

## FAMILY PLANNING SUPPORTIVE SUPERVISION CHECKLIST

### *Supportive supervision checklist to assess provision of family planning counseling*

Supportive supervision is an approach for constructive feedback and improvement of health worker performance and motivation through collaborative exchange between the supervisee and the supervisor or supervisory team. This tool is designed to be used by regional, provincial, or district health teams when conducting supervision visits at health facilities that offer family planning (FP) services. The tool focuses on quality of FP service provision, with emphasis on counseling and stock management, for use when a supervisor visits a facility to observe or simulate FP counseling with clients. It includes some verification of contraceptive product stock levels to be completed when visiting a facility or through interviewing facility management. It is intended to serve as a guide and can be adapted for specific settings; it can be modified to add new questions, or existing questions can be deleted or skipped if not relevant. Additional supervision tools may be needed to assess more extensive supply issues or equipment and broader service provision aspects, if desired.

**At the end of the supervision visit:** discuss with the health worker what actions are needed to help them improve their skills. Also praise the things the health worker did well and provide them with a copy of the completed form.

<b>Health worker name:</b>	<b>Supervisor name:</b>
<b>Health facility name:</b>	<b>Date:</b>
<b>Region/province/state:</b>	<b>District/zone:</b>
<b>Health facility type:</b> <i>(select all that apply)</i> <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Hospital <input type="checkbox"/> Health center/clinic <input type="checkbox"/> Health post <input type="checkbox"/> Pharmacy <input type="checkbox"/> Drug shop <input type="checkbox"/> Other (specify): _____	
<b>Health center level:</b> <i>(select or adapt as relevant to country health system)</i> <input type="checkbox"/> IV <input type="checkbox"/> III <input type="checkbox"/> II	
<b>Where does the health worker perform most duties?</b> <i>(select one)</i> <input type="checkbox"/> Facility <input type="checkbox"/> Community	
<b>What function/role does the health care worker hold?</b> <i>(select the most appropriate response)</i>	
<input type="checkbox"/> District chief medical officer <input type="checkbox"/> District health team member <input type="checkbox"/> In-charge <input type="checkbox"/> FP focal person <input type="checkbox"/> Head nurse <input type="checkbox"/> Primary health care supervisor	<input type="checkbox"/> Health worker <input type="checkbox"/> Community health worker (e.g., village health team [VHT], accredited social health activist [ASHA], relays.) <input type="checkbox"/> FP counselor <input type="checkbox"/> Other (specify): _____
<b>When did the health care worker last receive any type of training in FP?</b> ____/____/____	
<b>What type of training was it?</b> <i>(select all that apply)</i>	
<input type="checkbox"/> Online training: eLearning course on DMPA-SC self-injection counseling <input type="checkbox"/> Online training: eLearning on family planning and DMPA-SC self-injection counseling <input type="checkbox"/> On-job training <input type="checkbox"/> Off-site training (e.g., classroom-based training)	

**What topics were included in health worker's most recent training?**

**Notes:**

**AVAILABILITY OF FAMILY PLANNING PRODUCTS AND TOOLS**

*Verification of commodity stock levels can be completed when visiting a facility or through interviewing facility management, in addition to the counseling assessment outlined on page 4. Additional supervision tools may be needed to assess more extensive supply issues or equipment. Select "yes" or "no" for the availability of commodities. Only select "yes" in the "available" column if you physically see the commodity.*

<b>Commodities</b>	<b>Routinely offered?</b>	<b>Available?</b>	<b>Adequate stock (minimum three-month supply)?</b>
<b>Products</b>			
Male condoms	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Female condoms	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hormonal or nonhormonal intrauterine devices (IUDs)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Injectables: Intramuscular DMPA ([DMPA-IM] Depo-Provera® or other brand)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Injectables: Subcutaneous DMPA ([DMPA-SC] Sayana® Press)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Implants (Jadelle®, Implanon®, other)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Oral contraceptive pills (combined estrogen-progestin oral contraceptives [COCs] or progestin-only pills [POPs])	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency contraception pills	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Support tools</b>			
DMPA-SC self-injection job aids	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
DMPA-SC self-injection calendars	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Notes:** (For example, note any products or methods that are not offered in the facility or notable issues related to demand or supply.)

FAMILY PLANNING SERVICE PROVISION AND CLINIC MANAGEMENT		Observations
Does the facility conduct FP education/awareness activities (e.g., group education sessions for clients)? If yes, how often? Frequency per month: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the facility have a private space for FP counseling sessions with clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Look at FP register: Is the FP client register up to date? Is the most recent client information entered completely?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

