**CMW Technical Monitoring Checklist**

**(To be filled by Technical Supervisor, District Focal person, PIU Officer**

**Day: \_\_\_\_\_\_\_\_\_\_\_\_ Month \_\_\_\_\_\_\_ Year\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Section 1: Identification** | | | | | | | |
| 1.1 | CMW ID |  |  |  |  |  |  |
| 1.2 | Reporting Facility ID |  |  |  |  |  |  |
| 1.3 | CMW Name |  | | | | | |
| 1.4 | Catchment Area Population |  | | | | | |
| 1.5 | Address of CMW |  | | | | | |
| 1.6 | Union Council |  | | | | | |
| 1.7 | Tehsil |  | | | | | |
| 1.8 | District |  | | | | | |
| 1.9 | Signature of CMW: |  | | | | | |
| 1.10 | Name of Technical Supervisor & Designation: |  | | | | | |
|  | Signature of Supervisor: |  | | | | | |

**Please allocate 1 mark for each ‘Yes’ and 0 for each ‘No’ or wrongly conducted step after Observation and asking questions to CMW. In the end, add the entire Yes and report in percentage**

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| Section II: INTERPERSONAL RELATIONS OF CMW | Y=1 | N=0 |
| Greet the client & other family members |  |  |
| Speaks in easy to understand language for the client |  |  |
| Review client’s previous records |  |  |
| Encourage client to ask questions |  |  |
| Responds to Questions using easy to understand language for the client |  |  |
| Use appropriate IEC materials |  |  |
| Wash hands before and after client contact |  |  |

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| Section III: INFECTION PREVENTION | |  | |
| **Indicator** | **Steps** | Y=1 | N=0 |
| 1.Working station is clean | |  | |
| 1.1 | Observe the room free of trash, spider web, blood, dust and sharps |  |  |
| 1.2 | Washing area for used instruments/sterilization and high-level disinfection (HLD) processing area |  |  |
| 2. Instruments processing for decontamination and other articles (immediately after use) | |  | |
| 2.1 | Decontamination of instruments immediately after procedure (delivery/IUCD insertion, etc.) with **0.5% chlorine solution for 10 minutes** |  |  |
| 2.2 | Cleaning of instruments with brush and soapy water after decontamination |  |  |
| 2.3 | High level disinfection: instruments are boiled for 20 minutes starting from the time a rolling boil begins OR using autoclave |  |  |
| 2.4 | HLD/sterilized packs stored properly with expiration dates on them |  |  |
| 3. Waste is collected and disposed of properly to avoid injuries and contamination | |  | |
| 3.1 | Containers with sharps are incinerated |  |  |
| 3.2 | Solid waste (used dressings and other materials contaminated with blood and organic matter) are incinerated/buried |  |  |
| 3.3 | Contaminated liquid waste (blood, urine and other body fluids) are disposed into a toilet or sink and sink is rinsed with water |  |  |
| 3.4 | Placenta is disposed in placenta pit |  |  |
|  | **Score: (Total of “Yes” Responses)** |  | |

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| **Section IV: Skills Assessment for the services** |

* **Observe the Skills of Community Midwife or ask where needed**
* **Mark her achievement on the basis of checklist and guidelines.**

**Components for Skills Assessment**

* **Antenatal Examination**
* **Natal Care with Partograph and Active Management of Third Stage of Labor (AMTSL)**
* **Immediate care of Newborn**
* **Post Natal Care (PNC)**
* **Family Planning**

