**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:\_\_\_\_*** | | |
| ***Maternal & Child Health (MCH) Services*** *(ANC, Delivery & PNC) (Check Maternal Health Register. To fill this section use HF data of previous month)* | | |
| ***Number of ANC Visit*** | Number: | |
| ***Number of PNC Visit*** | Number: | |
| ***Number of Deliveries Conducted*** | Number: | |
| ***Number of Live Births during last month*** | Number: | |
| ***Number of Still Births during last month*** | Number: | |
| ***IMR*** | Number: | |
| ***Maternal Deaths during last month*** | Number: | |
| ***Blood Transfusion Services Provided*** | Yes | No |
| ***MCHC Tools Available*** | Yes | No |
| **GENERAL COMMENTS & RECOMMENDATIONS** | | |
|  | | |
| **Signature of Monitoring Officer:** | | |
| **Name & Designation:** | | |
| **Date of Visit:** | | |

**USER GUIDE – Maternal and Child Health**

**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)

**Maternal and child health**

Note the number of indicators given in this section during previous month from maternal health & obstetric register. Tick appropriate box by observation and checking relevant record.

**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.