Competency-based Skills Checklist for FP Counseling

Date of Assessment ____________ Dates of Training ________________________

Place of Assessment: Facility _______________ Classroom ____________________

Name of Facility ____

Type of Facility: ☐ MOH/Gov't ☐ NGO ☐ Other

Level of Facility: ☐ Primary ☐ Secondary ☐ Tertiary

Name of the Service Provider ____

Name of the Assessor ____

This assessment tool contains the detailed steps that a service provider should follow in counseling and providing client instructions for implants. The checklist may be used during training to monitor the progress of the trainee as s/he acquires the new skills and it may be used during the clinical phase of training to determine whether the trainee has reached a level of competence in performing the skills. It may also be used by the trainer or supervisor when following up or monitoring the trainee. The trainee should always receive a copy of the assessment checklist so that s/he may know what is expected of her/him.

Instructions for the Assessor

1. Always explain to the client what you are doing before beginning the assessment. Ask for the client's permission to observe.
2. Begin the assessment when the trainee greets the client.
3. Use the following rating scale:

   1= Needs Improvement. Step or task not performed correctly or out of sequence (if necessary) or is omitted.

   2= Competently Performed. Step or task performed correctly in proper sequence (if necessary) but participant does not progress from step to step efficiently.

   3= Proficiently Performed. Step or task efficiently and precisely performed in the proper sequence (if necessary).

   Not observed: Step, task, or skill not performed by the trainee during evaluation by the trainer.
4. Continue assessing the trainee throughout the time s/he is with the client, using the rating scale.
5. Observe only and fill in the form using the rating numbers. Do not interfere unless the trainee misses a critical step or compromises the safety of the client.
6. Write specific comments when a task is not performed according to standards.
7. Use the same copy for several observations.
8. When you have completed the observation, review the results with the trainee. Do this in private, away from the

client or other trainees

	Task performed by Provider	Yes	No	Comments
	Pre-Choice Stage			
1	Greats client and maintains rapport with the client throughout, Enquires about her health and that of the her children and family			
2	Acknowledges the client for coming for family planning of accepting to talk about family planning			
3	Make sure she is comfortable			
4	Explain to her that you will discuss family planning first and related reproductive health issues and discuss other health problems later.			
5	Tell her you will ask her questions to help guide the counseling			
6	Ask her how many children she has and their ages			
	Ask her what she has heard about family planning			
7	Counsel her using the healthy timing and spacing of pregnancy card to emphasize the benefits of family planning			
8	Ask her whether she has ever used family planning before and what she has heard about family planning			
9	Ask her about her satisfaction with the method If she has used contraceptive method before, ask her about her satisfaction with the method			
10	Ask her the following questions and arrange the cards and contraceptive methods appropriately depending on responses: 10.1. Ask does she wish to have children in future? Yes: If yes set aside the tubal ligation and vasectomy cards. If No: Keep all cards for now			
	10.2. Asks if client has given birth in the last 48 hours (*she might be at post-natal or delivered at home and come for BCG, DPT and Polio-Zero)* *Yes:* Set aside CoC and SDM. *No:* Keep all cards for now			
	10.3. Asks is client is breastfeeding baby less than six months Is yes: set aside CoC and SDM If No: Set aside CoC, if periods have resumed set aside LAM as well			
	10.4. As if partner is supportive of family planning If No: Set aside male and female condoms and SDM			
	10.5. Ask about medical conditions she has and what medicatiosn she us taking? If Yes: Refer to the Medical Eligibility Criteria (MEC) and set aside Methods in Categories 3 and 4 If No keep all cards.			
	10.6. Ask if there are any methods she does not want to ever use or hear about If yes: Clarify whuch ones, clarify misunderstanding If no keep all cards			
	Stage 2: CHOICE STAGE			
1.	Explain to client all methods that have bene set aside and why?			
2.	Ask when she will want her next child?			
3.	Ask about easy access to the health facility or life style that might interfere with keeping return dates e.*g. in school and not graduating for some time or single and not planning to get married or not having child any time soon?*			
4.	Arrange the remaining method cards and contraceptive methods in order of Long acting short acting depending and effectiveness.			

5.	Explain that you will help her to choose a method that is suitable for her, the choice is entirely hers based on what she knows already and the information you will give her.			
6.	Explain each methods as per cards, (*use visual aids, give client method to touch and feel*			
	Stage 3 POST CHOICE			
1	Commend client for her choice and discuss reasons for choice of method to be sure her decision is definite			
2	Explain further about the method the client has chosen as per card			
3	Allows client to ask questions and responds truthfully			
4	Observe client for non-verbal cues and respond,			
5	Checks client's understanding of key information (*how method works, her responsibility for use of method, advantages side effects, particularly changes in menstrual cycle and fellow-up)*			
6	Summarize the key points, her choice and what you heard her say and any misunderstanding clarified/new information.			
7	Explain to client next steps history taking and examination			
8	Explain about screening that is god for her health in general and will not affect use of method			
10	Determine need for antenatal care, Cervical cancer screening, HTC			
	SCREENING, PROVIDING CHOSEN CONTRACEPTIVE METHOD AND OTHER SERVICES			
1	Assure the client of confidentiality and privacy			
2	Use both open and close ended questions			
3	Record on history card noting any abnormalities			
4	Proceed to perform physical and bimanual examination including postpartum assessment, other services such as, breads cancer screening, Cervical cancer screening, STDs			
6	Explain findings to the client			
7	Discuss about HV/AIDS and STDs offer HTC if client desires			
8	Administer the method			
9	Record and Give client instructions on use fo method			
10	Give return date on card and explain when to return urgently.			
11	If client's baby is due for check-up or immunization, escort client and help her not to que again for the services to reduce on waiting time.			