



**Performance Checklists for Quality
Improvement/Assurance
NWD**

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FP Method Specific Checklist COCs

Answer key:

2	1	0	-
available and does not need improvement	Yes, but needs improvement	not available	Not applicable

No	Item	Score				Comments
		2	1	0	-	
Indicator A: Client Care						
1.Counseling- New Clients						
1.1	Explores client's reason for choice					
1.02	Confirms medical and reproductive history					
Check for contraindications to the COCs:						
1.03	Smoking					
1.04	Breast feeding less than 6 months postpartum					
1.05	Neurology: migraine headache with aura.					
1.06	Hypertension: (BP) over 160/100.					
1.07	Current or history of ischemic heart disease.					
1.08	Known hyperlipidemia.					
1.09	Complicated Valvular heart disease.					
1.10	Current or history of deep venous thrombosis or pulmonary embolism.					
1.11	Increased risk of DVT					
1.12	Stroke or transient ischemic attack.					
1.13	Known thrombogenic mutations.					
1.14	Breast: current or history of breast cancer.					
1.15	Gastrointestinal: liver tumors, active hepatitis, severe cirrhosis or gall bladder disease.					
1.16	Unexplained and abnormal vaginal bleeding.					
1.17	Diabetes for longer than 20 years or diabetes that has caused damage to vision, kidneys, or nervous system.					
1.18	Rheumatology: like systemic lupus erythematosus					
1.19	Cancer: current or history of breast cancer.					

No	Item	Score				Comments
		2	1	0	-	
1.20	Currently taking an anticonvulsant, rifampin, or griseofluvin					
1.21	Avoids provider's influence on the decision					
Inform the client about non-contraceptive advantages of COC pills						
1.22	Reduce excess hair on face and body					
1.23	Help in protecting against endometrial and ovarian cancers					
1.24	Protects against iron - deficiency anemia					
1.25	protects against ovarian cysts and reduce symptoms of polycystic ovarian syndrome					
1.26	Reduce menstrual cramps and bleeding problems					
Tell the client about the possible side effects of COCs:						
1.27	Change in bleeding pattern: frequent, irregular, prolonged or amenorrhea.					
1.28	For breastfeeding women, longer delay in return of monthly bleeding after childbirth.					
1.29	Nausea.					
1.30	Headache.					
1.31	Breast tenderness.					
1.32	Mood changes.					
1.33	Abdominal pain.					
1.34	Dizziness.					
Describe how to minimize potential side effects:						
1.35	Encourage the patient to take the pills on a daily basis at the same time					
1.36	Emphasize that most side effects usually disappear within a few months.					
1.37	Provide instructions on what to do if she fails to take one or more pills.					
1.38	Describe to client what to do if she experiences diarrhea or vomiting.					
Describe the symptoms that may signal problems requiring medical attention.						
1.39	Severe constant abdominal/ chest/ lower limb pain.					
1.40	Severe headache, dizziness.					
1.41	Blurred vision, brief loss of vision.					
1.42	Jaundice.					
1.43	Ask her if she has any questions or concerns and answer her respectfully.					
1.44	Perform general physical examination , Bp weight, height					
1.45	Perform breast examination					
1.46	Weighs pros and cons of preferred methods for client					

No	Item	Score				Comments
		2	1	0	-	
1.47	Agree on the final decision on the method to be used based on Hx, P/E, MEC and client's preference					
1.48	Explores client's reason for choice					
2. Provision of pills						
2.01	Ensure that the client is not pregnant					
2.02	Show the client the COC packet she'll be using					
2.03	Reemphasizes counseling messages.					
2.04	Teaches how and when to initiate the method					
2.05	Evaluates the plan and make revision or adaptations to resolve obstacles					
2.06	Let the client repeat key instructions and encourage her to ask questions					
2.07	Gives directions for check-ups or resupply					
2.08	Plan a return visit in one month.					
3. Counseling - Continuing clients- follow up visits						
3.01	Reviews client's experience with method					
3.02	Recognizes that there is a decision to be made; (continue same method, manage side effects , switch method)					
3.03	Verifies client's satisfaction with method					
3.04	Reviews and discusses changes in client's reproductive goals					
3.05	Checks that client is using method correctly					
3.06	Discusses side effects and client's ability to manage and tolerate them.					
3.07	Discusses the reason for switching to another method, address any rumors and manage any S.E					
3.08	Informs about alternative methods					
3.09	Evaluates alternative options based on risks, benefits and feasibility					
3.10	Teaches about the available alternative methods					
3.11	Respects her wishes and avoids provider's influence on decision					
3.12	Reviews the status of any medical condition					
3.13	Performs appropriate physical examination					
3.14	Weighs pros and cons of continuing vs. switching					
3.15	Reinforces instructions about method use					
3.16	Provides additional supplies					
3.17	Evaluates the plan and make revision or adaptations to resolve obstacles					
3.18	Schedules future visits or further counseling					

