**Six 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 --------------------------------------------------------------------------------------------**

|  |  |  |  |  |  |  |  |
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| **Section I . Human Resource** | | | | | | | |
| **Designation** | **Name** | **Posting** | | **Last attended Training Topic** | **Duration** | **Last attended training date** | **Remarks** |
| **Posted** | **Deputed** |
| Principal |  |  |  |  |  |  |  |
| Vice Principal |  |  |  |  |  |  |  |
| Tutors |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Clinical Instructors |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Hostel Warden |  |  |  |  |  |  |  |
| Assistant |  |  |  |  |  |  |  |
| Data Processing Assistant |  |  |  |  |  |  |  |
| Junior Clerk |  |  |  |  |  |  |  |
| Driver |  |  |  |  |  |  |  |
| Peon/ NaibQasid |  |  |  |  |  |  |  |
| Chowkidars |  |  |  |  |  |  |  |
| Masi/Aaya |  |  |  |  |  |  |  |
| Sanitary worker |  |  |  |  |  |  |  |
| Others |  |  |  |  |  |  |  |

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| **Section II. Infrastructure/ Resources** *(Direct Observation If necessary Verify data and information from record)* | | | |
| 1. **School** | Yes | No | Remarks |
| 2.1 Renovation of training school in last 6 months |  |  |  |
| 2.2 New construction in school in last 6 months |  |  |  |
| 2.3 Class rooms have at least chairs, table & white/black board |  |  |  |
| 2.4 Skill lab available |  |  |  |
| 2.5 If available, is it being used |  |  |  |
| 2.6 Library available |  |  |  |
| 2.6.1 If available, is it being used |  |  |  |
| 2.7 Training Manuals/ Library books available |  |  |  |
| 2.7 Training equipment/models available |  |  |  |
| 2.7.1 If available, is it being used by students |  |  |  |
| Functional vehicle is available to transport the students to the clinical site. |  |  |  |
| 1. **Hostel** |  |  |  |
| Hostel available |  |  |  |
| If Yes, number of students living in the hostel |  | | Specify Number: |
| Rooms/common hall in satisfactory condition |  |  |  |
| Messing in satisfactory and hygienic condition |  |  |  |
| 1. **Hospital/Clinical site** |  |  |  |
| Sufficient space to accommodate 8-10 CMWs in one shift |  |  |  |
| Learning atmosphere encouraging |  |  |  |

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| **Section III. Academics (Class room and clinical posting schedule)** *(Verify data from training school record & Ask questions from concerned )* | | | | |
| 1. **Academic Activities** | **At School/ class room** | | | **At Hospital/ Clinical site** |
| Timings observed (e.g.: 9.00 am to 11.30 am) |  | | |  |
| No: of classes planned daily |  | | |  |
| Periodic feedback by clinical instructors to CMWs (Randomly Check) |  | | |  |
| CMW-log book follow-up on regular basis (Randomly check) |  | | |  |
| CMW-log book properly signed by instructors |  | | |  |
| Regular Attendance Taken (Y/N) |  | | |  |
| Action taken against absent students (Y/N) |  | | |  |
| If yes, what and when action was taken |  | | |  |
| Term/midterm tests and evaluation (Y/N) |  | | |  |
| # of CMWs with consistently poor performance |  | | |  |
| Rotation of CMWs in clinical site (check roster and confirm with clinical site) |  | | |  |
| 1. **Miscellaneous** | | | | |
|  | Yes (Number) | No | Remarks | |
| Total # of CMWs enrolled |  |  |  | |
| Number of Senior Batch |  |  |  | |
| Number of Junior Batch |  |  |  | |
| Attendance on the day of visit (Class room) |  |  |  | |
| # of CMWs present in hospital (Labor room, ward, OPD, etc.) |  |  |  | |
| CMWs carrying training manuals at the time of visit |  |  |  | |
| CMWs having log book at the time of visit |  |  |  | |
| CMWs wearing uniform with name tag (at the time of visit) |  |  |  | |
| Did they received last month’s stipend (Randomly ask from three CMWs & cross verify from record) |  |  |  | |

