**MONTHLY SUPERVISORY AND MONITORING PLAN**

FOR THE MONTH OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date | Objectives | Focus | Administrative Section Head | Yes | No | If no, what is the proposed solution |
|  |  |  |  |  |  |  |

Prepared by: Approved by:

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