



## Integrated Monitoring Checklist for DOH Facilities

FACILITY DESCRIPTION					
<b>Name of facility:</b>					
<b>Category of facility:</b> DHQ ____ THQ: ____ RHC: ____ BHU: ____ Private/					
<i>Location(UC and Tehsil/ District)</i>					
<i>Catchment Population</i>					
<i>List of monthly targets</i>	EPI:	FP:	Deliveries at HF:	Live Births:	
<i>Sign Board of HF</i>	Available	Not available	<i>Sign Plates in the HF</i>	Available	Not Available
<i>Health Education Material</i>	Displayed	Not displayed	<i>Monthly DHIS reports submitted</i>	Regular	Irregular
<i>DHIS tools</i>	Available	Not available	<i>Last month DHIS report submitted</i>	Yes	No
GENERAL OUTLOOK OF HF ( <i>Observe &amp; Tick the relevant Box</i> )					
General condition of the building	Good	Need Repair	Poor		
Cleanliness	Good	Satisfactory	Poor		
Waiting area	Common	Male	Female		
OPD Registration Desk	Available	Not available			
Furniture	Available	Not available			
Drinking water	Available	Not available			
Toilets	Available	Not available			
Waste management	Available	Not available			
Insecticide	Sprayed	Not Sprayed			
Fumigation	Yes	No	Date of last fumigation		
<b><i>Other Resources (tick the box)</i></b>	<b><i>Check Availability</i></b>		<b><i>Check Functionality</i></b>		
Electricity	Yes	No	Yes	No	
Generators (with fuel)	Yes	No	Yes	No	
Other power supplies					
Water supply					

<i>Communications (tick the relevant box)</i>		<i>Check Availability</i>		<i>Check Functionality</i>	
		<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
Telephone					
Fax					
Internet					
Ambulance					
Vehicle					
Motorcycles (for vaccinators)					

<b>MANAGERIAL INSTRUMENT AVAILABLE AT THE TIME OF VISIT (<i>Tick the relevant box</i>)</b>							
<i>Attendance Register</i>	<i>Visitor Book</i>	<i>Movement Book</i>	<i>Cash Book</i>	<i>Stock Register</i>	<i>Condomn Register</i>	<i>DHIS Instruments</i>	<i>Others:</i>

<b>SERVICES AVAILABLE AT HF (<i>tick the relevant box</i>)</b>							
<i>General services</i>	OPD	Dispensary	ORT Corner	Laboratory	Radiology	Sonology	Causality
<i>Specific services</i>	FP	Labor Room	Dental	Operation Theatre	Indoor	Surgical Consultancy	Others:
<i>Preventive programs</i>	EPI	MNCH	Nutrition	TB	Malaria	Hepatitis	HIV

<b>GENERAL COMMENTS &amp; RECOMMENDATIONS</b>
<b>Signature of Monitoring Officer:</b>
<b>Name &amp; Designation:</b>
<b>Date of Visit:</b>

DETAILS ON AVAILABLE PREVENTIVE PROGRAMS SERVICES		
<i>Maternal &amp; Child Health (MCH) Services (ANC, Delivery &amp; PNC) (Check Maternal Health Register. To fill this section use HF data of previous month)</i>		
<i>Number of ANC Visit</i>	Number:	
<i>Number of PNC Visit</i>	Number:	
<i>Number of Deliveries Conducted</i>	Number:	
<i>Number of Live Births during last month</i>	Number:	
<i>Number of Still Births during last month</i>	Number:	
<i>IMR</i>	Number:	
<i>Maternal Deaths during last month</i>	Number:	
<i>Blood Transfusion Services Provided</i>	Yes	No
<i>MCHC Tools Available</i>	Yes	No
GENERAL COMMENTS & RECOMMENDATIONS		
Signature of Monitoring Officer:		
Name & Designation:		
Date of Visit:		

**Nutrition Services** (Check OPD, Child Health & Stock Register. To fill this section use HF data of previous month)

<b>Number of children &lt;5 years</b>	Number:			
<b>Number of malnourished children diagnosed</b>	Number:			
<b>Number of follow up of defaulted children maintained</b>	Number:			
<b>Anthropometric Measurement Instrument</b>	<b>Available</b>		<b>Functional</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>

