Integrated Monitoring & supervisory checklist for Health Facilities

DETAILS ON AVAILABLE PREVENTIVE PROGRAMS SERVICES

Name of facility:

Category of facility: DHQ ____   THQ: ____   RHC: _____   BHU: _____ Private/ Other:____

TB Control *(Check Lab. Register & office record. To fill this section use HF data of previous month)*

Total number of cases with cough >2 weeks	Number:
Total number of sputum smear taken for AFB	Number:
Total number of sputum smear for AFB done (Check in RHC & above)	Number:
Total number of sputum smear for AFB +ve in series	Number:
Total number of cases lost as defaulters	Number:
Total number of defaulter action taken	Number:

DOTS protocol observed	Yes	No	NA

MIS Instruments	**Available**		**Maintained**	
	Yes	**No**	**Yes**	**No**
TB Register				
Lab. Register				
Abstract Register				
TB F Card				

GENERAL COMMENTS & RECOMMENDATIONS

Signature of Monitoring Officer:
Name & Designation:
Date of Visit:

USER GUIDE - Preventive Services – *TB 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)

TB Control

The supervisor will fill all the information required from the source given in the checklist. **DOTS** (Directly Observed Treatment Short course) protocol means the diagnosis and management of patients including direct observation by a close relative or other person identified in accordance with national TB control protocols.

AFB stands for Acid Fast Bacilli. Default Action means retrieval of the default patients and their management accordingly. Also check the availability

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.