



## MINISTRY OF HEALTH AND SANITATION

### **DIRECTORATE OF HEALTH SECURITY AND EMERGENCIES** **(DHSE)**

### **INTEGRATED DISEASE SURVEILLANCE AND RESPONSE (IDSR)**

#### **Supervisory checklist for IDSR Performance** **Health Facility tool**

*This checklist is designed for use by the IDSR National and District teams. The checklist will be used to monitor IDSR performance at the health facility level. The findings will be analyzed and feedback provided. Please fill the checklist appropriately.*

#### **(A). General Information**

1. Date of supervisory visit ..... 2. Region .....
3. District ..... 4. Chiefdom .....
5. Health facility name .....
6. Population of health facility catchment area .....
7. Health facility

| Type of facility | Tick (✓) |
|------------------|----------|
| Hospital         |          |
| CHC              |          |
| CHP              |          |
| MCHP             |          |
| Clinic           |          |
| Other specify    |          |

| Ownership                  | Tick (✓) |
|----------------------------|----------|
| Government                 |          |
| Faith-based health setting |          |
| Private                    |          |
|                            |          |
|                            |          |
|                            |          |

8. Health facility staff present during the supervisory visit:  
*Supportive supervisor should ensure the health facility IDSR focal person is part of the respondents*

| No | Name | Position | Telephone Number | Signature |
|----|------|----------|------------------|-----------|
| 1  |      |          |                  |           |
| 2  |      |          |                  |           |
| 3  |      |          |                  |           |
| 4  |      |          |                  |           |
| 5  |      |          |                  |           |

**(B). IDSR coordination**

1. Does the health facility (HF) have an IDSR focal person?  
☐ Yes ☐ No
2. How many Health Care workers (clinical staff: Doctor, CHO, Nurse, etc.) are in this facility? .....
3. How many of the Health Care workers are on salary payroll? .....  
3.1. Is the IDSR Focal person on salary payroll? ☐ Yes ☐ No
4. How many Health Care workers are trained on IDSR 3<sup>rd</sup> Edition? .....
5. a) Does the HF have a copy of the Sierra Leone 2015 IDSR Technical Guidelines (TGs)? (Verify)  
☐ Yes ☐ No
- b) Does the HF have a copy of the Sierra Leone 2020 IDSR Technical Guidelines (3<sup>rd</sup> Edition TGs)? (Verify)  
☐ Yes ☐ No
6. Is this facility represented in the district monthly in-charges meeting? ☐ Yes ☐ No
- 6.1. If yes, how many meetings were attended by this facility in the last 6 months (Feb – July 2021)?..... ☐ Don't Know
- 6.2. Who specifically attended the monthly meetings in the last 6 months? (Please tick appropriate month)

| Personnel        | Feb | Mar | Apr | May | Jun | Jul |
|------------------|-----|-----|-----|-----|-----|-----|
| In- Charge       |     |     |     |     |     |     |
| IDSR Focal Point |     |     |     |     |     |     |
| Other PHU staff  |     |     |     |     |     |     |

- 6.3. Did the DHMT discuss IDSR issues during the last monthly in-charges meeting?  
☐ Yes ☐ No ☐ Don't know
- 6.4 If Yes, what specific IDSR issues were discussed during last the monthly in-charges meeting?
- ☐ Case Definitions/Case detection
  - ☐ Recording data in patient Register
  - ☐ Completing Case/data reporting forms
  - ☐ Sending Reports to DHMT
  - ☐ Timeliness of Reporting
  - ☐ Completeness of Reporin
  - ☐ Data Analysis
  - ☐ eIDSR
  - ☐ eCBD
  - ☐ MDSR
  - ☐ Community Based Surveillance
  - ☐ Others Specify .....

