

GHANA HEALTH SERVICE
MONITORING AND SUPERVISION CHECKLIST FOR
DISEASE SURVEILLANCE
HEALTH FACILITY LEVEL

Date ____/____/____ Name of Health Facility _____
(dd/mm/yy)
Sub district _____ District _____ Region _____
Name of Respondent _____ Designation _____

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 health facility level and by the DHMT for visits to the facilities. It is targeted at surveillance focal persons in the health facility and could include the Head of facility, Disease Control Officer, Biostatistician, Laboratory Technologist or Technician, and other members of the Public Health Units.

In the administration of this checklist, the supervisor should find the most Senior Health Worker involved in the delivery of IDSR services 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 health staff 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.

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 Detection and Registration

1	Question	Yes		No
		Observed	Not Observed	
	Does this facility have a consulting room register? IF YES, ASK TO SEE A COPY and examine the columns and completeness of filling).			
	a) At least one consulting room register	1	2	3
	b) The consulting room register contain all columns recommended by the IDSR programme	1	2	3
	c) The clinical register correctly and completely filled during the previous 30 days?	1	2	3

2	Question	Yes		No
		Observed	Not Observed	
	Does this facility have protocols on the following: IF YES, ASK TO SEE A COPY.			
	a) National Technical Guidelines on IDSR	1	2	3
	b) Standard Case Definitions booklet	1	2	3
	c) Standard Treatment Guidelines	1	2	3

3	Question	Yes		No
		Observed	Not Observed	
	Does this facility have copies of Fact Sheets on the following Epidemic Prone Diseases: IF YES, ASK TO SEE.			
	a) Cholera	1	2	3
	b) Bacillary Dysentery	1	2	3
	c) Measles	1	2	3
	d) Yellow Fever	1	2	3
	e) Meningitis	1	2	3
	f) Viral Haemorrhagic Fevers	1	2	3

4	Question	Yes		No
		Observed	Not Observed	
	Does this facility have: definitions for priority diseases (pamphlets, posters, flyers etc)? IF YES, ASK TO SEE.			
	a) Cholera	1	2	3
	b) Bacillary Dysentery	1	2	3
	c) Measles	1	2	3
	d) Yellow Fever	1	2	3
	e) Meningitis	1	2	3
	f) Viral Haemorrhagic Fevers	1	2	3
	g) Guinea worm	1	2	3
	h) Poliomyelitis	1	2	3
	i) NNT	1	2	3
	j) Leprosy	1	2	3
	k) Malaria	1	2	3
	l) HIV/AIDS	1	2	3
	m) STI	1	2	3

n) Tuberculosis	1	2	3
o) Pneumonia <5	1	2	3
p) Diarrhoea <5	1	2	3
q) Buruli Ulcer	1	2	3
r) Onchocerciasis	1	2	3
s) Filariasis	1	2	3
t) Trachoma	1	2	3
u) Yaws	1	2	3
v) Hepatitis	1	2	3
w) Schistosomiasis	1	2	3

II. Case Confirmation

5	Does this facility have the capacity to confirm the following priority diseases ?	YES	NO
	a) Malaria	1	2
	b) Meningococcal Meningitis	1	2
	c) Cholera	1	2
	d) Tuberculosis	1	2

6	Question	Yes		No
	Does the health facility have the capacity to handle the following specimen until shipment?	Observed	Not Observed	
	a) Sputum	1	2	3
	b) Stool	1	2	3
	c) Blood/Serum	1	2	3
	d) CSF	1	2	3

7	Question	Yes		No
	Does this facility have lab register containing results of the following? IF YES, ASK TO SEE.	Observed	Not observed	
	a) Parasitology	1	2	3
	b) Bacteriology	1	2	3

III. Data Reporting

8	Has this facility lacked appropriate surveillance forms at any time during the last 6 months?	YES	NO
	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) Guinea worm reporting form	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

