

QUALITY IMPLEMENTATION CHECKLIST

Section- A: General Information	
Region- _____ City- _____ Type of the Facility- _____ Name of the Facility- _____ Name of the Platform- _____	Date of administration- _____ Name of the observer- _____ Designation of Observer- _____ Mobile no. _____ HII/HIP observed- _____

HIGH IMPACT PRACTICE

Mobile Outreach Services (MOS)

Region: _____

Date: _____

S.No	Criteria	Yes	No	NA	Remark
1.	Do you include family planning (FP) services provision during demand generation activities? MOV: Key Informant Interview, Activity reports				
2.	Do you conduct needs and resources assessment prior to outreach? MOV: Key Informant Interview, Assessment results/reports				
3.	Do you identify and prepare outreach site? How? MOV: Key Informant Interview, Activity reports				
4.	Do you collect and prepare materials for outreach activities? MOV: Probing questions (How? What materials do you usually prepare?)				
5.	Do you mobilize barangay stakeholders in the conduct of outreach services? MOV: Key Informant Interview				
6.	Do you conduct client satisfaction during outreach and use the results of the client feedback in the enhancement of services? MOV: Key Informant Interview, Documentation of utilization of results				
Total Scores (%)					

Action Plan: Technical Training with Technical and Managerial Coaching

Enablers	Barriers	Recommended action	Person responsible	Resources required	Timeline