### GENERAL COMMENTS & RECOMMENDATIONS

**Signature of Monitoring Officer:**

**Name & Designation:**

**Date of Visit:**

<b><i>EPI Services (Check EPI Register. To fill this section use HF data of previous month)</i></b>		
<b><i>Number of children &lt;12 months fully immunized</i></b>	Number:	
<b><i>Number of children received measles 1</i></b>	Number:	
<b><i>Number children received Penta 3</i></b>	Number:	
<b><i>Number of women received TT1</i></b>	Number:	
<b><i>BCG scar verified children present at HF</i></b>	Yes	No
<b><i>Monthly Movement Plan available at HF</i></b>	Yes	No
<b><i>Cold Chain Maintained</i></b>	Yes	No
<b><i>All vaccines available</i></b>	Yes	No
<b><i>Permanent Register EPI available</i></b>	Yes	No
<b><i>Daily Register EPI available</i></b>	Yes	No
<b><i>Updated list of defaulters available</i></b>	Yes	No
<b>GENERAL COMMENTS &amp; RECOMMENDATIONS</b>		
<b>Signature of Monitoring Officer:</b>		
<b>Name &amp; Designation:</b>		
<b>Date of Visit:</b>		

<b>FP Services</b> (Check Family Planning Register. To fill this section use HF data of previous month)			
<b>Number of Family Planning users</b>	<b>Old:</b>	<b>New:</b>	<b>Total:</b>
<b>FP commodities available at the start of month</b>	<b>Yes</b>	<b>No</b>	<b>If “Yes” write numbers</b>
<b>FP commodities available at the end of month</b>	<b>Yes</b>	<b>No</b>	<b>If “Yes” write numbers</b>
<b>Write number of users by methods during last month</b>			
<b>Condoms</b>	<b>Number:</b>		
<b>Pills</b>	<b>Number:</b>		
<b>Injectables</b>	<b>Number:</b>		
<b>IUCD (if applicable)</b>	<b>Number:</b>		
<b>Implants (if applicable)</b>	<b>Number:</b>		
<b>TL (if applicable)</b>	<b>Number:</b>		
<b>Vasectomy (if applicable)</b>	<b>Number:</b>		
<b>Emergency Contraceptive</b>	<b>Number:</b>		
<b>GENERAL COMMENTS &amp; RECOMMENDATIONS</b>			
<b>Signature of Monitoring Officer:</b>			
<b>Name &amp; Designation:</b>			
<b>Date of Visit:</b>			

<b>LHW Services</b> (Check Monthly Reports of LHW. To fill this section use HF data of previous month)					
<b>Number of LHWs posted at HFs</b>			<b>Number:</b>		
<b>Number of population covered by LHW</b>			<b>Number:</b>		
<b>% of population covered by LHWs</b> (Total number of covered population by LHW/HF catchment population X 100)			<b>%</b>		
<b>Number of pregnant women registered</b>			<b>Number:</b>		
<b>Number of expected pregnancies</b>			<b>Number:</b>		
<b>Number of high risk pregnancies identified</b>			<b>Number:</b>		
<b>Number of delivered registered</b>			<b>Number:</b>		
<b>Total number of FP users</b>			<b>Number:</b>		
<b>Number of FP clients refereed by LHWs</b>			<b>Number:</b>		
<b>Number of FP clients by methods</b>	<b>Condoms</b>	<b>Pills</b>	<b>Injectables</b>	<b>Implants</b>	<b>IUCD</b>
<b>Number of FP clients for surgical services</b>	<b>Tubal ligation:</b>				<b>Vasectomy:</b>
<b>GENERAL COMMENTS &amp; RECOMMENDATIONS</b>					
<b>Signature of Monitoring Officer:</b>					
<b>Name &amp; Designation:</b>					
<b>Date of Visit:</b>					

<b><i>Malaria Control</i></b> (Check Lab. Register & office record. To fill this section use HF data of previous month)			
<b><i>Total number of slides collected</i></b>	ACD:	PCD:	
<b><i>Total number of positive slides</i></b>	ACD:	PCD:	
<b><i>Advance monthly program submitted by Malaria Supervisor</i></b>	Yes	No	
<b><i>Malaria Supervisor collecting the blood slides for MP from FLCF regularly</i></b>	Yes	No	
<b><i>Malaria Microscopist posted</i></b> (Check this only in RHC & above HFs)	Yes	No	
<b><i>RDT performed</i></b>	Yes	No	
<b>GENERAL COMMENTS &amp; RECOMMENDATIONS</b>			
<b>Signature of Monitoring Officer:</b>			
<b>Name &amp; Designation:</b>			
<b>Date of Visit:</b>			



