

TB DM Training: External Monitor's Tool

Note: This form is to be completed by a monitoring individual / team from the PR, or the National and Provincial TB Control entities. A copy of this form should be sent to the implementing organization within **three working days** of completion of the monitoring activity. Data from this form will be shared with the Local Fund Agent / Global Fund.

Training Title: _____

Trainer(s): _____

Implementing Organization: _____

Province: _____ District: _____ Venue: _____

Date(s): _____

Note:
 Please rate each item according to the scale below (use a ✓ for rating in appropriate cell):
 5. **Excellent;** Trainer exceeds all expectations-
 4. **Good;** Trainer exceeds most expectations
 3. **Satisfactory;** Trainer met some, but not all, expectations
 2. **Unsatisfactory;** Trainer did not meet expectations

S. No.	Assessment of trainer's skills and knowledge	5	4	3	2
1	Session planning: introduction of participants; explanation of objectives; exploration of participants' expectations; introduction of subject matter; explanation of training contents				
2	Trainer encouraged active participation, maintained eye contact, and responded effectively and completely to the participants' questions				
3	Trainer followed trainer's notes/ guide				
4	Trainer made effective use of audio-visuals, moved around the room, and spoke loudly/clearly				
5	Trainer had the required knowledge of TB drug management				
6	Trainer instructed participants to conduct the role play/ case study / group work and shared the scenario with the participants in a manner that was clearly understood by them				
7	Exercises, to give hands-on knowledge to participants, were conducted				
8	Time management: Trainer specified clearly the time available for each session/activity and ended each session/activities on time				
-	Total points				
-	Total score (out of 40)				

Remarks

Note: Please mark each item as appropriate (use a ✓ for rating)

S. No.	Logistics	YES	NO
1	Appropriateness of venue: accessible; convenient; well ventilated; well lit, etc.		
2	Seating arrangement appropriate		
3	Space for participants to work in small groups available/adequate; and rooms neat & clean		
4	Training banner visibly displayed		
5	Multimedia / OHP, screen, flip chart with markers and stand available		
6	Agenda, training manual and writing materials provided to participants		
7	Quality refreshment was served		

Remarks

Note: Please mark each item as appropriate (use a ✓ for rating)

S. No.	Training methodology and technique	YES	NO
1	Opening session attended by higher authority		
2	Total number of participants invited (<i>specify number</i>)		
3	Total number of participants present (<i>specify number</i>)		
4	Selection criteria for participants followed		
5	Pre-test completed by all participants		
6	Pre-test responses evaluated by trainer and sessions adapted to respond to issues highlighted in pre-		
7	Post-test completed by all participants		
8	Post-test responses evaluated by trainer and general feedback given to participants		
9	Recap of Day 1 conducted at beginning of Day 2 (<i>mark NA if 1-day training</i>)		
10	Certificates distributed at conclusion of workshop		
11	Per-diem distributed in timely and transparent manner		
12	Participants' feedback form completed by all participants		
13	Concluding session conducted		

Remarks

Issues / problems identified:

Action(s) taken:



Suggestion(s) for trainer(s):

Suggestion(s) for PR / NTP / PTP:

Monitor: _____

Designation: _____

Signature: _____

Date: _____