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| **Section IV: Comments Of District Focal Person** |
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**Name of monitoring person ------------------------------------------------------------------------**

**Designation ---------------------------------------------------------------------------------------------**

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

**Signature of monitoring person -------------------------------------------------------------------**

**User Guide for**

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

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

**Section I: Human Resources and Training Status**

From attendance register and after 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 Infrastructure/ Resources:**

The monitor will fill this section after direct observation & if necessary he can verify the office record as well. This section contains information on the available & required resources and infrastructure like school building, Hotel and Hospital site and after observing the monitor write yes or no in the relevant columns.

* **School:** 
  + Monitor check whether any renovation work done during these reporting six months & write yes or no.
  + Check and write yes or no any new construction done in the school during six months. If necessary write details in remarks column.
  + Observe & write overall class room condition and check the availability of chairs, table, white/ black board according to the required quantity of the students.
  + See / check whether skill lab and Library available in the school premises or not.
  + If Skill Lab & Library available than see whether it used by the students/ staff or not.
  + Check & write the availability of training manuals and library books.
  + Check & write training equipment and models available for use or not.
  + If it available then to check whether it is being used by the students or not at the time of observation.
  + Check the availability & functionality of school vehicle to transport the students to the clinical site. Check the log book of that vehicle and then write yes or no.
* **Hostel:** 
  + Monitor should check the availability of hostel to see whether any students live in the hostel.
  + If students are living in the hostel than monitor verify than specify the number of students who are living in the hostel.
  + Monitor observe & mention the general conditions of the rooms
  + Observe & mention the general condition of mess, whether cook, hostel staff maintain the cleanliness/hygiene etc.
* **Hospital/ Clinical site:** 
  + Observe & check the sufficient space available in clinical site to accommodate 8 to 10 CMWs in one shift.
  + Observe the behavior of clinical staff for good learning atmosphere as if the staff is polite and ready to help the clients.

**Section III Academics:**

* **Academic Activities:** Under this monitor should observe the class room & clinical posting schedule against each one.
  + Observe / check whether timings followed in schools/ clinical sites and all classes / practical goes on per specified schedule.
  + Write the number of Classes planned daily.
  + Randomly check the CMWs diaries whether any periodic feedback given them by clinical nurses in clinical site or not.
  + Randomly check whether CMW follow the log book on regular basis or not.
  + Check whether CMWs log book properly signed by the instructors or not.
  + Check the attendance register whether regular attendance is taken or not.
  + Check the record whether any action has been taken against absent students or not.
  + If school authorities taken any action against absent students, specify which kind of action taken also mention the date of that action.
  + Check whether school conducted any mid- term test and evaluation or not.
  + Check the record if necessary and ask the instructors regarding number of consistently poor performer CMWs. Consistently poor performance means low scoring in class tests.
  + Check the CMW roster and if necessary reconfirm from clinical site regarding rotation of CMWs in clinical site.
* **Miscellaneous:** 
  + Check the record & write the total number of CMWs enrolled in the school in the time of visit.
  + Write the total number of Senior Batch enrolled during the visit date.
  + Write the total number of Junior Batch enrolled during the visit date.
  + Check the class room attendance taken by the instructors on the day of visit.
  + Check how many number of CMWs present in the clinical site (write cumulative number of all wards)
  + Observe and write how many CMWs have /carrying the training manuals at the time of visit.
  + Observe and write how many CMWs have log book at the time of visit.
  + Observe & write how many CMWs wearing uniform with name tags at the time of monitoring visit.
  + Monitor shall randomly ask the question from three CMWs regarding they received the stipend of last month or not and it also cross verify from the record.

**Section IV Comments of district focal person:**

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.**