<b><i>TB Control</i></b> (Check Lab. Register & office record. To fill this section use HF data of previous month)				
<b><i>Total number of cases with cough &gt;2 weeks</i></b>			Number:	
<b><i>Total number of sputum smear taken for AFB</i></b>			Number:	
<b><i>Total number of sputum smear for AFB done</i></b> (Check in RHC & above)			Number:	
<b><i>Total number of sputum smear for AFB +ve in series</i></b>			Number:	
<b><i>Total number of cases lost as defaulters</i></b>			Number:	
<b><i>Total number of defaulter action taken</i></b>			Number:	
<b><i>DOTS protocol observed</i></b>		Yes	No	NA
<b>MIS Instruments</b>	<b>Available</b>		<b>Maintained</b>	
	Yes	No	Yes	No
<b><i>TB Register</i></b>				
<b><i>Lab. Register</i></b>				
<b><i>Abstract Register</i></b>				
<b><i>TB F Card</i></b>				
<b>GENERAL COMMENTS &amp; RECOMMENDATIONS</b>				
<b>Signature of Monitoring Officer:</b>				
<b>Name &amp; Designation:</b>				
<b>Date of Visit:</b>				

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

<i>Total number of suspected for Hepatitis registered</i>			Number:	
<i>Total number of cases referred for screening</i>			Number:	
<i>Number of feedback received</i>			Number:	
<i>Number of advocacy meetings held</i>			Number:	
<i>Number of Hepatitis B cases +ve</i>	Total:	On ICT:	On ELISA:	On PCR:
<i>Number of Hepatitis C cases +ve</i>	Total:	On ICT:	On ELISA:	On PCR:
<i>Number of Hepatitis D cases +ve</i>	Total:	On ICT:	On ELISA:	On PCR:

### GENERAL COMMENTS & RECOMMENDATIONS

**Signature of Monitoring Officer:**

**Name & Designation:**

**Date of Visit:**

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

<b><i>Total number of suspected cases for AIDS registered</i></b>		Number:
<b><i>Total number of cases referred for screening</i></b>		Number:
<b><i>Number of feedback received</i></b>		Number:
<b><i>Total number of STD cases screened</i></b>		Number:
<b><i>Number of +ve cases</i></b>		Number:
<b><i>STD Clinic/Surveillance Center established</i></b>	Yes	No
<b><i>Syndromic Management protocol followed</i></b>	Yes	No

#### **GENERAL COMMENTS & RECOMMENDATIONS**

**Signature of Monitoring Officer:**

**Name & Designation:**

**Date of Visit:**

GENERAL SERVICES					
OPD ROOM <i>(Physically check/direct observation and tick the relevant column)</i>					
<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		
<b>Tick the relevant box:</b>					
<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:	
<b>GENERAL COMMENTS &amp; RECOMMENDATIONS</b>					
Signature of Monitoring Officer:					
Name & Designation:					
Date of Visit:					

INDOOR WARD					
Male Ward (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>Duty Doctor Desk available</i>	Yes	No			
<i>Nurse/Dispenser Desk available</i>	Yes	No			
<i>Indoor Register available</i>	Yes	No			
<i>Abstract Form available</i>	Yes	No			
Tick the relevant box:					
<i>Furniture available</i>	Bed	Side Table	Screen	Attendant Bench	Other
<i>Instruments available</i>	Thermometer	Drip Stand	Flash Light	Sphygmomanometer	Stethoscope
	Tuning Fork	Measuring Tape	Weight Machine	Ambu Bag	Resuscitation Board
Female Ward (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>Duty Doctor Desk available</i>	Yes	No			
<i>Nurse/ Dispenser Desk 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>	Bed	Side Table	Screen	Attendant Bench	Other
<i>Instruments available</i>	Thermometer	Drip Stand	Flash Light	Sphygmomanometer	Stethoscope
	Tuning Fork	Measuring Tape	Weight Machine	Ambu Bag	Resuscitation Board
<b>GENERAL COMMENTS &amp; RECOMMENDATIONS</b>					
<b>Signature of Monitoring Officer:</b>					
<b>Name &amp; Designation:</b>					
<b>Date of Visit:</b>					

