. 24. Else go to 25
24. If the patient had complication, please write in brief.
25. How satisfied you were with the surgical management in the hospital?
- Very Good
 - Good
 - Fair
 - Bad
 - Very Bad
26. If the answer is Bad or Very Bad, please describe the reason-
27. How satisfied you were with the behavior of the hospital staff?
- Very Good
 - Good
 - Somewhat
 - Bad
 - Very Bad
28. If the answer is Bad or Very Bad, please describe the reason-
29. Did you receive any instruction related to wound care from the hospital staff? Yes / No
30. Did you visit the hospital for stitch removal after 7 days of the surgery? Yes / No
31. If yes, did your stitch remove on that day? Yes / No
32. If No, when was your stitch removed ?
33. Did anyone follow-up you after 14 days of the surgery? Yes / No
34. Will you suggest/advocate other hydrocele patients to undergo the surgery? Yes / No
35. Are you feeling better than before? Yes / No
36. On which aspect you are feeling better than before?
- Mentally
 - Physically
 - Conjugal life
 - Professional aspect
37. Any other comments

Beneficiary Feedback Mechanism for LF Hydrocele Surgery Patients - Nepal

Purpose

To offer guidance in the implementation of beneficiary feedback mechanisms (BFMs) for LF programming, and to receive insight from feedback on how programmatic activity can be reshaped to best suit beneficiaries.

General approach

A purposeful sample of post-surgical LF patients are to be followed up with for a brief questionnaire and discussion within 10 days of their hydrocelectomy surgeries. These patient meetings are arranged with the goal of obtaining beneficiary feedback, and are used to specifically discuss satisfaction of the patients with the delivered health services and associated outcomes. Focal persons, provincial managers and in some case consultants will be collecting the feedback from patients using a standardized paper based tool. They will be visiting patients in their homes, and in the case of patients who live in very remote areas, by phone.

Considerations for Implementing BFMs in LF

1. Consult with LF program managers and focal persons to determine feasible schedule for completing patient surveys following surgical interventions.
2. Consult surgical patient listings, consider demographics elements to determine appropriate sampling methods
3. Ensure that there are phone numbers available for patients who will be difficult to follow up in person

4. Whenever possible, use of electronic data capture methods like google forms and ODK instead of paper based methods can help to greatly speed up the analysis of results. More timely recognition of systemic issues can help us to adapt programmatic problems based upon the BFM collected.
5. As the visit includes both closed and open-ended questions consult how open-ended questions will be recorded and further analyzed.
6. There will need to be trainings in both qualitative and quantitative questioning for those implementing supplemental BFM questionnaires, and ideally guides for the trainings and digital based surveys.
7. Consider getting a sizable sample of beneficiary feedback at the onset of the pilot, and then later on establishing a system of making the most representational sample possible.
8. Check what the ethical guidelines say with regard to the use of informed consent and anonymizing the data.

Preparation Steps:

1. Discuss BF questions with the MoH and the IP (if applicable) and come to an agreed upon selection
2. Translate questions into the local language if necessary
3. Pilot the questions and make subsequent changes
4. In case of electronic data collection, include the questions in the electronic tool. The MEL team is available to assist with this if there are any technical barriers or advice required.
5. In case of paper-based data collection include the questions on the form and develop a strategy of data-entry
6. Determine the best person to routinely assist in carrying out data management and analysis
7. Relay concerns and any questions regarding implementation to MEL teams for support

Analysis, Actions taken and Reporting

Analysis:

It is important to have a clear plan in place for performing the analysis that recognizes:

1. Who will be performing the analysis at which level?
2. What responses will warrant direct action vs what will be discussed for more gradual reprogramming (*For example – If 10 patients are surveyed and unanimously say conditions are horrible or that they were getting mistreated, it would warrant intervention and faster response*)
3. How will improvements be made in programming based upon feedback received?

Reporting to MoH

Important to have a clear plan on how the results are communicated/discussed with the MoH

Reporting back to the LF patients and health facilities (closing the loop)

Informing beneficiaries of the response to their inputs (closing the loop) is an important part of a BFM, to increase people's confidence in the use of the feedback, which should contribute to willingness to continue to engage with the programme. It may be difficult to communicate programmatic adaptations made directly to the patients who actually provided the feedback, however health care attendees in general can be informed through leaflets, posters, newspaper items, through the health care workers etc. It would be good to consider a system that addressed beneficiary feedback during 6 month visits.

Questionnaire

**National Lymphatic Filariasis Elimination Program
MoHP/DoHS/EDCD, Kathmandu, Nepal**

Checklist of collecting Beneficiary Feedback from Hydrocele Surgery Patients in Nepal

Name of the interviewer:

Designation:

Date:

Name of the Respondent/Beneficiary:

Name of the health facility where hydrocele surgery was done:

Age: Years

Municipality:

Ward No.: Village/Tole:

District:

Province:

Mode of interview with beneficiary: [] Telephone [] Face to face

Please mark \surd in the correct answer. Please take consent before conducting the interview.

1. How long have you been experiencing symptoms related to the disease (Hydrocele or scrotal swelling) before you received your diagnosis?

