



Mentorship tool for EVD Clinical Care Guidance (Materials Check)

Health Facility Visited	
County	
District	
Date of Visit (mm/dd/yyyy)	___ / ___ / _____
Assessor's Name	
Assessor's contact	

Assessor: Please review the following questions with a clinician at the health facility. If you are uncertain about any responses, please leave a note in the margins. For visual verification, please have the clinician show you the appropriate materials to verify that they are present.

1. Does the facility have the quick check poster and is it posted in an easily visible location?

Assessor: Visual verification required, please confirm quick check poster is posted and easily visible.

- Have, and is visible
- Have, but is not visible
- Does not have

2. Is the Ebola Survivors Clinical Care Guidance booklet readily available to clinicians for quick reference?

Assessor: Visual verification required, please confirm booklet is readily available to clinicians for quick reference

- A. Total # of trained clinicians asked: _____
- B. Total # who have, readily available: _____
- C. Total # who have, but not readily available: _____
- D. Total # who don't have booklet: _____

