

**GHANA HEALTH SERVICE**  
**MONITORING AND SUPERVISION CHECKLIST FOR**  
**DISEASE SURVEILLANCE**  
**DISTRICT LEVEL**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ District \_\_\_\_\_ Region \_\_\_\_\_

Name of Respondent \_\_\_\_\_ Designation \_\_\_\_\_

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**Introduction**

The purpose of Supervision in IDSR is to help health staff to improve their work performance. This is not an inspection but rather it should aim to sustain the good quality IDSR services rather than finding things that are wrong. The supervisor and health professionals should work together to review progress, identify problems, decide what has caused the problem and develop feasible solutions.

This tool can be used for self-assessment at the DHMT and by the RHMT for visits to the DHMTs. It is targeted at the surveillance focal persons in the DHMT. This could include the District Director of Health Services, Disease Control Officer, Public Health Nurse, Biostatistician, Laboratory Technologist or Technician, and other members of the DHMT.

In the administration of this checklist, the supervisor should find the most Senior Health Worker involved in the delivery of IDSR services (DDHS or DDCO) and administer the questions which could be on one-to-one basis or as a team. When a YES answer is given to a question, ask to see copies of records, reports and other documentation. Further examine or review the records if indicated. Circle the appropriate answers. At the end of the assessment, summarize the key findings, actions taken and recommendations or next steps.

Make sure during the visit to:

- Provide feedback to the DHMT during each visit. Let the health staffs know what is working well. Also give feedback on how the data reported previously was used to detect outbreaks and take action to reduce illness, mortality and disability in the district. If improvements are needed, discuss solutions with the staff.
- Provide on-the-job training as needed if a problem is identified.
- Follow up on any request for assistance such as for emergency response equipment or supplies.
- If a solution to a pre-existing problem was identified in a previous visit, check to see how well the solution has been implemented. Find out if problems are still occurring and modify the solution if necessary. This entails that before a supervisory visit is conducted, the team should review reports of the previous visits.

Write a report of the supervisory visit. Provide in the report achievements that were recognized during the visit. Also state the actions that were planned with the health staff and any requests for additional resources, funds or special problems.

## I. Case Confirmation

1	Question	Yes		No
		Verifies	Not verified	
	<b>Does the district have the capacity to perform the following tasks? IF YES, ASK TO VERIFY</b>			
	a) Transport specimens to a higher level	1	2	3
	b) Confirm a case of severe malaria	1	2	3
	c) Confirm a case of cholera	1	2	3
	d) Confirm a case of meningococcal meningitis	1	2	3
	e) Confirm a case of <i>Shigella dysenteriae</i> dysentery	1	2	3
	f) Confirm a case of Tuberculosis	1	2	3

## II. Data Reporting

2	<b>Has this DHMT lacked appropriate surveillance forms at any time during the last 3 months?</b>	<b>YES</b>	<b>NO</b>
	a) Generic case-based reporting form	1	2
	b) Line list form	1	2
	c) AFP case investigation form	1	2
	d) NNT case investigation form	1	2
	e) <b>Guinea worm reporting form</b>	1	2
	f) Weekly surveillance form	1	2
	g) Monthly surveillance form	1	2
	h) Buruli ulcer quarterly form	1	2
	i) Tuberculosis quarterly form	1	2
	j) Leprosy quarterly form	1	2
3	<b>Give reasons for lack of form if any</b>		
	a).....		
	b).....		
	c).....		
	d).....		
	e).....		
	f)		
	g).....		