No	Item	Score				Comments
		2	1	0	-	
Indicator B. Referral						
1.	Refer patients with any form of cancer for family planning services to a gynecologist with experience in treating women with cancer.					
2.	Provide information about where to obtain the desired contraceptive method if the doctor is not able to provide it.					
3.	Refer women to a lab or imaging facilities for further investigations					
4.	Refer the woman to a higher level of care if Dr. feels uncomfortable prescribing certain method for any reason.					
Indicator C: Accurate Documentation and Record Keeping						
1.	Writes major findings from the history and physical examination in the record.					
2.	Records the contraceptive method counseled and provided to the woman in the record or FP register.					

FP Method Specific Checklist

Progestin Oral Pills

POPs

Answer key:

2	1	0	-
available and does not need improvement	Yes, but needs improvement	not available	Not applicable

No	Item	Score				Comments
		2	1	0	-	
Indicator A: Client Care						
1.Counseling- New Clients						
1.1	Explores client's reason for choice					
1.02	Confirms medical and reproductive history					
Check for contraindications to the POP:						
1.03	Breast feeding an infant less than six weeks of age.					
1.04	Presence or history of breast cancer					
1.05	Diabetes with vascular disease.					
1.06	Currently taking an anticonvulsant, rifampin, or griseofluvin					
1.07	Presence of unexplained and abnormal vaginal bleeding					
1.08	Give the final decision on the method to be used based on Hx, P/E, MEC and client's preference					
1.09	Avoids provider's influence on the decision					
Inform the client about advantages of the pills						
1.10	Does not interfere with milk supply.					
1.11	No estrogen side effects.					
Tell the client about the possible side effects of POPs:						
1.12	Change in bleeding pattern: frequent, irregular, prolonged or amenorrhea.					
1.13	For breastfeeding women, longer delay in return of monthly bleeding after childbirth.					
1.14	Nausea.					
1.15	Headache.					
1.16	Breast tenderness.					

No	Item	Score				Comments
		2	1	0	-	
1.17	Mood changes.					
1.18	Abdominal pain.					
1.19	Dizziness.					
Describe how to minimize potential side effects:						
1.20	Encourage the patient to take the pills on a daily basis at the same time					
1.21	Emphasize that most side effects usually disappear within a few months.					
1.22	Provide instructions on what to do if she fails to take one or more pills.					
1.23	Describe to client what to do if she experiences diarrhea or vomiting.					
Describe the symptoms that may signal problems requiring medical attention.						
1.24	Severe constant abdominal/ chest/ lower limb pain.					
1.25	Severe headache, dizziness.					
1.26	Blurred vision, brief loss of vision.					
1.27	Jaundice.					
1.28	Ask her if she has any questions or concerns and answer her respectfully.					
1.29	Perform general physical examination , Bp weight, height					
1.30	Perform breast examination					
1.31	Weighs pros and cons of preferred methods for client					
1.32	Explores client's reason for choice					
2. Provision of pills						
2.01	Ensure that the client is not pregnant					
2.02	Show the client the POP packet she'll be using					
2.03	Reemphasizes counseling messages.					
2.04	Teaches how and when to initiate the method					
2.05	Evaluates the plan and make revision or adaptations to resolve obstacles					
2.06	Let the client repeat key instructions and encourage her to ask questions					
2.07	Gives directions for check-ups or resupply					
2.08	Plan a return visit in one month.					
3. Counseling - Continuing clients- follow up visits						
3.01	Reviews client's experience with method					
3.02	Recognizes that there is a decision to be made; (continue same method, manage side effects , switch method)					
3.03	Verifies client's satisfaction with method					

