

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>Nutrition Services (Check OPD, Child Health & Stock Register. To fill this section use HF data of previous month)</i>				
<i>Number of children <5 years</i>	Number:			
<i>Number of malnourished children diagnosed</i>	Number:			
<i>Number of follow up of defaulted children maintained</i>	Number:			
<i>Anthropometric Measurement Instrument</i>	Available		Functional	
	Yes	No	Yes	No
GENERAL COMMENTS & RECOMMENDATIONS				
Signature of Monitoring Officer:				
Name & Designation:				
Date of Visit:				

USER GUIDE – Preventive Services - *Nutrition Services*

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)

Nutrition services

Check all the indicators given in the checklist and fill the checklist accordingly using data from OPD register.

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.