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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **GENERAL SERVICES** | | | | |
| ***Name of facility:***  ***Category of facility: DHQ \_\_\_\_ THQ: \_\_\_\_ RHC: \_\_\_\_\_\_ BHU: \_\_\_\_\_\_\_ Private/ Other:\_\_\_\_*** | | | | |
| **RADIOLOGY & LABORATORY SERVICES** | | | | |
| ***Services*** | ***Check Availability*** | | ***Check Functionality*** | |
| ***Yes*** | ***No*** | ***Yes*** | ***No*** |
| Blood Bank |  |  |  |  |
| Mini Lab. |  |  |  |  |
| Microscopes |  |  |  |  |
| X-Ray Machine |  |  |  |  |
| Ultra Sound Machine |  |  |  |  |
| Check number of investigation done in last month, if any | | | Number: | |
| Check the number of X-Ray done in last month, if any | | | Number: | |
| Check the number of Ultrasound done in last month, if any | | | Number: | |
| **GENERAL COMMENTS & RECOMMENDATIONS** | | | | |
|  | | | | |
| **Signature of Monitoring Officer:** | | | | |
| **Name & Designation:** | | | | |
| **Date of Visit:** | | | | |

**USER GUIDE – General Services – Radiology & Laboratory Services**

**Facility Description**

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

**General Services**

**Radiology & Laboratory Services**

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. After checking functionality of specified unit & equipments, write the number of Lab. Investigations, number of X-Ray and number of Ultrasounds done during the last month.

**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.