1. How many MSF projects were being run to cover the 5 sites (Farchana, Breidjing, Ade, Kerfi and Gassire)?

2. How long was the delay between the 5 project sites being set up, to MSF programmes starting, to the initiation of the mortality surveillance system?

3. Which standard medical interventions were implemented in the 5 sites?

4. Which standard surveillance indicators were collected for the MSF programmes?

5. How often was surveillance data (particularly mortality data) collected from the field entered into project databases (e.g. daily, weekly)?

6. Were there any major differences in the way the CHW surveillance programmes were set up in the different camp locations?

7. Were there any added challenges of setting up a surveillance programme in Kerfi and Ade, compared to Farchana?

8. How often was the above data analysed (e.g. daily, weekly or monthly)?

9. How often were reports including surveillance data generated?

10. What different types of reports were generated?

11. Whose responsibility was it to generate the above reports?

12. Was there a standardised procedure for reporting?

13. What was the format for disseminating the reports and who were they distributed to within national and international offices?

14. Were comments fed back from country-level and international-level offices to field staff?

15. Were project staff meetings held to discuss surveillance data and if so, how often and with which staff?

16. Did the medical teams share the analysis of surveillance data (so both mortality and morbidity data) with:
   a) Medical national staff members? b) CHWs? c) The local community e.g. community leaders?

17. How was this surveillance data used? Please comment on any specific examples where mortality data was used to inform decision-making within the projects.

18. Were there any obvious spikes in mortality data that were apparent to the MSF staff?

19. Did the medical teams / Medical Coordinator notice a considerable difference in the health status between the refugee populations (Farchana) vs. the IDPs (Kerfi and Ade)?

20. Did the medical teams share surveillance data with other local NGOs working in the area?

21. Did the Medical coordinator share surveillance data (particularly mortality data) with other NGOs / UN at capital level?

22. Did the Medical coordinator use external sources e.g. mortality data from other NGOs /UNHCR to help validate the data from the CHW mortality surveillance programme?

23. What measures did the teams employ to maintain the surveillance systems during insecure periods?

24. In the reports (2006) it was noted that some of the monthly CDR figures seemed very low? How was this investigated?

25. Was mortality data used at any point by the Health Advisor or Medical Coordinator as advocacy for the problems in Chad?