



Counseling for RH Services – Supervision Checklist

Adapted from FHI360

Name of CHW:.....

Date:.....

Sub-county: Parish:.....

Aspect to be assessed	Not Done	Poorly Done	Well Done	Comments
1. Greeted/welcome client				
2. Introduced her/him self				
3. Explained the purpose of visit				
4. Asked client about his/her RH problems/needs				
5. Asked client what he/she knew about FP/STDs				
6. Displayed available FP methods				
7. Used relevant IEC materials				
8. Helped client select a method/plan of action				
9. If pill is chosen, did VHT use checklist to screen client?				
10. If Depo is chosen, did VHT use checklist to screen?				
11. Explained to the client how to use method/how the method works				
12. Demonstrated to client how to use method				
13. Explained possible side effects				
14. Emphasized the importance of condoms for STI/HIV prevention				
15. Responded correctly to client's questions				
16. Gave follow-up appointment				
17. Thanked client				
18. Sensitivity to gender				

Overall positive comments:.....

Suggestions for improvement:.....

Any follow up required:.....

Name of Supervisor:.....Signature:

Name of VHT:Signature:



Conducting a Group Talk - Supervision Checklist

Adapted from FHI360

Name of CHW:.....
Date:.....
Sub-county: Parish:.....

Aspect to be assessed	Not Done	Poorly Done	Well Done	Comments
1. Lesson plan / Notes Prepared				
2. Participants welcomed / greeted				
3. CRHW introduced her/himself				
4. Topic Introduced				
5. Checked level of participant's understanding of the topic				
6. Participants encouraged to ask questions				
7. Responded positively to questions (participatory approach)				
8. Visual aides / IEC materials used				
9. Accuracy of content/topic				
10. Time Management (10-20 mins)				
11. Did CRHW ask audience what they had learned from the talk?				
12. Thanked participants				
13. Overall presentation of VHT				
14. Sensitivity to gender				

Overall positive comments:.....

Suggestions for improvement:.....

Any follow up required:.....

Name of Supervisor:..... Signature:

Name of VHT: Signature:



Provision of Depo IM Injection – Supervision Checklist

Adapted from FHI360

Name of CHW:.....
Date:.....
Sub-county: Parish:.....

Aspects to be assessed	Not Done	Poorly Done	Well Done	Comments
1. Wash hand with soap and water before and after giving injection. Air dry washed hands.				
2. Ask client to expose the upper outer part of the arm				
3. Clean injection site with a cotton ball soaked in clean water				
4. Check the depo provera vial for expiry date				
5. Roll the bottle between the palms or shake it gently				
6. Open the sterile wrapper of AD syringe without contaminating the tip or the needle				
7. Draw up entire dose in the vial				
8. Hold the syringe up and tap on the barrel to move the air into the tip. Gently expel air from the syringe				
9. Hold the syringe upright and tap on barrel to remove air				
10. Inject the suspension intra-muscularly				
11. Do not recap the needle, do not separate the needle from the syringe				
12. Throw used needle & syringe in safety box				
13. Wash hands				
14. Thank the client, give return date and bid her fare well.				

Overall positive comments:.....

Suggestions for improvement:.....

Any follow up required:.....

Name of Supervisor:.....Signature:

Name of VHT:Signature:



FP Compliance – Supervision Checklist

Name of CHW:.....
 Date:.....
 Sub-county: Parish:.....

Aspects to be assessed	Not Done	Poorly Done	Well Done	Comments
1. CHWs understands the concept of “informed choice” and demonstrates this in his/her interactions with clients. <i>Informed choice includes effective access to information on family planning choices and to the counseling, services, and supplies needed to help individuals choose to obtain or decline services, to seek, obtain, and follow up on a referral, or simply to consider the matter further.</i>				
2. CHWs understands the concept of “voluntarism” and demonstrates this in his/her interactions with clients. <i>“Voluntarism” is the principle of relying on voluntary action. It is further defined as a decision based upon the exercise of free choice that is not obtained by any special inducements or any element of force, fraud, deceit, duress or other forms of coercion or misrepresentation. Explains to clients that they should make their own contraceptive choices voluntarily without being coerced to take specific methods</i>				
3. The CHWs does not implement or is not subject to quotas/targets relating to numbers of births, family planning acceptors, or acceptors of a particular FP method.				
4. The CHW offers no payments, incentives, bribes, or financial rewards to individuals in exchange for becoming acceptors or to program personnel for achieving targets or quotas for numbers of births, FP acceptors, or acceptors of a particular FP method.				
5. The CHWS does not deny rights or benefits, as a consequence of an individual's decision not to accept family planning.				
6. The CHWs provides comprehensive information to the client. FP acceptors must receive comprehensible information on the health benefits and risks of the client chosen method chosen.				
7. The CHWS does not offer experimental contraceptive drugs or devices.				
8. The CHWs offers, either directly or through referral to, a broad range of family planning methods and services.				
9. The CHW does not support programs involving coercive abortion or involuntary sterilization; nor does the CHW provide, promote or refer clients to abortion services.				
10. VHTs/CORPs offers information and referral on natural methods (e.g. MoonBeads).				



