

Checklist for IDSP Portal during Field Visit at State Surveillance Unit

Total District: _____

Name of State: _____

Name of SSO: _____

1. Whether State has received user ID and password for IDSP Portal **(Yes/No)**
2. No. of districts which have received user ID & passwords. _____
3. No. & Name of districts which have not updated master data on IDSP Portal _____

4. Timeline for updation of Master data in the remaining districts (Please specify the name of districts) _____
5. No. of districts reported weekly surveillance data in current year _____
6. No. of districts not reported weekly surveillance data in current year (Please specify the name of districts with reasons) _____
7. No. of districts reported disease outbreak in current year (including 'NIL' report) _____
8. How many districts not reported weekly disease outbreak in current year (Please mention the name of districts with reasons)

9. How many reporting units reported weekly surveillance data in last week
 - a. Form S (Reported/Total): _____
 - b. Form P (Reported/Total): _____
 - c. Form L (Reported/Total): _____
10. Are you using this portal on weekly basis **(Yes/No)**
11. Are you facing any problem in accessing the IDSP Portal **(Yes/No)**
12. How many times you accessed the Resource Section on IDSP Portal in last one month

13. Have you accessed the reports on IDSP Portal **(Yes/No)**
14. Are you facing any problem in accessing the following reports
 - (i) Surveillance Reports (S/P/L) **(Yes/No)**
 - (ii) Summary / Status Reports **(Yes/No)**
 - (iii) Quarterly Financial Monitoring Reports (FMR) **(Yes/No)**
 - (iv) Disease Outbreak Reports **(Yes/No)**
 - (v) Reporting Unit details **(Yes/No)**
15. Are you able to find the consistency report unit wise from IDSP Portal **(Yes/No)**
16. Are you able to analyse the trend of diseases from the above reports **(Yes/No)**
17. Have you ever logged any complaint related to IDSP Portal to CSU **(Yes/No)**
18. Were your complaints regarding portal got resolved by CSU **(Yes/No)**
19. If complaints were not resolved, what were the complaints _____

Checklist for IDSP Portal during Field Visit at District Surveillance Unit

Name of State :
Name of District:

Name of DSO :
Contact No. :

1. Whether district has received user ID and password for IDSP Portal **(Yes/No)**

2.No & Name of blocks which have not updated master data on IDSP Portal _____

3. Timeline for updation of Master data in remaining blocks

4.No. of blocks reported weekly surveillance data in current year _____

5.No. of block not reported weekly surveillance data in current year (Please specify the name of block with reasons) _____

6.How many disease outbreak reported in current year (including 'NIL' report) _____

7.How many reporting units reported weekly surveillance data in last week for Government Hospitals & Private Sector

i. Form P (Reported/Total): _____

ii. Form L (Reported/Total): _____

8.Are you using this portal on weekly basis **(Yes/No)**

9.Are you facing any problem in accessing the IDSP Portal **(Yes/No)**

10. How many times you accessed the Resource Section on IDSP Portal in last one month

11. Have you accessed the reports on IDSP Portal **(Yes/No)**

12. Are you facing any problem in entering data in following forms

i. Surveillance Forms **(Yes/No)**

ii. Disease Outbreak / Early Warning Signal Report **(Yes/No)**

13. Are you facing any problem in accessing the following reports

i. Surveillance Reports (S/P/L) **(Yes/No)**

ii. Summary / Status Reports **(Yes/No)**

iii. Quarterly Financial Monitoring Reports (FMR) **(Yes/No)**

iv. Disease Outbreak Reports **(Yes/No)**

v. Reporting Unit details **(Yes/No)**

14. Are you able to find the consistency report unit wise from IDSP Portal **(Yes/No)**

15. Are you able to analyse the trend of diseases from the above reports **(Yes/No)**

16. Have you ever logged any complaint related to IDSP Portal to CSU **(Yes/No)**

17. Were your complaints regarding portal got resolved by CSU **(Yes/No)**

18. If complaints were not resolved, what were the complaints _____