

**Monitoring Checklist  
For  
CBOs**

Monitored By:

Position:

Monitoring Date:

Location:

Interacted with:

Position:

**Programme Management (overall systems)**

No	Activity	Yes/No	Comments
1	Validity of organizational registration certificate		
2	Last Audit Report(copy needs to be enclosed along with monitoring report)		
3	CBO/SR management Manual (HR, M&E, Finance)		
4	SOPs are in place? (For field operations, VCT, STI)		
5	Confidentiality Policy		
6	Minimum Staff requirements (Site Manager, Out-reach workers, Phlebotomist, Van driver) Check qualifications/CVs against JD		
7	CBO is located near to the hotspots and it is approachable by the clients? Geographically		
8	CBO has adequate office space with regards to respect for clients/privacy and confidentiality		
9	In house facility to treat VCT/STIs if required?		
10	Attendance register, leaves register is being maintained? Van log book is maintained		
11	Financial controls are in place, check payment records and how money is being spent		
12	Organization has internal monitoring policies and procedures in place- check the procedure		
13	Check filing system, are they organized and in place?		

**Client Registration**

No	Activity	Yes/No	Comments
1	Check no of clients being registered during last month in the field		
2	Information and knowledge being shared with clients(discussion regarding MSM/TG behavior) risk assessment and information regarding HIV prevention, testing and treatment services		
3	If information is normally being provided regarding safer sex practices? Use of Condoms & lubes etc		

4	Information provided regarding services of CBO (VCT, BCC & STI)		
5	Referral made to CBOs/GOVT treatment center and mobile testing services on hotspots?		
6	Information and education material being provided?		
7	How hotspot has been selected by outreach team?		

<b>HIV Counseling &amp; Testing Services</b>			
No	Activity	Yes/No	Comments
1	Information regarding Community based testing/Counseling (community based services)		
2	Steps followed in pre-test counseling		
3	Steps followed in post-test counseling		
4	ART Adherence counseling		
5	Psycho-social counseling		
6	Family counseling/partner counseling of PLHIVs		
7	Information regarding linkages to other support groups/Peer and ART center		
8	Mechanism of follow up for PLHIVs (Check documentary evidence)		
9	VCT guidelines are available at premises		
10	Counseling register is well maintained?		
11	PLHIV tracking sheet and follow up register is up to date and well maintained		

<b>PLHIV Tracking</b>			
No	Activity	Yes/No	Comments
1	No of PLHIVs diagnosed during last month		
2	VCT staff is adequately trained on -Conduct a basic /preliminary physical assessment -Provide basic nursing care to PLHIV -Provide information and treatment regarding other STIs -Nutritional Advice -Basic personal hygiene and housekeeping advice		
3	No of PLHIVs identified versus no of PLHIVs registered at GOVT Treatment centers (Check evidence)		
4	Evidence of Partners and/or families of PLHIVs being counseled		
5	Any tracking sheet being maintained for PLHIVs follow up?		

<b>Clients Satisfaction</b>			
No	Activity	Yes/No	Comments

1	Client satisfaction survey was conducted at site or at hotspot? Please mention city and area		
2	What kind of information is being shared with client?		
3	How and when client was being approached and by whom?		
4	Any condoms or lubes were being distributed along with IEC material?		
5	In case of PLHIV, what kind of information is being provided?		
6	Family counseling, ART Adherence, partner counseling is being offered/counseled		
7	Any information being discussed regarding side effects/ other treatments /prevention from other STIs? Information regarding CD4 Count and viral load checking		

#### **Data Entry/Record Keeping**

No	Activity	Yes/No	Comments
1	Field/Outreach data has been properly maintained and up to date along with relevant signatures		
2	Soft copies/data log has been kept at safe place and it is up to date		
3	Register is being maintained for VCT & STI services?		
4	How stock has been maintained for medicines/clinical supplies and HIV testing Kits		
5	Financial transactions has been recorded properly by following protocols and according to the organizational policies		
6	Check the amount which have been reimbursed to the staff against travel or any other expenses (keep copy of evidence)		

#### **Stock Management**

##### **(STIs Medicines, HIV Test Kits, Condoms & Lubes, other supplies)**

No	Activity	Yes/No	Comments
1	Storage guidelines to keep medicines/Kits are available?		
2	Refrigerator is in working condition?		
3	Temperature chart is available? (record room temperature and refrigerator temperature)		
4	Check Temperature chart of last 2 weeks		
5	Is store clean and free from dust and other rubbish?		
6	Drugs expiry chart is being maintained?		

7	There is no direct sunlight or chances of getting water etc		
8	STI medicines are shelved correctly (first expiry first out) method has been used?		
9	Is there any locking system in place?		
10	Type of registers maintained for Stock -Bin Cards -Issue register - Stock Consumption register - Stock report		
11	When was the last physical verification was carried out? By whom		
12	Stock consumption is matching with the last stock report sent to PR office?		

#### Knowledge assessment of Outreach Staff

1	Years of experience as an outreach worker		
2	Main roles and responsibilities as an outreach worker		
3	ORW needs to mention the items which he/she keeps during outreach work		
4	Knowledge regarding HIV prevention, STI symptoms, VCT		
5	What is the basic concept of OR work and peer education?		
6	Types of form OR fills everyday		

#### Knowledge assessment of Site Manager

1	Site Manager has a relevant knowledge and information regarding his/her role?		
2	Check HR/recruitment documents of Site Manager/ 1 Outreach worker and Paramedic staff		
3	Site Manager can handle Finance and admin work besides managing team? (note down observations)		
4	Any other project being implemented by SR? From which donor and regarding what?		
5	Filed work/VCT/STI is well organized?		

#### Stock Report

Name of the Medicine/Clinical supplies/Testing Kits	Batch no	Quantity	Expiry Date


<b>Data Verification</b>				
Month	Key Performance Indicators	Reported	Verified	Comments

Monitors Remarks & Recommendations:

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