

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>Malaria Control</i> (Check Lab. Register & office record. To fill this section use HF data of previous month)			
<i>Total number of slides collected</i>	ACD:	PCD:	
<i>Total number of positive slides</i>	ACD:	PCD:	
<i>Advance monthly program submitted by Malaria Supervisor</i>	Yes	No	
<i>Malaria Supervisor collecting the blood slides for MP from FLCF regularly</i>	Yes	No	
<i>Malaria Microscopist posted</i> (Check this only in RHC & above HFs)	Yes	No	
<i>RDT performed</i>	Yes	No	
GENERAL COMMENTS & RECOMMENDATIONS			
Signature of Monitoring Officer:			
Name & Designation:			
Date of Visit:			

USER GUIDE - Preventive Services - *Malaria Control 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)

Malaria Control

This section of the checklist will be filled from Laboratory Register and other relevant records. Write numbers in relevant columns.

ACD means Active Case Detection done by malaria supervisor during his field visit.

PCD means Passive Case Detection i.e. Malaria Slides made during the visit of the health facility by the patients. **RDT** means Rapid Diagnostic Test

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.