

QUALITY IMPLEMENTATION CHECKLIST

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

HIGH IMPACT PRACTICE					
Post-partum Family Planning (PPFP)					
Region:					
Date:					
S.No	Criteria	Yes	No	NA	Remark
1.	Do you conduct needs analysis of health workers in terms of post-partum family planning (PPFP)? MOV: Key Informant Interview, Needs analysis results/documentation				
2.	Do you enhance provider capacity to counsel and offer PPFP based on government guidelines (FPCBT1 & 2)? MOV: Training registry, Training certificates				
3.	Do you orient your Barangay Health Workers (BHWs) to PPFP? MOV: Key Informant Interview, Activity reports				
4.	Do you provide family planning (FP) services during other health service provision (e.g. offering of FP counseling and commodities during pre-natal consultation, pre-hospital discharge, 1st baby immunization, etc.)? MOV: Key Informant Interview, Activity reports				
5.	Do you document provision of PPFP services/uptake data? MOV: Target client list, medical records				
6.	Do you experience any stock-outs? MOV: Inventory report				
7.	Do you conduct monthly facility meetings? MOV: Key Informant Interview, Meeting reports				
8.	Do you submit monthly data report to City Health Office? MOV: Key Informant Interview, signed FHSIS M1				
Total Scores (%)					

Action Plan

Gap Identified	Recommended action	Person responsible	Resources required	Timeline