

**QUALITY IMPLEMENTATION CHECKLIST**

<b>City:</b>			
<b>Health Facility Name:</b>			
<b>Date of Assessment:</b>			
<b>Respondent:</b>		<b>Position:</b>	
<b>Assessor:</b>			

**HIGH IMPACT PRACTICE**

Community Health Volunteers (CHVs)

S.No	Criteria	Yes	No	NA	Remark
1.	Do you conduct needs analysis of barangay health workers (BHWs) and equivalent in terms of family planning (FP) and adolescent health development (AHD)?  <b>MOV: Key Informant Interview, Needs analysis results/documentation</b>				
2.	Do you enhance volunteer provider capacity through Barangay Health Worker Basic Course or other equivalent training?  <b>MOV: Training registry, Training certificates, Activity reports</b>				
3.	Do you regular conduct coaching/mentoring as part of BHW performance feedback at least once a quarter?  If more frequent, specify frequency: _____  <b>MOV: Key Informant Interview, Coaching logs</b>				
4.	Are your BHWs conducting house-to-house visit?  If YES, specify frequency: _____ % of BHWs that conducts H2H visit: _____  <b>MOV: Key Informant Interview, Documentation of H2H visits</b>				
5.	Are your BHWs conducting master listing/profiling?  % of BHWs that conducts master listing/profiling: _____  <b>MOV: Key Informant Interview, Masterlist</b>				
6.	Are your BHWs are given enough commodities (pills and condoms) for resupply activities?  <b>MOV: TCL vis-à-vis records, Stock-out records/inventory report</b>				
Total Scores (%)					

**Action Plan**

Gap Identified	Recommended action	Person responsible	Resources required	Timeline