Appendix C
Competency-based Skills Checklists for COCs

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 COCs. 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/ACTIVITY	CASES			COMMENTS
INITIAL INTERVIEW	1	2	3	
• Greets client in a friendly and respectful manner.				
• Maintains eye contact with the client				
Obtains necessary biographical data (name, address, age, etc.).				
Ensures necessary privacy.				
• Concentrates fully on what the client is saying				
• Asks what MCH/FP service she is seeking and responds to any general questions she may have.				
• Provides general information about MCH services and FP methods available.				
• Explains what to expect during clinic visit.				
• Asks client if she has a method in mind				
• Asks client her feelings about or experience with a method				
• Helps client to make an informed choice: e.g., • asks client about reproductive goals, to space or limit births • explores any attitudes or religious beliefs that may favor or rule out one or more methods • briefly explains contraceptive choices available • briefly explains benefits/advantages of each • briefly explains risks/disadvantages of each • asks client if she has any questions and responds to these • asks client which method she prefers				
• If the client chooses COCs: • asks her what she knows about COCs. Corrects any myths, rumors or misinformation she may express • asks if she has used COCs in the past. What was her experience? • gives client a package of COCs to look at and handle • explains advantages of the COC, including non-contraceptive benefits • briefly explains how the Pill works and the importance of taking it every day • explains potential common side effects of the COC. Stress that she may experience some (or possibly none) of these and that they can all be managed: - changes in bleeding patterns (lighter, irregular, infrequent or no monthly period) - nausea (upset stomach) - headaches - mood changes				

TASK/ACTIVITY	CASES			COMMENTS
- breast tenderness/fullness - dizziness - weight gain or weight loss • reassures client that most side effects are not serious and will decrease or stop after a few months of use • responds to any questions or concerns the client may have • explains that s/he will ask the client some questions and performs a minimal physical examination to be sure that the COC is medically appropriate				
CLIENT SCREENING				
• **Screens client using** *Checklist for Screening Clients Who Want to Initiate COCs.* Asks all questions on checklist and record responses. 1. Are you currently breastfeeding a baby less than 6 months of age? 2. Do you smoke cigarettes *and* are you more than 35 years of age? 3. Have you ever been told you have breast cancer? 4. Have you ever had a stroke, blood clot in your legs or lungs, or heart attack? 5. Do you have repeated severe headaches, often on one side, and/or pulsating, causing nausea, and which are made worse by light, noise, or movement? 6. Do you regularly take any pills for tuberculosis (TB) or seizures (fits)? 7. Have you given birth in the last 6 weeks? 8. Do you have gall bladder disease or serious liver disease or jaundice (yellow skin or eyes)? 9. Have you ever been told you have high blood pressure? 10. Have you ever been told you have diabetes (high sugar in your blood)? 11. Do you have two or more conditions that could increase your chances of a heart attack or stroke, such as old age, smoking, obesity, or diabetes? 12. Have you ever been told that you have a rheumatic disease such as lupus? 13. Did your last menstrual period start within the past 7 days? 14. Did you have a baby less than 6 months ago, are you fully or nearly-fully breastfeeding, and have you had no menstrual period since then? 15. Have you abstained from sexual intercourse since your last menstrual period or delivery? 16. Have you had a baby in the last 4 weeks? 17. Have you had a miscarriage or abortion in the last 7 days? 18. Have you been using a reliable contraceptive method consistently and correctly?				

TASK/ACTIVITY	CASES			COMMENTS

Understands that if the clients answers **No** to all of questions 1-12, she may use COCs and is the clients answers **Yes** to at least one of questions 13-18 and is free of signs and symptoms of pregnancy, provider can assume the client is not pregnant.
 	
• Reassures client of confidentiality and uses judgment concerning the necessity of asking the following questions:
  • Do you or your husband/partner have other sex partners?
  • What medicines do you regularly take?
 	
• Manages or refers for follow-up any positive findings.
 	
• If means to check blood pressure are available, checks BP. If no means to check BP are available, a woman may still begin COCs.
 	
