Name of Person’s/ Officer’s interviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_phone No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Responsibility \_\_\_\_\_\_\_\_\_\_\_\_Region\_\_\_\_\_\_\_\_\_\_\_\_ Zone \_\_\_\_\_\_\_\_\_Woreda\_\_\_\_\_\_\_\_\_\_HF Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ownership \_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_ Date of visit (dd/mm/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| 1. ***Health facility level*/ Ask for Health facility director/ head/ curative/ HPDP process owner /PHEM focal/else** | | | |
| 1 | ***Epi-surveillance and Lab*** | **Possible responses** | **Comment/Observe** |
|  | Does the health facility have functional rapid response team for COVID-19? |  |  |
|  | No of Trained Human resources for COVID-19 response:   * Epi Surveillance\_\_\_\_\_\_\_\_\_\_\_ * Case Management\_\_\_\_\_\_\_\_\_ * IPC/WaSH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * RCCE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Laboratory\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Data management\_\_\_\_\_\_\_\_\_\_\_ * Others specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  | Do you have recording and reporting tools?   * Rumor and Case investigation form * Contact tracing and listing form * Death investigation * Laboratory investigation form * Reporting formats |  |  |
|  | Does the facility notify COVID-19/VPDs, GWDs rumor/Suspected cases to woreda/ zone/region? ***If yes, number of notified cases for the last 30 days\_\_\_\_\_\_\_\_\_\_*** |  | If no, why? |
|  | Does the health facility list contacts for COVID-19 suspected cases before Testing? |  | If no, why? |
|  | Does the health facility collect sample for COVID-19 testing and transport according to protocols? If yes, number of samples collected and send to Regional lab in the last 30 days? |  | If no, why? |
|  | Does the facility integrate COVID-19 response with PHEM system |  | If no, why? |
|  | Does the facility Conduct active case search regularly?  If yes, observe the report/ signature on registration books |  |  |
|  | Does the facility provide EPI (Vaccination) without interruption |  | If no, why? |
| **3** | **Case Management** | **Possible responses** | **Comment/Observe** |
|  | Does the HF have printed case management protocols, registration logbook and other follow up format for COVID-19 response in place? |  |  |
|  | Does the health facility have functional Triage and screening system? |  |  |
|  | The HF has an established, equipped and functional isolation and treatment unit for suspected and confirmed COVID-19 cases with focal person |  |  |
|  | The HF has an adequate stock of essential and emergency medicines, equipment, supplies and PPEs necessarily for provision of essential health and COVID-19 services |  |  |
|  | The HF has an established referral protocol on appropriate and safe transportation of patients including protocol for transferring patients to HBIC/CBIC |  |  |
| **5** | **Infection prevention and Control (IPC/WaSH)** | **Possible responses** | **Comment/Observe** |
|  | Does the facility have isolation rooms with PPE and hand washing facility |  |  |
|  | Availability of dedicated toilet/bedpan and bath room for each facility isolation room |  |  |
|  | Disinfectant/ antiseptics and PPE availability with sufficient quantity (medical mask, N95 mask, glove, isolation gown, eye google, beach, soap, hand sanitizer) |  |  |
|  | Utilization of PPEs and Disinfectants/antiseptics |  |  |
|  | Availability of water supply for the facility and Standby ( back up sources) to cover water shortage |  |  |
|  | Availability of waste management system ( incinerator, pit) |  |  |
| **4** | **Risk communication and community engagement (RCCE)** | **Possible responses** | **Comment/Observe** |
|  | Does the facility have RCCE focal person (Health educator, promoter, HEWs supervisor) |  |  |
|  | Did the facility posted IEC materials in visible places |  |  |
|  | Do health extension workers/community health workers provide messages about COVID-19 to the community? |  |  |
|  | Utilization of COVID-19 public health measures? (face mask use, hand washing and physical distancing ) in the health facility | * No NPIs utilization * Partial * Fully utilized |  |
|  | Implementation of ‘ No Mask, No service’ initiatives | No  Partial  Fully utilized |  |
|  | Does the health facility have HE session including COVID-19 response regularly in the morning? ***If yes, check the program*** |  | If No, why? |

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| --- | --- | --- | --- | --- | --- |
| **5. Data Verifications**: Complete the following information for the \_\_\_\_\_\_\_\_week/s in the registers. Compare the figures with the health facility weeklyreports. | | | | | |
| S,No | Activities | Recounted from Register | PHEM report | Compare and write ‘1’ for matched & ‘2’ for unmatched data | Reasons for discrapancy (1. Data transfer error 2. Missing reports 3. Missing register 4. Arithmetic error in the register 5. Others) |
| 1 | Total Malaria cases |  |  |  |  |
| 2 | Meningitis\_OutP\_Cases |  |  |  |  |
| 3 | Dysentery\_OutP\_Cases |  |  |  |  |
| 4 | Diarrhea with dehydration\_U5\_OutP\_ Cases |  |  |  |  |
| 5 | Dracunculiasis (Guinea worm) \_OutP\_CasesDracunculiasis (Guinea worm) \_OutP\_Cases |  |  |  |  |
| 6 | Maternal death |  |  |  |  |

**Challenges/Gaps**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Feedback given**

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**Supportive supervision team members and signatures**

**Name Signature**

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