Aspects to be assessed	Not Done	Poorly Done	Well Done	Comments
11. CHWs does NOT provide sterilization.				
12. CHW does NOT lobby for or against abortion.				

Overall positive comments:.....

Suggestions for improvement:.....

Any follow up required:.....

Name of Supervisor:.....Signature:

Name of VHT:Signature:



Provision of Sayana Press Injection – Supervision Checklist

Adapted from PATH

Name of CHW:.....

Date:.....

Sub-county: Parish:.....

Aspects to be assessed	Not Done	Poorly Done	Well Done	Comments
1. Places safety box and cotton swabs (optional) within arm’s reach.				
2. Washes hands				
3. Selects the injection site (and cleans if needed).				
4. Opens the Uniject™ pouch by tearing the notch.				
5. Checks the expiration date and makes sure the DMPA is at room temperature.				
6. Mixes the Sayana Press by shaking it vigorously for 30 seconds.				
7. Checks to make sure the DMPA is mixed and there is no damage to the Uniject.				
8. Holds the Uniject with the needle pointing upward during activation.				
9. Pushes the needle shield and port together to fully to activate the Uniject for use.				
10. Pinches the “skin” of the client to form a tent.				
11. Holds the port of the Uniject while inserting the needle.				
12. Inserts the needle into the tent of skin between the thumb and forefinger.				
13. Inserts the needle at a downward angle.				
14. Inserts the needle completely so that the port is in full contact with skin				
15. Moves fingers from the port to the reservoir while still pinching the skin.				
16. Squeezes the reservoir slowly to inject the contraceptive—taking about 5–7 seconds.				
17. Removes the Uniject from the client.				
18. Releases the fingers used to pinch the skin and create the tent.				



Aspects to be assessed	Not Done	Poorly Done	Well Done	Comments
19. Places the used Uniject immediately into a safety box without replacing the needle shield.				

Overall positive comments:.....

Suggestions for improvement:.....

Any follow up required:.....

Name of Supervisor:.....Signature:

Name of VHT:Signature:



Provision of Emergency Contraception – Supervision Checklist

Adapted from Pathfinder International

Name of CHW:.....
 Date:.....
 Sub-county: Parish:.....

Aspects to be assessed	Not done	Poorly done	Well Done	Comments
1. Greets client in friendly and helpful way.				
2. Introduces self.				
3. Asks client why he/she has come to you or what makes him/her think he/she needs ECPs.				
4. Ensures confidentiality.				
5. Screens client for date of unprotected sex and last menstruation.				
6. Tells client about ECPs (how they work, effectiveness, and possible side effects).				
7. Allows client to ask questions and asks client if he/she has any questions.				
8. Explains correct use of ECPs and asks client to summarize instructions.				
9. Shows ECPs to client and gives client correct number of pills.				
10. Explains how to manage possible side effects and tells client to return or go to a clinic or hospital if there are any problems or concerns.				
11. Tells client the menstrual period is likely to be within one week before or after the normal expected date.				
12. Asks client about ongoing contraceptive method, and asks if he/she would like to discuss other contraception options.				
13. Explains to the client that he/she and his/her partner may be at risk of an STI.				
14. Provides referral information for community health services.				
15. Demonstrates a nonjudgmental attitude and respect for client.				

Overall positive comments:.....

Suggestions for improvement:.....

Any follow up required:.....

Name of Supervisor:.....Signature:

Name of VHT:Signature:



Provision of Standard Days Method (Calendar /Moon Bead) – Supervision Checklist

Name of CHW:.....
 Date:.....
 Sub-county: Parish:.....

Aspects to be assessed	Not done	Poorly done	Well Done	Comments
1. Greets client in friendly and helpful way.				
2. Introduces self.				
3. Asks client why he/she has come to you or what makes him/her think he/she wants to use FP.				
4. Asks client about ongoing contraceptive method, and asks if he/she would like to discuss other contraception options.				
5. Ensures confidentiality.				
6. Screens client for eligibility for use of Standard Days Method 1) She has most cycles between 26 and 32 days long -Her period comes about once a month -She knows the first day of her last menstrual period				
2) She and her partner can avoid sex or use condoms on fertile days				
7. Discuss circumstances that can affect cycle length • Postpartum or Breastfeeding (has had 4 cycles since baby was born, and last two periods about a month apart)				
• If using injectables, has 3 months passed since last shot? Have periods returned? Last 3 periods about a month apart?				
• If using pills, Were periods about a month apart before using the method? Last 3 periods since stopping about a month apart?				
• If using IUD, Were periods about a month apart while using the IUD? Last 2 periods since stopping about a month apart?				
• If she recently had a miscarriage, abortion or used EC, were here last two periods about a month apart before getting pregnant or using EC?				
8. Tells client about SDM (how it works, effectiveness, and possible side effects).				