**Section IV-A—ANTENATAL EXAMINATION:**

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|  | **Steps** | Y=1 | N=0 |
| 1.Pregnant women are attending FANC according to recommended schedule of ANC visits | | |  |
| 1.1 | CMWs follows WHO-recommended schedule of ANC visits: | |  |
| 1.1.1 | ­   1st visit: <16 weeks |  |  |
| 1.1.2 | ­   2nd visit: 24–28 weeks |  |  |
| 1.1.3 | ­   3rd visit: 30–32 weeks |  |  |
| 1.1.4 | ­   4th visit: 36–38 weeks |  |  |
| 1.2 | Asks about and records danger signs that the woman may have, or has had: |  | |
| 1.2.1 | ­   Vaginal bleeding |  |  |
| 1.2.2 | ­   Respiratory difficulty |  |  |
| 1.2.3 | ­   Fever |  |  |
| 1.2.4 | ­   Severe headache |  |  |
| 1.2.5 | ­   Blurred vision |  |  |
| 1.2.6 | ­   Severe abdominal pain |  |  |
| 1.2.7 | ­   Convulsions/loss of consciousness |  |  |
| 2.CMW takes proper History of the client and document | |  | |
| 2.1 | Asks about parity and Number of living children |  |  |
| 2.2 | Takes history of Ante partum hemorrhage, Postpartum hemorrhage, convulsions, Operative (C-Section) delivery, Still birth, Place of last delivery |  |  |
| 2.3 | Takes history of Medical problems (e.g., Diabetes, TB, Hypertension, Jaundice) |  |  |
| 2.4 | CMW properly documents the information on Card and register |  |  |
| 2.5 | CMW calculates the estimated date of delivery according to her last menstrual period at her first antenatal visit and documents it |  |  |
| 3.The CMW properly conducts obstetric physical exam of the pregnant woman: | |  | |
| 3.1 | Measures vital signs (blood pressure, temperature, pulse respiration and weight) |  |  |
| 3.2 | Conjunctiva and palm of hand for signs of anemia |  |  |
| 3.3 | Explains the procedure to the woman and ensures that the bladder is empty before examination |  |  |
| 3.4 | Measures fundal height (after 12 weeks) |  |  |
| 3.5 | Listens to fetal heart sounds (after 20 weeks) |  |  |
| 3.6 | Determines fetal lie and presentation (after 36 weeks) |  |  |
| 4.CMW requests laboratory tests according to the protocols | |  | |
| 4.1 | CMW requests laboratory tests according to the protocol |  |  |
| 4.2 | Routine investigation (blood group and Rh factor, hemoglobin, blood glucose and Urine analysis for protein urea) |  |  |
| 4.3 | Specific investigation if needed (i.e., hepatitis B, hepatitis C) |  |  |
| 5.The CMW refer all pregnant women for TT Shots | |  | |
| 5.1 | Refer the client to near health facility for TT vaccine |  |  |
| 6.CMW properly plans for birth and complication readiness | |  | |
| 6.1 | While talking about the Birth Preparedness Plan with the client, following were discussed: |  |  |
| 6.1 a | * Delivery by SBA |  |  |
| 6.1.b | * Delivery location |  |  |
| 6.1.c | * How the couple / family will pay for services |  |  |
| 6.1.d | * Transportation |  |  |
| 6.2 | Counsel about danger signs and symptoms of labour |  |  |
| 6.3 | Counsel about taking Iron, folate, calcium during pregnancy |  |  |
| 6.4 | Counsel about hygiene, nutrition, rest, FP during pregnancy |  |  |
| 6.5 | Prescribe and instruct about Misoprostol as AMTSL in case of home delivery |  |  |
| **Score: (Total from Section IV-A)** | |  | |

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| **Section IV B—Normal Labour with use of Partograph and AMTSL** |

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| **S. No** | **Steps** | Y=1 | N=0 |
| 1. All women in labor are monitored with a partograph that is complete and accurate (Starts at 4cm cervical dilatation) | |  | |
| 1.1 | Fetal heart rate |  |  |
| 1.2 | Labor progress: cervical dilatation |  |  |
| 1.3 | Strength and frequency of contractions |  |  |
| 1.4 | Oxytocin, when used |  |  |
| 1.5 | Maternal pulse and blood pressure |  |  |
| 2. AMTSL is performed for all women during childbirth | |  | |
| 2.1 | Provide uterotonic\*within one minute after the baby is born (3 tablets of Misoprostol in-case Oxytocin not available |  |  |
| 2.2 | Refrigeration available for oxytocin storage? |  |  |
| 2.3 | Controlled cord traction (CCT) |  |  |
| 2.4 | Uterine massage after delivery of placenta |  |  |
|  | **Score: (Total from Section IV-B)** |  | |

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| **Section IV C—IMMEDIATE CARE OF NEWBORN** |

