

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		
MAINTENANCE	Y	N
1. <i>Example - Facility is clean (no litter, no medical waste, no cobwebs, floor is swept)</i>		
2.		
3.		
4.		
5.		
6.		
EQUIPMENT		
7. <i>Health facility has basic equipment that works:</i>		
8. <i>Example - Child/infant scale</i>		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
MANAGEMENT		
24. <i>Example - The opening/closing times are clearly visible</i>		
25.		
26.		
27.		
28.		
29.		
30.		
31.		

32.		
33.		
PHARMACY		
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		
GUIDELINES AND ESSENTIAL CLINICAL CARE		
37. <i>Example- Facility has relevant treatment guideline</i>		
38.		
39.		
40.		
41.		
TOTAL POINTS THIS VISIT ()		
Quiz: Supervisor asks health staff to define at least one of the following:		
A. <i>Example- What are the symptoms of malaria?</i>		
B.		
C.		
D.		
E.		
F.		
List Three Achievements and give praise for them		
Ask is there any feedback or messages to give the implementing partner or donor?		
List three actions to improve care in the facility BEFORE NEXT VISIT		
Action	Responsibility	

Signature Supervisor

Signature of In-charge