No	Item	Score				Comments
		2	1	0	-	
3.04	Reviews and discusses changes in client's reproductive goals					
3.05	Checks that client is using method correctly					
3.06	Discusses side effects and client's ability to manage and tolerate them.					
3.07	Discusses the reason for switching to another method, address any rumors and refer to physician to manage any S.E					
3.08	Informs about alternative methods					
3.09	Evaluates alternative options based on risks, benefits and feasibility					
3.10	Teaches about the available alternative methods					
3.11	Respects her wishes and avoids provider's influence on decision					
3.12	Reviews the status of any medical condition					
3.13	Performs appropriate physical examination					
3.14	Weighs pros and cons of continuing vs. switching					
3.15	Reinforces instructions about method use					
3.16	Provides additional supplies					
3.17	Evaluates the plan and make revision or adaptations to resolve obstacles					
3.18	Schedules future visits or further counseling					
Indicator B. Referral						
1.	Refer patients with any form of cancer for family planning services to a gynecologist with experience in treating women with cancer.					
2.	Provide information about where to obtain the desired contraceptive method if the doctor is not able to provide it.					
3.	Refer women to a lab or imaging facilities for further investigations					
4.	Refer the woman to a higher level of care if Dr. feels uncomfortable prescribing certain method for any reason.					
Indicator C: Accurate Documentation and Record Keeping						
1.	Writes major findings from the history and physical examination in the record.					
2.	Records the contraceptive method counseled and provided to the woman in the record or FP register.					

FP Method Specific Checklist

IUCDs

Answer key:

2	1	0	-
available and does not need improvement	Yes, but needs improvement	not available	Not applicable

No	Item	Score				Comments
		2	1	0	-	
Indicator A: Client Care						
1.Counseling- New Clients						
1.01	Explores client's reason for choice					
1.02	Confirms medical and reproductive history					
Check for contraindications to IUDCs use :						
1.03	Ensure that the client is not pregnant					
1.04	Septic abortion or postpartum (after delivery) infection					
1.05	Undiagnosed abnormal vaginal bleeding.					
1.06	Current PID (within the last 3 months)					
1.07	History or presence of cancer of cervix or uterus;					
1.08	Pelvic cancer or TB					
1.09	Uterine deformity (distortion of the uterine cavity)					
Inform the client about advantages of IUCDs						
1.10	Very effective long term method.					
1.11	Easily removed.					
1.12	No delay in return to fertility after removal.					
1.13	No hormonal side effects.					
1.14	No effect on breast milk.					
1.15	Has no further costs after insertion					
1.16	Does not require frequent follow up visits					
Tell the client about the possible side effects of IUDs:						
1.17	Prolonged and heavy menstrual bleeding					
1.18	Irregular bleeding patterns					

No	Item	Score				Comments
		2	1	0	-	
1.19	More cramps and pain during monthly bleeding					
Describe how to minimize potential side effects:						
1.20	Take iron supplements in order to prevent iron deficiency anemia					
1.21	Take analgesics or NSADs for pain and cramps management					
Describe the symptoms that may signal problems requiring medical attention.						
1.22	Lost period with signs of possible pregnancy					
1.23	Heavy intermenstrual bleeding					
1.24	Severe lower abdominal pain in the presence of fever or chills					
1.25	Dysparonis					
1.26	Fouly smelling vaginal discharge					
1.27	Performs appropriate/ relevant physical examination					
1.28	Weighs pros and cons of preferred methods for client					
1.29	Avoids provider's influence on the decision					
1.30	Agree with the client on the final decision on the method to be used based on Hx, P/E, MEC and client's preference					
1.31	Ask her if she has any questions or concerns and answer her respectfully					
1.32						
1.33						
2 . IUD insertion						
Pre-insertion procedure						
2.01	Ask the client to empty her bladder.					
2.02	Wash and dry hands.					
2.03	Palpate the abdomen (including lower supra-pubic area).					
2.04	Place the patient in the lithotomy position for insertion.					
2.05	Cover the client properly.					
2.06	Ensure there is a good source of illumination					
2.07	Wear latex or sterile gloves.					
2.08	Inspect the external genitalia and check for signs for infection or discharge.					
2.09	Perform PV (per vagina) and bimanual checking for the uterine size and position.					
2.10	Remove the gloves and discard them appropriately					
2.11	Load IUD using no-touch technique.					
Insertion procedures						