LABOR 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>Duty Doctors desk available</i>		Yes	No		
<i>Nurse/Dispenser desk available</i>		Yes	No		
<b>Tick the relevant box:</b>					
<i>Furniture &amp; Instruments available</i>	Labor Table	Instrument Trolley	OT Light	Almirah	Screen
	Thermometer	Drip Stand	Flash Light	Sphygmomanometer	Stethoscope
	Tuning Fork	Measuring Tape	Weight Machine	Neonatal Resuscitation Kit	Ambu Bag
<b>GENERAL COMMENTS &amp; RECOMMENDATIONS</b>					
Signature of Monitoring Officer:					
Name & Designation:					
Date of Visit:					

<b>OPERATION THEATER</b> <i>Check the HF category, availability &amp; functionality of OT</i>					
<i>General condition (Sanitary condition)</i>	Good	Average	Poor		
<i>Air Conditioning</i>	Good	Average	Poor		
<i>Check &amp; note last date of Fumigation</i>	Date:				
<i>Separate Wash Room available</i>	Yes	No			
<i>Separate Sterilization room available</i>	Yes	No			
<i>Oxygen available</i>	Yes	No			
<i>Nitrous Oxide available</i>	Yes	No			
<i>Health education//Counseling material available</i>	Yes	No			
<i>Duty Doctors desk available</i>	Yes	No			
<i>Nurse/Dispenser desk available</i>	Yes	No			
Tick the relevant box:					
<b><i>Furniture &amp; Instruments available</i></b>	Operation Table	Instrument Trolley	OT Light	Anesthesia Machine	Autoclave
	Thermometer	Drip Stand	Flash Light	Sphygmomanometer	Stethoscope
	Laryngo Scope	Megils Forceps	ETT	Neonatal Resuscitation Kit	Ambu Bag
<b>GENERAL COMMENTS &amp; RECOMMENDATIONS</b>					
<b>Signature of Monitoring Officer:</b>					
<b>Name &amp; Designation:</b>					
<b>Date of Visit:</b>					

RADIOLOGY & LABORATORY SERVICES				
<i>Services</i>	<i>Check Availability</i>		<i>Check Functionality</i>	
	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
Blood Bank				
Mini Lab.				
Microscopes				
X-Ray Machine				
Ultra Sound Machine				
Check number of investigation done in last month, if any			Number:	
Check the number of X-Ray done in last month, if any			Number:	
Check the number of Ultrasound done in last month, if any			Number:	
GENERAL COMMENTS & RECOMMENDATIONS				
Signature of Monitoring Officer:				
Name & Designation:				
Date of Visit:				



<b>LIST OF SURGICAL &amp; OBSTETRICAL INSTRUMENTS</b> (check & tick against each)					
<b>Item</b>	<b>√</b>	<b>Days</b>	<b>Item</b>	<b>√</b>	<b>Days</b>
Scalp handle (Lancet)			Suture Scissor (Blunt Blunt)		
Thumb Forceps			Mayo Dissecting Scissor (Straight and curved)		
Dissecting Forcep			Speculum		
Sponge Forcep (ovum)			Mouth Speculum		
Tissue Forcep			Suture Scissor (Blunt Blunt)		
Allis Forcep			Rectal Speculum		
Kocher Forcep			Sim's Vaginal speculum		
Babcock Forcep			Cusco's vaginal speculum		
Towel Clamp Forcep			Sponge Bowl		
Sponge Holding Forcep			Sterilization Tray		
Haemostatic Forcep			Suction Machine		
Kelly Forceps			Surgical Elevator (periosteal)		
Artery Clip Curved Forcep			Surgical Spoon (curator)		
Mosquito Forcep			Towel Clamp		
Retractor			Tongue Depressor		
Hook			Intestinal Clamp		
Obstetrical			Trocar		
Skin Hook			Self-retaining retractor		
Needle Holder			Cutting Scissor		
<b>GENERAL COMMENTS &amp; RECOMMENDATIONS</b>					
<b>Signature of Monitoring Officer:</b>					
<b>Name &amp; Designation:</b>					
<b>Date of Visit:</b>					

