

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		
TYPE 1 INTERVIEWER		Yes=1	NO=2
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		

TYPE 2 INTERVIEWER		Yes=1	NO=2
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		
TYPE 3 INTERVIEWER		Yes=1	NO=1
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		
TYPE 4 INTERVIEWER			
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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