6.5. If yes, on average, how much time is allocated to IDSR during the monthly in-charges meeting?

- ☐ Less than 5 minutes      ☐ 5-9 minutes      ☐ 10-19 minutes      ☐ 20-30 minutes  
☐ More than 30 minutes

6.6 Does the staff who participates in the monthly meeting, upon return to the HF, share information with colleagues on IDSR issues discussed during the meeting? ☐ Yes      ☐ No

**(C). Identification of priority diseases, conditions and events**

1. Is the standard case definitions poster for priority diseases, conditions and events displayed in the HF? (Supportive supervisor should observe.) ☐ Yes      ☐ No

1.1. If yes, is it displayed in the consultation room (s)? (Supportive supervisor should verify.)

- ☐ All      ☐ Some      ☐ One      ☐ None      ☐ Not Accessible

1.2 Is the case definition specific for Ebola Virus Disease (circulated in 2021) available and easily accessible (hard copy)? ☐ Yes      ☐ No

1.3 If yes, verify that the copy is available

- ☐ Available      ☐ Not available

2. In which places did you conduct active case search for priority diseases, conditions and events in the last 6 months?

- ☐ Traditional Healers    ☐ CHWs      ☐ Community      ☐ Pharmacy  
☐ Private/faith-based health facilities      ☐ Others (please specify).....  
☐ Not done

2.1. If active case search for priority diseases was done, how often was it done (outside HF) ?

- ☐ Weekly      ☐ Monthly      ☐ Quarterly      ☐ Ad hoc

3. What is the Standard case definition of AFP/NNT/Measles/Cholera/ AVHF?

**Categorization:**

**Adequate knowledge-** Those who mention all signs and symptoms correctly

**Limited Knowledge** - Those who mention some of the signs and symptoms

**No knowledge** – Those who mention none of the signs and symptom

|                 |                                             |                                            |                                       |
|-----------------|---------------------------------------------|--------------------------------------------|---------------------------------------|
| <b>AFP</b>      | <input type="checkbox"/> Adequate knowledge | <input type="checkbox"/> Limited Knowledge | <input type="checkbox"/> No Knowledge |
| <b>NNT</b>      | <input type="checkbox"/> Adequate knowledge | <input type="checkbox"/> Limited Knowledge | <input type="checkbox"/> No Knowledge |
| <b>Measles</b>  | <input type="checkbox"/> Adequate knowledge | <input type="checkbox"/> Limited Knowledge | <input type="checkbox"/> No Knowledge |
| <b>Cholera</b>  | <input type="checkbox"/> Adequate knowledge | <input type="checkbox"/> Limited Knowledge | <input type="checkbox"/> No Knowledge |
| <b>AVHF</b>     | <input type="checkbox"/> Adequate knowledge | <input type="checkbox"/> Limited Knowledge | <input type="checkbox"/> No Knowledge |
| <b>COVID 19</b> | <input type="checkbox"/> Adequate knowledge | <input type="checkbox"/> Limited Knowledge | <input type="checkbox"/> No Knowledge |

**AFP:** Any child under 15 years of age with acute flaccid paralysis or any person with paralytic illness at any age in whom the clinician suspects poliomyelitis

**NNT:** Any new-born with a normal ability to suck and cry during the first two days of life, and who, between the 3rd and 28th day of age, cannot suck normally, and becomes stiff or has convulsions or both

**Measles:** Any person with fever and maculopapular (non-vesicular) generalized rash and or cough, coryza or conjunctivitis

**Cholera:** In a patient age 2 years or more with severe dehydration or death from acute watery diarrhoea. If there is a cholera epidemic, a suspected case is any person with acute watery diarrhoea, with or without vomiting.

**AVHF:** Acute onset of high grade fever of less than 3 weeks duration in a severely ill patient AND any 2 of the following; Haemorrhagic or purpuric rash; Epistaxis (nose bleeding); Haematemesis (blood in vomit); Haemoptysis (blood in sputum); Blood in stool; Other Haemorrhagic symptoms, Diarrhoea and unknown predisposing factors for Haemorrhagic manifestations.

**COVID-19:** Any person presenting with acute onset of ANY 3 OR MORE of the following signs or symptoms: Fever (Temp  $\geq 37.5^{\circ}\text{C}$ ) or history of fever, cough, fatigue, headache, muscle aches, sore throat, running nose, difficulty in breathing, vomiting, diarrhoea

OR

A patient with severe acute respiratory illness: e.g. pneumonia, requiring hospitalization

OR

Symptomatic person with a negative SARS-CoV-2 Antigen-RDT

4. In the last six months (Feb- July 2021), did you receive any information from the community about reports of suspected cases or deaths due to priority diseases, conditions or events?

