

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: _____ Private/ Other: _____</i>		
Maternal & Child Health (MCH) Services (ANC, Delivery & PNC) (Check Maternal Health Register. To fill this section use HF data of previous month)		
<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:	
IMR	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:		

USER GUIDE – Maternal and Child Health

Facility Description

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

Details on available Preventive Programs Services (To fill this section use data of previous month)

Maternal and child health

Note the number of indicators given in this section during previous month from maternal health & obstetric register. Tick appropriate box by observation and checking relevant record.

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.