**Integrated Monitoring & supervisory checklist for Health Facilities**

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| **DETAILS ON AVAILABLE PREVENTIVE PROGRAMS SERVICES** | | | | |
| ***Name of facility:***  ***Category of facility: DHQ \_\_\_\_ THQ: \_\_\_\_ RHC: \_\_\_\_\_\_ BHU: \_\_\_\_\_ Private/ Other:\_\_\_\_*** | | | | |
| ***Hepatitis Control*** *(Check Lab. Register & office record. To fill this section use HF data of previous month)* | | | | |
| ***Total number of suspected for Hepatitis registered*** | | | Number: | |
| ***Total number of cases referred for screening*** | | | Number: | |
| ***Number of feedback received*** | | | Number: | |
| ***Number of advocacy meetings held*** | | | Number: | |
| ***Number of Hepatitis B cases +ve*** | Total: | On ICT: | On ELISA: | On PCR: |
| ***Number of Hepatitis C cases +ve*** | Total: | On ICT: | On ELISA: | On PCR: |
| ***Number of Hepatitis D cases +ve*** | Total: | On ICT: | On ELISA: | On PCR: |
| **GENERAL COMMENTS & RECOMMENDATIONS** | | | | |
|  | | | | |
| **Signature of Monitoring Officer:** | | | | |
| **Name & Designation:** | | | | |
| **Date of Visit:** | | | | |

**USER GUIDE - Preventive Services – *Hepatitis 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)

**Hepatitis Control**

The supervisor will check the registers maintained to note the number of patients screened through ICT, registered/positive (ICT and ELISA positive) at sentinel site in last month. Tests mentioned in the checklist will be recorded for each category.

**ICT** stands for immuno-chromatographic test for hepatitis screening. **ELISA** test is done for the confirmation of hepatitis. Polymerase Chain Reaction **(PCR)** test is conducted to assess the severity of the disease and prognosis of the case.

**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.