4	<b>Completeness of filling of weekly and monthly reports for the past three months: Ask for and review IDSR forms for the past 3 months:</b>	<b>Indicate Numbers:</b>	<b>% Completeness of filling</b>
		<b>99= no forms</b>	
	a) How many <b>Weekly</b> surveillance report forms have been filled out for the period?	<input type="text"/> <input type="text"/>	
	b) How many <b>Weekly</b> surveillance report forms have been completely filled out for the period?	<input type="text"/> <input type="text"/> 99= no forms	
	c) How many <b>Monthly</b> surveillance report forms have been filled out for the period?	<input type="text"/> <input type="text"/> 99= no forms	
	d) How many <b>Monthly</b> surveillance report forms have been completely filled out for the period?	<input type="text"/> <input type="text"/> 99= no forms	

5	<b>Completeness of Transmission to the region:</b> How many surveillance forms were <b>transmitted</b> in the last (previous) 3 months? <b>Ask for and review IDSR forms for the past 3 months:</b>	<b>Indicate Numbers:</b> 99= no forms	<b>% Completeness of transmission</b>
	a) <b>Weekly</b> surveillance report forms that have been transmitted for the period	<input type="text"/> <input type="text"/>	
	b) <b>Weekly</b> surveillance report forms that should have been transmitted for the period?	<input type="text"/> <input type="text"/> 99= no forms	
	c) <b>Monthly</b> surveillance report forms that have been transmitted for the period?	<input type="text"/> <input type="text"/> 99= no forms	
	d) <b>Monthly</b> surveillance report forms that should have been transmitted for the period?	<input type="text"/> <input type="text"/> 99= no forms	
	e) <b>Quarterly</b> surveillance report forms that have been transmitted for the period?	<input type="text"/> <input type="text"/> 99= no forms	
	f) <b>Quarterly</b> surveillance report forms that should have been transmitted for the period?	<input type="text"/> <input type="text"/> 99= no forms	
6	<b>Timeliness of Transmission to the region:</b> How many surveillance forms were <b>timely transmitted</b> in the last (previous) 3 months? <b>Ask for and review IDSR forms for the past 3 months:</b>	<b>Indicate Numbers:</b> 99= no forms	<b>% Timeliness of transmission</b>
	a) <b>Weekly</b> surveillance report forms transmitted timely	<input type="text"/> <input type="text"/>	
	b) <b>Monthly</b> surveillance report forms transmitted timely	<input type="text"/> <input type="text"/> 99= no forms	
	c) <b>Quarterly</b> surveillance report forms transmitted timely	<input type="text"/> <input type="text"/> 99= no forms	

### III. Data analysis

7	<b>Question</b>	<b>Yes</b>		<b>No</b>
	<b>Does the DHMT have description of data for case based, outbreak and or sentinel surveillance? IF YES, ASK TO SEE.</b>	<b>Observed</b>	<b>Not observed</b>	
	a) By <b>Age</b> distribution	1	2	3
	b) By <b>Sex</b> distribution	1	2	3
	c) By <b>place</b> (locality, village, work site etc.)?	1	2	3
d) By <b>time</b> ?	1	2	3	
8	<b>Question</b>	<b>Yes</b>		<b>No</b>
	<b>Does the DHMT have monthly trend analysis of graphs for the following diseases? IF YES, ASK TO SEE.</b>	<b>Observed</b>	<b>Not observed</b>	
	e) <b>Malaria</b> cases and deaths in children < 5	1	2	3
	f) <b>Malaria</b> cases and deaths in pregnant women			
	g) Incidence (children < 5) and coverage graphs for <b>Measles</b>	1	2	3
	h) <b>Meningitis</b> cases and deaths (any ages)	1	2	3
	i) <b>Guinea Worm</b> (any cases)	1	2	3

<b>9</b>	<b>Does the DHMT have epidemic curves for the following diseases?</b>	<b>Observed</b>	<b>Not observed</b>	<b>No</b>
	a) Meningitis	1	2	3
	b) Bacillary dysentery	1	2	3
	c)			

<b>10</b>	<b>Availability and use of the Communicable Disease Analysis Book</b>	<b>Observed</b>	<b>Not observed</b>	<b>No</b>
	d) Does this DHMT have the COMDAB*	1	2	3
	e) Is the COMDAB in use?	1	2	3

