**Monthly Monitoring of CMW/Nursing & midwifery/PH Schools**

**(To be filled by District Focal Person MNCH Program)**

**Name & Address of training school ---------------------------------------------------------------**

**-------------------------------------------------------------------------------------------------------------**

**Training School ID/registration -------------------------------------------------------------------**

**Date of visit --------------------------------------------------------------------------------------------**

**Section I. Human Resource**

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| --- | --- | --- | --- | --- |
| **Designation** | | **Name** | **Present** | **Remarks/ Recommendations** |
| 1.1 | Principal |  |  |  |
| 1.2 | Vice Principal |  |  |  |
| 1.3 | Tutors |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| 1.4 | Cl: Instructors |  |  |  |
|  |  |  |
| 1.5 | Hostel Warden |  |  |  |
| 1.6 | Assistant |  |  |  |
| 1.7 | Data Processing assistant |  |  |  |
| 1.8 | Junior clerk |  |  |  |
| 1.9 | Driver |  |  |  |
| 1.10 | Peon/Naibqasid |  |  |  |
| 1.11 | Chaukidars |  |  |  |
| 1.12 | Masi/Aaya |  |  |  |
| 1.13 | Sanit: worker |  |  |  |
| 1.14 | Other |  |  |  |

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|  | **Section II. Academics (Class room and clinical posting schedule) - To be verified from record** | | |
|  | 1. **Academic Activities** | **At School/ class room** | **At Hospital** |
| 2.1 | Timings observed (e.g.: 9.00 am to 11.30 am) |  |  |
| 2.2 | # of classes planned daily |  |  |
| 2.3 | # of classes taken (on the day of visit) |  |  |
| 2.4 | Periodic feedback by clinical instructors to CMWs (Check record from previous month) |  | Yes □ No □ |
| 2.5 | CMW-log book follow-up on regular basis (Check record from previous month) | Yes □ No □ | Yes □ No □ |
| 2.6 | CMW-log book properly signed by instructors (Check record from previous month) | Yes □ No □ | Yes □ No □ |
| 2.7 | Regular Attendance Taken | Yes □ No □ | Yes □ No □ |
| 2.8 | Action taken against absent students |  | Yes □ No □ |
| 2.9 | If yes, what action was taken (also mention date) |  |  |
| 2.10 | Transportation Hostel-Hospital-Hostel available | Yes □ No □ N/A □ | |  |
| 2.11 | Term/midterm tests and evaluation completed | Yes □ No □ |  |
| 2.12 | # of CMWs with consistently poor performance |  |  |
| 2.13 | Rotation of CMWs in clinical site (check roster and confirm with clinical site) |  | Yes □ No □ |
| 2.14 | Skill lab is being used on day of visit | Yes □ No □ |  |
| 2.15 | Is library available to students | Yes □ No □ |  |
| 2.16 | Is library being used on day of visit | Yes □ No □ |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **B. Miscellaneous** | | | |
|  | **Senior batch (Batch No:\_\_\_\_\_\_\_)** | **At School/ class room** | **At Hospital** |
| 2.17 | Total # of CMWs enrolled |  |  |
| 2.18 | Attendance on the day of visit (Class room) |  |  |
| 2.19 | # of CMWs present in Hospital (Labor room, ward, OPD etc.) |  |  |
| 2.20 | # of CMWs living in hostel |  |  |
| 2.21 | CMWs carrying training manuals at the time of visit |  |  |
| 2.22 | CMWs having log book at the time of visit |  |  |
| 2.23 | CMWs wearing uniform with Name tag at the time of visit |  |  |
|  | **Junior batch (Batch No:\_\_\_\_\_\_\_)** |  |  |
| 2.24 | Total # of CMWs enrolled |  |  |
| 2.25 | Attendance on the day of visit (Class room) |  |  |
| 2.26 | No: of CMWs present in Hospital (Labor room, ward, OPD etc.) |  |  |
| 2.27 | No: of CMWs living in hostel |  |  |
| 2.28 | CMWs carrying training manuals at the time of visit |  |  |
| 2.29 | CMWs having log book at the time of visit |  |  |
| 2.30 | CMWs wearing uniform with Name tag (at the time of visit) |  |  |