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

10	Completeness of Transmission of weekly and monthly reports in the last 3 months: Ask for and review IDSR forms for the past 3 months:	Indicate Numbers: 99= no forms	% Completeness of transmission
	a) How many Weekly surveillance report forms have been transmitted for the period?	<input type="text"/> <input type="text"/>	
	b) How many Weekly surveillance report forms should have been transmitted for the period?	<input type="text"/> <input type="text"/> 99= no forms	
	c) How many Monthly surveillance report forms have been transmitted for the period?	<input type="text"/> <input type="text"/> 99= no forms	
	d) How many Monthly surveillance report forms should have been transmitted for the period?	<input type="text"/> <input type="text"/> 99= no forms	
	e) How many Quarterly surveillance report forms have been transmitted for the period?	<input type="text"/> <input type="text"/> 99= no forms	
	f) How many Quarterly surveillance report forms should have been transmitted for the period?	<input type="text"/> <input type="text"/> 99= no forms	

11	Timeliness of Transmission of weekly and monthly reports in the last 3 months: Ask for and review IDSR forms for the past 3 months:	Indicate Numbers: 99= no forms	% Timeliness of transmission
	a) How many surveillance forms were timely transmitted in the last (previous) 3 months?	Indicate Numbers: 99= no forms	
	b) Weekly surveillance report forms transmitted timely	<input type="text"/> <input type="text"/>	
	c) Monthly surveillance report forms transmitted timely	<input type="text"/> <input type="text"/> 99= no forms	
	d) Quarterly surveillance report forms transmitted timely	<input type="text"/> <input type="text"/> 99= no forms	

IV. Data analysis

12	Question	Yes		No
	Does the facility have monthly trend analysis of graphs for the following diseases? IF YES, ASK TO SEE.	Observed	Not observed	
	a) Malaria cases and deaths in children < 5	1	2	3
	b) Incidence (children < 5) and coverage graphs for Measles	1	2	3
	c) Meningitis cases and deaths (any ages)	1	2	3
	d) Guinea Worm (any cases)	1	2	3

13	Availability and use of the Communicable Disease Analysis Book	Observed	Not observed	No
	a) Does this facility have the COMDAB	1	2	3
	b) Is the COMDAB in use?	1	2	3

14	Have this facility /Sub-district got demographic data at site? (E.g. population <5 yr., population distribution education, occupation, water facilities, governance etc).	Observed	Not observed	No
		1	2	3

V. Surveillance actions on suspected cases

15	What actions do you take when you suspect a case of meningitis?	Mentioned	Not Mentioned
	a) LP CSF for laboratory investigation	1	2
	b) Treat case	1	2
	c) Report to next level	1	2

14	What actions do you take when you suspect a case of Measles?	Mentioned	Not Mentioned
	a) Take blood specimen and send to the laboratory for confirmation	1	2
	b) Treat the case	1	2
	c) Report to the next level within 24 hours	1	2

15	What actions do you take when you suspect a case of Yellow fever?	Mentioned	Not Mentioned
	a) Take blood specimen and send to the laboratory for confirmation	1	2
	b) Treat the case	1	2
	c) Report to the next level within 24 hours	1	2

16	What actions do you take when you suspect a case of AFP?	Mentioned	Not
	a) Collect 2 stool specimen within 14 days and send to laboratory	1	2
	b) Conduct 60 day Follow up	1	2

17	What actions do you take when you suspect a case of Cholera?	Mentioned	Not Mentioned
	a) Collect stool specimen for laboratory	1	2
	b) Treat the case with Iv fluids	1	2
	c) Report to the next level within 24 hours	1	2

VI. Epidemic Preparedness

20	Is there the existence of a written case management protocol for any of the epidemic prone diseases?	Yes		No
		Observed	Not observed	
	a) Cholera	1	2	3
	b) Bacillary Dysentery	1	2	3
	c) Measles	1	2	3
	d) Yellow Fever	1	2	3
	e) Meningitis	1	2	3
	f) Viral Haemorrhagic Fevers	1	2	3
21	Observed minutes of last meeting of Epidemic Preparedness and Response Committee?	1	2	3

