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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GENERAL SERVICES** | | | | | | | | | |
| ***Name of facility:***  ***Category of facility: DHQ \_\_\_\_ THQ: \_\_\_\_ RHC: \_\_\_\_\_\_ BHU: \_\_\_\_\_\_\_ Private/ Other:\_\_\_\_*** | | | | | | | | | |
| **OPD ROOM *(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 |  | | |
| ***OPD Register available*** | | | Yes | | | No |  | | |
| ***Abstract Form available*** | | | Yes | | | No |  | | |
| **Tick the relevant box:** | | | | | | | | | |
| ***Furniture available*** | Doctor’s Chair | Table | | Patient’s Stool | Examination Coach | | | Screen | |
|  |  | |  |  | | |  | |
| ***Instruments available*** | Thermometer | Tongue Depressor | | Flash Light | Sphygmomanometer | | | Stethoscope | |
|  |  | |  |  | | |  | |
| Tuning Fork | Measuring Tape | | Weight Machine | Others: | | | | |
|  |  | |  |  | | | | |
| **GENERAL COMMENTS & RECOMMENDATIONS** | | | | | | | | |
|  | | | | | | | | |
| **Signature of Monitoring Officer:** | | | | | | | | |
| **Name & Designation:** | | | | | | | | |
| **Date of Visit:** | | | | | | | | |

**USER GUIDE – General Services - OPD Room**

**Facility Description**

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

**General Services**

**OPD Room**

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.