\*COMDAB=Communicable Disease Surveillance Analysis Book

<b>11</b>	<b>Have the DHMT got demographic data at site? (E.g. population &lt;5 yr., population distribution education, occupation, water facilities, governance etc).</b>	<b>Observed</b>	<b>Not observed</b>	<b>No</b>
		1	2	3

<b>12</b>	<b>Are there rates derived from the demographic and health data?</b>	<b>Observed</b>	<b>Not observed</b>	<b>No</b>
	a) % Population < 5 years?	1	2	3
	b) Incidence rate Malaria < 5 years?	1	2	3
	c) Case fatality rate Malaria < 5 years?	1	2	3

<b>13</b>	<b>Are there distribution of data by health facility /sub-district of the district at least for the previous year?</b>	1	2	3
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#### IV. Surveillance actions on suspected cases

<b>14</b>	<b>Were there any cases of the following priority diseases reported within the past 12 months in the district? IF YES ASK TO OBSERVE REPORTS</b>	<b>Observed</b>	<b>Not observed</b>	<b>No</b>
	a) AFP	1	2	3
	b) Measles	1	2	3
	c) Neonatal tetanus	1	2	3
	d) Yellow Fever	1	2	3
	e) Guinea Worm	1	2	3
	f) Cholera	1	2	3

<b>15</b>	<b>SUMMARIZE ACTIONS THAT WERE TAKEN</b>			
	a)			
	b)			
	c)			
	d)			
	e)			
	f)			
g)				

16	<b>What would the district do if a case of the following priority diseases is reported?</b> AFP, Measles, NNT, Yellow fever Guinea worm, Cholera	<b>Mentioned</b>	<b>Not Mentioned</b>
	a) Review the clinical history according to Standard Case Definitions	1	2
	b) Conduct laboratory investigation –to confirm case: collect appropriate specimen (Blood, Stool, CSF)	1	2
	c) Search for more cases – Record reviews	1	2
	d) Conduct field investigations to search for cases in the community	1	2
	e) Ensure appropriate case management	1	2
	f) Report to the next level	1	2
	g) Conduct 60 day follow up if AFP suspect	1	2

17	<b>What is the alert and epidemic threshold of Meningitis in your district?</b>	Alert	Epidemic
		___	___

18	<b>Have the DHMT got thresholds on meningitis based on sub-district or zonal populations? IF YES, ASK TO SEE</b>	<b>Observed</b>	<b>Not observed</b>	<b>No</b>
		1	2	3

19	<b>Have the DHMT got a Meningitis monitoring chart? IF YES, ASK TO SEE</b>	<b>Observed</b>	<b>Not observed</b>	<b>No</b>
		1	2	3

## V. Outbreak Investigations

20	<b>Disease outbreaks</b>	<b>Number</b>	<b>% Investigated</b>
	a) How many disease outbreaks were <b>suspected</b> in your district?	___	___
	b) How many suspected outbreaks were investigated?	___	___
	c) How many <b>rumours</b> of disease outbreaks were reported in your district?	___	___
	d) How many rumours of disease outbreaks were investigated?	___	___
	e) How many of these investigations were <b>risk factors</b> associated with the occurrence of the disease looked for?	___	___

21	<b>Are there written reports of the investigations?</b> <b>ASK TO SEE</b>	<b>Yes</b>		<b>No</b>
		<b>Observed</b>	<b>Not observed</b>	
	a) Of Suspected outbreaks investigated	1	2	3
	b) Of rumours of outbreaks investigated	1	2	3
22	<b>Is there at least a map of case distribution of any disease outbreak in the past 12 months?</b>	1	2	3

## VI. Epidemic Preparedness

23	a) Has the district got a written plan of epidemic preparedness and response?	Yes		No
		Observed	Not observed	
		1	2	3

	Question	Yes	No
24	Has the district had emergency stocks of drugs and supplies at all times in the past 12 months?	1	2
25	Has the district experienced shortage of drugs, vaccines or supplies during the most recent epidemic (or outbreak)?	1	2

