

Integrated Monitoring & supervisory checklist for Health Facilities

DETAILS ON AVAILABLE PREVENTIVE PROGRAMS SERVICES		
<i>Name of facility:</i> <i>Category of facility: DHQ _____ THQ: _____ RHC: _____ BHU: _____ Private/Other: _____</i>		
<i>HIV/AIDS Control (Check Lab. Register & office record. To fill this section use HF data of previous month)</i>		
<i>Total number of suspected cases for AIDS registered</i>	Number:	
<i>Total number of cases referred for screening</i>	Number:	
<i>Number of feedback received</i>	Number:	
<i>Total number of STD cases screened</i>	Number:	
<i>Number of +ve cases</i>	Number:	
<i>STD Clinic/Surveillance Center established</i>	Yes	No
<i>Syndromic Management protocol followed</i>	Yes	No
GENERAL COMMENTS & RECOMMENDATIONS		
Signature of Monitoring Officer:		
Name & Designation:		
Date of Visit:		

USER GUIDE - Preventive Services – *HIV-AIDS Control Services*

Facility Description

Write the name of Health Facility. Tick against the category in which this HF falls.

Details on available Preventive Programs Services (To fill this section use data of previous month)

HIV/AIDS Control

All the required information will be recorded from data available at the Health Facility. Suspected cases of AIDS means the number of cases having symptoms related to this disease. STD stands for sexually transmitted diseases.

Overall observation and summary of findings/recommendations or follow up actions

The supervisor will note the feedback or responses given by facility staff. Enlist the main problems identified during the visit and remedies/actions suggested with responsibility fixed in a given timeframe.

After filling the checklist the monitor will write his name, designation and date of the visit.