- | | | | |
|------------------------|--------------------------|-----------------------|--------------------------|
| a. Less than 12 months | <input type="checkbox"/> | b. Less than 2 year | <input type="checkbox"/> |
| c. 2- 5 years | <input type="checkbox"/> | d. 5- 10 years | <input type="checkbox"/> |
| e. 10 – 15 years | <input type="checkbox"/> | f. More than 15 years | <input type="checkbox"/> |

2. How long have you been living with the condition after the diagnosis before you received surgery?

- | | | | |
|-------------------|--------------------------|-----------------------|--------------------------|
| a. Within a month | <input type="checkbox"/> | b. 1 - 12 months | <input type="checkbox"/> |
| c. 1 – 5 years | <input type="checkbox"/> | d. 5 – 10 years | <input type="checkbox"/> |
| e. 10- 15 years | <input type="checkbox"/> | f. More than 15 years | <input type="checkbox"/> |

3. Was the condition affected onside of the scortum or Both side?

- | | | | | | |
|-------------|--------------------------|--------------|--------------------------|-------------|--------------------------|
| a. One side | <input type="checkbox"/> | b. Both side | <input type="checkbox"/> | c. Not sure | <input type="checkbox"/> |
|-------------|--------------------------|--------------|--------------------------|-------------|--------------------------|

4. What problems did you experience due to your Scrotal swelling condition?

- | | | | |
|---|--------------------------|---|--------------------------|
| a. Difficulty in normal physical activity | <input type="checkbox"/> | b. Phyco-social problem (stigma discrimination) | <input type="checkbox"/> |
| c. Sexual activities | <input type="checkbox"/> | d. Others (Specify.....) | <input type="checkbox"/> |

5. What prevented you from seeking surgery at an earlier date? (Select all that apply)

- | | | | |
|--|--------------------------|---|--------------------------|
| a. lack of awareness of disease | <input type="checkbox"/> | b. not knowing where to seek free treatment | <input type="checkbox"/> |
| c. Unable to afford the treatment (Cost) | <input type="checkbox"/> | d. Due to pre-existing medical/health condition | <input type="checkbox"/> |
| e. Fear of surgery | <input type="checkbox"/> | f. Others (Specify | <input type="checkbox"/> |

6. How long did it take you to travel from your home to the surgical camp or health facility where you received the hydrocele surgery?

- | | | | |
|--------------------------|--------------------------|---------------------------|--------------------------|
| a. Less than 1 hour | <input type="checkbox"/> | b. Between 1 and 3 hours | <input type="checkbox"/> |
| c. Between 3 and 6 hours | <input type="checkbox"/> | d. Between 6 and 12 hours | <input type="checkbox"/> |
| e. More than 12 hours | <input type="checkbox"/> | | |

7. How did you reach to the hospital for surgery from your home?

- | | | | |
|----------------------|--------------------------|--|--------------------------|
| a. Walking | <input type="checkbox"/> | b. Bicycle/Motorcylce | <input type="checkbox"/> |
| c. Public Bus/Taxi | <input type="checkbox"/> | d. Organized by the hospital/institution | <input type="checkbox"/> |
| e. Personnel vehicle | <input type="checkbox"/> | f. Others (Specify.....) | <input type="checkbox"/> |

8. How soon after receiving your surgical counselling and screening, you received the surgery?

- | | | | |
|-----------------------|--------------------------|----------------------|--------------------------|
| a. Within 14 days | <input type="checkbox"/> | b. 14 days – 60 days | <input type="checkbox"/> |
| c. More than 2 months | <input type="checkbox"/> | d. More than a year | <input type="checkbox"/> |

9. Were the details and outcome related to surgery explained to you by the treating team clearly before receiving surgery?

- a. Yes
- b. No
- c. Somewhat
- d. Unsure

10. Did you have the chance to ask questions to the staff at the treatment facilities prior to your surgery?

- a. Yes
- b. No
- c. Somewhat
- d. Unsure
- e. Felt not necessary to ask question

11. How satisfied were you with the staff and facilities where you received treatment?

- a. Very satisfied
- b. Satisfied
- c. Neutral
- d. Unsatisfied
- e. Very unsatisfied

12. Were you advised by the treating staff for your wound care and follow up visits

- a. Yes
- b. No
- c. Unsure

13. While you were in the facility, did the staff regularly provided check up on you?

- a. Yes
- b. No
- c. Not sure

14. Do you know how lymphatic filariasis (LF) is spread?

- a. Yes (go to Q15)
- b. No (go to Q17)

15. If yes, how is LF spread? (Select all that apply)

- a. Through the bite of sand flies
- b. Not properly cooked food
- c. Through contaminated unwashed hands
- d. Through infected mosquitos
- e. Through unclean water sources
- f. Others (Specify.....)

16. Do you know how can we prevent ourselves from Lymphatic filariasis (select all that apply)

- a. Using mosquito nets
- b. Facial cleanliness
- c. Eliminating standing water
- d. Treat all people during mass drug administration
- e. Staying away from health care facilities
- f. Improving sanitation facilities
- g. Cover skin with cloths
- h. Others (Specify.....)

