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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **GENERAL SERVICES** | | | | | |
| ***Name of facility:***  ***Category of facility: DHQ \_\_\_\_ THQ: \_\_\_\_\_\_\_ RHC: \_\_\_\_\_\_ BHU: \_\_\_\_\_ Private/ Other:\_\_\_\_*** | | | | | |
| **AVAILABLE STAFF TRAINED IN THE AREAS *(Write the number against each category)*** | | | | | |
| ***Training Areas*** | ***Staff Categories*** | | | | |
| ***WMO*** | ***MO*** | ***Paramedics (Male)*** | ***Paramedics (Female)*** | ***Others*** |
| FP |  |  |  |  |  |
| DHIS |  |  |  |  |  |
| EPI |  |  |  |  |  |
| CDC |  |  |  |  |  |
| NNT |  |  |  |  |  |
| Management |  |  |  |  |  |
| TB DOTS |  |  |  |  |  |
| TOT LHW |  |  |  |  |  |
| CDD |  |  |  |  |  |
| ARI |  |  |  |  |  |
| IMNCI |  |  |  |  |  |
| LMIS |  |  |  |  |  |
| Health Education |  |  |  |  |  |
| Others |  |  |  |  |  |
| **GENERAL COMMENTS & RECOMMENDATIONS** | | | | | |
|  | | | | | |
| **Signature of Monitoring Officer:** | | | | | |
| **Name & Designation:** | | | | | |
| **Date of Visit:** | | | | | |

**USER GUIDE – Available Staff Trained in the Area**

**Facility Description**

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

**General Services**

**Available Staff trained in the areas**

Write the number of trained staff against each category in specified training areas.

**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.