

Format for Training Quality Audit at facility level

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Name of district		Name of Block	
Name of Facility		Date of Audit	
Name of respondent		Designation of respondent	
Name of Auditor		Name of Auditor	
Designation		Designation	

	Question	Response	Remark
1	How many online TOTs (state level) have been attended by participants from your health facility regarding preparation for Covid-19 third wave?	(in numbers)	
2	How many online/offline further trainings (district/ block/ facility) have been attended from your facility regarding preparation for Covid-19 third wave?	(in numbers)	
3	Did the district/ facility organize hands-on trainings for some trainings?	Yes / No	
4	If yes, please name	(Name of Trainings)	The online checklist will have drop down list
5	Name of trainings attended Online and offline by your different cadres regarding preparation of Covid-19 third wave?	MO and Specialist – (Name of Trainings) Nursing staff - (Name of Trainings) Others - (Name of Trainings)	The online checklist will have drop down list
6	Did you receive timely information (Date and time of training, participant cadre for each training, online training link) before the training?	Yes / No	
7	Did you receive objective of the training, before the training?	Yes / No	

	Question	Response	Remark
8	Did the trainings follow the objectives as suggested ?	Yes / No	
9	Do you have the list of your staff trained in each training (both ToT and further trainings)?	Yes / No	
10	If yes, have you shared the data of the trained staff with District Analytical cell and SIHFW?	Yes / No	
11	Which Training methodologies were included in the training (Please select multiple option)	PPT / AV Aids / Demonstration / Group work / Interactive discussion / Direction	
12	Were pre/ post test conducted/uploaded for evaluation	Yes / No	
13	Did the trainers / Organizers take feedback during training or post training?	Yes / No	
14	Was training material available after completion of TOT/training?	Yes / No	

	Question	Response	Remark
15	How did the participants attend online training from your facility?	Personal mobile / Personal laptop / Facility computer / VC set up at facility	
16	What kind of problems if any did you face, while attending the online training?	None/OPD or IPD work / Internet problem / Hardware problem / others (please specify)	
17	According to you what should be the preferable time to join online training?		
18	According to you what should be the maximum duration of an online training? (In hours)		
19	According to you which trainings are better in the current pandemic situation?	Online trainings / Offline trainings	
20	According to you which platform is better for online trainings?	video / virtual web platform (zoom/google)/ DOIT or NIC set up	
21	Do you think that after training, your staff is well equipped with knowledge of handling COVID-19 effectively?	Yes / No	
22	Any feedback to improve training quality?		

Thank You