

**MWAs Facility Based Monitoring Checklist**

**Identification:** \_\_\_\_\_

**District** \_\_\_\_\_ **Name of PHCUs** \_\_\_\_\_ **Date of Visit:** \_\_\_\_\_

**Visiting Team Members** (Name and Signature):

1. \_\_\_\_\_

2. \_\_\_\_\_

Target	-Contents to be checked/monitored	Presence		For consumable materials only	
		Yes	No	Consumed (no.)	Remaining
<b>Components of MWAs</b>	<b>List of supplied materials</b>				
	1. Mattresses				
	2. Bed sheets				
	3. Pillows /no.				
	4. Blankets/ no				
	5. Water Buckets (bathing)				
	6. Slippers				
	7. Baby Towel/Rapper				
	8. Towel for Shower				
	9. Water tank (1000L)				
	10. Solar Generador 4 Lamp 20 Watt				
	11. Solar Generador 3 Lamp 10 Watt				
	12. Electricc Coffee Cruncher				
	13. Water glasses				
	14. Food service Plates				
	15. Water jug				
	16. Coffee cup /pack				
	17. Coffee pot				
	18. Cooking pot				
	19. Injera pan				
	20. Local cooking stove				
21. Plastic floor sheet					

	22. Broom [foreign]				
	23. Mop/floor rag				
	24. Soap popular				
	25. Washing detergent				
	26. Bleach 70%/ “bere				
	27. kina in local language)				
	28. Women’s hygiene pads <sup>3</sup>				
	29. Water purifiers				
<b>Sanitary Facilities</b>	Solid waste disposal pit/incinerator				
	Liquid waste disposal soak pit				
	Separated toilet				
	Separated bathroom				
	Separated Kitchen				
<b>Housekeeping issues</b> ( <i>please use x in front of the choice</i> )		Yes	No	remark	
	Maid				
	Cleanliness of MWAs room				
	Cleanliness of the kitchen				
	Arrangement of food preparation utensils				
	Cleanliness of utensils				

Any comment from the supervisee or MWAs service providers \_\_\_\_\_

Thank you!

Any comment the supervisor will put (please put it right immediately after the supervision ends:

\_\_\_\_\_

**Registration book use and mothers on MWAs (+ use during supervision checklist)**

Target	Contents to be checked/monitored	Response	Remark
<b>Registration Book</b>	Presence of registration book	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	This information will be filled from MWA Registration book
	Functionality of registration book	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	
	Where the registration book placed?	_____ (maternity room _____ MWA room),	
<b>Previous Admission</b>	Total women used MWA till the beginning of the month starting from _____ to _____	_____ in number	
<b>New Admissions</b>	New admission due to distance	_____ in number	
	New admission due to high BP	_____ in number	
	New admission due to parity	_____ in number	
	New admission due to other reasons	_____ in number	
	Total new admission	_____ in number	
<b>Midwife Checks</b>	BP	yes _____ no _____	
	FHB	_yes _____ no _____	
	Abdominal Examination	yes _____ no _____	
	Total women received service	_____ in number	
<b>Obstetric Complication</b>	PEE	_____ in number	
	APH	_____ in number	
	Prolonged labour	_____ in number	
	Others	_____ in number	
	Total obstetric complication	_____ in number	
<b>Birth outcome</b>	Live birth	_____ in number	
	Still birth	_____ in number	
<b>Mother's outcome</b>	alive	_____ in number	
	Dead	_____ in number	
<b>Miscellaneous</b>	Very early new born death within 24 hours	_____ in number	
	Total referred to hospital	_____ in number	
	Total discharge	_____ in number	
	Total PW still present in the MWA	_____ in number	
<b>Interview of Mothers who used the</b>	Did you use MWA in the last one month?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	
	If "yes" Who referred you for MWA use?	_____	

<b>MWA services in the last one month(at the community )</b>	How many days did you stay?	_____days	
	What services did you get in WMA?	_____	
	Did you get clean water for drinking?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	
	Did you get water for bathing/washing your clothes?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	
	Did you get food?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	
	Did you get continuous light source?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	
	Who was responsible to prepare food in MWA?	_____	
	Did you see housemaid working in MWA	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	
	Did you get health checks?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	
	Who provided you the health checks?	_____	
	According to your experience, what should be improved in MWA services?	_____	

Any comment from the supervisee or person who works at MWAs \_\_\_\_\_

Thank you!

Any comment the supervisor will put (please put it right immediately after the supervision ends:

\_\_\_\_\_