No	Item	Score				Comments
		2	1	0	-	
2.12	Wear sterile gloves.					
2.13	Insert lubricated speculum.					
2.14	Clean the cervix and vaginal walls twice with a proper antiseptic.					
2.15	Grasp the anterior part of the cervix with a tenaculum.					
2.16	Sound the uterus.					
2.17	Set the blue mark on the IUD tube according to the uterine depth measured (normal range is 6-8cm) and make sure that the blue mark is horizontal to the IUD arms. If more than 9 or less than 6 don't insert the IUD.					
2.18	Insert the IUD gently without touching the walls of vagina or speculum until you feel some resistance.					
2.19	Hold the tenaculum and white handle in one hand and pull the tube towards you to release the IUD arms.					
2.20	Pull the white handle to the outside, discard it and push the tube again to make sure that the arms are at the highest point in the uterine cavity (fundus). Push gently and slowly until resistance is encountered.					
2.21	Take the tube out slowly and carefully and cut the threads outside the cervix leaving 3-4cm.					
2.22	Remove the tenaculum gently and press against any bleeding with small cotton held on a forceps.					
2.23	Remove the speculum gently.					
Post-insertion procedures						
2.25	Place all used instruments in chlorine solution					
2.26	Discard the waste supplies and equipment according to the infection prevention protocol					
2.27	Remove gloves and place in disinfectant.					
2.25	Wash hands and dry them.					
Immediate Post-insertion counseling						
2.01	Record on the client's card the insertion date and two follow up visits (three and six months).					
2.02	Inform the client of possible immediate symptoms post insertion like cramps					
2.03	Inform the clients about signs that would require her to return to the clinic.					
2.04	Plan a return visit in one month.					
3. Counseling - Continuing clients- follow up visits						
3.01	Recognizes that there is a decision to be made; (continue same method, manage side effects , switch method)					
3.02	Reviews client's experience with method					
3.03	Verifies client's satisfaction with method					
3.04	Reviews and discusses changes in client's reproductive goals					

No	Item	Score				Comments
		2	1	0	-	
3.05	Discusses side effects and client's ability to manage and tolerate them.					
3.06	Discusses the reason for switching to another method, address any rumors and manage any S.E					
3.07	Informs about alternative methods					
3.08	Evaluates alternative options based on risks, benefits and feasibility					
3.09	Teaches about the available alternative methods					
3.10	Respects her wishes and avoids provider's influence on decision					
3.11	Reviews the status of any medical condition					
3.12	Performs appropriate physical examination					
3.13	Weighs pros and cons of continuing vs. switching					
3.14	Reinforces instructions about method use					
3.15	Provides additional supplies					
3.16	Evaluates the plan and make revision or adaptations to resolve obstacles					
3.17	Schedules future visits or further counseling					
Indicator B. Referral						
1.	Refer patients with any form of cancer for family planning services to a gynecologist with experience in treating women with cancer.					
2.	Provide information about where to obtain the desired contraceptive method if the doctor is not able to provide it.					
3.	Refer women to a lab or imaging facilities for further investigations					
4.	Refer the woman to a higher level of care if Dr. feels uncomfortable prescribing certain method for any reason.					
Indicator C: Accurate Documentation and Record Keeping						
1.	Writes major findings from the history and physical examination in the record.					
2.	Records the contraceptive method counseled and provided to the woman in the record or FP register.					

FP Method Specific Checklist

Implanon

Answer key:

2	1	0	-
available and does not need improvement	Yes, but needs improvement	not available	Not applicable