17. Have there been, or do you anticipate any changes to your lifestyle now that you have received the surgery?

18. Would you recommend others experiencing symptoms like yours to get the surgery? Why?

19. Do you have any suggestions on how to improve our LF MMDP care and surgical services?

20. Do you have any recommendations that could make people more aware of the symptoms and the availability of the free hydrocele surgery?

21. Did you spend money to seek the surgery?

- a. Yes if yes, how much Rupees
- b. No

Beneficiary Feedback Mechanism for Hydrocele patients six months after surgery through in-depth interviews - Zanzibar

Purpose

To offer guidance in the implementation of beneficiary feedback mechanisms (BFMs) for LF Hydrocele surgery programming, and to receive insight from feedback on how programmatic activity can be reshaped to best suit beneficiaries.

General approach

About 6 months after surgery a purposeful sample of patients will be visited at home for an in-depth interview using an open-ended interview guide. Patients will be asked about their satisfaction with the delivered health services. Other topics like understanding of the medical problem, motivation to get the operation, stigma, access to care can also be addressed. Interviews will be recorded. To get the most honest and objective answers the interviews will not be done by NTD staff. Data collectors (e.g students/graduates) will be trained on building rapport, interviewing patients, recording data, data transcription and entry.

Considerations

1. Decide on an initial sample size (e.g. 10-15 patients) and on the selection criteria for sampling (e.g. include patients from urban and rural, from different age groups, from different geographic areas, with different educational backgrounds, marital status, acceptance of surgery etc).
2. A prerequisite of being able to make a purposeful selection is having a database of all hydrocele patients with their characteristics and surgery outcome.
3. Decide on how the selected patients will be informed, localized and approached, and whether there is a role for the NTD staff to accompany the data collector to the patient's house, taking into account the possible bias this may introduce and ensuring the NTP staff will not be present during the interview.
4. Ensure complete adherence to ethical guidelines (e.g. use of informed consent, anonymized data etc) and check whether ethical permission is warranted.
5. HR considerations: Decide how many data-collectors are needed for interviewing (e.g 1 interview per day: 3 data-collectors can interview 15 patients in one week) and preparing the transcripts. Decide whether a consultant is needed to analyse the qualitative data, any software needs?
6. Data collectors will need to be trained (who will do this?)
7. check whether there is a need to rent voice recorders
8. Decide whether there is need to take pictures of the patients house and surrounding (and check whether this fits with the ethical considerations)

Preparation Steps:

1. Prepare a plan and budget
2. Discuss BF topics/open-ended questions with MoH and come to an agreed upon selection
3. Translate questions into the local language if necessary
4. Pilot the questions and make subsequent changes

Analysis, Actions taken and Reporting

Analysis:

It is important to have a clear plan in place for performing the analysis that recognizes:

Reporting to MoH

Important to have a clear plan on how the results are communicated/discussed with the MoH

Reporting back to the LF patients and health facilities (closing the loop)

Informing beneficiaries of the response to their inputs (closing the loop) is an important part of a BFM, to increase people's confidence in the use of the feedback, which should contribute to willingness to continue to engage with the programme. It may be difficult to communicate programmatic adaptations made directly to the patients who actually provided the feedback, however during announcements for new rounds of hydrocele surgeries the adaptations may be mentioned.

Questions:

The questions on basic DEMOGRAPHIC characteristics [*age/gender (~100% male), marital status should be known already at sampling stage. Marital status may have changed in the last 6 months and could be asked again. In case education level and source of income are unknown these could be asked as well*]

1. What is your age? _____
2. What is your gender? (M/F)
3. How many months ago did you receive your surgery?
 - a. 1 month
 - b. 2-4
 - c. 5-6
 - d. 7-8
 - e. >8

The questions on RELEVANCE

4. What is your view on hydrocele?
5. When was the first time you started seeing the swelling? How did it start? How old were you? What did you do initially?
6. What did/ do you think now was the cause of your swelling?
 - Probe to mosquito based transmission
 - Probe basing on his belief
7. Probe if there were also cases of hydrocele in the family or the community nearby
8. How did the swelling progress
 - A probe of he sought any treatment and what was the drive to seek treatment
 - Probe any attempt to seek traditional medicine/western medicine
9. How does/did it affect your daily chores/marriage/community status
10. (only for those that were operated) Would you tell others to seek a surgical operation? Why so
11. (those who refused) Would you reconsider joining/coming for the operation if we announce the next round of operations
12. (those who refused) Do you regret not accepting the last surgical intervention? Why?

The questions on MOTIVATION

1. How did you get the information on the free surgery for people with hydrocele?
2. What prompted you to register your name? or if referred by someone else note and probe (Most were referred by their wives)
3. (for referred ones) If it were you alone would you join the wagon for the operation?
4. What did you feel bad about until you decided to accept the operation?

5. Was this the first time that a free surgical operation was accessible or did you have other opportunities before?
If there were some before...probe why could go and why now?
6. (for those who declined) What made you decline the operation?
7. (for those who declined) If we give you another chance would you accept now that you know?
8. (if persistently refusing) What do you think should be done for you to accept the operation?

