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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **GENERAL SERVICES** | | | | | |
| ***Name of facility:***  ***Category of facility: DHQ \_\_\_\_ THQ: \_\_\_\_ RHC: \_\_\_\_\_\_ BHU: \_\_\_\_\_ Private/ Other:\_\_\_\_*** | | | | | |
| INDOOR WARD | | | | | |
| Male Ward (Physically check/direct observation and tick the relevant column) | | | | | |
| *General condition (Sanitary condition)* | | | Good | Average | Poor |
| *Light* | | | Good | Average | Poor |
| *Health education/Counseling material available* | | | Yes | No |  |
| *Duty Doctor Desk available* | | | Yes | No |  |
| *Nurse/Dispenser Desk available* | | | Yes | No |  |
| *Indoor Register available* | | | Yes | No |  |
| *Abstract Form available* | | | Yes | No |  |
| Tick the relevant box: | | | | | |
| *Furniture available* | Bed | Side Table | Screen | Attendant Bench | Other |
|  |  |  |  |  |
| *Instruments available* | Thermometer | Drip Stand | Flash Light | Sphygmomanometer | Stethoscope |
|  |  |  |  |  |
| Tuning Fork | Measuring Tape | Weight Machine | Ambu Bag | Resuscitation Board |
|  |  |  |  |  |
| Female Ward (Physically check/direct observation and tick the relevant column) | | | | | |
| *General condition (Sanitary condition)* | | | Good | Average | Poor |
| *Light* | | | Good | Average | Poor |
| *Health education/Counseling material available* | | | Yes | No |  |
| *Duty Doctor Desk available* | | | Yes | No |  |
| *Nurse/ Dispenser Desk available* | | | Yes | No |  |
| *OPD Register available* | | | Yes | No |  |
| *Abstract Form available* | | | Yes | No |  |
| Tick the relevant box: | | | | | |
| *Furniture available* | Bed | Side Table | Screen | Attendant Bench | Other |
|  |  |  |  |  |
| *Instruments available* | Thermometer | Drip Stand | Flash Light | Sphygmomanometer | Stethoscope |
|  |  |  |  |  |
| Tuning Fork | Measuring Tape | Weight Machine | Ambu Bag | Resuscitation Board |
|  |  |  |  |  |
| **GENERAL COMMENTS & RECOMMENDATIONS** | | | | | |
|  | | | | | |
| **Signature of Monitoring Officer:** | | | | | |
| **Name & Designation:** | | | | | |
| **Date of Visit:** | | | | | |

**USER GUIDE – General Services – Indoor Ward**

**Facility Description**

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

**General Services**

**Indoor Ward (Male)**

Tick appropriate box by directly observing the condition, checking the record, and asking questions from In-charge of health facility or other relevant staff regarding availability & functionality of specified items & material.

**Indoor Ward (Female)**

Tick appropriate box by directly observing the condition, checking the record, and asking questions from In-charge of health facility or other relevant staff regarding availability & functionality of specified items & material.

**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.