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| S. No | Steps | Y=1 | N=0 |
| 1.Routine immediate care of a newborn is properly performed | |  | |
| 1.1 | Thoroughly dries baby, stimulates baby and covers baby’s head immediately |  |  |
| 1.2 | Assesses breathing |  |  |
| 1.3 | Places baby on mother’s chest in skin-to-skin contact and start breastfeeding |  |  |
| 1.4 | Applies CHX to the cord stump |  |  |
| 2. The CMWs properly conducts a newborn exam | |  | |
| 2.1 | Weighs the baby |  |  |
| 2.2 | Counts respiration (normal 30 to 60 per minute) |  |  |
| 2.3 | Measures axillary temperature ( 36.5–37.5) |  |  |
| 2.4 | Performs head-to-toe examination of baby |  |  |
| 3. The CMWs advises the mother about danger signs and Routine Care | |  | |
| 3.1 | Convulsions and lethargic or unconscious |  |  |
| 3.2 | Vomits everything or sucking or feeding poorly |  |  |
| 3.3 | Any problems with breathing |  |  |
| 3.4 | Hot to touch or very cold to touch |  |  |
| 3.5 | Any oozing from the umbilical stump (pus, clear or blood) |  |  |
| 3.6 | Tell the mother or family about delayed bathing (24 hours when temperature established) |  |  |
| 3.7 | Counsel the mother to not apply anything except Chlorhexidine |  |  |
| 3.8 | Counsel the mother to initiate breast feeding |  |  |
| 3.9 | Counsel the mother for exclusive breast feeding |  |  |
| 3.10 | Counsel the mother for immunization |  |  |
| 4.Helping Babies Breathe (HBB) Equipment and supplies are available at delivery side and ready to use | |  | |
| 4.1 | Labor room has resuscitation/ventilation area with all HBB equipment and supplies |  |  |
| 4.2 | HBB action plan displayed in labor room |  |  |
| 4.3 | Provider successfully performs 7 steps of bag/mask use |  |  |
| **Score: (Total from Section IV-C)** | |  | |

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| **Section IV-D POST NATAL CARE** |

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| S.No, | | Steps | Y=1 | N=0 |
| 1.CMW conducts a routine physical exam of the postnatal woman within 48 hours of delivery | | |  | |
| 1.1 | | CMWs takes proper history of the client |  | |
| 1.2 | | Takes vital signs and check for anemia |  | |
| 1.3 | | Examines the breasts for establishment of lactation, engorgement and/or tenderness |  | |
| 1.4 | | Examines abdomen for involution of uterus, tenderness or distension |  | |
| 1.5 | | Assesses amount of bleeding and healing of laceration/episiotomy (if needed) |  | |
| 2. CMW properly counsels the postpartum mother and manages care according to the assessment findings | | |  | |
| 2.1 | | Use of family planning methods |  | |
| 2.2 | | Nutrition/iron folic supplementation |  | |
| 2.3 | | Explains to the mother AND her husband or another family member the need to report to the health facility when the following danger signs are observed: |  | |
| 2.3 a | | ­   Excessive vaginal bleeding |  | |
| 2.3.b | | ­   Severe headache |  | |
| 2.3 c | | ­   Severe abdominal pains |  | |
| 2.3 d | | ­   Offensive vaginal discharge |  | |
| 2.3 e | | ­   Fever |  | |
| 2.3 f | | ­   Convulsions |  | |
| 2.3 g | | ­   Blurred vision |  | |
| 2.3 h | | ­   Extreme fatigue |  | |
| **Score: (Total from Section IV-D)** | | |  | |
| **Section IV- E Family Planning** | | | | |

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| **S. No** | **Steps** | Y=1 | N=0 |
| 1.CMWs properly counsel the client | |  | |
| 1.1 | CMWs takes history |  |  |
| 1.2 | CMW counsels client on FP choices, benefits and risks |  |  |
| 1.3 | CMW uses Medical Eligibility Criteria for contraindication of the specific methods to the client |  |  |
| 2.The client’s receives method of her choice | |  | |
| 2.1 | CMWs gives informed choice to the client |  |  |
| 2.2 | Provides methods as per client’s decision |  |  |
| 2.3 | Provides correct information to use the method, side effects and follow up visit |  |  |
| 2.4 | CMWs properly document the client’s information |  |  |
| 2.5 | CMW properly manages the complication of the methods or refer (if needed) |  |  |
|  | **Score: (Total from Section IV-E)** |  | |

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| **Grand Total from Sections I through IV-E** |  | |
| **Total possible points** |  | |
| **Percentage Score** |  | |
| **Does the CMW need a Refresher course on any particular aspect of Service delivery? (**Set a metric for this – if the CMW achieves below 70%, needs refresher) | **Yes** | **No** |

If yes to the above elaborate the area/s: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FEEDBACK SUMMARY**

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* **PLEASE GIVE WRITTEN AND VERBAL FEEDBACK TO THE CMW FOR IMPROVEMENT BASED ON THE ABOVE FINDINGS**

**User Guide for**

**CMW Technical Monitoring Checklist**

Supervisor will give the date and time of the visit

**Section I. Identification**

1. CMW ID- Write down identification number allotted to CMW by MNCH program.
2. Reporting facility ID- The identification number allotted to reporting health facility by MNCH-MIS.
3. Catchment area population- write down as mentioned in CMW catchment chart

All the rest of the points are self-explanatory.