The questions on OUTCOME

1. Are there any changes in your lifestyle before and after the operation? Probe
2. Is the outcome consistent with what you expected before the operation? Probe
3. Would he recommend or convince others to appear for the operation?
 - Probe for any reason brought forward

The questions on CHALLENGES/BARRIER/OPPORTUNITY

1. We visited house to house searching for the people with hydrocele, do you think we got all of them? Do you think there are some still hiding? If yes, do you have an idea why they are hiding?
2. How did you reach the hospital...probe, what happen when you reached the hospital...probe, then when ushered in for the operation...what happened...were you comfortable...did you get the service you required...after the operation, you were sent to the ward, can you explain what happened, were you comfortable...and you were discharged after how many days at the hospital? If a single day, what happened at home? What issues related to the surgery did you get.
3. Which hospital did you choose the go? what made you choose for that hospital?
4. Are you the primary income earner of the family? How did your family life when you were sick? What major challenges did you encounter?
5. What should be done to reach all or change people's attitude?
6. If you were to advise us on the recent surgical procedure?
 - Where should we improve?

VL BFM Tools

Beneficiary Feedback Mechanism Guideline for VL - Bangladesh

Purpose

To offer guidance in the implementation of beneficiary feedback mechanisms (BFMs) for VL programming, and to receive insight from feedback on how programmatic activity can be reshaped to best suit beneficiaries.

General approach

A sample of VL patients will be interviewed by an ASCEND staff member soon after they have received VL treatment. Where possible this will be done face to face during field visits and otherwise by telephone. The patients will be asked about their satisfaction with the delivered health services using a standard set of questions. Data collection will be paper-based and will be entered in an excel sheet based database for the analysis.

Considerations for Implementing BFMs in VL

1. Consider getting a sizable sample of beneficiary feedback at the onset of the pilot, and then later on establishing a system of making the most representational sample possible.
2. Discuss with ASCEND VL supervisors a feasible schedule for completing patient surveys during field visits or by telephone. In case of face-to-face interviews discuss how the patients will be informed and where the interview will take place, ensuring no health care worker will be present during the interview.
3. Whenever possible, use of electronic data capture methods like google forms and ODK instead of paper based methods, which can help to greatly speed up the analysis of results. Timely recognition of systemic issues can help us to adapt programmatic problems based upon the BFM.
4. There will need to be trainings for those implementing BFM surveys, and ideally guides for the trainings and digital based surveys (if relevant). Training will include orientation to the approach and questions and dry runs will be completed before starting the data collection.
5. Check what the ethical guidelines say with regard to the use of informed consent and anonymizing the data.

Preparation Steps:

1. Discuss BF questions with the MoH and come to an agreed upon selection
2. Translate questions into the local language if necessary
3. Pilot the questions and make subsequent changes
4. In case of electronic data collection, include the questions in the electronic tool. The MEL team is available to assist with this if there are any technical barriers or advice required.
5. In case of paper-based data collection include the questions on the form and develop a strategy of data-entry
6. Determine the best person to routinely assist in carrying out data collection and analysis
7. Relay concerns and any questions regarding implementation to MEL teams for support

Analysis, Actions taken and Reporting

Analysis:

It is important to have a clear plan in place for performing the analysis that recognizes:

1. Who will be performing the analysis at which level? (*Each VL supervisor to study the answers they received to come up with concrete recommendations; at ASCeND level to identify patterns that need higher level interventions*)

2. What responses will warrant direct action vs what will be discussed for more gradual reprogramming (For example – If 10 patients are surveyed and unanimously say conditions are horrible and that they are getting mistreated, it would warrant intervention and faster response)
3. How will improvements be made in programming based upon feedback received

Reporting to MoH and other stakeholders

Important to have a clear plan on how the results are communicated/discussed with the MoH. After completing the data analysis, a two pager will be prepared and shared with the MoH through email. Whenever national forums are available the key findings from BFM will be shared to the concerned stakeholders.

Reporting back to the VL patients and health facilities (closing the loop)

Informing beneficiaries of the response to their inputs (closing the loop) is an important part of a BFM, to increase people's confidence in the use of the feedback, which should contribute to willingness to continue to engage with the programme. It may be difficult to communicate programmatic adaptations made directly to the patients who actually provided the feedback, however people experiencing signs and symptoms suggestive of VL ('VL suspects') attending VL case finding camps and new VL patients can be informed about the adaptations made through leaflets, posters, newspaper items, through the health care workers etc.

Questionnaire

National Kala-azar Elimination Program DGHS, Mohakhali, Dhaka, Bangladesh

Checklist of collecting Beneficiary Feedback from Visceral Leishmaniasis (VL) Patients in Bangladesh

Name of the interviewer: _____ Designation: _____ Date: _____
 Name of the Respondent/Beneficiary: _____
 Age: _____ Sex: _____ Type of disease: _____
 Village: _____ Upazila: _____ District: _____
 Mode of interview with beneficiary: [] Telephone [] Face to face

1. Identified as a VL patient through active case detection (ACD) or passive case detection (PCD)?
 - a. ACD
 - b. PCD
2. Are you currently taking VL treatment or have received VL treatment in the past 3 months?
 - a. Yes
 - b. No
3. If yes, how many days ago have you started treatment?
 _____ Days
4. if no, what is the reason?
 - a. felt better already before starting treatment
 - b. no interest to take treatment
 - c. feeling too many side effects
 - d. not possible to visit health facility due to other commitments
 - e. no money anymore to pay transport costs
 - f. Other (specify) _____
5. How long does it take you to travel from your home to the health facility where you received VL treatment?
 - a. Less than 1 hour
 - b. Between 1 and 3 hours
 - c. Between 3 and 6 hours
 - d. Between 6 and 12 hours
 - e. More than 12 hours

6. How have you gone to health facility where you received VL treatment? (may be multiple if applicable)
 - a. Walking
 - b. Public Bus
 - c. Rickshaw
 - d. Personnel vehicle (Motorcycle or Car)
 - e. Bicycle
 - f. Other (specify) _____
7. How long have you been diagnosed after getting sign and symptoms?
 - a. 0-1 month
 - b. 2 months
 - c. 3-5 months
 - d. Greater than 6 months
8. How long have you started to receive treatment after being diagnosed?
 - a. 0-1 month
 - b. 2 months
 - c. 3-5 months
 - d. Greater than 6 months
9. Were the side effects of the treatment medication explained to you clearly before receiving treatment?
 - a. Yes
 - b. No
 - c. Somewhat
 - d. Unsure
10. Did you have the chance to ask questions to staff of treatment facilities about treatment?
 - a. Yes
 - b. No
 - c. Somewhat
 - d. Unsure
11. What were some of the costs involved for you and your family since you have come for treatment? (Each of these will be individual questions)—
 - a. Approximate travel costs: (___ to ___ Taka)
 - b. Approximate costs at the health facility (___ to __ Taka)
 - c. Approximate days off work required:
 - d. Loss of earnings: []Yes [] No
 - e. Other (specify) _____
12. Have you been asked to pay money for treatment at any point?
 - a. Community leader/ member
 - b. Village doctor
 - c. Union health worker at community level
 - d. CC level staff
 - e. UHC level staff
 - f. Sadar Hospital/ Medical college level staff
 - g. Other (specify) _____
13. Do you know how VL spreads?
 - a. Through the bite of Sand flies
 - b. Through the bite of mosquitos
 - c. Through dirty water and food
 - d. Other (specify) _____
 - e. Don't Know
14. Do you know how can you prevent yourself and family members from VL? (select all that apply)
 - a. Using mosquito nets
 - b. Treating houses with insecticide spray/IRS
 - c. Keeping away from people with VL
 - d. Early diagnosis

- e. Staying away from not properly cooked meat
 - f. Cover skin with cloths
 - g. Other (specify) _____
15. Where have you heard about VL and its prevention methods? (select all that apply)
- a. Radio/Television
 - b. Poster/Brochures/flyers/Banners
 - c. Health Care Workers
 - d. Friend/family/community member
 - e. My children
 - f. Political, community or religious leader
 - g. Community meetings
 - h. Newspaper
 - i. Social media (define what is locally considered as social media/communication apps)
 - j. Other (specify) _____
16. Did you receive any materials or lessons that helped you understand the disease, symptoms and prevention methods better?
- a. Yes
 - b. No
17. How was the behavior of the staff of healthcare facility?
- a. Very good
 - b. Good
 - c. Moderate
 - d. Bad
 - e. Very bad
18. Overall, how satisfied were you with your treatment experience at the healthcare facility?
- a. Very satisfied
 - b. Satisfied
 - c. Somewhat
 - d. Not well
 - e. Not at all
19. Do you have any suggestions on how your experience may improve the program? (open question)
- _____

Beneficiary Feedback Mechanism Guideline for VL - Kenya

Purpose

To offer guidance in the implementation of beneficiary feedback mechanisms (BFMs) for VL programming, and to receive insight from feedback on how programmatic activity can be reshaped to best suit beneficiaries.

General approach

VL focal points who act as supervisors of the VL program will interview VL patients during their monthly visits to the health facilities within their catchment area. All VL patients present during the day of their visit will be interviewed, it is expected numbers will range between 1-5 per facility. Focal points will be trained to perform the interviews and will receive a standard set of questions.

Considerations for Implementing BFMs in VL

1. Consult with VL focal point to determine feasible schedule for completing patient surveys during monthly visits to health care facilities
2. Whenever possible, use of electronic data capture methods like google forms and ODK instead of paper based methods, which can help to greatly speed up the analysis of results. Timely recognition of systemic issues can help us to adapt programmatic problems based upon the BFM.

3. There will need to be trainings for those implementing BFM surveys, and ideally guides for the trainings and digital based surveys.
4. The sample questionnaire below displays recommended questions, which can be adjusted, reduced or amended by additional questions as the country team sees relevant.

