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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **GENERAL SERVICES** | | | | | | |
| ***Name of facility:***  ***Category of facility: DHQ \_\_\_\_ THQ: \_\_\_\_ RHC: \_\_\_\_\_\_ BHU: \_\_\_\_\_\_\_ Private/ Other:\_\_\_\_*** | | | | | | |
| **LIST OF ESSENTIAL MEDICINES STOCK OUT (check & tick against each)** | | | | | |
| **Item** | **√** | ***Days*** | **Item** | **√** | ***Days*** |
| Amoxicillin Cap |  |  | Tab. Iron/Folic Acid |  |  |
| Amoxicillin Syp |  |  | ORS |  |  |
| Co-trimoxazole Tab |  |  | Oral pills (COC) |  |  |
| Co-trimoxazole Syp |  |  | Condoms |  |  |
| Tab. Metronidazole |  |  | Progesterone Inj. |  |  |
| Syp. Metronidazole |  |  | IUCDs |  |  |
| Inj. Ampicillin |  |  | Implants |  |  |
| Tab. Diclofenac |  |  | Emergency Contraceptives |  |  |
| Syp. Paracetamol |  |  | Bandages |  |  |
| Inj. Diclofenac |  |  | Anti-septic Solution |  |  |
| Chloroquine Tab |  |  | Disposable syringes |  |  |
| Syp. Salbutamol |  |  | Anti-sera for blood testing |  |  |
| Syp. Antihelminthic |  |  | Misoprostol |  |  |
| I/V infusions |  |  | Chlorhexidine (CHX) |  |  |
| Inj. Dexamethasone |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| **LIST OF VACCINES STOCK OUT (check & tick against each)** | | | | | |
| **Item** | **√** | ***Days*** | **Item** | **√** | ***Days*** |
| BCG Vaccine |  |  | Tetanus Toxoid |  |  |
| Pentavalent Vaccine |  |  | Anti-Rabies Vaccine |  |  |
| Polio Vaccine |  |  | Anti-Snake Venom |  |  |
| Hepatitis B Vaccine |  |  | Vaccine Syringes |  |  |
| Measles Vaccine |  |  |  |  |  |
| **GENERAL COMMENTS & RECOMMENDATIONS** | | | | | | |
|  | | | | | | |
| **Signature of Monitoring Officer:** | | | | | | |
| **Name & Designation:** | | | | | | |
| **Date of Visit:** | | | | | | |

**USER GUIDE – List of Essential Medicines Stock-out**

**Facility Description**

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

**General Services**

**List of Essential Medicines Stock out**

Check the health facility stock register and tick the appropriate box by checking all the medicines given in the checklist stock out along with number of days these medicines are stock out. If necessary also physically verify it.

**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.