

Clinical Facility/Service Assessment Summary Sheet

Name of implementing agency:	Fa	acility name:	
Assessment team:		Date:	
1. General Management, Administration	Resources/Support	Responsible	Expected
Operations	needed	person(s)	completion date
Score: / 110 MS met: / 39 NAs: / 55 Follow up actions:			
2. General Infection Control	Resources/Support needed	Responsible person(s)	Expected completion date
Score: / 40 MS met: / 12 NAs: / 20			
Follow up actions:			
3. General STI & VCT Laboratory	Resources/Support needed	Responsible person(s)	Expected completion date
Score: /70 MS met: /35 NAs: /35			
Follow up actions:			
4.1 Services: STI	Resources/Support needed	Responsible person(s)	Expected completion date
Score: / 102 MS met: / 22 NAs: / 51			
Follow up actions:			

4.2 Services: Pre-Post HIV Test & Counseling	Resources/Support	Responsible	Expected
	needed	person(s)	completion date
Score: / 134 MS met: / 43 NAs: / 67			
Follow up actions:			
4.3 Services: Clinical care and treatment (OP)	Resources/Support	Responsible	Expected
	needed	person(s)	completion date
Score: / 524 MS met: / 56 NAs: / 262			
Follow up actions:			
4.4 Services: Pallative care / CHBC	Resources/Support needed	Responsible person(s)	Expected completion date
Score: /456 MS met: /148 NAs: /228		,	•
Follow up actions:			
4 5 G 4 MD XXXX	D /C	D '1.1.	E
4.5 Services: TB/HIV	Resources/Support needed	Responsible person(s)	Expected completion date
Score: / 112 MS met: / 25 NAs: / 56		-	
Follow up actions:			
4.6 Services: PMTCT	Resources/Support	Responsible	Expected
	needed	person(s)	completion date
Score: / 228 MS met: / 49 NAs: / 114			
Follow up actions:			
TOTALS Score: / MS:		NAs:	/

TOTALS Score: / MS: / NAs:	1
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