Finds out about client partner involvement in following the SDM cycle..				
9. Advised client to use a condom or abstain from sex on unsafe days.				
10. Allows client to ask questions and asks client if he/she has any questions.				
11. Explains correct use of SMD and asks client to summarize instructions. (Will vary depending on Calendar or Cycle/Moon Bead)				
12. Tells client to return or go to a clinic or hospital if there are any problems or concerns.				
13. Explains to the client that he/she and his/her partner may be at risk of an STI.				
14. Provides referral information for community health services.				
15. Demonstrates a nonjudgmental attitude and respect for client.				

Overall positive comments:.....

Suggestions for improvement:.....

Any follow up required:.....

Name of Supervisor:.....Signature:

Name of VHT:Signature:



Provision of Lactational Amenorrhea Method – Supervision Checklist

Adapted from Georgetown University LAM Checklist

Name of CHW:.....
 Date:.....
 Sub-county: Parish:.....

Aspects to be assessed	Not Done	Poorly Done	Well Done	Comments
1. Collects the necessary job aids, client education materials and client record.				
2. Greets the woman respectfully and with kindness. Introduces her/himself.				
3. Asks the client what services she is seeking.				
4. Listens to the woman attentively, and responds to her questions and concerns.				
5. Assures confidentiality and maintains privacy.				
6. Respects the client's right to make an informed decision				
7. Asks the woman if and when she plans to have another baby.				
8. Asks about previous contraceptive use. (What was her experience?)				
9. Discusses return to fertility – If not breastfeeding, first ovulation occurs on average 45 days postpartum. In breastfeeding women not using LAM, two-thirds ovulate before their first menses.				
10. Discusses benefits of waiting at least two years after birth to try to become pregnant again.				
11. Asks woman if she is breastfeeding. If she is not, discusses contraceptive options other than LAM. <ul style="list-style-type: none"> • Discusses advantages and limitations of each available method • Helps client decide which option is best for her 				
12. Provides, or refers for, contraceptive method, along with instructions on how to use and management of possible side effects.				
13. If woman is breastfeeding but does not choose to use LAM, advises the woman: <ul style="list-style-type: none"> • That breastfeeding alone (without the three LAM criteria) will not protect her from 				



Aspects to be assessed	Not Done	Poorly Done	Well Done	Comments
pregnancy <ul style="list-style-type: none"> • Regarding methods that are compatible with breastfeeding and the woman’s medical history • That breast milk gives her baby all the nutrition s/he needs for the first six months 				
14. Counsels client concerning STI/HIV history, sexual behavior and reduction of risks. (Note: If the woman's HIV status is unknown or she is HIV-positive, counsel as appropriate.)				
15. Ensures that woman/couple knows when and where to return if complications or other problems develop.				
16. If woman is breastfeeding and is interested in using LAM, provides the following counseling. (Note: Use the LAM Job Aid [Appendix A] to assist in providing counseling.)				
17. Determines whether the woman meets all three LAM criteria: <ul style="list-style-type: none"> • Her menstrual bleeding has not returned since her baby was born; and • She breastfeeds only (i.e., breastfeeds her baby day and night and does not give any other food, water or liquids); and • Her baby is less than six months old 				
18. Explains that if she breastfeeds only/exclusively and her menses have not returned, she is practicing contraception that is more than 98% effective until the baby turns six months old.				
19. Gives the client advice on how to maintain only/exclusive breastfeeding: <ul style="list-style-type: none"> • Breastfeed as often as your baby wants, day and night • Continue to breastfeed even when you or your baby is sick • Do not give your baby any foods, water or other liquids before six months of age • Do not use bottles, pacifiers or other artificial nipples, which discourage your baby from breastfeeding as frequently 				
20. Reassures her that breast milk gives her				



Aspects to be assessed	Not Done	Poorly Done	Well Done	Comments
baby everything s/he needs to be healthy.				
21. Discusses the importance of transitioning to another method immediately if any of the three LAM criteria is not met or if she no longer wants to use LAM.				
22. Discusses the method of family planning she would like to use when no longer using LAM (the method to which she will transition).				
23. Discusses the importance of continuing to breastfeed after the LAM criteria are no longer met, when she is using another method of contraception. Includes discussion of appropriate methods for the breastfeeding mother.				
24. Ensures that the woman knows to where to go if she has a question/concern or problem or if any danger signs arise.				
25. Advises the woman to return to the provider/clinic immediately to start on another family planning method when any one of the three LAM criteria is no longer met, or if she has breastfeeding difficulties.				

Overall positive comments:.....

Suggestions for improvement:.....

Any follow up required:.....

Name of Supervisor:.....Signature:

Name of VHT:Signature: