

General Guidelines for the report:

1. Report for the last quarter to be sent by 15th April/July/October/January by State Surveillance unit (SSU) at the following email id: ids-p-npo@nic.in positively.
2. SSU to refer their RoPs for approvals of trainings, District Public Health Labs (DPHLs) and Referral Labs. The States which have not received RoP 18-19 may mention “RoP not received in the relevant column”.
3. Extra rows may be added in the sheet to provide complete information.
4. Only correct and valid information to be provided.
5. All efforts should be made to collect and compile the information at the level of SSU. SSU may further utilise this template for generating their State IDSP monitoring report.
6. Report to be signed by SSO/SNO IDSP.

1. Trainings conducted during this quarter as per training plan:

S. No.	Type of training	Number of trainings to be conducted (as per 18-19 RoP)	Number of trainings conducted in this quarter	Name of Districts where trainings conducted	Total number of people trained
1.	One day sensitization for PRIs				
2.	Medical Officers (1 day)				
3.	Medical College Doctors (1 day)				
4.	Hospital Pharmacists/Nurses Training (1 day)				
5.	Lab. Technician (3 days)				
6.	Data Managers (2days)				
7.	Date Entry Operators cum Accountant (2 days)				
8.	ASHA & MPWs, AWW & Community volunteers (1 day)				
9.	One day training for Data entry and analysis for Block Health Team (including Block Programme Manager)				
10.	Any other (please specify)				

2. Data Management

a. %Completeness of S, P and L form data reporting for the State against Targets for 19-20

Type of reporting	Targets for 19-20 (as attached)	% Reporting in this quarter	% reporting since Jan till this quarter
Syndromic 'S'			
Presumptive 'P'			
Lab confirmed 'L'			

b. Routine monthly feedback

Total Number of Districts	Number of DSU provided with monthly feedback by SSU		
	1st month of quarter	2nd month of quarter	3rd month of quarter

5. State Referral Lab Network performance:

<i>Name of Referral Lab</i>	<i>Name of Districts linked with Referral Lab</i>	<i>Number of EWS/Outbreaks where samples were sent to Referral Lab in this quarter</i>	<i>Name of the Districts from where samples were sent</i>	<i>Name of the Diseases for which samples were sent</i>

6. Monitoring and supervision activities under IDSP conducted by SSU in this quarter

	<i>Monitoring and supervision activities under IDSP activities conducted by SSU in this quarter</i>		<i>Number of EWS/Outbreaks investigated in this quarter</i>
	<i>Number of District visited</i>	<i>Name of Districts Visited</i>	
<i>State Surveillance Officer</i>			
<i>State Epidemiologist</i>			
<i>State Microbiologist</i>			
<i>State Entomologist</i>			
<i>State Veterinary Consultant</i>			
<i>State Data Manager</i>			
<i>Any other staff (pls specify)</i>			

7. Details of State RRT members and outbreaks investigated by them

<i>Name of RRT member</i>	<i>Designation</i>	<i>Place of posting</i>	<i>Number of outbreaks investigated in this quarter</i>

Date

Signature of SSO/SNO