

## Integrated Monitoring & supervisory checklist for Health Facilities

FACILITY DESCRIPTION					
<b>Name of facility:</b>					
<b>Category of facility:</b> DHQ ____ THQ: ____ RHC: ____ BHU: ____ Private/ Other: ____					
<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>Other Resources (tick the relevant box)</b>		<b>Check Availability</b>		<b>Check Functionality</b>			
Electricity		Yes	No	Yes	No		
Generators (with fuel)		Yes	No	Yes	No		
Other power supplies							
Water supply							
<b>Communications (tick the relevant box)</b>		<b>Check Availability</b>		<b>Check Functionality</b>			
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>		
Telephone							
Fax							
Internet							
Ambulance							
Vehicle							
Motorcycles (for vaccinators)							
<b>MANAGERIAL INSTRUMENT AVAILABLE AT THE TIME OF VISIT (Tick the relevant box)</b>							
<b>Attendance Register</b>	<b>Visitor Book</b>	<b>Movement Book</b>	<b>Cash Book</b>	<b>Stock Register</b>	<b>Condomn Register</b>	<b>DHIS Instruments</b>	<b>Others:</b>
<b>SERVICES AVAILABLE AT HF (tick the relevant box)</b>							
<b>General services</b>	OPD	Dispensary	ORT Corner	Laboratory	Radiology	Sonology	Causality
<b>Specific services</b>	FP	Labor Room	Dental	Operation Theatre	Indoor	Surgical Consultancy	Others:
<b>Preventive programs</b>	EPI	MNCH	Nutrition	TB	Malaria	Hepatitis	HIV
<b>Others (specify)</b>	i.e. CDD						

## GENERAL COMMENTS & RECOMMENDATIONS

**Signature of Monitoring Officer:**

**Name & Designation:**

**Date of Visit:**

## USER GUIDE FOR MONITORING CHECKLIST FOR HEALTH FACILITIES

### Facility Description

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

Write the complete address of HF including UC, tehsil & district name.

Write the catchment population number of HF from catchment population chart and list of monthly targets for EPI, Family Planning, Deliveries and Live Births. Check sign board, sign plates and health education material displayed & available in the facility.

Check whether this facility submits the DHIS reports regularly. Check at least monthly reports of last three months. Also check if DHIS tools are available or not and if the report of last month has submitted or not.

### General Outlook of HF

Tick appropriate box by checking the record, through observation or asking the question from In-charge/relevant staff of facility. Observe the condition & outlook of building in areas of cleanliness, waiting area, furniture, drinking water, toilets, waste management, insecticide sprayed or not, fumigation done or not & if yes, check & write the date on which last time fumigation was done in the facility.

### Other Resources

Tick appropriate box by checking the record, through observation or asking the question from In-charge of health facility or other relevant staff regarding availability & functionality of electricity, generator, other power supplies i.e. UPS etc. and water supply.

### Communication

Tick appropriate box by checking the record, through observation or asking the question from In-charge

of health facility or other relevant staff regarding availability & functionality of telephone, fax, internet, ambulance, vehicles & motorcycles.

**Management Instruments available at the time of visit**

Tick appropriate box by physically verifying/checking the record and also observe all the entries are updated/maintained properly or not.

**Services available at the Health Facility**

Tick appropriate box by checking the record, through observation and asking the questions from In-charge of health facility or other relevant staff regarding availability of services in general and specific services, preventive programs etc.

**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.