Name of Person’s/ Officer’s interviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_phone No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Responsibility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Region \_\_\_\_\_\_\_\_\_\_\_\_ Zone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Woreda\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **At Woreda level/ Ask for woreda health office head/ curative/ HPDP process owner /PHEM officer/else** | | | |
| S/No | Area of Activities | Possible answer/s | Comments |
| 1 | **Plan, Monitoring and Evaluation** |  |  |
|  | Do you have COVID-19 and other PHE Task force? |  |  |
|  | Is the task force active in this time? |  |  |
|  | Do you have woreda EOC? |  |  |
|  | Is the woreda EOC active in this time? |  |  |
|  | Do you have functional RRT, contact tracing & Follow up teams and HBIC follow up team? |  |  |
|  | Do you have revised EPRP plan for COVID-19 and other PHEs response? |  |  |
|  | Do you have rumor investigation log book? |  |  |
|  | Did you distribute COVID -19 and others (VPDs, GWD….) revised case definition and reporting tool to each Health facilities? |  |  |
|  | Does the woreda/town/Refugee camp have an established IC/TC/HBIC /CBIC system and is it functional according to protocol? |  |  |
|  | Do you integrate COVID-19 response with routine PHEM system/ health services? |  |  |
|  | Did the woreda send samples to the regional laboratory for testing? ***If yes when was the last date? If no why?*** |  |  |
| 1.2 | ***Supportive supervision and feed back*** |  | If No, comment, if yes, observe/check |
|  | Do you have supportive supervision plan? |  |  |
|  | Did you conduct supportive supervision in the last three months with check list? |  |  |
|  | Did you support schools to apply COVID-19 public health measures (NPIs)? **If yes when was the last time?** |  |  |
|  | Did you give written feedback with follow up for HFs for the last three months with official letter? |  |  |

**Challenges/Gaps**

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**Feedback given**

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**Supportive supervision team members and signatures**

**Name Signature**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_