No	Item	Score				Comments
		2	1	0	-	
Indicator A: Client Care						
1.Counseling- New Clients						
1.01	Explores client's reason for choice					
1.02	Confirms medical and reproductive history					
Check for contraindications to Implanon use :						
1.03	Ensure that the client is not pregnant					
1.04	Current/arising ischemic heart disease (continuation)					
1.05	Stroke (continuation)					
1.06	Migraine headaches with aura at any age (continuation)					
1.07	Unexplained vaginal bleeding suspicious for serious condition					
1.08	Gestational trophoblastic neoplasia when hCG is abnormal					
1.09	Breast disease , current or past history of breast cancer in the past 5 years					
1.10	Viral hepatitis active disease					
1.11	Cirrhosis severe decompensated disease					
1.12	Liver tumors benign and malignant					
1.13	Drugs which induce liver enzymes (e.g. rifampicin, rifabutin, griseofluvin, and certain anticonvulsants [phenytoin, carbamazepine, barbiturates, pyrimidine, topiramate, oxcarbazepine])					
Inform the client about advantages of Implanon						
1.14	Very effective long term method.					
1.15	Do not interfere with sex					
1.16	No delay in return to fertility after removal.					
1.17	No effect on breast milk.					
1.18	Has no further costs after insertion					
1.19	Does not require frequent follow up visits					

No	Item	Score				Comments
		2	1	0	-	
	May help in protecting against iron-deficiency anemia					
Tell the client about the possible side effects of Implanon:						
	Lighter bleeding and fewer days of bleeding					
	Irregular bleeding patterns					
	Infrequent bleeding					
	No monthly bleeding					
	Heavy prolonged bleeding					
	Headaches					
	Abdominal pain					
	Acne (can improve or worsen)					
	Weight gain					
	Brest tenderness					
	Dizziness					
	Mood changes					
	Nausea					
Explain how to minimize potential side effects:						
1.20	Most side effects usually become lessor stop within the first year					
1.21	Take analgesics or NSADs for pain and cramps management					
Describe the symptoms that may signal problems requiring medical attention.						
1.22	Lost period with signs of possible pregnancy					
1.23	Heavy intermenstrual bleeding					
1.24	Severe lower abdominal pain in the presense of fever or chills					
1.25	Dysparonis					
1.26	Fouly smelling vaginal discharge					
1.27	Performs appropriate/ relevant physical examination					
1.28	Weighs pros and cons of preferred methods for client					
1.29	Avoids provider's influence on the decision					
1.30	Agree with the client on the final decision on the method to be used based on Hx, P/E, MEC and client's preference					
1.31	Ask her if she has any questions or concerns and answer her respectfully					
1.32						
1.33						
2 implant insertion						

No	Item	Score				Comments
		2	1	0	-	
Pre-insertion procedure						
2.01	Ask the client to empty her bladder.					
2.02	Wash and dry hands.					
2.03	Palpate the abdomen (including lower supra-pubic area).					
2.04	Place the patient in the lithotomy position for insertion.					
2.05	Cover the client properly.					
2.06	Ensure there is a good source of illumination					
2.07	Wear latex or sterile gloves.					
2.08	Inspect the external genitalia and check for signs for infection or discharge.					
2.09	Perform PV (per vagina) and bimanual checking for the uterine size and position.					
2.10	Remove the gloves and discard them appropriately					
2.11	Load IUD using no-touch technique.					
Insertion procedures						
2.12	Wear sterile gloves.					
2.13	Insert lubricated speculum.					
2.14	Clean the cervix and vaginal walls twice with a proper antiseptic.					
2.15	Grasp the anterior part of the cervix with a tenaculum.					
2.16	Sound the uterus.					
2.17	Set the blue mark on the IUD tube according to the uterine depth measured (normal range is 6-8cm) and make sure that the blue mark is horizontal to the IUD arms. If more than 9 or less than 6 don't insert the IUD.					
2.18	Insert the IUD gently without touching the walls of vagina or speculum until you feel some resistance.					
2.19	Hold the tenaculum and white handle in one hand and pull the tube towards you to release the IUD arms.					
2.20	Pull the white handle to the outside, discard it and push the tube again to make sure that the arms are at the highest point in the uterine cavity (fundus). Push gently and slowly until resistance is encountered.					
2.21	Take the tube out slowly and carefully and cut the threads outside the cervix leaving 3-4cm.					
2.22	Remove the tenaculum gently and press against any bleeding with small cotton held on a forceps.					
2.23	Remove the speculum gently.					
Post-insertion procedures						
2.25	Place all used instruments in chlorine solution					

