Quality Improvement Secretariat

Ministry of Health & Family Welfare

www.qis.gov.bd

MONITORING TOOLS

Monitoring Team No:

Name of the Person: …… **Date**: __/__/____

SL	WIT Team No	Area of Activities	Team Leadership Status Out of 12	S1 Status Out of 6	S2 Status out of 10	S3 Status out of 12	Action Plan Status Last date	SSC Status Yes/No	Facilitator Role Yes/No	Total Score out of 40
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