

Follow-up Workshop Project Feedback and Evaluation

These forms are anonymous, so please leave any feedback you wish.

1. Are you a member of the Task Team? **Yes** ___ **No** ___

2. Have malaria elimination activities/services changed since the initial project workshop? If yes, please give examples. **Yes** ___ **No** ___

3. Have there been any improvements in malaria case management or surveillance? If yes, please identify what the reasons are for improvement. If no, what needs to be done to improve this key malaria elimination service? If you are not sure, please indicate why. **Yes** ___ **No** ___

4. Has national or provincial leadership supported service delivery changes in your area of responsibility as a result of this project? Please give examples if changes have occurred or reasons why change has not occurred. **Yes** ___ **No** ___

National Level Support

Provincial Level Support

5. Have you gained any knowledge or skills from your participation in this organization development project that you have applied to your work? Please specify. **Yes** ___ **No** ___

COMMUNITY ENGAGEMENT

6. Have any changes been made to involve the community in malaria program activities as a result of this project? If yes, how? **Yes** ___ **No** ___

7. If community engagement has improved as a result of this project, to what extent has this led to improvements in:

- Treatment seeking
- Adherence to medicine regimens
- Compliance with indoor spraying or net usage

TRANSPORTATION

8. Have there been any changes in transportation as a result of this project? If yes, please give examples. **Yes**____ **No**____
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SURVEILLANCE

9. Have there been any changes in the late reporting of malaria cases as a result of this project? If yes, please give examples. **Yes**____ **No**____

10. Have there been any changes in the incomplete reporting of malaria cases as a result of this project? If yes, please give examples. **Yes**____ **No**____
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STAKEHOLDER ENGAGEMENT

11. What, if anything, has resulted from project activities to engage stakeholders in meetings?

12. What, if anything, has resulted in project activities to integrate malaria activities?
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CASE INVESTIGATION

13. Have there been any changes to cross-border active case detection activities? If yes, please give examples. **Yes**____ **No**____
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KEY FEEDBACK

What is the most valuable lesson from this project, if anything? Please describe how this might continue to benefit you or your team.

HEALTHQUAL

ADDITIONAL FEEDBACK

If you have any other information to share, please specify here.

Thank you for your help.