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

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| **DETAILS ON AVAILABLE PREVENTIVE PROGRAMS SERVICES** | | | |
| ***Name of facility:***  ***Category of facility: DHQ \_\_\_\_ THQ: \_\_\_\_ RHC: \_\_\_\_\_\_ BHU: \_\_\_\_\_ Private/ Other:\_\_\_\_*** | | | |
| ***Malaria Control*** *(Check Lab. Register & office record. To fill this section use HF data of previous month)* | | | |
| ***Total number of slides collected*** | ACD: | PCD: | |
| ***Total number of positive slides*** | ACD: | PCD: | |
| ***Advance monthly program submitted by Malaria Supervisor*** | | Yes | No |
| ***Malaria Supervisor collecting the blood slides for MP from FLCF regularly*** | | Yes | No |
| ***Malaria Microscopist posted*** *(Check this only in RHC & above HFs)* | | Yes | No |
| ***RDT performed*** | | Yes | No |
| **GENERAL COMMENTS & RECOMMENDATIONS** | | | | |
|  | | | | |
| **Signature of Monitoring Officer:** | | | | |
| **Name & Designation:** | | | | |
| **Date of Visit:** | | | | |

**USER GUIDE - Preventive Services - *Malaria Control Services***

**Facility Description**

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

**Details on available Preventive Programs Services** (To fill this section use data of previous month)

**Malaria Control**

This section of the checklist will be filled from Laboratory Register and other relevant records. Write numbers in relevant columns.

**ACD** means Active Case Detection done by malaria supervisor during his field visit.

**PCD** means Passive Case Detection i.e. Malaria Slides made during the visit of the health facility by the patients. **RDT** means Rapid Diagnostic Test

**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.