



QUALITY IMPLEMENTATION CHECKLIST

City:		
Health Facility Name:		
Date of Assessment:		
Respondent:	Position:	
Assessor:		

HIGH IMPACT PRACTICE								
Community Group Engagement (CGE)								
Region: Date:								
S.No	Criteria	Yes	No	NA	Remark			
1.	Do you identify which target population should be included as participants in the conduct of activity?							
	MOV: Key Informant Interview, Needs analysis results/documentation							
2.	Do you support and build the capacity of individual community members to lead group processes?							
	MOV: Key Informant Interview, Training reports							
3.	Do you engage barangay and/or other organized community groups in the conduct of the activity?							
	MOV: Key Informant Interview, Activity reports							
4.	Do the community engagement activities include prevention of unintended pregnancy in the message?							
	MOV: Probing questions, Activity design							
5.	Does the process ensures that unheard community members are heard and empowered to own the process and results?							
	MOV: Probing questions, Activity design							
6.	Do the community engagement activities facilitate a process through which communities identify root causes to problems and craft solutions?							
	MOV: Probing questions, Activity design							
Total So	cores (%)							





Action Plan

Gap Identified	Recommended action	Person responsible	Resources required	Timeline