- ☐ Yes
- ☐ No
- ☐ Don't Know

4.1. If yes, what were the sources of information?

- ☐ Traditional Healers ☐ CHWs ☐ Community ☐ Pharmacy
- ☐ Private/faith-based health facilities ☐ Others, please specify.....
- ☐ Don't know

4.2. If yes, what did you do when you received the information?

- ☐ Verified/investigated ☐ Did not verify/investigate ☐ Don't Know ☐ Others, specify.....

#### **(D). Reporting of priority diseases**

1. When does the epidemiological week start and end? (Correct answer start: Monday, end: Sunday)

- ☐ Answered correctly ☐ Not answered correctly

2. What is zero reporting? (Correct answer: report zero case if there was no case. Do not leave blank or do not put a dash)

- ☐ Answered correctly ☐ Not answered correctly

3. What is the deadline for sending IDSR weekly report to the districts? (Correct answer Monday at 12:00 the latest)

- ☐ Answered correctly ☐ Not answered correctly

3.1. When are you supposed to notify DHMT through eCBDS (case-based report) for a priority disease from the time it is detected?

- ☐ <24hrs ☐ 24-48 hrs ☐ >48 hrs ☐ Don't know ☐ Never Sent

4. In the last 4 weeks (period of week 27 to week 30 of 2021);
- 4.1 How many weekly reports were submitted to the district or DHIS2? .....
- 4.2 How many of weekly reports during this period were submitted on time? .....
5. Are hard copies of IDSR weekly reports for the last 4 weeks i.e. from week 27 to week 30 of 2021 stored and accessible? (Verify)
- ☐ Yes all 4 reports   ☐ Yes for some reports (1 – 3)   ☐ None of the reports
6. Are the following IDSR reporting tools currently available at the health facility?
- |                                                  | Yes                      | No                       |
|--------------------------------------------------|--------------------------|--------------------------|
| Case-based reporting form/IDSR Notification Form | <input type="checkbox"/> | <input type="checkbox"/> |
| Weekly reporting form                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Line listing form                                | <input type="checkbox"/> | <input type="checkbox"/> |
| Suspected outbreak/Rumor logbook                 | <input type="checkbox"/> | <input type="checkbox"/> |
- 6.1. If yes to Rumor logbook, do you record suspected outbreaks/rumors in the logbook? (Verify)
- ☐ Yes   ☐ No
7. Has the health facility staff ever filled in an IDSR notification form for case-based reporting(eCBDS)? (Verify)
- ☐ Yes   ☐ No
- 7.1 if yes, how many case-based reports were submitted through DHIS2/eCBDS in the last 4 weeks ie. from week 27 to week 30 of 2021?.....
- 7.2 If no to 7 why?
- ☐ Facility has no Tablet
  - ☐ Tablet is faulty
  - ☐ Poor/No internet network
  - ☐ Not trained on eCBDS
  - ☐ Trained but Not conversant with the eCBDS App
  - ☐ No notifiable disease to report
  - ☐ Others, Specify
- .....
- 7.3 Are the case based reports for the past 4 weeks accessible if any? (verify)
- ☐ Yes   ☐ No   ☐ Not Applicable
8. Proportion of cases of diseases/conditions for immediate reporting (NNT, AFP/Polio, Measles, YF, AVHF, COVID-19), recorded in the facility using case-based forms or line listing forms, for the last 12 weeks (week 19 – week 30 of 2021). (Confirm in eCBDS and eIDSR for this reporting)

| Disease /condition | Numerator (Number with filled case-based forms or line listed | Denominator (Number reported in Weekly reports in 12 weeks) | Proportion (%) | Not Applicable (No case reported in the last 12 weeks) |
|--------------------|---------------------------------------------------------------|-------------------------------------------------------------|----------------|--------------------------------------------------------|
| NNT                |                                                               |                                                             |                |                                                        |
| AFP                |                                                               |                                                             |                |                                                        |
| Measles            |                                                               |                                                             |                |                                                        |
| Yellow Fever       |                                                               |                                                             |                |                                                        |
| AVHF               |                                                               |                                                             |                |                                                        |
| COVID-19           |                                                               |                                                             |                |                                                        |

**Key (Confirm this in eCBDS)**

**Numerator:** Total number of cases reported using the case-based reporting forms or line listing forms, in the past 12 weeks (week 19 – week 30 of 2021).