**Section II. Interpersonal Relations of CMW:**

Supervisor has to observe;

* Is CMW welcoming the client and her relatives with a smiling face to give her confidence
* Does she speak in local language and accent with the client which is easily understandable by the clients
* Is CMW going through all previous record of the client before taking fresh history
* The appropriate IEC material means printed material related to MNCH services and awareness regarding pregnancy, antenatal checkup, safe delivery, postnatal checkup and healthy birth spacing.
* All the rest of the points are self-explanatory.
* Put score accordingly in last column.

**Section III. Infection prevention**

Observe, steps taken for infection prevention under following areas and score accordingly.

1. Working station.
2. Main room of work station should be clean, all trash and sharps must be in bin
3. Look for the cleanliness of the area, where reusable instruments are washed. (HLD stands for High level disinfection).
4. Instruments processing for decontamination

Observe;

1. If she put all instruments in 0.5% chlorine solution for 10 min immediately after use.
2. If she cleans instruments with brush and soap water
3. Instruments were put in boiling water for 20 min
4. Sterilized packs stored with CMW have got proper expiry date mentioned
5. Waste is collected and disposed of properly
6. Containers with sharps, solid waste and other material are sent for incineration or buried. (Containers may be hard paper boxes, bins etc)
7. Liquid waste is flushed in Water closet or sink and sink is washed properly.
8. Placenta is disposed of properly in a pit outside the premises.

**Section IV. Skills Assessment:**

The supervisor will observe the skills of CMW according to the components given and steps taken by the CMW and will assign the marks to assess her performance as per following components

**Section IV-A: Antenatal Examination**

It includes pelvic examination, breast examination, weight, urine examination, blood pressure, previous history and ultrasound of the client.

1. Observe whether or not clients are told and educated to visit for ANC as per WHO guidelines (schedule mentioned in tool). Also observe that client is examined for danger signs (mentioned in tool) and those danger signs are explained to client.
2. Observe that CMW is taking and recording history of client properly, as per steps mentioned in tool
3. Is CMW examining client as per protocols mentioned in tool
4. Is CMW advising for blood examinations i-e Blood grouping, Hemoglobin, Blood sugar, Urine DR and Urine for protein.
5. Is CMW referring all pregnant women to nearby facility for TT vaccination
6. Also observe that has CMW discussed 5 steps of birth preparedness with clients

**Section IV-B: Normal Labor with Partograph and AMTSL**

1. Observe that all women in labor are managed and monitored with Partograph, following 5 steps as mentioned in tool.

**Active Management of Third Stage of Labor (AMTSL)**

Check the steps required for active management of third stage of labor are properly done by CMW and give score against each step and calculate the total marks.

1. Observe that Oxytocin is provided immediately as mentioned in tool, in case of non-availability of oxytocin Misoprostol should be given. Observe for 3 steps mentioned in tool.

**Section IV-C: Immediate Care of New Born**

1. Observe that how CMW is providing immediate care to newborn and give score accordingly. (CHX stands for Chlorhexidine)
2. Observe how CMW conducts newborn’s examination. Follow four steps in tool and give score accordingly
3. If she advises mother about danger signs and normal routine care. Follow 10 steps mentioned in tool and score accordingly
4. See if resuscitation equipment is available, HBB plan is displayed and she can easily use bag/mask.

Calculate grand total of all the sections with percentage of score achieved.

*Formula for calculating percentage= (marks achieved/total marks)\*100*

The supervisor will assess whether CMW need a refresher course on a particular aspect of service delivery or not. If yes then mention the areas.

**Section IV-D: Post-natal Care**

1. See if CMW conducts PNC within 48 hours of delivery, as per given protocols and steps mentioned in tool. Give marks according to the steps taken by CMW for post-natal care and calculate total marks.
2. Observe whether CMW counsels postpartum mother of Family planning and Nutrition.
3. Also observe that client or her family members are told about postpartum danger signs as mentioned in tool, and give score accordingly

**Section IV-E: Family Planning**

1. Observe, when FP client is visiting CMW, whether she properly counsels her as per 3 steps mentioned in tool
2. Whether client is informed about all available methods and given choice to opt any suitable method for herself. Observe if CMW follows 5 steps mentioned in tool and give score accordingly.

**Supervisor should also mention that if CMW require refresher trainings, if yes, in which area.**

**Feedback Summary:**

Supervisor is required to prepare a feedback summary from the observations and marks achieved by CMW, and share that feedback in written and verbal form with CMW for improvement based on these findings.