Preparation Steps:

1. Discuss BF questions with the IP and MoH and come to an agreed upon selection
2. Translate questions into the local language if necessary
3. Pilot the questions and make subsequent changes
4. In case of electronic data collection, include the questions in the electronic tool. The MEL team is available to assist with this if there are any technical barriers or advice required.
5. In case of paper-based data collection include the questions on the form and develop a strategy of data-entry
6. Determine the best person to routinely assist in carrying out data collection and analysis
7. Relay concerns and any questions regarding implementation to MEL teams for support

Analysis, Actions taken and Reporting

Analysis:

It is important to have a clear plan in place for performing the analysis that recognizes:

1. Who will be performing the analysis at which level? (*Each VL focal point to study the answers they received to come up with concrete recommendations; at IP/MoH level to identify patterns that need higher level interventions*)
2. What responses will warrant direct action vs what will be discussed for more gradual reprogramming (*For example – If 10 patients are surveyed and unanimously say conditions are horrible and that they are getting mistreated, it would warrant intervention and faster response*)
3. How will improvements be made in programming based upon feedback received

Reporting to MoH

Important to have a clear plan on how the results are communicated/discussed with the MoH

Reporting back to the VL patients and health facilities (closing the loop)

Informing beneficiaries of the response to their inputs (closing the loop) is an important part of a BFM, to increase people's confidence in the use of the feedback, which should contribute to willingness to continue to engage with the programme. It may be difficult to communicate programmatic adaptations made directly to the patients who actually provided the feedback, however health care attendees in general can be informed through leaflets, posters, newspaper items, through the health care workers etc.

VL Tool used by Implementing Partner FIND in Kenya

Patients views of kala azar service provision

We want to understand the challenges faced by kala azar patients. The questions asked will help us to plan and prepare to address them in the future. You are at liberty not to answer any or all the questions if it makes you uncomfortable. We thank you for your participation!

Date: _____

County: _____ Sub-County: _____ Name of facility: _____

Patient No: _____ Age: _____ Gender (Male/Female): _____

1. Were you aware you could get free diagnosis and treatment for Kala Azar before you fell ill? (Yes or No)
2. If yes to question 1, did you know where to get diagnosis and treatment? (Yes or No)
3. If yes to question 2, where did you get this information? Who told you about it?
4. If no to question 1, did you know about Kala Azar? (Yes or No)
5. If yes to question 4, where did you get this information? Who told you about it?
6. How many days have you been in admission at this facility?
7. How soon did you get diagnosed after reporting to the facility?

8. Were told you have Kala azar? (Yes or No)
9. If yes to question 8, where were you told and by whom?
10. How is the quality of the care you are given?
11. What are the challenges you experience as a Kala azar patient?
12. How much does it cost you as a Kala patient, in terms of personal expenses? (an estimate is ok).
13. What are the expenses for/what did you spend on?
14. What can be improved? (specific question to the patient only)
15. Other comments

Original Sample Questions:

1. What is your age?
2. What is your gender?
 - a. Male
 - b. Female
3. Are you currently taking VL treatment?
 - a. yes (go to Q4)
 - b. no (go to Q5)
4. if yes, how many days of treatment have you had already? (go to Q8)
 _____ (0-17)
5. if no, how long ago did you finish VL treatment?
 - a. last week (1-7 days ago)
 - b. 1-2 weeks
 - c. 3-4 weeks
 - d. > 1 month
6. Were you able to complete treatment? (i.e take 17 doses of treatment)
 - a. yes
 - b. no
7. if no, why not?
 - a. too many side effects
 - b. felt better already before completing treatment
 - c. no interest to complete
 - d. not possible to visit health facility due to other commitments
 - e. no money anymore to pay transport costs
 - f. Other (specify) _____
8. How long does it take you to travel from your home to the health facility where you receive VL treatment?
 - a. Less than 1 hour
 - b. Between 1 and 3 hours
 - c. Between 3 and 6 hours
 - d. More than 6 hours
 - e. More than 1 day
9. How do you get to the health facility where you receive VL treatment? (select all that apply)
 - a. Walking
 - b. Bus
 - c. Motorcycle (Taxi)
 - d. Motorcycle (Personal)
 - e. Car (Taxi)
 - f. Car (personal)
 - g. Other (specify) _____
10. How long have you been experiencing symptoms related to the disease before you came to receive care?
 - a. 0-1 month
 - b. 2 months
 - c. 3-5 months

- d. Greater than 6 months
11. What prevented you from seeking care here at an earlier date? (Select all that apply)
- a. lack of awareness of disease
 - b. not knowing where to seek treatment
 - c. seeking care in informal sector first?
 - d. Travel costs
 - e. Days off/work required
 - f. Loss of earnings
 - g. Fear of seeking care/health care facility
 - h. Responsible for caring for others
 - i. Other (specify) _____
12. Were the side effects of the treatment medication explained to you clearly before receiving treatment?
- a. Yes
 - b. No
 - c. Somewhat
 - d. Unsure
13. Did you have the chance to ask questions from staff at the treatment facilities?
- a. Yes
 - b. No
 - c. Somewhat
 - d. Unsure
14. What were some of the costs involved for you and your family since you have come for treatment?
(Each of these will be individual questions)—
- a. Travel costs
 - i. Currency parameters (between ___\$ and ___\$)
 - b. costs at the health facility (between ___\$ and ___\$)
 - c. Days off work required
 - d. Loss of earnings
 - e. Other (specify) _____
15. When you come for care, do you have a suitable place to wait (seated comfortably in the shade)?
- a. Yes
 - b. No
 - c. Sometimes
 - d. Unsure
16. Did you have a clear understanding of why they were drawing blood from you?
- a. Yes
 - b. No
 - c. Unsure
17. How long did you have to wait to receive your diagnosis after your blood was tested?
- a. Less than 1 hour
 - b. Between 1 and 3 hours
 - c. Between 3 and 6 hours
 - d. More than 6 hours
 - e. More than 1 day
18. How soon after receiving your diagnosis did you start to get treatment?
- a. same day
 - b. next day
 - c. within one week
 - d. Between one week and one month
 - e. more than one month
19. Was the treatment regimen clearly explained to you at the time of diagnosis?
- a. Yes (go to Q 21)
 - b. No
 - c. Somewhat
 - d. Unsure

