**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:\_\_\_\_*** | | | | |
| ***TB Control*** *(Check Lab. Register & office record. To fill this section use HF data of previous month)* | | | | |
| ***Total number of cases with cough >2 weeks*** | | | Number: | |
| ***Total number of sputum smear taken for AFB*** | | | Number: | |
| ***Total number of sputum smear for AFB done*** *(Check in RHC & above)* | | | Number: | |
| ***Total number of sputum smear for AFB +ve in series*** | | | Number: | |
| ***Total number of cases lost as defaulters*** | | | Number: | |
| ***Total number of defaulter action taken*** | | | Number: | |
| ***DOTS protocol observed*** | | Yes | No | NA |
| **MIS Instruments** | **Available** | | **Maintained** | |
| **Yes** | **No** | **Yes** | **No** |
| ***TB Register*** |  |  |  |  |
| ***Lab. Register*** |  |  |  |  |
| ***Abstract Register*** |  |  |  |  |
| ***TB F Card*** |  |  |  |  |
| **GENERAL COMMENTS & RECOMMENDATIONS** | | | | |
|  | | | | |
| **Signature of Monitoring Officer:** | | | | |
| **Name & Designation:** | | | | |
| **Date of Visit:** | | | | |

**USER GUIDE - Preventive Services – *TB 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)

**TB Control**

The supervisor will fill all the information required from the source given in the checklist. **DOTS** (Directly Observed Treatment Short course) protocol means the diagnosis and management of patients including direct observation by a close relative or other person identified in accordance with national TB control protocols.

**AFB** stands for Acid Fast Bacilli. Default Action means retrieval of the default patients and their management accordingly. Also check the availability

**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.