26	Has the district got drugs, vaccines or supplies for Meningitis? ASK TO SEE	Yes		No
		Observed	Not observed	
44	a) Lumbar puncture needles	1	2	3
	b) Trans isolate bottles	1	2	3
	c) Chloramphenicol in oil injections	1	2	3

27	Has the district got drugs, vaccines or supplies for Cholera? ASK TO SEE	Yes		No
		Observed	Not observed	
	a) Ringers lactate	1	2	3
	b) 5.4.1 (Cholera replacement fluid)	1	2	3
	c) ORS	1	2	3
	d) Disinfectants	1	2	3
	e) Carry Blair transport medium	1	2	3
	f) IV giving sets	1	2	3

	Question	Yes	No
28	Does the district have an easy access to funds for epidemic response?	1	2
29	Does the district have an epidemic management committee?	1	2
30	IF YES, who are the members of the committee?		
	a)		
	b)		
	c)		
	d)		
	e)		
	f)		
	g)		
	h)		
	i)		
	j)		
	k)		

31	Are there minutes of the district epidemic management committee? ASK TO SEE	Yes		No
		Observed	Not observed	
		1	2	3

	Question	Yes	No
32	Does the district have a rapid response team for epidemics?	1	2
33	IF YES, who are the members of the team?		
	a)		
	b)		
	c)		
	d)		
	e)		
	f)		
	g)		
	h)		

**VII. Epidemic Response:**

34	Has the district implemented prevention and control measures based on local data for at least one of the priority disease or syndrome for the past 12 months?	YES	NO
		1	2
35	IF YES, what were these activities?		
	a) .....		
	b) .....		
	c) .....		
	d) .....		
	e) .....		
	f).....		
	g).....		

36	Has the district responded within 48 hours of notification of most recently reported outbreak? REVIEW WRITTEN REPORTS	Yes		No
		Observed	Not observed	
		1	2	3
37	Has the district responded within 48 hours of notification of most recently reported outbreak? REVIEW WRITTEN REPORTS	1	2	3

### VIII. Feedback:

38	How many written feedback reports has the district produced in the last 12 months?	__ __
39	How many feedback bulletins or reports has the district received during the last 12 months?	__ __

	Question	Yes		No
		Observed	Not observed	
40	Is there the presence of a written report that is regularly produced to disseminate surveillance data (within the district and to higher levels)?			
41	Is there the presence of a written report or bulletin at district from a higher level during the past 12 months on the data the district provided?	1	2	3
	a) From region	1	2	3
	b) From National level	1	2	3

### VIII. Surveillance Planning and Co-ordination:

	Question	Yes		No
		Observed	Not observed	
42	Do the minutes of the DHMT contain discussions on surveillance? ASK TO SEE AND REVIEW MINUTES BOOK FOR THE PAST 6 MONTHS	1	2	3
43	Does the District Health Plan include IDSR activities? (ASK TO SEE ANNUAL OR QUARTELY HEALTH PLANS)	1	2	3
44	Does the District Health Plan include IDSR training activities?	1	2	3
45	Does the District Health Plan include activities to prevent priority infectious diseases (e.g. promotion of bed nets to prevent malaria, promotion of immunizations for vaccine-preventable diseases)?	1	2	3

### IX. Supervision:

	Question	Yes	No
46	Has anybody from a higher level come on surveillance supervision in the last 6 months?	1	2
47	IF YES, Did the supervisor perform any of the following activities?	1	2
	a) Record reviews	1	2
	b) Assist in analysis and presentation of surveillance data	1	2
	c) Discuss problems associated with the surveillance system and provided recommendations?	1	2
	d) Other (specify)	1	2

48	Has the district received any supervision reports or have any evidence of supervision in the past 6 months? <b>ASK TO SEE REPORT OR DOCUMENTATION</b>	Yes		No
		Observed	Not observed	
	a) From region	1	2	3
	b) From National level	1	2	3