20. if no, somewhat, or unsure, what information did you miss? (open question)

21. Do you know how VL is spread?
a. Yes (go to 22)
b. No
22. If yes, how is VL spread?
a. Through Sand flies
b. Through mosquitos
c. Through dirty water
d. Other (specify) _____
23. Do you know some good ways to avoid getting sick with VL? (select all that apply)
a. Using mosquito nets
b. Treating houses with insecticide spray
c. Eliminating standing water
d. Keeping away from people with VL
e. Staying away from health care facilities
f. Staying away from not properly cooked meat
g. Cover skin with cloths
h. Other (specify) _____
24. Where have you heard about how you can avoid VL? (select all that apply)
a. Radio
b. Television
c. Poster
d. Brochures/flyers
e. Banners
f. Health personnel
g. community health worker/teacher
h. Friend/family/community member
i. My children
j. Political, community or religious leader
k. Community meeting
l. Newspaper
m. Social media (define what is locally considered as social media/communication apps)
n. Other (specify) _____
25. Did you receive any materials or lessons that helped you understand the disease, symptoms and prevention methods better?
a. Yes
b. No
26. Was there a request for payment made at any point during your treatment?
a. Yes
b. No
27. If yes, when was payment requested?
a. Before treatment started
b. every day of treatment
c. at end of treatment
d. Other (specify) _____
28. Overall, how satisfied were you with your treatment experience at the healthcare facility?
a. Very
b. Somewhat
c. Not very
d. Not At all
e. Other (specify) _____
29. Do you have any suggestions on how to improve your experience? (open question)

Training Feedback Tools

Training beneficiary feedback form

After every training all participant are requested to fill in the feedback form. This could be on paper or using the google form (see below). Filled forms should be checked quickly for suggestions on how to improve the training.

Name of training _____ Date _____ Venue _____

Please help us improve our trainings by answering following questions. Filling this form is voluntary and answers will be anonymous.

					Comments
Did the training achieve its objectives? <i>Please refer to the training objectives mentioned in training agenda</i>	No	Partially	Yes		
Was the content relevant to your job/position?	No	Partially	Yes		
How effective were the below mentioned training aids?					
a. Power point presentations/audio/visuals	No	Partially	Yes	N/A	
b. Presentation style during lectures/talks	No	Partially	Yes	N/A	
c. Case studies/demonstrations	No	Partially	Yes	N/A	
d. Discussions (group, panel, others)	No	Partially	Yes	N/A	
e. Field visits/mock sessions/role plays/exercises	No	Partially	Yes	N/A	
f. Other (specify)-----	No	Partially	Yes	N/A	
Will you apply the knowledge and skills gained here in your job?	No	Maybe	Yes		
Were the pre-training logistics appropriate?	No	Partially	Yes		
Were the logistics, venue, and coordination during the training appropriate?	No	Partially	Yes		
Overall, was the training effective?	No	Partially	Yes		
List 3 topics that you LIKED THE MOST					
List 3 topics that you LIKED THE LEAST					
Additional comments					

Possible additional questions:

- Did you volunteer to attend training or was it mandatory?
- Did your participation in the training affect your ability to carry out mandatory duties?
- Would you recommend the training course to colleagues?

Standard Operating Procedure: Training Participant Feedback - Online Survey Distribution

Purpose

This SOP explains the procedures for customizing and distributing an online training participant feedback survey, found [here](#). To open, copy and edit the form, the user must have access to a google account. If they do not have one, they may create one free of charge [here](#).

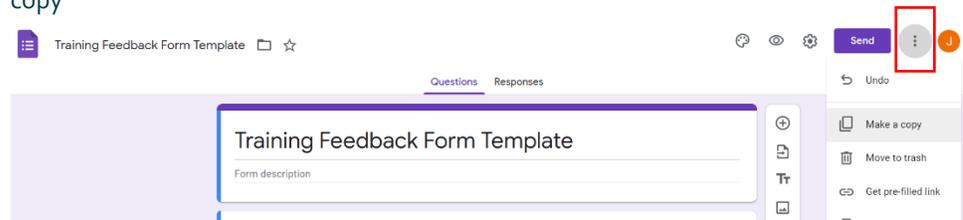
Responsibilities

The staff member distributing the survey will make sure that the participants are aware of the survey, and will kindly request that as many participants complete it as possible. The staff member will also be responsible for either analyzing the results, or distributing them in their entirety to the appropriate party. Ensuring that the survey is copied and that the original template is not altered is also important, as the template should be generic for the next staff member to generate a survey from.

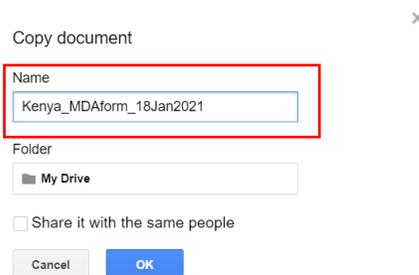
Procedures

Check whether the generic word template fits the training, and adapt where necessary.

