

Integrated Monitoring & supervisory checklist for Health Facilities

GENERAL SERVICES					
<i>Name of facility:</i> <i>Category of facility: DHQ _____ THQ: _____ RHC: _____ BHU: _____</i> <i>Private/ Other: _____</i>					
OPD ROOM (Physically check/direct observation and tick the relevant column)					
<i>General condition (Sanitary condition)</i>	Good	Average	Poor		
<i>Light</i>	Good	Average	Poor		
<i>Health education/Counseling material available</i>	Yes	No			
<i>OPD Register available</i>	Yes	No			
<i>Abstract Form available</i>	Yes	No			
Tick the relevant box:					
<i>Furniture available</i>	Doctor's Chair	Table	Patient's Stool	Examination Couch	Screen
<i>Instruments available</i>	Thermometer	Tongue Depressor	Flash Light	Sphygmomanometer	Stethoscope
	Tuning Fork	Measuring Tape	Weight Machine	Others:	
GENERAL COMMENTS & RECOMMENDATIONS					

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

USER GUIDE – General Services - OPD Room
<p>Facility Description</p> <p>Write the name of Health Facility. Tick against the category in which this HF falls.</p> <p>General Services</p> <p>OPD Room</p> <p>Tick appropriate box by directly observing the condition, checking the record, and asking questions from In-charge of health facility or other relevant staff regarding availability & functionality of specified items & material.</p> <p>Overall observation and summary of findings/recommendations or follow up actions</p> <p>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.</p> <p>After filling the checklist the monitor will write his name, designation and date of the visit.</p>