**Name of TFM:** **District:**

**Duration of Monitoring:** \_\_­­­\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/2021 **Batch No:**

**Section-A**

**Checklist of monitoring/observation: Before Training**

|  |  |  |  |
| --- | --- | --- | --- |
| **SL** | **Area of monitoring/observation** | **Update status** | **Recommendation/Remarks** |
| i) | Online training preparation  |  |  |
| ii) | Training materials shared with trainees |  |  |
| iii) | Trainees’ availabilities in the online platform |  |  |
| iv) | Trainers availabilities in the online platform |  |  |
| v) | Internet data availability to trainees’ |  |  |
| vi) | Internet data availability to trainer |  |  |
| vii) | Others (pls. specify) |  |  |
| Overall monitoring/observation comments with follow up action: |

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**Section-B**

**Checklist of monitoring/observation: During Training**

|  |
| --- |
| 1. **Basic information of the event:**
 |
| **Duration** | **# of days** |  | **Starting date** |  | **Ending date**  |  |
| Name of Online Platform (Venue)  |  |
| Type of participants | C grade Pharmacy Technician (Dispenser) |
| Intended Attendance  | Total: (Male: Female: )  | # of Actual Attendees: | Total: (Male: Female: )  |

|  |
| --- |
| 1. **Event Environment:**
 |
| **Area of Observation** | **Excellent** | **Good** | **Moderate**  | **Poor** | **Remarks/Comments** |
| Internet connection status  |  |  |  |  |  |
| Availability of device to participants |  |  |  |  |
| Other facilities |  |  |  |  |

|  |
| --- |
| 1. **Event Contents:**
 |
| *In the context of training, content refers to the subject matter being presented. For example, handouts may have an outdated format, but the information presented should be current.* |
| **Area of Observation** | **Yes** | **No** | **N/A** | **If No, pls. explain why?** |
| Event schedule (starting and end time) |  |  |  |  |
| Content was relevant to the learning objectives |  |  |  |
| Please provide any additional observations/comments about the training content:  |

|  |
| --- |
| 1. **Pre & Post Test:**
 |
| **Area of Observation** | **Pre Testing** | **Post Testing** |
| **Y** | **N** | If No, Why? | **Y** | **N** | If No, Why? |
| Planned |  |  |  |  |  |  |
| Conducted |  |  |  |  |  |  |
| Observation/Comments:  |

|  |
| --- |
| 1. **Equipments**
 |
| **Items** | **Available?** | **Used?** | **If No, Why?** |
| Y | N | N/A | Y | N | N/A |
| Capture event picture  |  |  |  |  |  |  |  |
| Other facilities  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Maintaining Schedule** (**🗸**)
 | Accurate |  | Ahead of time |  | Behind time |  |  |
| 1. **Time Allocation** (**🗸**)
 | Proper |  | Excess |  | Less |  |  |
| 1. **Methods Followed** (**🗸**)
 | Lecture  |  | Group work  |  | Role Play |  | Other |
| 1. **Participation** (**🗸**)
 | Excellent |  | Good |  | Poor |  |  |

|  |
| --- |
| 1. **Participants opinion/comments:**
 |
| *Before or after each day training pls. interact with 3-5 participants to know their opinion/comments about overall training (timing, content/subject of the course, facilitation, using online training modality, logistics etc.). Please note down in bullet points* |
|  |

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| --- |
| 1. **Overall Comments of the monitor:**
 |
| Strength(s) | Limitation(s) | Recommendation(s) |
|  |  |  |

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**Section-C**

**Checklist of monitoring/observation: After Training**

| **SL** | **Area of monitoring/observation** | **Update status** | **Recommendation/Remarks** |
| --- | --- | --- | --- |
| i) | Pre and post test Result summery |  |  |
| ii) | Training certificate distribution |  |  |
| iii) | Attendance sheet |  |  |
| iv) | Others (pls. specify)  |  |  |
| Overall monitoring/observation comments with follow up action:  |

|  |
| --- |
| **Monitor/observer Information:**  |
| *This tool will be used for training monitoring/observation purpose and is applicable for all level of staff of BHB Project/Partner Organization* |
| Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name & Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |