

The 3-Step Implementation Model Benchmarks (Prepare, Rollout, and Sustain)

Group Care Circles Quarterly Benchmarks: PREPARE			
Health Facility:	Today's date:		
Reporting Quarter (3 months):	Completed by:		
1. Was the health facility sensitized to Group Care Circles?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
2. Did co-facilitators (midwives/nurses and community volunteers, able to read Chichewa), attend a Care Circles training workshop?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
2a. In total, how many midwives/nurses are available for Care Circles?			
2b. In total, how many community volunteers are available for Care Circles?			
3. Are administrators supportive of Group Care Circles?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
3a. Describe the ways that administrators are and are not supportive:			
4. Did you meet with a KCN consultant to initiate implementation planning?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
5. Was a Care Circles room identified and reserved?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
6. Was a Care Circles coordinating team was formed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
6a. In total, how many people are on the team?			
7. Did the coordinating team met at least one time to create the rollout plan?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
7a. In total, how many did the team meet?			
8. Was the rollout plan shared and approved by the health facility?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
9. Did the coordinating team setup a Care Circles schedule that ensures continuity of care (the same co-facilitators at each group)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
10. Was the first Care Circles group established? In other words, were 8-12 women of similar gestational ages recruited and given the dates for all group meetings?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
10a. What is the date of the first Care Circles meeting?			

Group Care Circles Quarterly Benchmarks: ROLLOUT			
Health Facility:		Today's date:	
Reporting Quarter (3 months):		Completed by:	
A. How many groups fully completed care (all meetings) this quarter ?			
B. Did new clinic leaders & staff join the health facility? <input type="checkbox"/> Yes <input type="checkbox"/> No			
1. Are administrators supporting Group Care Circles?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
1a. Describe the ways that administrators are or are not supportive:			
2. Is everyone, including the new leaders and staff, sensitized to Care Circles?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Does your health facility have adequate numbers of trained co-facilitators?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
5a. In total, how many midwives/nurses are available for Care Circles?			
5b. In total, how many community volunteers are available for Care Circles?			
5c. In total, how many new facilitators were trained this quarter ?			
4. Did the coordinating team meet at least once this quarter ?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
6a. In total, how many times did the team meet this quarter ?			
5. Did you make plans to rollout new groups this quarter ?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
7a. How many new groups did you plan to offer this quarter ?			
7b. Is this number more, the same, or less than last quarter?			
6. Did you form new ANC Care Circles this quarter ?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
8a. In total, how many new ANC Care Circles were formed?			
8b. If no new groups were formed, please explain :			
7. Did any Care Circles end prematurely this quarter ?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
9a. How many Care Circles ended prematurely?			
9b. If Care Circles ended prematurely, please explain :			
8. Did coordinators collect and review self-assessment forms?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
8a. How many self-evaluation forms were collected?			
8b. How many forms have a score above 13 ?			
8c. Calculate the percentage of forms with a score above 13 ($8b \div 8a$)			
8d. How many self-evaluation forms are missing?			
9. Were Care Circles updates presented regularly at health facility meetings?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. Does your health facility plan to continue offering Care Circles?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

Group Care Circles Quarterly Benchmarks: SUSTAINING

Health Facility:		Today's date:	
Reporting Quarter (3 months):		Completed by:	
A. How many groups fully completed care (all meetings) <u>this quarter</u>?			
1. Is everyone, including the new leaders and staff, sensitized to Care Circles?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
2. Does your health facility have adequate numbers of trained co-facilitators?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
2a. In total , how many midwives/nurses are available for Care Circles?			
2b. In total , how many community volunteers are available?			
2c. In total , how many new facilitators were trained this quarter ?			
3. Did you roll out new groups <u>this quarter</u>?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
3a. If NO , please explain:			
4. Did coordinators collect and review self-assessment forms?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
4a. How many self-evaluation forms were collected?			
4b. How many forms had a score above 13.0?			
4c. How many self-evaluation forms are missing?			
4d. Calculate the percentage of forms with a score above 13.0 (8b ÷ 8a)			
4e. See 4d , were 90% (or more) of groups offered with high fidelity?			
5. Will your health facility continue to offer Group ANC Care Circles and enroll women in new groups?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	