**Denominator:** Total number of cases reported, in past the 12 weeks

8.1. If proportion is < 100%, find out why they did not use the case based reporting forms.....  
 .....

**(E). Data analysis and interpretation**

1. Did you carry out basic data analysis at this level in the past 6 months? (Observe)

☐ Yes ☐ No

1.1. If yes, which type(s) of analysis? ☐ Time ☐ Place ☐ Person

2. Do you plot trends for priority diseases? ☐ Yes ☐ No

2.1. If yes, verify which priority diseases trends are plotted for.

☐ Malaria ☐ Diarrhoea ☐ Typhoid  
☐ Measles ☐ Others, specify.....

2.2 If no, what are the challenges/reasons why data analysis is not done at this health facility?

☐ knowledge gap on how to do analysis ☐ Lack of graph papers and or markers  
☐ Busy schedule/shortage of time ☐ No reason ☐ Others (specify)

**(F). Investigate and Confirm Reported Cases and Outbreaks**

1. Has the health facility experienced any suspected or confirmed disease outbreak in 2021?

☐ Yes ☐ No ☐ Don't know

1.1. If yes, which outbreak?

☐ EVD ☐ COVID-19 ☐ Cholera ☐ Measles ☐ Polio ☐ Others, specify .....6

1.2. If yes, what was the source of information for the last outbreak?

☐ 1.3.1. Data analysis

☐ 1.3.5. Local leaders

☐ 1.3.2. Media

☐ 1.3.6. DHMT

☐ 1.3.3. Rumors

☐ 1.3.7. CHW

☐ 1.3.4. Health care providers

☐ Others (Specify).....

1.3. If yes, how long did it take the health facility to notify the DHMT?

☐ Less than 24hrs    ☐ 24-48 hrs    ☐ After 48 hours

1.4. If yes, how long did it take the DHMT to respond to the reported outbreak?

☐ Within 24hrs    ☐ 24-48 hrs    ☐ More than 48 hours

2. Have you ever participated in an outbreak investigation? ☐ Yes    ☐ No

2.1. If yes, when did you participate in an outbreak investigation (year)? .....

2.2. Which outbreak investigation(s) did you participate in?

☐ EVD    ☐ COVID-19    ☐ Cholera    ☐ Measles    ☐ Polio    ☐ Others, specify .....

3. Which type of specimen should you collect for the following?

|                   |                               |                                     |
|-------------------|-------------------------------|-------------------------------------|
| 3.1. AFP          | <input type="checkbox"/> Know | <input type="checkbox"/> Don't know |
| 3.2. Measles      | <input type="checkbox"/> Know | <input type="checkbox"/> Don't know |
| 3.3. Yellow fever | <input type="checkbox"/> Know | <input type="checkbox"/> Don't know |
| 3.4. Cholera      | <input type="checkbox"/> Know | <input type="checkbox"/> Don't know |
| 3.5. EVD          | <input type="checkbox"/> Know | <input type="checkbox"/> Don't know |
| 3.6. Lassa Fever  | <input type="checkbox"/> Know | <input type="checkbox"/> Don't know |
| 3.7. COVID-19     | <input type="checkbox"/> Know | <input type="checkbox"/> Don't know |

