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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GENERAL SERVICES** | | | | | | | | |
| ***Name of facility:***  ***Category of facility: DHQ \_\_\_\_\_\_\_\_\_ THQ: \_\_\_\_ RHC: \_\_\_\_\_\_ BHU: \_\_\_\_\_ Private/ Other:\_\_\_\_*** | | | | | | | | |
| **HUMAN RESOURCE** | | | | | | | | |
| Total # of staff at facility | Number: | | # of LHWs attached to the HF | | | | Number: | |
| # of Vaccinators attached to the HF | | | | Number: | |
| **Staff Category** | | **Sanctioned** | | **Filled** | **Vacant** | **Deputation/Detailement** | | |
| **In** | | **Out** |
| MS/AMS/Deputy MS | |  | |  |  |  | |  |
| Medical Specialist | |  | |  |  |  | |  |
| Surgical Specialist | |  | |  |  |  | |  |
| Cardiologist | |  | |  |  |  | |  |
| Chest Specialist | |  | |  |  |  | |  |
| Neurosurgeon | |  | |  |  |  | |  |
| Orthopedic surgeon | |  | |  |  |  | |  |
| Child specialists | |  | |  |  |  | |  |
| Gynecologists | |  | |  |  |  | |  |
| Eye Specialists | |  | |  |  |  | |  |
| ENT Specialists | |  | |  |  |  | |  |
| Anesthetist | |  | |  |  |  | |  |
| Pathologist | |  | |  |  |  | |  |
| Radiologist | |  | |  |  |  | |  |
| PMO/APMO/CMO/SMO/MO | |  | |  |  |  | |  |
| PW/MO/APWMO/SWMO/WMO | |  | |  |  |  | |  |
| Medical Assistant | |  | |  |  |  | |  |
| Dental Surgeon | |  | |  |  |  | |  |
| Physiotherapist | |  | |  |  |  | |  |
| Matron | |  | |  |  |  | |  |
| Head Name | |  | |  |  |  | |  |
| Staff Nurse/Charge Nurse | |  | |  |  |  | |  |
| Lab Assistant/Techs | |  | |  |  |  | |  |
| X-ray Assistant/Techs | |  | |  |  |  | |  |
| Dental Assistant/Techs | |  | |  |  |  | |  |
| ECG Assist/Techs | |  | |  |  |  | |  |
| Lady Health Visitors | |  | |  |  |  | |  |
| Health/Medical Assistants | |  | |  |  |  | |  |
| Dispensers | |  | |  |  |  | |  |
| Sanitary Inspectors | |  | |  |  |  | |  |
| Midwives | |  | |  |  |  | |  |
| Others | |  | |  |  |  | |  |
| **GENERAL COMMENTS & RECOMMENDATIONS** | | | | | | | | |
|  | | | | | | | | |
| **Signature of Monitoring Officer:** | | | | | | | | |
| **Name & Designation:** | | | | | | | | |
| **Date of Visit:** | | | | | | | | |

**USER GUIDE – Human Resource**

**Facility Description**

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

**General Services**

**Human Resource** (Mention Numbers)

Check the Health Facility Attendance Register & if necessary also verify the office record & fill the number of total staff posted in the health facility, total number of LHWs attached with this facility and total number of vaccinators posted.

Sanctioned, filled and vacant posts of each category shall be noted. The staff members working on detailment or deputation at this health facility will be mentioned with place of their original posting and the staff members originally posted at this health facility but now working at some other place should be mentioned with the name of present working place.

Absent staff members shall be noted with their complete name and designation along with remarks by the MS/In-charge of health facility in the general observation Box.

**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.