VII. Epidemic Response:

22	Has this health facility experienced any outbreak of epidemic prone disease for the past 3 months?	YES	NO	
		1	2	
23	Has the health facility conducted any community disease prevention and control activities during the past 3 months based on local information? ASK TO SEE REPORT	Yes		No
		Observed	Not observed	
	a) Mass immunization campaign	1	2	3
	b) Case management	1	2	3
	c) Health educational campaigns	1	2	3
	d) Active case search	1	2	3
	e) Mass treatment etc	1	2	3

VIII. Feedback:

24	How many feedback bulletins or reports has the health facility received during the last 6 months?	_____		
25	Has the health facility received reports or bulletins from a higher level on the data they have provided during the past 6 months? ASK TO SEE REPORT OR BULLETIN	Yes		No
		Observed	Not observed	
	a) From district	1	2	3
	b) From region	1	2	3
	c) From National level	1	2	3
26	How many meetings has this health facility conducted with the community members in the in past 6 months?	_____		

27	Has the health facility got minutes or report of at least 1 meeting between the health facility team and the community members within the past 6 months? ASK TO SEE REPORT OR BULLETIN	Yes		No
		Observed	Not observed	
	a) Community durbar	1	2	3
	b) Health Committee Meeting	1	2	3
	c) Sub-district Health Management Team meeting (SDHMT)	1	2	3
d) Hospital Board meeting	1	2	3	

IX. Supervision:

28	How many times have you been supervised in the last 6 months?	___
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29	Has the health facility received any supervision reports or any evidence for appropriate review of surveillance practices (e.g. record reviews) during the past 6 months? ASK TO SEE REPORT OR DOCUMENTATION	Yes		No
		Observed	Not observed	
	d) From district	1	2	3
	e) From region	1	2	3
	f) From National level	1	2	3

30	Has the health facility received any written feedback from the supervisor after any supervisory visit in the last 6 months? ASK TO SEE REPORT OR DOCUMENTATION	Yes		No
		Observed	Not observed	
	g) From district	1	2	3
	h) From region	1	2	3
	i) From National level	1	2	3

X. Resources:

31	How many of the following do you have for surveillance activities?	Indicate Numbers	No. Functioning
	Logistics		
	a) Bicycles	___	___
	b) Motorcycles	___	___
32	Data Management		
	a) Calculators	___	___
	b) Computers	___	___
	c) Printers	___	___
	d) Statistical Analysis Package	___	___

33	Communications		
	a) Telephone service	___ ___	___ ___
	b) Fax	___ ___	___ ___
	c) Radio call	___ ___	___ ___
	d) E-mail	___ ___	___ ___
34	IEC Materials		
	a) Posters for IDSR priority diseases	___ ___	
	b) Flip Charts	___ ___	
	c) Megaphone	___ ___	___ ___
	d) VCR and TV set	___ ___	___ ___
	e) Screen	___ ___	___ ___
	f) LCD Projector	___ ___	___ ___
35	Hygiene and Sanitation Materials		
	a) Spray Pumps	___ ___	___ ___
	b) Disinfectants	___ ___	
	c) Filters for guinea worm eradication	___ ___	
	d) Protection materials (LIST)	___ ___	
36	Human Resources		
	a) Medical Doctors	___ ___	
	b) Medical Assistant	___ ___	
	c) Disease Control Officers	___ ___	
	d) Biologists	___ ___	
	e) Environmental Health Officers	___ ___	
	f) Public health nurses	___ ___	
	g) Community Health Nurses	___ ___	
	h) Other nurses	___ ___	
	i) Midwives	___ ___	
	j) Biostatistics Officers	___ ___	
	k) Others (LIST)	___ ___	

SUMMARY OF KEY ISSUES & RECOMMENDATIONS

	KEY ISSUES	IMMEDIATE ACTIONS TAKEN	RECOMMENDATIONS
1			
2			
3			
4			
5			

HEALTH FACILITY STAFF CONTACTED

	Name	Designation/ Title

TEAM OF SUPERVISORS

	Name	Designation/ Title