4. Has the health facility received feedback from laboratory for specimens sent to the lab in 2021?

☐ Yes all    ☐ Yes some    ☐ No

4.1. If yes, how long does it take to get feedback from the laboratory (turnaround time) through the DHMT?

|              | Within a day | 2 – 6 days | 1 week | 2 weeks | >2 weeks | Don't know |
|--------------|--------------|------------|--------|---------|----------|------------|
| AFP          |              |            |        |         |          |            |
| Measles      |              |            |        |         |          |            |
| Yellow fever |              |            |        |         |          |            |
| Cholera      |              |            |        |         |          |            |
| EVD          |              |            |        |         |          |            |
| Lassa Fever  |              |            |        |         |          |            |
| COVID-19     |              |            |        |         |          |            |

**(G). Provide Feedback**

1. Does this health facility receive feedback from district on IDSR performance?

☐ Yes ☐ No

1.1. If yes, how does this health facility receive feedback from district on IDSR performance? (**Tick all that apply**)

1.1.1. ☐ Verbal during monthly meetings

1.1.2. ☐ Verbal during supervisory visits

1.1.3. ☐ Written feedback

1.1.4. ☐ Newsletter/bulletin

1.1.5. ☐ Others ☐ Specify .....

**(H). Supervise, evaluate and improve the system**

1. Did the DHMT provide supportive supervision to this health facility in 2021?

☐ Yes ☐ No ☐ Don't know

1.1. If yes, how many times did the DHMT provide supportive supervision to this health facility in 2021?:

☐ Once ☐ 2-3 times ☐ 4times and above ☐ Don't know

1.2. If yes, when was the last supportive supervision (verify from supervision book or report)  
.....

1.3. Is the supervision book available

☐ Yes ☐ No

1.4. If yes, how many of the supervisory visits had feedback documented in the supervision book?  
.....times

**(I). Communication**

1. Does this health facility have a functional CUG? ☐ Yes ☐ No ☐ Don't know

2. Which means of communication does the HF use to send IDSR reports to the district? (Tick all that apply.)

☐ Email ☐ DHIS2/eCBDS ☐ Phone SMS ☐ Phone calls ☐ Hand delivery ☐ Others, specify .....

3. Does the health facility have mobile network access ☐ Yes ☐ No

3.1. If yes, specify

3.1.1. Orange ☐ Yes ☐ No

3.1.2. Africell ☐ Yes ☐ No

3.1.3. Sierratel ☐ Yes ☐ No

3.1.4. QCell ☐ Yes ☐ No

3.2 If not, how far from the health facility is the mobile network available?

☐ < 1km ☐ 1-2 km ☐ 2-5 km ☐ > 5 km

## **(J). Programmatic areas**

### **1. Malaria**

- |                             |                              |                             |                                     |
|-----------------------------|------------------------------|-----------------------------|-------------------------------------|
| 1.1. Does the HF have ACTs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| 1.2. Does the HF have RDTs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| 1.3. Does the HF have ITNs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |

### **2. Maternal Death Surveillance and Response (MDSR)**

2.1. Did the HF report any maternal death to the district in the past 12 weeks (3 months) (week 19 – week 30) of 2021? ☐ Yes ☐ No

2.1.1. If yes, how many maternal deaths have been reported to the district in the past 12 weeks?  
.....(Supportive supervisor should verify **from IDSR weekly reporting form.**)

2.1.2. How many maternal deaths were captured in the HF register in the past 12 weeks?  
.....(Supportive supervisor should verify.)

2.1.3. How many maternal deaths were reviewed by the district Maternal Death Review Committee in the past 12 weeks?..... (Supportive supervisor should verify reports.) ☐ Don't know

### **3. Laboratory and basic package**

3.1. Does the health facility provide laboratory services? ☐ Yes ☐ No ☐ Not applicable

3.1.1. If yes, does the HF have the capacity to test the following diseases by the indicated tests?

#### **3.1.1.1. Malaria**

3.1.1.1.1. Malaria microscopy ☐ Yes ☐ No ☐ Don't know

#### **3.1.1.2. TB**

3.1.1.2.1. TB ZN Stain ☐ Yes ☐ No ☐ Don't know

#### **3.1.1.3. Cholera**

3.1.1.3.1. Cholera RDT ☐ Yes ☐ No ☐ Don't know

3.1.1.3.2. Cholera Culture ☐ Yes ☐ No ☐ Don't know

#### **3.1.1.4. Typhoid Fever**

3.1.1.4.1. Typhoid Culture ☐ Yes ☐ No ☐ Don't know

#### **3.1.1.5. Shigellosis**

3.1.1.5.1. Shigellosis Culture ☐ Yes ☐ No ☐ Don't know

#### **3.1.1.6. Meningitis**

3.1.1.6.1. Meningitis Gram Stain ☐ Yes ☐ No ☐ Don't know

3.1.1.6.2. Meningitis Culture ☐ Yes ☐ No ☐ Don't know

#### **3.1.1.7. EVD**

3.1.1.7.1. By EVD Gene Xpert/PCR ☐ Yes ☐ No ☐ Don't know

#### **3.1.1.8. COVID-19**

3.1.1.8.1. By COVID 19 RDT ☐ Yes ☐ No ☐ Don't know

3.1.1.8.2. By COVID 19 Gene Xpert/PCR ☐ Yes ☐ No ☐ Don't know

#### 4. EPI- Cold chain maintenance and temperature monitoring

- 4.1. Does the health facility provide immunization services? ☐ Yes ☐ No
- 4.2. Does the health facility have an EPI refrigerator? ☐ Yes ☐ No
- 4.2.1. If yes, please verify ☐ Available ☐ Not available

##### The Facility has an EPI fridge

- 4.2.2. If EPI fridge available, which type of refrigerator?  
☐ Solar ☐ Electrical ☐ Others (specify):.....
- 4.2.3. Is the refrigerator:  
☐ Fully functional (All compartments ok) ☐ Partially Functional ☐ Not Functional
- 4.2.4. Does the EPI refrigerator have a thermometer? ☐ Yes ☐ No
- 4.2.5. Do health workers complete temperature monitoring chart daily? ☐ Yes ☐ No
- 4.2.5.1. If yes, verify temp charting for past week ☐ Fully done ☐ Partially done ☐ Not done
- 4.2.5.2. The range of daily temperature for the past week;  
☐ within normal range (2-8°C) ☐ Above normal (>8°C) ☐ Below normal (<2°C)

##### The health facility does NOT have an EPI fridge

- 4.2.6 What type of cold chain equipment does the health facility use?  
☐ Cool box ☐ vaccine carrier ☐ Domestic fridge
- 4.2.7 What's the state of the EPI fridge from where vaccines are collected for daily use?  
☐ FULLY functional EPI fridge ☐ PARTIALLY functional EPI fridge
- 4.2.8 Is daily temperature monitoring done on the EPI fridge from where vaccines are collected for daily use?  
☐ Strictly Daily ☐ Daily, but not strictly ☐ Temp not monitored
- 4.2.9 How often are vaccine balances returned to the source EPI fridge?  
☐ Strictly Daily ☐ Daily, but not strictly

##### Availability of Vaccines

- 4.3. Does the health facility have the following antigens?
- 4.3.1. OPV ☐ Yes ☐ No
- 4.3.2. BCG ☐ Yes ☐ No
- 4.3.3. Pentavalent ☐ Yes ☐ No
- 4.3.4. Measles ☐ Yes ☐ No
- 4.3.5. Yellow fever ☐ Yes ☐ No
- 4.3.6. Rota-virus ☐ Yes ☐ No
- 4.3.7. Pneumonia ☐ Yes ☐ No
- 4.3.8. COVID-19 ☐ Yes ☐ No
- 4.3.9. EVD ☐ Yes ☐ No

### Storage state of the Vaccines

4.4. Are there any vials in VVM stages III & IV? Verify... ☐ Yes ☐ No

4.4.1. If yes, specify antigen and number of doses/vials

| Name of Antigen | Number of Vials |
|-----------------|-----------------|
| -----           | -----           |
| -----           | -----           |
| -----           | -----           |

4.4.2. Are there any antigens that have expired or without label? ☐ Yes ☐ No

4.4.2 If yes, specify antigen and number of doses/vials

| O Name of Antigen | O Number of Vials |
|-------------------|-------------------|
| -----             | -----             |
| -----             | -----             |
| -----             | -----             |

### **(K). Issues and challenges**

1. What are the major issues and challenges that may affect your routine surveillance activities?

1.1. ☐ Inadequate supportive supervision

1.2. ☐ Inadequate/inconsistency of airtime

1.3. ☐ Inadequate transport means

1.4. ☐ Inadequate IDSR reporting tools

1.5. ☐ Inadequate sample collection supplies

1.6. ☐ Poor telephone network

1.7. ☐ Others, specify .....