  • Checks blood pressure: Is BP elevated?
  - Systolic over 140
  - Diastolic over 90				

TASK/ACTIVITY	CASES			COMMENTS

• **If COC is appropriate:**
• Gives client her pill packet to hold and look at
• Shows her how to follow the arrows on the pack.
• If the client uses a 28-pill pack: instructs her to start a new pack the day after she finishes all of the pills in the packet
• If the client uses a 21 day pack, instructs her to wait 7 days before starting a new pack.
• Instructs the client to start the pill on first day of her next menstrual period (or on fifth day of her menstrual period, or use local guidelines for this instruction). If the client starts the pill after day five of her cycle she should use a back-up method for the first 7 days.
• **Gives the following client instructions about missed pills:**
  • Explain to the client that if she forgets to take her pills, she may become pregnant. If she forgets to take her pills, she should do the following:
  - If she misses one pill, the client should take it as soon as she remembers. Take the next one at the regular time.
  - If she misses two pills, the client should take two pills as soon as she remembers. She				

TASK/ACTIVITY	CASES			COMMENTS
should take two pills the next day, and use a backup method for the next week. The client should finish the packet normally. - If she misses more than two pills, or starts a pack 3 or more days late the client Take a pill as soon as possible, continue taking 1 pill each day, and use condoms or avoid sex for next 7 days. If these pills missed in week 3, the client should ALSO skip the inactive pills in a 28-pill pack and immediately start a new pack. If inactive pills are missed, the client should throw away the missed pills and continue taking pills, 1 each day				
• Cautions client that she may feel queasy or nauseated if she takes two pills in one day, but taking two pills reduces her chances of becoming pregnant.				

TASK/ACTIVITY	CASES			COMMENTS
• Explains other situations in which a back-up method is needed: • *Diarrhea/vomiting*: Start using a back-up method on the first day of diarrhea or vomiting, and use it for at least 7 days after the diarrhea/vomiting is over. Meanwhile, continue to take your pills as usual. • If taking certain medications used in the treatment of tuberculosis and seizures (rifampin, phenytoin, carbamazepine).				
• Stresses the importance of informing other doctors/health workers who may care for her, that she is using the COC.				
• Asks client to repeat back in her own words instructions for when to start the Pill, which pill she will begin with, how she will take the second and subsequent pills, and what she will do if she misses a pill or pills • Explains in a non-alarming way the early pill warning signs, stressing the rarity of these: • Severe, constant pain in belly, chest or legs or very bad headaches that start or become worse after she begins to take COCs • Brief loss of vision, seeing flashing lights or zigzag lines (with or without bad headaches) • Jaundice (skin and eyes look yellow)				
• Asks client a few questions to ensure that she understands and remembers key instructions.				
• Prescribes or provides client with at least three- month				

TASK/ACTIVITY	CASES			COMMENTS
supply of COCs, if national guidelines allow • Reassures client that she may change the pill formulation or try another method if she does not like these COCs.				
• Reassures client that s/he is available to see her if she has any problems or questions or needs advice.				
• Plans for a return visit and gives client a definite return date. • Asks client to bring her pill packets with her on the return visit.				
• Documents/records the visit according to local clinic guidelines.				

TASK/ACTIVITY	CASES			COMMENTS
RETURN VISIT COUNSELING				
1. Asks client if she is satisfied with the COC.				
2. Asks if she is having any problems or experiencing any side effects. If yes, manage these as appropriate (see INTRAH *Guidelines*)				
3. Asks client how she is taking the COCs and to demonstrate for you with the package she is using.				
4. Repeats the history checklist. If history suggests client has developed a precaution, does an appropriate physical examination to rule out or verify.				
5. Checks client's blood pressure, if means are available to do so.				
6. Briefly reviews key messages/instructions concerning missed pills, use of back-up method, and danger signs.				
7. Asks client to repeat these back.				

8. If the client is satisfied with the COC, is tolerating the COC well, is not experiencing any serious side effects, and no precautions exist:
  • Prescribes/provides at least another three cycles of COCs. (She may be provided with 13-18 cycles.)
  • Provides her with a sufficient supply of condoms, if at risk of an STD.				

9. If client wants to discontinue the COC, helps her make an informed choice of another method.				
10. Encourages client to see her/him at any time if she has questions or problems.				

Comments: _____