No	Item	Score				Comments
		2	1	0	-	
2.26	Discard the waste supplies and equipment according to the infection prevention protocol					
2.27	Remove gloves and place in disinfectant.					
2.25	Wash hands and dry them.					
Immediate Post-insertion counseling						
2.01	Record on the client's card the insertion date and two follow up visits (three and six months).					
2.02	Inform the client of possible immediate symptoms post insertion like cramps					
2.03	Inform the clients about signs that would require her to return to the clinic.					
2.04	Plan a return visit in one month.					
3. Counseling - Continuing clients- follow up visits						
3.01	Recognizes that there is a decision to be made; (continue same method, manage side effects , switch method)					
3.02	Reviews client's experience with method					
3.03	Verifies client's satisfaction with method					
3.04	Reviews and discusses changes in client's reproductive goals					
3.05	Discusses side effects and client's ability to manage and tolerate them.					
3.06	Discusses the reason for switching to another method, address any rumors and manage any S.E					
3.07	Informs about alternative methods					
3.08	Evaluates alternative options based on risks, benefits and feasibility					
3.09	Teaches about the available alternative methods					
3.10	Respects her wishes and avoids provider's influence on decision					
3.11	Reviews the status of any medical condition					
3.12	Performs appropriate physical examination					
3.13	Weighs pros and cons of continuing vs. switching					
3.14	Reinforces instructions about method use					
3.15	Provides additional supplies					
3.16	Evaluates the plan and make revision or adaptations to resolve obstacles					
3.17	Schedules future visits or further counseling					
Indicator B. Referral						
1.	Refer patients with any form of cancer for family planning services to a gynecologist with experience in treating women with cancer.					
2.	Provide information about where to obtain the desired contraceptive method if the doctor is not able to provide it.					

No	Item	Score				Comments
		2	1	0	-	
3.	Refer women to a lab or imaging facilities for further investigations					
4.	Refer the woman to a higher level of care if Dr. feels uncomfortable prescribing certain method for any reason.					
Indicator C: Accurate Documentation and Record Keeping						
1.	Writes major findings from the history and physical examination in the record.					
2.	Records the contraceptive method counseled and provided to the woman in the record or FP register.					

Long Acting Hormonal Contraception; Contraceptive Implants Training

Basic Learning Guide for Implanon Insertion Clinical Skills

(To be used by Participants)

Check whether the required task/activity has been done correctly or not by writing (✓) for **Yes** and (✗) for **No** in the box in front of each case.

Name of Participant: _____

Course Date: _____

TASK/ACTIVITY	CASES				
Getting Ready					
1. Ensure that client was counselled for Implanon use.					
2. Review "Client Assessment Checklist" and further evaluate client if indicated.					
3. Assure client she will not feel Pain (only needle insertion).					
4. Ask client about allergy to anaesthetics.					
5. Ensure that client had washed her arm with soap and water, and rinsed it to remove all soap.					
6. Help client get on the table and correctly position the non-dominant arm.					
7. Ensure that all instruments needed for insertion of Implanon are present.					
Pre-Insertion Tasks					
8. Wash hands thoroughly with soap and water, and dry with sterile cloth.					
9. Put sterile on both hands.					
10. Arrange instruments and supplies.					
11. Prepare insertion site by swabbing area with antiseptic.					
Insertion of Implanon					
12. Correctly choose insertion site on medial side of arm 6-8 cm above the elbow between biceps and triceps muscles.					
13. Anesthetize the insertion site with anaesthetic spray or injecting 2ml Lidocaine solution.					
14. Assistant opens the sealed envelope and he/she remove the sterile disposable applicator.					

TASK/ACTIVITY	CASES				
15. Hold applicator with needle up to prevent falling out of Implanon capsule.					
16. Never touch the needle or Implant.					
17. Ensure that implant is inside the needle.					
18. Stretch the skin at insertion site before inserting the needle.					
19. Remove plastic cover, introduce the needle with an angle not more than 20 degrees up to its full length, as superficial as possible under the skin as possible under the skin.					
20. Break the seal of the applicator.					
21. Rotate the obturator 90 degree.					
22. Fix the obturator and pull the cannula out of the arm.					
23. Palpate the skin to ensure that the implant is in place.					
Post-Insertion Tasks					
24. Apply sterile gauze and pressure bandage.					
25. Instruct client as regards care of the insertion site, removal of bandage, washing and symptoms that necessitate reporting to clinic.					
26. Proper decontamination and disposal with waste materials according to guidelines.					