## C-2: Partner and State Surveillance Coordinator: Trip Report format *(separate report for each county visited)*

1. **INTRODUCTION:**

*In two bullets:*

* *Identify the period covered by the report*
* *List the counties and payams visited during the trip.*

*Using the table below, identify the staffs* ***you******visited in the field*** *(add as many rows as necessary):*

|  |  |  |  |
| --- | --- | --- | --- |
| **County** | **Name of Payam** | **Position and Name of CBS Staffs met by Supervisor** | **Checklist Used (Yes/No)** |
| CS or PA | **Name** |
|  |  |  |  |  |

**2. CRITICAL ISSUES RESOLVED AFTER LAST VISIT**

*In bullet form list the “critical issues” remaining at the end of the previous visit and indicate whether and how they were resolved (only applicable if county was visited before; otherwise remove this section)*

**3. CURRENT FINDINGS:[[1]](#footnote-1)**

*In bullet form,* ***organized by county****, list major findings (both positive and negative) from visits to counties/payams/facilities and actions taken on the spot*

**3.a Successes/Strengths:**

* *Xxx*
* *Xxx*

**3.b Gaps/obstacles:**

* *Xxx*
* *Xxx*

**3.c Critical issues and problems remaining after visit (to be resolved)**

* *Xxxx*
* *Xxxx*

**4. RECOMMENDATIONS**

*In bullet form, propose practical steps to address critical issues and problems.*

* *Xxxx*
* *Xxxx*
* *Xxxx*

**5. CONCLUSION**

*Write a short summary to include next steps.*

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| **CBS County Supervisor (CS) Supervisory Checklist Reporting Form** |

**STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME OF VISITORS/SUPERVISORS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| County |  | Remarks  |
| Name of County Supervisor (CS) |  |
| Place/Payam of residence |  |
| On signed contract (Yes/No) |  |
| Paid through (date) |  |
| Date of visit |  |
| S/N | Activities | Yes/No/NA |
| 1 | Up-to-date work plan  |  |  |
| 2 | List of the Key Informants (KI)  |  |  |
| 3 | Social map showing PAs Bomas  |  |  |
| 4 | Payam maps of distribution of the KI? |  |  |
| 5 | A log book for activities |  |  |
| 6 | Last month reports from all PAs |  |  |
| 7 | Carried out the planned visits to Payers last month |  |  |
| 8 | CS has copy of filled checklists  |  |  |
| 9 | A copy of monthly report of previous month  |  |  |
| 10 | A line-list of the suspect AFP cases reported |  |  |
| 11 | Line-list properly filled  |  |  |
| 12 | Conducted planned county-level meetings |  |  |
| 13 | Know WHO surveillance staff |  |  |
| 14 | Have both Budget Trackers formats  |  |  |
| 15 | Funds Received format correctly filled  |  |  |
| 16 | Funds Spent format correctly filled  |  |  |
| 17 | Have receipts available for expenditures  |  |  |
| TOTAL YES |  |  |
| % YES |  |  |
| 18 | All operational funds received  |  |  |
| 19 | County and partner’s information matching  |  |  |

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| **CBS Payam Assistant (PA) Supervisory Checklist Compilation Form** |

**STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME OF VISITORS/SUPERVISORS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of County 🡪 |  |  |  |  |  | Tasks performed |
| Name of Payam Assistant (PA) |  |  |  |  |  |
| Payam assigned |  |  |  |  |  |
| Place/Payam of residence |  |  |  |  |  |
| On signed contract (Yes/No) |  |  |  |  |  | # YES | % YES |
| Paid through (date) |  |  |  |  |  |
| Date of visit |  |  |  |  |  |
| S/N | Activities | Yes/No/NA | Yes/No/NA | Yes/No/NA | Yes/No/NA | Yes/No/NA |
| 1 | Up-to-date work plan  |  |  |  |  |  |  |  |
| 2 | List of the Key Informants (KI)  |  |  |  |  |  |  |  |
| 3 | Number of KI appropriate  |  |  |  |  |  |  |  |
| 4 | Selection of KI appropriate |  |  |  |  |  |  |  |
| 5 | Map of distribution of the KI? |  |  |  |  |  |  |  |
| 6 | KI fully cover the population of the Payam |  |  |  |  |  |  |  |
| 7 | A log book for contacts with key informant |  |  |  |  |  |  |  |
| 8 | key informants sign the log book  |  |  |  |  |  |  |  |
| 9 | PA carried out planned visits to KI last month |  |  |  |  |  |  |  |
| 10 | PA conducted the planned community meetings last month |  |  |  |  |  |  |  |
| 11 | A line-list of the suspect AFP cases reported |  |  |  |  |  |  |  |
| 12 | Line-list properly filled  |  |  |  |  |  |  |  |
| 13 | Monthly report for the previous month? |  |  |  |  |  |  |  |
| 14 | Know WHO surveillance staff |  |  |  |  |  |  |  |
| TOTAL YES |   |   |  |  |  |  |  |
| % YES |  |  |  |  |  |  |  |

**\_\_\_\_\_\_\_\_\_[[2]](#footnote-2) Disease Surveillance Staff Profile for \_\_\_\_\_\_\_\_\_\_\_\_ County (at time of visit)**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| # | CS or PA | Full Name | Assigned which payam: | Current Location of residence | On contract? (Yes/No) | Working? (Yes/No) | Paid up to what month? | Total # of Key Informants | Date of last AFP Case | Staffmet?(Yes/No) | Remark |
| 1 |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |

*CS= County Supervisor; PA= Payam Assistant*

1. Add annexes to the report as necessary (use the 3 tables below plus additional tables if required….) [↑](#footnote-ref-1)
2. *Add the name of the partner (SPEDP or UNKEA or Bio-Aid)* [↑](#footnote-ref-2)