LIST OF ESSENTIAL MEDICINES STOCK OUT (check & tick against each)					
Item	√	Days	Item	√	Days
Amoxicillin Cap			Tab. Iron/Folic Acid		
Amoxicillin Syp			ORS		
Co-trimoxazole Tab			Oral pills (COC)		
Co-trimoxazole Syp			Condoms		
Tab. Metronidazole			Progesterone Inj.		
Syp. Metronidazole			IUCDs		
Inj. Ampicillin			Implants		
Tab. Diclofenac			Emergency Contraceptives		
Syp. Paracetamol			Bandages		
Inj. Diclofenac			Anti-septic Solution		
Chloroquine Tab			Disposable syringes		
Syp. Salbutamol			Anti-sera for blood testing		
Syp. Anthelmintic			Misoprostol		
I/V infusions			Chlorhexidine (CHX)		
Inj. Dexamethasone					

LIST OF VACCINES STOCK OUT (check & tick against each)					
Item	√	Days	Item	√	Days
BCG Vaccine			Tetanus Toxoid		
Pentavalent Vaccine			Anti-Rabies Vaccine		
Polio Vaccine			Anti-Snake Venom		
Hepatitis B Vaccine			Vaccine Syringes		
Measles Vaccine					
GENERAL COMMENTS & RECOMMENDATIONS					
Signature of Monitoring Officer:					
Name & Designation:					
Date of Visit:					

HUMAN RESOURCE						
Total # of staff at facility	Number:	# of LHWs attached to the HF			Number:	
		# of Vaccinators attached to the HF			Number:	
Staff Category	Sanctioned	Filled	Vacant	Deputation/Detailement		
				In	Out	
MS/AMS/Deputy MS						
Medical Specialist						
Surgical Specialist						
Cardiologist						
Chest Specialist						
Neurosurgeon						
Orthopedic surgeon						
Child specialists						
Gynecologists						
Eye Specialists						
ENT Specialists						
Anesthetist						
Pathologist						
Radiologist						
PMO/APMO/CMO/SMO/MO						
PW/MO/APWMO/SWMO/W MO						
Medical Assistant						
Dental Surgeon						
Physiotherapist						
Matron						
Head Name						
Staff Nurse/Charge Nurse						
Lab Assistant/Techs						

X-ray Assistant/Techs					
Dental Assistant/Techs					
ECG Assist/Techs					
Lady Health Visitors					
Health/Medical Assistants					
Dispensers					
Sanitary Inspectors					
Midwives					
Others					
<b>GENERAL COMMENTS &amp; RECOMMENDATIONS</b>					
<b>Signature of Monitoring Officer:</b>					
<b>Name &amp; Designation:</b>					
<b>Date of Visit:</b>					

AVAILABLE STAFF TRAINED IN THE AREAS ( <i>Write the number against each category</i> )					
Training Areas	Staff Categories				
	WMO	MO	Paramedics (Male)	Paramedics (Female)	Others
FP					
DHIS					
EPI					
CDC					
NNT					
Management					
TB DOTS					
TOT LHW					
CDD					
ARI					
IMNCI					
LMIS					
Health Education					
Others					
<b>GENERAL COMMENTS &amp; RECOMMENDATIONS</b>					
Signature of Monitoring Officer:					
Name & Designation:					
Date of Visit:					

<b>HEALTH FACILITY STORE</b> ( <i>Physically check/direct observation and tick the relevant column</i> )			
<b>General condition (Sanitary condition)</b>	Good	Average	Poor
<b>Light</b>	Good	Average	Poor
<b>Temperature chart maintained in the store</b>	Yes	No	
<b>Bin cards used by the store keeper? (Also check entries are proper)</b>	Yes	No	
<b>Stock Register maintained till date as per prescribed procedure</b>	Yes	No	
<b>Does the facility report LMIS?</b>	Yes	No	
<b>GENERAL COMMENTS &amp; RECOMMENDATIONS</b>			
<b>Signature of Monitoring Officer:</b>			
<b>Name &amp; Designation:</b>			
<b>Date of Visit:</b>			