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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **GENERAL SERVICES** | | | | |
| ***Name of facility:***  ***Category of facility: DHQ \_\_\_\_\_\_\_\_\_ THQ: \_\_\_\_ RHC: \_\_\_\_\_\_ BHU: \_\_\_\_\_ Private/ Other:\_\_\_\_*** | | | | |
| **HEALTH FACILITY STORE *(Physically check/direct observation and tick the relevant column)*** | | | |
| ***General condition (Sanitary condition)*** | Good | Average | Poor |
| ***Light*** | Good | Average | Poor |
| ***Temperature chart maintained in the store*** | Yes | No |  |
| ***Bin cards used by the store keeper?*** *(Also check entries are proper)* | Yes | No |  |
| ***Stock Register maintained till date as per prescribed procedure*** | Yes | No |  |
| ***Does the facility report LMIS?*** | Yes | No |  |
| **GENERAL COMMENTS & RECOMMENDATIONS** | | | |
|  | | | |
| **Signature of Monitoring Officer:** | | | |
| **Name & Designation:** | | | |
| **Date of Visit:** | | | |

**USER GUIDE - General Services – Health Facility Store**

**Facility Description**

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

**General Services**

**Health Facility Store**

Tick the appropriate column for the required items and write down the information by observation; checking relevant record and asking relevant staff.

**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.