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| **Section III: Comments Of District Focal Person** |

**Name of monitoring person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of monitoring person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**User Guide for**

**Monthly Monitoring Checklist of**

**CMW/ Nursing & Midwifery/ PH Schools**

* The monitor/supervisor will write the name and complete postal address of the school whom he/she is visiting.
* Write the MNCH MIS Identification number or Pakistan Nursing Council Registration Number.
* Mention the date of visit.

**Section I: Human Resources**

From the attendance register after the physical verification Monitor will fill the relevant columns and write the names of staff along with their designation. To write the posting status whether the staff is on deputation or actual posting monitor may check the office record as well and physically verify who is available during the visit with relevant comments

The monitor will get the information from concerned staff by asking question on their last attended training, topic /area of training which they attended. Duration of training and mention month / year of attended training. In remarks the supervisorcould write any relevant observation/ recommendation about training of staff.

**Section II**

1. **(A) Academic Activities:**

Under this monitor should observe the class room & clinical posting schedule against each one.

2.1 Observe / check whether timings followed in schools/ clinical sites and all classes / practical goes on per specified schedule.

2.2 Write the number of Classes planned daily.

2.3 Check how many classes have conducted during the day of visit.

2.4 Randomly check the CMWs diaries whether any periodic feedback given them by clinical nurses in clinical site or not.

2.5 Randomly check whether CMW follow the log book on regular basis or not.

2.6 Check whether CMWs log book properly signed by the instructors or not.

2.7 Check the attendance register whether regular attendance is taken or not.

2.8 Check the record whether any action has been taken against absent students or not.

2.9 If school authorities taken any action against absent students than specify which kind of action they taken also mention the date of that action.

2.10 Check whether transportation facility available for students for transfer to practicum

2.11 Check whether school conducted any mid- term test and evaluation or not.

2.12 Check the record if necessary and ask the instructors regarding number of consistently poor performing CMWs. Consistently poor performance means low scoring in class tests.

2.13 Check the CMW roster and if necessary reconfirm from clinical site regarding rotation of CMWs in clinical site.

2.14 Check if the skill lab is being used.

2.15 Check if library is available.

2.16 Check if library is being used.

1. **Miscellaneous:**

***(Check & Note the No. of Senior Batch & observe the following)***

2.17 Check the record & write the total number of CMWs enrolled in the school in the time of visit.

2.18 Write the total number of Senior Batch enrolled during the visit date.

2.19 Check how many number of CMWs present in the clinical site (write cumulative number of all wards).

2.20 Check how many CMWs are living in hostel.

2.21 Observe and write how many CMWs have /carrying the training manuals at the time of visit.

2.22 Observe and write how many CMWs have log book at the time of visit.

2.23 Observe & write how many CMWs wearing uniform with name tags at the time of monitoring visit.

***(Check & Note the No. of Junior Batch & observe the following)***

2.24 Write the total number of Junior Batch enrolled during the visit date.

2.25. Check the class room attendance taken by the instructors on the day of visit.

2.26 Check how many number of CMWs present in the clinical site (write cumulative number of all wards).

2.27 Check how many CMWs are living in hostel.

2.28 Observe and write how many CMWs have /carrying the training manuals at the time of visit.

2.29 Observe and write how many CMWs have log book at the time of visit.

2.30 Observe & write how many CMWs wearing uniform with name tags at the time of monitoring visit

**Section III. Comments of district focal person:**

Monitor shall randomly ask the question from some CMWs regarding they received the stipend of last month or not and it also cross verify from the record. The district focal person/ monitor should mention any other comments and recommendations for improvements.

**At the end of the checklist monitor will write his/her name, designation, date of visit and signature.**