

Integrated Monitoring & supervisory checklist for Health Facilities

DETAILS ON AVAILABLE PREVENTIVE PROGRAMS SERVICES					
<i>Name of facility:</i> <i>Category of facility: DHQ _____ THQ: _____ RHC: _____ BHU: _____</i> <i>Private/ Other: _____</i>					
<i>LHW Services (Check Monthly Reports of LHW. To fill this section use HF data of previous month)</i>					
<i>Number of LHWs posted at HFs</i>			<i>Number:</i>		
<i>Number of population covered by LHW</i>			<i>Number:</i>		
<i>% of population covered by LHWs (Total number of covered population by LHW/HF catchment population X 100)</i>			<i>%</i>		
<i>Number of pregnant women registered</i>			<i>Number:</i>		
<i>Number of expected pregnancies</i>			<i>Number:</i>		
<i>Number of high risk pregnancies identified</i>			<i>Number:</i>		
<i>Number of delivered registered</i>			<i>Number:</i>		
<i>Total number of FP users</i>			<i>Number:</i>		
<i>Number of FP clients refereed by LHWs</i>			<i>Number:</i>		
<i>Number of FP clients by methods</i>	<i>Condoms</i>	<i>Pills</i>	<i>Injectables</i>	<i>Implants</i>	<i>IUCD</i>
<i>Number of FP clients for surgical services</i>	<i>Tubal ligation:</i>				<i>Vasectomy:</i>
GENERAL COMMENTS & RECOMMENDATIONS					

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

USER GUIDE - Preventive Services - <i>LHW Services</i>
<p>Facility Description</p> <p>Write the name of Health Facility. Tick against the category in which this HF falls.</p> <p>Details on available Preventive Programs Services (To fill this section use data of previous month)</p> <p>LHW Services</p> <p>Note the numbers and fill the required information from monthly report of health facility for LHWs as pointed out in this checklist and check the facility record. For further clarification ask the questions from relevant personnel of facility.</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>