# **Appendix**

## **Questionnaire for Stakeholders**

***Evaluation of Lassa fever Surveillance System in Kano State***

**Introduction**; this questionnaire is to assess the knowledge, attitude and practice of stakeholders on the IDSR surveillance system of Kano state, in a bid to assess its performance and proffer ways of improvement. Thank you

**Socio-demographics** Date….…/……/2019

Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex; \_\_\_\_ Age; \_\_\_\_\_

Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years of Experience \_\_\_\_\_\_\_

Local government Area \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**System Attributes**

**Simplicity**

1. What kind of forms do you use in data collection? Tick as appropriate

IDSR 001A Yes ( ) No ( )

IDSR 001B Yes ( ) No ( )

IDSR 001C Yes ( ) No ( )

IDSR 002 Yes ( ) No ( )

IDSR 003 Yes ( ) No ( )

Any other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Are the forms easy to fill? Yes ( ) No ( )

3. Is the case definition of Lassa fever easy to understand? (I.e. a case is easily ascertained)

Yes ( ) No ( )

4. Are there any other organizations apart from State/Federal Ministry of Health/WHO involved in receiving your reports? Yes ( ) No

5. Estimate time (Hours) spent on collecting, entering, and forwarding the IDSR data \_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. In terms of operation, how easy is it to work within the system i.e. workload, work flow, flow of information, and inter unit relationships? Easy ( ) Difficult ( )

7. How many of your staff are involved in data collection? \_\_\_\_\_

8. Are they sufficient? Yes ( ) No ( )

9. If no, how many do you think will be sufficient? \_\_\_\_

**Flexibility**

10. Do you think that any change in the Surveillance System process can easily be accommodated by the data collection forms? Yes ( ) No ( )

11. Are there staff dedicated to checking and correcting the completeness and validity of the data collected? Yes ( ) No ( )

12.Have you been supervised on data management before? Yes ( ) No ( )

13.If yes, how many times in the last 12 months? \_\_\_\_\_\_\_\_\_\_

14.How would you assess the care taken in completing the surveillance forms and the care exercised in data management 1= Poor, 2 = Fair, 3 = Good, 4 = Very Good, 5 = Excellent

**Training**

15.Have you ever been trained on Lassa fever surveillance? Yes ( ) No ( )

16.Have you received any training on surveillance? Yes ( ) No ( )

17.If yes, what is the type of training?

Informal in-house (step-Down) training ( ) Formal training ( )

18.Has the training improved your performance in the system? Yes ( ) No ( )

19. Do you think there is a need for more training? Yes ( ) No ( )

20.If yes, how frequent? Weekly ( ) Monthly ( ) Quarterly ( ) Yearly ( )

**Acceptability**

21.Are you willing to continue to participate in this system? Yes ( ) No ( )

22.Are there any challenges in carrying out your work effectively Yes ( ) No ( )

 23.If yes, state the challenges please \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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24.Has any effort to address these challenges been made? Yes ( ) No ( )

25.Have you ever made suggestions/comments about improving the system Yes ( ) No ( )

26. If yes please state these suggestions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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27.Was your suggestion considered? Yes ( ) No ( )

28.Do you feel the system appreciates you for doing your job effectively? Yes ( ) No ( )

**Timeliness**

29. Are there written policy or agreement on timeliness of data reporting? Yes ( ) No ( )

30. Are there challenges in sending data on timely basis? Yes ( ) No ( )

31.If yes, state problems please: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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32.How long does it take to collate data from your department? \_\_\_\_\_\_\_\_\_\_\_\_\_(In minutes)

33.Do you incur additional cost in doing this? Yes ( ) No ( )

34.How long does it take to carry out test and issue result? (Turnaround time)? \_\_\_\_\_\_\_\_\_\_\_

35.How soon do you complete your monthly report within the new month?

1st 5 days ( ) end of 1st week ( ) 2nd week ( ) 3rd week ( )

**Sensitivity**

36. Is this system able to detect **all** cases? Yes ( ) No ( )

37.Is the system able to detect **new** cases? Yes ( ) No ( )

38. Are there frequent cases of misdiagnosis? Yes ( ) No ( )

39. If yes, any suggestions for improvement? ..........................................................

**Representativeness**

40.Do you think the system captures people of all ages? Yes ( ) No ( )

41.Do you think the system captures people from different locations of the state? Yes ( ) No ( )

**Stability**

42.Do you have dedicated staff for the following?

* Data recording Yes ( ) No ( )
* Data storage Yes ( ) No ( )
* Data transfer Yes ( ) No ( )
* Data analysis Yes ( ) No ( )

43.Do you get feedback of your reports from the higher level? Yes ( ) No ( )

44. If yes, how often? Monthly ( ) Quarterly ( ) yearly ( )

45. How do you protect patient privacy? (Data confidentiality) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

46.What do you do think the data collected is used for? (tick as many as you think is correct)

 To know more about the disease( ) For onward transmission to FMOH( ) For budgeting( )

 For Nothing ( ) Others:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Data Quality**

47.How is data entered? Manually ( ) electronically ( )

48.Describe the level of completeness of data generated from the surveillance system

 Partially complete ( ) Always complete ( )

49.What about the validity of the data generated? Partially accurate ( ) always accurate ( )

 THANK YOU