49	Has the district received any supervision reports or have any evidence of appropriate review of surveillance practices in the last 6 months? (e.g. record reviews) <b>ASK TO SEE REPORT OR DOCUMENTATION</b>	Yes		No
		Observed	Not observed	
	c) From region	1	2	3
	d) From National level	1	2	3

50	Has the district received any written feedback from the supervisor after a supervisory visit in the last 6 months? <b>ASK TO SEE REPORT OR DOCUMENTATION</b>	Yes		No
		Observed	Not observed	
	e) From region	1	2	3
	f) From National level	1	2	3

51	How many supervisory visits on surveillance activities have you made the last 6 months? (SEE REPORTS)	___ ___	% coverage
	How many supervisory visits on surveillance activities did you plan for (expected to make) in the last 6 months? (SEE SUPERVISORY PLANS)	___ ___	

52	What in your case are the most usual reasons for not making all required supervisory visits?
	a) .....
	b) .....
	c) .....
	d) .....
	e) .....
	f) .....
	g) .....

**X. Training:**

53	How many technical staff do you have in your DHMT?	___ ___	% coverage
54	How many of them have received any form of training on IDSR?	___ ___	
55	How many had training in disease surveillance?	___ ___	___ ___
56	How many had received training in data management?	___ ___	___ ___
57	How many of those who had received training in data management are involved in the management of surveillance data in the district?	___ ___	___ ___

	Question	Very unsatisfied	Unsatisfied	Satisfied	Very satisfied
58	How satisfied are you with your surveillance system?	1	2	3	4
59	Specify WHY				
	a)				
	b)				
	c)				
	d)				
	e)				
	f)				
	g)				

## X. Resources:

	How many of the following do you have for surveillance activities?	Indicate Numbers	No. Functioning
60	<b>Logistics</b>		
	a) Bicycles	___ ___	___ ___
	b) Motorcycles	___ ___	___ ___
	c) Automobile Vehicles	___ ___	___ ___
61	<b>Data Management</b>		
	a) Calculators	___ ___	___ ___
	b) Computers	___ ___	___ ___
	c) Printers	___ ___	___ ___
	d) Statistical Analysis Package	___ ___	
62	<b>Communications</b>		
	a) Telephone service	___ ___	___ ___
	b) Fax	___ ___	___ ___
	c) Radio call	___ ___	___ ___
	d) E-mail	___ ___	___ ___
63	<b>IEC Materials</b>		
	a) Posters for IDSR priority diseases	___ ___	
	b) Flip Charts	___ ___	
	c) Megaphone	___ ___	___ ___
	d) VCR and TV set	___ ___	___ ___
	e) Screen	___ ___	___ ___
	f) LCD Projector	___ ___	___ ___
64	<b>Hygiene and Sanitation Materials</b>		
	a) Spray Pumps	___ ___	___ ___
	b) Disinfectants	___ ___	
	c) Filters for guinea worm eradication	___ ___	
	d) Protection materials (LIST)	___ ___	

<b>65</b>	<b>Human Resources</b>		
	a) Medical Doctors	__ __	
	b) Epidemiologists	__ __	
	c) Disease Control Officers	__ __	
	d) Biologists	__ __	
	e) Data Managers /Biostatisticians	__ __	
	f) Environmental Health Officers	__ __	
	g) Public health nurses	__ __	
	h) Community Health Nurses	__ __	
	i) Other nurses	__ __	
	j) Laboratory Technologists/Technicians	__ __	
	k) Others (LIST)	__ __	

**SUMMARY OF KEY ISSUES & RECOMMENDATIONS**

	<b>KEY ISSUES</b>	<b>IMMEDIATE ACTIONS TAKEN</b>	<b>RECOMMENDATIONS</b>
1			
2			
3			
4			
5			

**HEALTH FACILITY STAFF CONTACTED**

	<b>Name</b>	<b>Designation/ Title</b>

**TEAM OF SUPERVISORS**

	<b>Name</b>	<b>Designation/ Title</b>

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