

PrEP Site Supervision Monitoring Checklist

Name of Project Staff Completing Checklist: _____

Facility Name: _____

Date of Visit: _____

Number of files reviewed _____ (review 10–15 patient files per timeframe)

Record Review Timeframe (dates): _____ to _____ (i.e., March 1st to March 30th)

#	Indicator	Criteria	Yes	No	N/A	Comments
1	Guidelines and Job Aids	Are all inclusion and exclusion criteria for PrEP screening met and documented in correct form?				
		Does each consultation box have a PrEP initial visit and PrEP follow-up visit posted on the wall?				
		Are all PrEP tools completed during screening (PrEP facility record and PrEP screening for substantial risk and eligibility)?				
		Are IEC materials on PrEP available at the clinic?				
		Is eGER calculation guide followed during the creatinine level calculation?				
2	Test and Procedures	Did the PrEP client get tested for HIV during the initial screening? (determine this by checking the PrEP screening for substantial risk and eligibility)?				
		Was the result documented in PrEP screening for substantial risk and eligibility?				

3	PrEP Eligibility	Were the PrEP screening substantial risk eligibility forms filled out completely (i.e., all questions followed the directions and the PrEP client was classified accurately and boxes were checked)?				
		Was the PrEP facility record filled out completely (i.e., all boxes were checked)?				
		Does the PrEP client have a Creatinine Clearance (CrCl) test? (Determine this by checking PrEP screening for substantial risk and eligibility.)				
		Was the result documented in the PrEP screening for substantial risk and eligibility?				
4	Review of Supply Chain Management	Does the clinic have a secure storage pharmacy with a lock for PrEP medication?				
		Are PrEP medication (TDF/FTC) and ART medication stored separately?				
		Are the medication stock cards/pharmacy registers up-to-date every month? (Determine this by checking the pharmacy register and counting the drugs/stocks.)				
4	Missing Visits Record	Were PrEP clients lost to follow-up (90 days after last seen) documented in the PrEP follow-up visit form (i.e., facility record)?				

5	Monitoring Reporting Mechanism	Are all PrEP registries completed as required? (Verify the PrEP patient register and the PrEP screening.)				
		Does the provider provide comments/explain any incomplete boxes for all PrEP tools (i.e., PrEP monthly report and PrEP patient register)?				
		Was last month's PrEP monthly report submitted?				
		Is the total count of PrEP clients who have an HIV-positive test in the monthly report the same as the registers? (Determine this by comparing the facility record and monthly register.)				
		Do all PrEP clients reported in the screening log tool have their age documented (i.e., between 20–24, 25–49, 50+)?				
		Were all M&E issues reported?				

Review of Monitoring and Evaluation:

Are the following PrEP tools available at the clinic and the most up-to-date versions?

Tools	YES	NO
PrEP screening substantial risk and eligibility form		
PrEP facility record		
Previous monthly report		
PrEP screening log		
Prophylaxis cards		
PrEP patient register		
PrEP cohort summary		
Seroconversion Tracker		

Inventory Checklists:

Name of Item	Quantity Used	Quantity in Stock
Creatinine level kit		
HIV test		
PrEP medications (TDF/FTC)		
Condoms		
Lubricant		

Visit Summary:

Closing Questions	Yes	No	Comments
Was any other additional site support/mentorship/monitoring done during this site visit (i.e., retraining on health worker sensitization, other M&E tool guidance, etc.)?			
Is additional technical assistance or training needed?			
Are corrective actions needed/recommended?			
Comments and Main Points Addressed During Visit			
Additional Comments			

Signature: _____

Project Coordinator/ Designee: _____ **Date:** _____