

Appendix VII

Sample Timetable for Evaluation Activities

Institution*

General Information

Date ____/____/____ (day/month/year)

Institution_____

Clinic_____

Municipality_____

Department_____

Evaluator 1_____ Institution_____

Evaluator 2_____ Institution_____

*The items in this document are a subset of items in the clinic review of documents form. Thus the numbering is not always sequential.

Data Recordings

Form	Total	Day 1				Comp	Observations
		Morning		Afternoon			
		#	Ev	#	Ev		
1. Review of documents	1	1	Ev1				
2. Observation of general conditions	1	1	Ev1				
5. Personnel interviews	2	2	Ev2				

Table Definitions:

Form: Type of data collection form

Total: Total number of questionnaires to be completed per form

Day 1: Day of the internal evaluation (This process can be held in the afternoon, if necessary.)

Morning/ Time of day when data will be recorded

Afternoon

#: Number of questionnaires to be completed per evaluator

Ev: Evaluator in charge of completing questionnaires

Comp: Confirmation of compliance (Use a check if the facility complies; use an X if it does NOT comply.)

Observations: Important information about each activity