

# MONITORING TOOL

NBS/FMoH/WB/MON/NHFS/23/02

State \_\_\_\_\_ LGA \_\_\_\_\_ Name of Facility \_\_\_\_\_

Facility Type \_\_\_\_\_ Facility Code \_\_\_\_\_

## GENERAL INFORMATION

Q1. MONITOR'S NAME:

Q2. ORGANIZATION:

Q3. DATE OF COMMENCEMENT OF MONITORING:

Q4. NAME OF TEAM LEAD:

Q5. LOCATION ADDRESS:

Q6. GPS Coordinates: Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

**The monitoring officers should spot check one (1) private, (1) secondary and two (2) primary health facilities in the state. He/she will ensure that all the teams are spot checked, observe interviews and confirm the following specific areas by using the format below**

Indicate either Yes = 1 or No = 2

**(compulsory for all Qn1-13)**

| S/N                       | Questions   | Yes=1        | No=2        |
|---------------------------|---|--------------|-------------|
| 1                         | Do the interviewer team correctly locate the facility   |              |             |
| 2                         | Observe if the interviewer team introduce them self and the survey to Health Facility Team  |              |             |
| 3                         | Did the interviewer team obtained written or verbal informed consent from respondent where necessary before interviewing the respondent         |              |             |
| 4                         | Observe to know if the interviewer team ask each question exactly as worded in the questionnaire  |              |             |
| 5                         | Observe to know if the interviewer team has at least one copy of Survey Field Manual for referencing  |              |             |
| 6                         | Do the interviewer have good working relation with other team members   |              |             |
| 7                         | Did you observe to know if the interviewer team is complete: comprises of 3 enumerators and 1 medical personnel as specified in survey protocol |              |             |
| 8                         | Does the interviewer team read out instructions written in capital letters  |              |             |
| 9                         | All members of interviewer team sign and date of visitors' book on arrival at the health facility   |              |             |
| 10                        | Did interviewers used local words to explain questions where necessary  |              |             |
| 11                        | Observe to know if interviewers listen carefully before inputting the responses   |              |             |
| 12                        | Do the interviewers thanked respondent for his/her time after interviewing on each instrument   |              |             |
| 13                        | Observe to know if interviewer probe further where necessary  |              |             |
| <b>TYPE 1 INTERVIEWER</b> |   | <b>Yes=1</b> | <b>NO=2</b> |
| 1                         | Did the interviewer check the ANC register to find the age of pregnancy in weeks(32weeks and above)   |              |             |
| 2                         | Do the interviewer check other registers in recording information under PMTCT, ART, Malaria etc   |              |             |
| 3                         | Observe to know if the interviewer applied the Method of sample selection under record review   |              |             |
| 4                         | Do the interviewer observe reference period attach to some questions where necessary  |              |             |
| 5                         | Under Module 6, Did interviewer team locate or ask to be shown where services are rendered  |              |             |
| 6                         | Under Module 6, Did the interviewer allow the health facility staff to calculate the records for them   |              |             |

| <b>TYPE 2 INTERVIEWER</b> |   | <b>Yes=1</b> | <b>NO=2</b> |
|---------------------------|---|--------------|-------------|
| 1                         | Do the interviewer under took direct observation of U5 consultation of a sick child with a new case as described in the protocol                                |              |             |
| 2                         | Observe to know if the interviewer identify him/herself as a medical personnel  |              |             |
| 3                         | Under Case simulation, Did the interviewer record all responses given by the medical health worker in each case scenario  |              |             |
| <b>TYPE 3 INTERVIEWER</b> |   | <b>Yes=1</b> | <b>NO=1</b> |
| 1                         | Observe to know if the interviewer listed all the health workers in this facility according to the roster starting with the physicians or medical officers      |              |             |
| 2                         | Did the interviewer observe and seek evidence of documents were necessary   |              |             |
| 3                         | Under Module 1, Did interviewer take the picture of front view of the facility capturing the sign post or where the name of the facility is written on the wall |              |             |
| <b>TYPE 4 INTERVIEWER</b> |   |              |             |
| 1                         | Observe to know whether interviewer 4 undertook exit interview of U5 care-giver as described in the methodology   |              |             |
| 2                         | In administering Case simulations, Did interviewer 4 act as an Observer in the health facility as described in the survey methodology                           |              |             |
| 3                         | Under Module 5, Did interviewers team locate or ask to be shown where services are rendered   |              |             |
| 4                         | Does the interviewer asked if this Health Facility provides laboratory services   |              |             |
| 5                         | If Yes, Do the interviewers observe and check the functionality of their equipment where necessary  |              |             |
| 6                         | Observe to know if the interviewer ask to see the temperature logs for this health facility   |              |             |

**Additional Comments/Observations:**

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