

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>			
HEALTH FACILITY STORE <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>Temperature chart maintained in the store</i>	Yes	No	
<i>Bin cards used by the store keeper? (Also check entries are proper)</i>	Yes	No	
<i>Stock Register maintained till date as per prescribed procedure</i>	Yes	No	
<i>Does the facility report LMIS?</i>	Yes	No	
GENERAL COMMENTS & RECOMMENDATIONS			
Signature of Monitoring Officer:			
Name & Designation:			
Date of Visit:			

USER GUIDE - General Services – Health Facility Store

Facility Description

Write the name of Health Facility. Tick against the category in which this HF falls.

General Services

Health Facility Store

Tick the appropriate column for the required items and write down the information by observation; checking relevant record and asking relevant staff.

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.