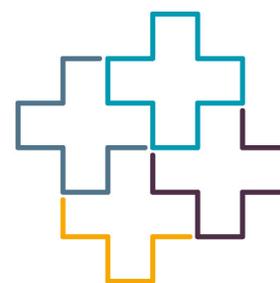


# Observation Checklist Template



## Aid Works



Observation Checklist Template		
Name of Health Facility/ Community	Name of supporting NGO	
Facility Type:	Names of supervision team	
County/District	Date	
Name of supervisor completing the checklist		
GPS Coordinates		
<b>MAINTENANCE</b>	<b>Y</b>	<b>N</b>
1. <i>Example - Facility is clean (no litter, no medical waste, no cobwebs, floor is swept)</i>		
2.		
3.		
4.		
5.		
6.		
<b>EQUIPMENT</b>		
7. <i>Health facility has basic equipment that <b>works</b>:</i>		
8. <i>Example - Child/infant scale</i>		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
<b>MANAGEMENT</b>		
24. <i>Example - The opening/closing times are clearly visible</i>		
25.		
26.		
27.		
28.		
29.		
30.		
31.		

32.		
33.		
<b>PHARMACY</b>		
34. <i>Example- Pharmacy or cupboard for medicines is clean, ordered and can be locked</i>		
35. <i>Example- Facility has stock of essential medication at time of visit</i>		
35.1. ACT/ Amodiaquine for children		
35.2. ACT/ Amodiaquine for adults		
35.3. Co-trimoxazole		
35.4. Amoxicillin		
35.5. ORS		
36. <i>Example - Health facility has stock of vaccines:</i>		
23.1 BCG		
23.2 Polio		
23.3 Pentavalent		
23.4 Measles		
<b>GUIDELINES AND ESSENTIAL CLINICAL CARE</b>		
37. <i>Example- Facility has relevant treatment guideline</i>		
38.		
39.		
40.		
41.		
<b>TOTAL POINTS THIS VISIT ( )</b>		
<b>Quiz: Supervisor asks health staff to define at least one of the following:</b>		
A. <i>Example- What are the symptoms of malaria?</i>		
B.		
C.		
D.		
E.		
F.		
<b>List Three Achievements and give praise for them</b>		
<b>Ask is there any feedback or messages to give the implementing partner or donor?</b>		
<b>List three actions to improve care in the facility BEFORE NEXT VISIT</b>		
<b>Action</b>	<b>Responsibility</b>	

Signature Supervisor

Signature of In-charge