1.8. ☐ No challenges

2. What are the challenges faced in reporting case-based data through the electronic tool?

---

---

---

## Community Based Surveillance Supportive Supervision Checklist for Health Facilities

1. Is any staff member of the health facility trained in Community Based Surveillance? ☐ Yes ☐ No
2. How many trained Community Health Workers (CHWs) are in the catchment area of your health facility?.....
3. Are CBS reporting tools available?
 

|                                |                                         |                             |
|--------------------------------|-----------------------------------------|-----------------------------|
| 3.1 Immediately Reporting Form | <input type="checkbox"/> Yes (verified) | <input type="checkbox"/> No |
| 3.2 Weekly Summary Form        | <input type="checkbox"/> Yes (verified) | <input type="checkbox"/> No |
4. Do you have a CBS Job Aid?
 

☐ Yes (Verified) ☐ No
5. How many weekly CBS reports have you submitted in the last 4 weeks (week 27 to Week 30, 2021)? .....  
(Check availability)
6. What challenges are you currently experiencing with Community Based Surveillance reporting?  


---

  


---

  


---
7. What recommendations do you have for improving Community Based Surveillance  


---

  


---

### RETROSPECTIVE REVIEW OF HEALTH FACILITY RECORDS for EVD, COVID-19, Yellow Fever, Measles Cases, Pneumonia (both moderate & severe)? (Search from January 2021)

1. Have you perused the following tools
 

|                             |                              |                             |                                        |                                         |
|-----------------------------|------------------------------|-----------------------------|----------------------------------------|-----------------------------------------|
| IDSR Notification Form      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Available | <input type="checkbox"/> Not applicable |
| Hospital Out-Patient        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Available | <input type="checkbox"/> Not applicable |
| Hospital In-Patient         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Available | <input type="checkbox"/> Not applicable |
| General clinic (Above 5yrs) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Available | <input type="checkbox"/> Not applicable |
| Under 5 Clinic Register     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Available | <input type="checkbox"/> Not applicable |
2. Did you find any suspected disease/condition of interest in any of the registers?
 

☐ Yes ☐ No (If no, skip to question 3)
- 2.1 If yes, how many of the following disease/conditions did you find (Search from January 2021)

| Disease/Condition                   | Number |
|-------------------------------------|--------|
| Pneumonia (both moderate & severe)? |        |
| EVD                                 |        |
| COVID-19                            |        |
| Yellow Fever                        |        |
| Measles                             |        |
| AFP                                 |        |

2.2 If a suspected case of interest is found in the register, line list all the cases.

| Name | Age | sex | Suspected condition | Date seen at facility | Address |
|------|-----|-----|---------------------|-----------------------|---------|
|      |     |     |                     |                       |         |
|      |     |     |                     |                       |         |
|      |     |     |                     |                       |         |
|      |     |     |                     |                       |         |

3. Have the staff at this facility received an orientation of EVD in the last 3 months? (e.g. continuous medical education - CME or sensitization/training) ☐ Yes ☐ No

**If yes**, who provided the orientation/training (tick all that apply)

☐ Chiefdom supervisor ☐ DHMT ☐ NGOs ☐ others (specify)\_\_\_\_\_ -

**If Yes**, to orientation, How many staff of this health facility attended the CME on EVD sensitization /training; Please give number .....

### ***Supervision Team Members***

| No | Name | Position | Institution | Telephone number | Signature |
|----|------|----------|-------------|------------------|-----------|
| 1  |      |          |             |                  |           |
| 2  |      |          |             |                  |           |
| 3  |      |          |             |                  |           |
| 4  |      |          |             |                  |           |
| 5  |      |          |             |                  |           |