

Technical Support Visit Ilaka Level Monthly Review Meeting Observation Form

District: _____	Date of Visit:..... /...../..... English date: (month/day/year)
Name of Health Facility: PHC/HP.....	
Visited by:	
(a) Name _____	Designation _____ Institution: _____
(b) Name _____	Designation _____ Institution: _____
(c) Name _____	Designation _____ Institution: _____

S.N.	Question	Y	N
1.	Was agenda for review monthly meeting prepared ?	1	0
2.	How many health facilities does this Ilaka have (Including this Ilaka) ?	Number	
3.	How many HFs have participated in this meeting ?	Number	
4.	Among those participated HFs, how many of them were HF Incharges ?	Number	
5.	How many HFs monthly reports are available in this meeting ?	Number	
6.	How many HFs just sent report and nobody participated in the meeting ?	Number	
7.	Among those participated HFs, how many of them has brought filled up monthly monitoring worksheet ?	Number	
8.	If all HFs did not fill up MMW, which HFs did not fill up ? 1. _____ 2. _____ 3. _____		
9.	Among HFs who brought filled up MMW, How many HFs' MMWs were discussed ?	Number	
10.	During the discussion, has it been discussed on data quality and sending HMIS data to district/Ilaka on time ?	1	0
11.	During the discussion, has it been discussed on service coverage ?	1	0
12.	During the discussion, has it been discussed on logistics ?	1	0
13.	Has a decision been made during discussion ?	1	0
14.	During this review meeting, decisions were made in last meeting were follow-up?	1	0
15.	Has any staff from DPHO participated in this monthly Illaka meeting ?	1	0