

Integrated Monitoring & supervisory checklist for Health Facilities

GENERAL SERVICES					
Name of facility: Category of facility: <i>DHQ</i> _____ <i>THQ:</i> ____ <i>RHC:</i> _____ <i>BHU:</i> _____ <i>Private/ Other:</i> _____					
HUMAN RESOURCE					
Total # of staff at facility	Number:	# of LHWs attached to the HF		Number:	
		# of Vaccinators attached to the HF		Number:	
Staff Category	Sanctioned	Filled	Vacant	Deputation/Detailement	
				In	Out
MS/AMS/Deputy MS					
Medical Specialist					
Surgical Specialist					
Cardiologist					
Chest Specialist					
Neurosurgeon					
Orthopedic surgeon					
Child specialists					
Gynecologists					
Eye Specialists					
ENT Specialists					
Anesthetist					
Pathologist					
Radiologist					
PMO/APMO/CMO/SMO/MO					
PW/MO/APWMO/SWMO/WMO					
Medical Assistant					
Dental Surgeon					

Physiotherapist					
Matron					
Head Name					
Staff Nurse/Charge Nurse					
Lab Assistant/Techs					
X-ray Assistant/Techs					
Dental Assistant/Techs					
ECG Assist/Techs					
Lady Health Visitors					
Health/Medical Assistants					
Dispensers					
Sanitary Inspectors					
Midwives					
Others					
GENERAL COMMENTS & RECOMMENDATIONS					
Signature of Monitoring Officer:					
Name & Designation:					
Date of Visit:					

USER GUIDE – Human Resource

Facility Description

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

General Services

Human Resource (Mention Numbers)

Check the Health Facility Attendance Register & if necessary also verify the office record & fill the number of total staff posted in the health facility, total number of LHWs attached with this facility and total number of vaccinators posted.

Sanctioned, filled and vacant posts of each category shall be noted. The staff members working on detailment or deputation at this health facility will be mentioned with place of their original posting and the staff members originally posted at this health facility but now working at some other place should be mentioned with the name of present working place.

Absent staff members shall be noted with their complete name and designation along with remarks by the MS/In-charge of health facility in the general observation Box.

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.