

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>					
AVAILABLE STAFF TRAINED IN THE AREAS (Write the number against each category)					
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					
GENERAL COMMENTS & RECOMMENDATIONS					

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

USER GUIDE – Available Staff Trained in the Area

Facility Description

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

General Services

Available Staff trained in the areas

Write the number of trained staff against each category in specified training areas.

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.