1. Make a copy of the training feedback form template by opening the form, and clicking on the three dots in the upper right hand corner of the screen. Then click on make a copy



2. Name the survey form with the following naming convention: country where training was conducted in (use global for country overarching trainings), followed by topic of training, and finally the date
 - a. Ex *Kenya_MDAform_18Jan2021*



3. Once your newly copied form is open, customize the title field by clicking in and editing it (make sure to delete the word 'Template'), then use the description underneath the title to make reference to the exact training that took place, or to provide any instructions that you believe may help your participants.

Questions Responses

Training Feedback Form Template

Form description

Did the training achieve its objectives? Please refer to the training objectives mentioned in the training agenda

Yes

Partially

No

Was the content relevant to your job/position?

- a. In case you have adapted the generic form and customized questions or answers to your training, click in the relevant field and edit the text or click through the dropdown menus.

- b. To add a question, click on the plus sign in the top of the question toolbar on the right

Question

Multiple choice

Option 1

Add option or add "Other"

Required

Add question

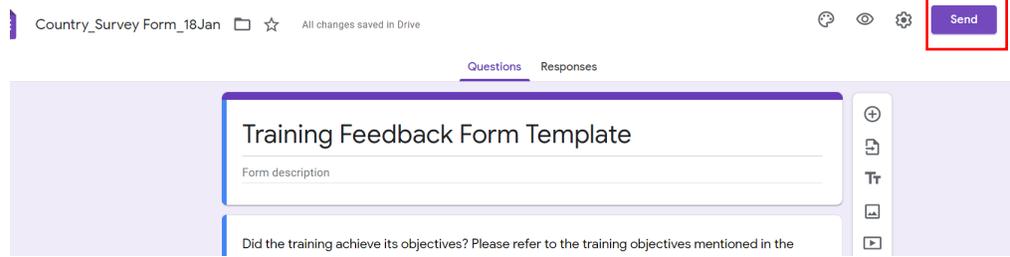
- c. You may then drag the question to its appropriate location by clicking on the six dots on the center of the tab above the question

Question

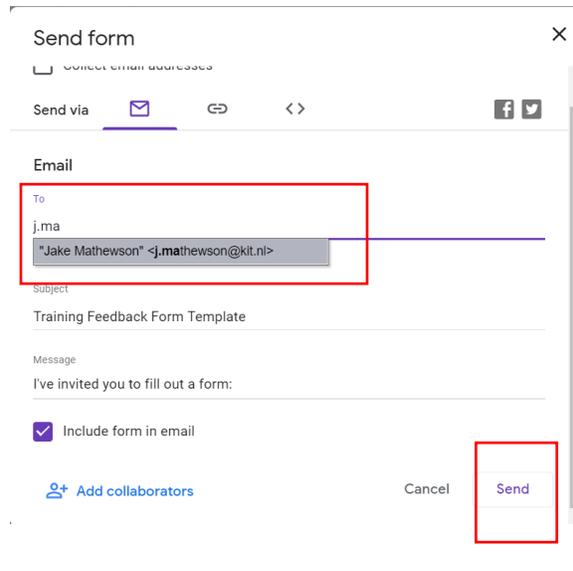
Multiple choice

Was the content relevant to your job/position?

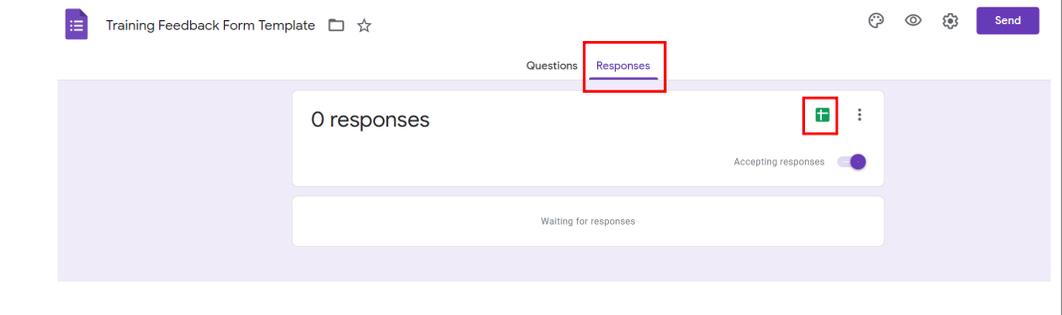
4. When you are ready to share the completed form with your training participants, click on the send box found in the upper right hand corner



5. In the send menu, type or paste your participants email addresses into the "to" field, and customize the message as you wish before clicking send to distribute the form to participants



6. Finally, find the responses in the tab next to the questions. In this tab, you can also create spreadsheets from the responses by simply clicking the google sheets icon



For further information

Further details about implementation and lessons learned are described in the **Ascend lot 1 BFM Learning brief**, which can be accessed at the [Ascend Portal](#). For more information please contact Mirjam Bakker at M.Bakker@kit.nl or reach out to Ascend_Enquiries@ascend.crownagents.com.