Integrated Monitoring & supervisory checklist for Health Facilities

GENERAL SERVICES

Name of facility:

Category of facility: DHQ ____   THQ: ____   RHC: _____   BHU: _____
                          Private/ Other:____

LIST OF ESSENTIAL MEDICINES STOCK OUT (check & tick against each)

Item	√	Days	Item	√	Days
Amoxicillin Cap			Tab. Iron/Folic Acid		
Amoxicillin Syp			ORS		
Co-trimoxazole Tab			Oral pills (COC)		
Co-trimoxazole Syp			Condoms		
Tab. Metronidazole			Progesterone Inj.		
Syp. Metronidazole			IUCDs		
Inj. Ampicillin			Implants		
Tab. Diclofenac			Emergency Contraceptives		
Syp. Paracetamol			Bandages		
Inj. Diclofenac			Anti-septic Solution		
Chloroquine Tab			Disposable syringes		
Syp. Salbutamol			Anti-sera for blood testing		
Syp. Antihelminthic			Misoprostol		
I/V infusions			Chlorhexidine (CHX)		
Inj. Dexamethasone					

LIST OF VACCINES STOCK OUT (check & tick against each)

Item	√	Days	Item	√	Days
BCG Vaccine			Tetanus Toxoid		
Pentavalent Vaccine			Anti-Rabies Vaccine		
Polio Vaccine			Anti-Snake Venom		
Hepatitis B Vaccine			Vaccine Syringes		
Measles Vaccine					

GENERAL COMMENTS & RECOMMENDATIONS

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

USER GUIDE – List of Essential Medicines Stock-out

Facility Description

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

General Services

List of Essential Medicines Stock out

Check the health facility stock register and tick the appropriate box by checking all the medicines given in the checklist stock out along with number of days these medicines are stock out. If necessary also physically verify it.

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.