Appendix 1:

OPERATIONAL ASSESSMENT FORM FOR THE CHOLERA TREATMENT CENTER

GENERAL INFORMATION

District: _____ Health Unit:_____ Date: ___ /__ /_____

- **INSTRUCTIONS**

Check (✓) the corresponding option.

Response	Score
Yes	1
No	0
N/A	It does not count.

Each answer must be supported by direct observation, document review, or an interview.

SECTION A. READINESS AND ACTIVATION (5 criteria)

Criterion	Yes	No	Evidence	Observations
Was the CTC activated within 24 hours of confirmation of the outbreak?	□	□	Activation report	
Is there an updated contingency plan for responding to cholera?	□	□	Plan available	
Is there sufficient initial stock of medicines and consumables?	□	□	Inventory	
Is there a formal team schedule posted?	□	□	Scale	
Is there a plan to expand the CTC's capacity?	□	□	Document	

Score: ____ /5

SECTION B. ISOLATION AND INFECTION PREVENTION AND CONTROL (7 criteria)

Criterion	Yes	No	Evidence	Observations
Is there a physical separation between suspected and confirmed cases?	□	□	Observation	
Is there a unidirectional flow of patients?	□	□	Observation	
Are there functional handwashing stations?	□	□	Observation	
Is there a 0.05% chlorine solution that can be prepared correctly?	□	□	Observation	
Is there a 0.5% chlorine solution that can be prepared correctly?	□	□	Observation	
Is there a latrine exclusively for patients?	□	□	Observation	
Is there a designated area for infectious waste?	□	□	Observation	

Score: ____ /7

SECTION C. CLINICAL MANAGEMENT (6 criteria)

Criterion	Yes	No	Evidence	Observations
Is there a functional triage system?	□	□	Observation	
Does rehydration begin within 15 minutes of admission?	□	□	Clinical records	
Is Ringer's Lactate continuously available?	□	□	Pharmacy	
Is there sufficient availability of SRO?	□	□	Pharmacy	
Is the case fatality rate less than 1%?	□	□	Reports	
Are clinical records complete in ≥80% of cases?	□	□	Clinical audit	

Score: ____ /6

SECTION D. OPERATIONAL CAPACITY (5 criteria)

Criterion	Yes	No	Evidence	Observations
Is the CTC's occupancy within its installed capacity?	□	□	Records	
Is there a minimum number of professionals per shift?	□	□	Scales	
Is there documented coverage for 24-hour operation?	□	□	Scales	
Is there a continuous supply of safe water?	□	□	Observation	
Is there a continuous supply of electricity?	□	□	Observation	

Score: ____ /5

SECTION E. LOGISTICS (4 criteria)

Criterion	Yes	No	Evidence	Observations
Is there enough PPE for at least five days?	□	□	Inventory	
Is there a formal system for replenishing medications and consumables?	□	□	Records	
Is there functional transport available for patient referrals?	□	□	Observation	
Are epidemiological reports sent regularly?	□	□	Reports	

Score: ____ /4

- **SUMMARY OF THE EVALUATION**

Dimension	Criteria	Completed	Percentage	Classification
Readiness and Activation	5			
Isolation and PCI	7			
Clinical Management	6			
Operational Capacity	5			
Logistics	4			

TOTAL	**27**			

Classification Criteria

Percentage	Classification
≥ 90%	**Satisfactory**
80–89%	**Suitable with improvements**
60–79%	**Function at risk**
< 60%	**Critical**

Name of the Evaluator: _____
Signature: _____
Date: ____ /____ /____

Annex 2: Semi-structured Operational Assessment Form for the WASH and Surveillance Pillars in the Response to the Cholera Outbreak

IDENTIFICATION

Province: _____ District: _____
Location/Neighborhood: _____

Information gathering methods

☐ Direct observation ☐ Interview ☐ Document review ☐ Other _____

SECTION I. SAFE WATER SUPPLY

Assessment Question	Yes	Partial	No	Evidence	Observations
1. Are all major water supply sources protected against contamination?	☐	☐	☐	Observation	
2. Does the water intended for consumption have free residual chlorine between 0.2 and 0.5 mg/L, or does the population treat the water after it is collected?	☐	☐	☐	Test/Interview	
3. Was the product "Certeza" or another household disinfectant distributed to at least 90% of the affected households?	☐	☐	☐	Records	
4. Were the wells or other water sources used by the cases disinfected within 24 hours of notification?	☐	☐	☐	Records	

Comments

SECTION II. SANITATION

Assessment Question	Yes	Partial	No	Evidence	Observations
5. Is open defecation a practice in the community?	☐	☐	☐	Observation	

6. Does the dwelling in question have a functional latrine?	☐	☐	☐	Observation	
7. Is the latrine more than one meter deep and in good structural condition?	☐	☐	☐	Observation	
8. Is the latrine used by the suspected or confirmed case disinfected regularly?	☐	☐	☐	Observation	

Comments

SECTION III. HYGIENE AND HEALTH PROMOTION

Assessment Question	Yes	Partial	No	Evidence	Observations
9. Do households wash their hands with soap and water during critical moments?	☐	☐	☐	Observation Or Interview	
10. Was soap distributed to at least 95% of the affected families?	☐	☐	☐	Records	
11. Are weekly community educational sessions on cholera prevention held?	☐	☐	☐	Interview	
12. Are the key messages (handwashing, water treatment, toilet use, and seeking early medical attention) being disseminated regularly?	☐	☐	☐	Observation	

Comments

SECTION IV. SURVEILLANCE AND EARLY DETECTION

Assessment Question	Yes	Partial	No	Evidence	Observations
13. Have all community activists received training on cholera surveillance?	☐	☐	☐	Training list	
14. Do activists correctly understand the operational definition of a suspected cholera case?	☐	☐	☐	Interview	
15. Do community leaders report suspected cases in less than 24 hours?	☐	☐	☐	Records	
16. Is there a working telephone hotline available 24 hours a day for reporting alerts?	☐	☐	☐	Observation	

Comments

SECTION V. INVESTIGATION AND RAPID RESPONSE

Assessment Question	Yes	Partial	No	Evidence	Observations
17. Is the home investigation or case follow-up carried out within 24 hours of notification?	☐	☐	☐	Records	
18. Is the complete CATI package implemented immediately after case confirmation?	☐	☐	☐	Reports	
19. Are there Advanced Oral Rehydration Stations in the affected areas?	☐	☐	☐	Observation	

Comments

SUMMARY OF THE EVALUATION

Component	Yes	Partial	No	Main Gaps
Water supply				
Sanitation				
Hygiene and Health Promotion				
Community Surveillance				
Investigation and Rapid Response				

Evaluator's Opinion

Name of the Evaluator: _____

Signature: _____

Date: / /____