DEMONSTRATION OF FAMILY PLANNING COUNSELING		
<p><b>The supervisor should say to the health worker:</b> “Let us now simulate a client FP counseling session. I will be the client who is interested in initiating use of contraception. Step by step, start as if you are orienting the client to the various method options.”</p> <p><i>Note that the supervisor may want to conduct more than one role play to assess the health worker’s familiarity with various contraceptive methods, or to assess how the health worker counsels a new client as compared to a returning client.</i></p> <p><i>This is a guide; the health worker does not need to be familiar with a particular counseling model.</i></p> <p><i>Select the appropriate box and take note of areas on which to compliment the health worker, and areas in which to suggest improvement. N/A = not applicable.</i></p>		
Observations		
<b>Connects with client in respectful manner</b>		
Health worker greets client with respect, introductions, assures confidentiality and privacy, explains the need to discuss sensitive and personal issues.	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
<b>Explores current reproductive health plans</b>		
Health worker explores the client’s reason for the visit and whether client is new or returning. This information will help determine the client’s counseling needs and the focus of the counseling session.	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Explores client’s reproductive history, current goals and reproductive intentions while discussing healthy timing and spacing of pregnancy.	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Explores client’s social context, circumstances, and relationships.	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Explores client’s history of sexually transmitted infections (STIs), including HIV.	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Discusses STI risk and dual protection and helps the client understand their risk for contracting and transmitting STIs.	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	

<b>For returning clients</b>		
Explores the client's satisfaction with the current method used.	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A	
Confirms correct method use.	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Asks the client about changes in their life since last clinic visit (e.g., plans for having children, STI risk and status, etc.).	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
<i>For dissatisfied clients only:</i> Explores reasons for the client's dissatisfaction or challenges, including the issue, causes, and possible solutions (e.g., switching methods, discontinuation, other options). Allows client to express what is important to her about the method.	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A	
<b>Shows respect for client's method preferences</b>		
Discusses client's preferred method, if any, or explains relevant FP options if client does not have a preferred method.	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
<b>Provides information to help inform client's decision</b>		
<p>Gives accurate and complete information as needed for method role played. <i>As time allows, role play more than one method. Write all methods covered:</i></p> <p>_____</p> <ul style="list-style-type: none"> <li>• Provides accurate information about side effects.</li> <li>• Corrects any misconceptions.</li> <li>• Explains duration of protection (especially relevant for injectables, implants, IUDs) and timing of return to fertility.</li> <li>• Dual protection (condoms).</li> <li>• Options for self-injection (DMPA-SC).</li> </ul>	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Rules out pregnancy and explores factors related to monthly bleeding, and any recent pregnancy and medical conditions.	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
<b>Facilitates shared decision-making</b>		
Health worker supports the client to make decisions.	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Identifies the decisions the client needs to confirm or make (for satisfied clients, check if client needs other services; if not satisfied, go to "For dissatisfied clients only" below).	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Explores relevant options for each decision.	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Helps the client weigh the benefits, disadvantages, and consequences of each option (provides information to fill any remaining knowledge gaps). Encourages the client to make their own decision.	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	

<b>Supports client in implementing their decision</b>		
Health worker assists the client in making a specific plan for carrying out the decision(s) (e.g., obtaining and using the FP method chosen, risk reduction for STIs, dual protection).	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Orients the client on the steps needed to use their chosen method.	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Identifies barriers the client might face in implementing their decision and discusses possible approaches to overcome those barriers.	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Makes a plan for follow-up and/or provides referrals as needed.	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
<b>For DMPA-SC self-injection clients</b> <i>The topics below are primarily for clients who are new to self-injection or returning for their first resupply visit, which serves as an opportunity to review key aspects of self-injection technique, reinjection data calculation, device storage, and disposal. For a more in-depth review of self-injection (e.g., for health worker supervision after training for self-injection counseling) refer to the Self-injection Observation Checklist. That tool can be used in lieu of this section.</i>		
Trains client by demonstrating the injection technique on a model while client follows along with the nine steps in the job aid. Emphasizes the four critical injection steps:  <b>M</b> = Mix the solution by shaking device for 30 seconds; check for leakage. <b>A</b> = Activate device by closing the gap (push needle cap and port together). <b>P</b> = Pinch the skin gently to create a tent; insert needle at downward angle. <b>S</b> = Slowly press reservoir for about 5 to 7 seconds to inject.	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A	
Supervises, coaches, and corrects as the client self-injects while following the <a href="#">job aid</a> or video. Confirms that the client correctly performed the four critical injection steps. If not, health worker retrains client or gives injection and encourages client to try again at the next appointment.	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Trains client to calculate reinjection dates using the job aid along with a <a href="#">calendar</a> , if available. Confirms the client correctly calculates future reinjection dates.	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Advises on proper storage of DMPA-SC at home, including keeping it at room temperature, out of sunlight, and away from children and animals.	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Discusses proper storage and disposal of used devices, including providing or helping identify an appropriate disposal container and returning used units to a health worker or facility at the client's convenience (e.g., during a resupply visit).	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Discusses follow-up with the client (e.g., provides return date, reminder card, or other follow-up reminder system), including for questions about side effects or resupply.	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	

SITE SUPERVISION HISTORY		Observations
Has someone from the district/provincial health team or other supervision team visited this center for FP supervision in the last six months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did health workers receive constructive feedback from the last supervision experience at this facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the last supervision report available? Report date: ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has there been progress on decisions or recommendations made during the last supervision visit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PERFORMANCE AREAS FOR IMPROVEMENT	
<p><i>Explain below specifically what improvement is needed and review these points with the health worker to help them improve their skills. Supervisors should keep a copy of the completed form on file at the appropriate health system level, and if possible, leave a copy of the form with the provider.</i></p>	
What health worker missed or did incorrectly	Feedback for improvement

PERFORMANCE HIGHLIGHTS
<p><i>Praise the things the health worker did well. List the top three highlights.</i></p>