

MWA CHECKLIST

L Akew Abebe;

;

© 2018, LAKEW ABEBE



This work is licensed under the Creative Commons Attribution License (<https://creativecommons.org/licenses/by/4.0/legalcode>), which permits unrestricted use, distribution, and reproduction, provided the original work is properly credited.

Cette œuvre est mise à disposition selon les termes de la licence Creative Commons Attribution (<https://creativecommons.org/licenses/by/4.0/legalcode>), qui permet l'utilisation, la distribution et la reproduction sans restriction, pourvu que le mérite de la création originale soit adéquatement reconnu.

IDRC Grant/ Subvention du CRDI: 108028-002-Promoting Safe Motherhood in Jimma Zone, Ethiopia (IMCHA)

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
Components of MWAs	List of supplied materials				
	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 ³				
	29. Water purifiers				
Sanitary Facilities	Solid waste disposal pit/incinerator				
	Liquid waste disposal soak pit				
	Separated toilet				
	Separated bathroom				
	Separated Kitchen				
Housekeeping issues (<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
Registration Book	Presence of registration book	<ul style="list-style-type: none"> • Yes • No 	This information will be filled from MWA Registration book
	Functionality of registration book	<ul style="list-style-type: none"> • Yes • No 	
	Where the registration book placed?	_____ (maternity room _____ MWA room),	
Previous Admission	Total women used MWA till the beginning of the month starting from _____ to _____	_____ in number	
New Admissions	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	
Midwife Checks	BP	yes _____ no _____	
	FHB	_yes _____ no _____	
	Abdominal Examination	yes _____ no _____	
	Total women received service	_____ in number	
Obstetric Complication	PEE	_____ in number	
	APH	_____ in number	
	Prolonged labour	_____ in number	
	Others	_____ in number	
	Total obstetric complication	_____ in number	
Birth outcome	Live birth	_____ in number	
	Still birth	_____ in number	
Mother's outcome	alive	_____ in number	
	Dead	_____ in number	
Miscellaneous	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	
Interview of Mothers who used the	Did you use MWA in the last one month?	<ul style="list-style-type: none"> • Yes • No 	
	If “yes” Who referred you for MWA use?	_____	

MWA services in the last one month(at the community)	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"> • Yes • No 	
	Did you get water for bathing/washing your clothes?	<ul style="list-style-type: none"> • Yes • No 	
	Did you get food?	<ul style="list-style-type: none"> • Yes • No 	
	Did you get continuous light source?	<ul style="list-style-type: none"> • Yes • No 	
	Who was responsible to prepare food in MWA?	_____	
	Did you see housemaid working in MWA	<ul style="list-style-type: none"> • Yes • No 	
	Did you get health checks?	<ul style="list-style-type: none"> • Yes • No 	
	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:
