**Integrated Monitoring & supervisory checklist for Health Facilities**

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| ***DETAILS ON AVAILABLE PREVENTIVE PROGRAMS SERVICES*** | | |
| ***Name of facility:***  ***Category of facility: DHQ \_\_\_\_ THQ: \_\_\_\_ RHC: \_\_\_\_\_\_ BHU: \_\_\_\_\_ Private/ Other:\_\_\_\_*** | | |
| ***EPI Services*** *(Check EPI Register. To fill this section use HF data of previous month)* | | |
| ***Number of children <12 months fully immunized*** | Number: | |
| ***Number of children received measles 1*** | Number: | |
| ***Number children received Penta 3*** | Number: | |
| ***Number of women received TT1*** | Number: | |
| ***BCG scar verified children present at HF*** | Yes | No |
| ***Monthly Movement Plan available at HF*** | Yes | No |
| ***Cold Chain Maintained*** | Yes | No |
| ***All vaccines available*** | Yes | No |
| ***Permanent Register EPI available*** | Yes | No |
| ***Daily Register EPI available*** | Yes | No |
| ***Updated list of defaulters available*** | Yes | No |
| **GENERAL COMMENTS & RECOMMENDATIONS** | | | |
|  | | | |
| **Signature of Monitoring Officer:** | | | |
| **Name & Designation:** | | | |
| **Date of Visit:** | | | |

**USER GUIDE – Preventive Services - *EPI 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)

**EPI services**

Tick box or write number in appropriate box by checking the EPI registers for status of indicators given in the checklists and availability of vaccine to improve the performance. Cold chain maintained means the temperature of Ice Lined Refrigerator (ILR) should be between +2 to +8 Degree Centigrade. Cold boxes and vaccine carriers should have appropriate ice packs to maintain required temperature. All registers available, maintained & updated. Updated list of defaulters is available or not.

**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.