

Counseling Checklist Knowledge Improvement Tool (KIT)

The Knowledge Improvement Tool (KIT) was developed by Georgetown University's Institute for Reproductive Health. The tool was developed and tested to assess competency among service providers trained in family planning, including Standard Days Method, in the context of multiple program interventions and research studies. It continues to be used as supportive supervision as well as for training assessment purposes.

Guidelines for Administering the Knowledge Improvement Tool (KIT)

What is the purpose of the KIT: The Knowledge Improvement Tool (KIT) is an instrument developed by the Georgetown University's Institute for Reproductive Health (IRH) that is designed to:

- Assess how providers are offering family planning methods overtime, and
- Support providers by filling in knowledge and skills gaps that are addressed during the application of the KIT.

How the KIT information is used: The KIT is applied to determine the effectiveness of a training approach. Typically, it is applied within 2-3 months of the training event. It is one mechanism to identify gaps in knowledge of providers and target concepts for review. The tool is helpful in assessing the competencies of different types of providers who work across diverse settings. Based on KIT results, adjustments can also be made in the training workshop content and/or methodology to improve provider competency in the future.

How the KIT is applied: A service provider is observed by a trained data collector or supervisor during a simulated counseling interaction. The KIT is administered individually to only one provider at a time and should not take place in a group setting.

- An 'observer' applies the **KIT checklist** to a provider. The observer plays the role of a client (using the **Simulated Client Profile**) while the provider offers counseling in the methods listed in the KIT checklist. This observer can be a supervisor or an external individual working on evaluation.
- First, the observer tells the provider, "If I were a client, what would you ask me to make sure that I can use the method and explain to me how to use it."
- Then, the provider offers counseling to the observer on each method being assessed—one method at a time.
- At the end, the supervisor will reinforce any messages that were missed, incomplete or incorrect

About marking on the KIT checklist:

- The observer listens carefully as the provider explains the method. When the provider mentions key information during the counseling, the observer will mark “1” in the corresponding box on the KIT checklist.
- Once the provider completes the explanation, the observer will ask questions on information that was missed. If the provider mentions the correct information or responds correctly to the question, mark “1”. If s/he does not respond correctly, mark “0”. As an observer, avoid helping the provider formulate an answer.

Process:

- Implement KIT 2-3 months after the training.
- Apply the KIT to a sample size of providers. A sample of at least 25% is recommended.
- The M&E coordinator will gather the KIT forms and enter the data into the respective spreadsheet. It is recommended that data entry is done by the same individual in each organization. This will ensure standardization in data entry.
- Organization will analyze the data and use the findings to strengthen provider capacity and/or adjust the training.

Counseling Checklist Knowledge Improvement Tool (KIT)

Provider's Name & Designation: _____ **Date:** _____

Health facility: _____ **Location:** _____

KIT Observer's Name & Designation: _____

ASK THE PROVIDER: **What family planning methods do you typically offer?** (Mark them below and place only the selected cards facing down in front of the provider.)

- | | |
|----------------------------------|-------------------------------------|
| <input type="checkbox"/> SDM | <input type="checkbox"/> Pill |
| <input type="checkbox"/> Condoms | <input type="checkbox"/> Injectable |

Instructions:

Data from the Supportive Supervision visit should be reviewed/analyzed and sent to the IRH Program Manager two weeks after the completion of the visit.

To apply the KIT, the observer should ask the service provider to offer counseling in SDM and one other method from below (condoms, pill or injectable) , if the service provider has been trained on them. The observer can use the Simulated Client Profile.

Ask the provider:

1. **If I were a client, what would you ask me to make sure I can use...?**
2. **Can you explain to me how to use the method?** (The observer records in this form as the provider offers the counseling)

STANDARD DAYS METHOD® (CycleBeads®)		Mark: 1 if correct 0 if incorrect or missing
1	Explained who can use the method.	
A	Asked if I have periods about once a month (have regular monthly bleedings).	
B	Asked if the couple is able to abstain or use a condom during 12 fertile days.	
2	Explained how CycleBeads work.	
A	CycleBeads represent the menstrual cycle and each bead is a day in the cycle.	
B	On the day period starts move ring to the RED bead. This is the first day of the period/menstrual bleeding.	

C	Move ring one bead every day, in the direction of the arrow, even on days you are having your period.	
D	BROWN beads are infertile days. Pregnancy is unlikely when the ring is on a BROWN bead.	
E	WHITE beads are fertile days when pregnancy is likely. Abstain or use a condom when ring is on any WHITE bead to prevent pregnancy.	
F	When your period starts again, move ring to the RED bead to start again.	
3	Explained how to make sure periods come on time.	
A	If your period comes before the DARK brown bead, your period has come too soon to use this method. Talk to your provider.	
B	If your period does not come by the day after you reach the last brown bead, your period has come too late to use this method. Talk to your provider.	

MALE CONDOMS		Mark: 1 if correct 0 if incorrect or missing
1	What instructions must be provided to a client for proper use of condoms?	
A	A new condom should be placed on an erect penis every time the man has sex.	
B	Before any contact, place condom on tip of erect penis with rolled side out and unroll to the base of the penis.	
C	Dispose of properly, in rubbish or latrine.	
2	What are the benefits of condoms?	
A	Prevents both pregnancy and sexually transmitted infections, including HIV/AIDS.	

PILL		Mark: 1 if correct 0 if incorrect or missing
1	When can a new client begin use of oral contraceptive pill (OCP)?	
A	Start the pill any day within the first 5 days of menstrual bleeding	

2	What should a woman do in case she forgets to take a pill (on any day)?	
A	Take a missed pill as soon as possible.	
B	It is okay to take 2 pills at the same time.	
C	If you miss more than 2 days of pills in a row, use condoms for 7 days and keep taking pills.	
D	If you miss these pills in week 3, ALSO skip the reminder pills and start a new pack	
3	What should the service provider tell a pill user to expect when using it?	
A	Sometimes irregular bleeding at first, followed by lighter monthly bleeding with less cramping.	
B	Some women have an upset stomach or mild headaches that go away after a few months.	

INJECTABLE		Mark: 1 if correct 0 if incorrect or missing
1	What information about the injectable must be provided to a client	
A	Get an injection every 2 months (NET-EN) or 3 months (DMPA)	
B	After stopping injections, it can take several months to become pregnant but it does not cause permanent infertility.	
C	It can be started at any time. If breastfeeding, can start 6 weeks after childbirth.	
2	How it works	
A	Injectable works best if the injections are on time	
B	Can still get an injection up to 4 weeks late (DMPA) or up to 2 weeks late (NET-EN). If later than these dates, use condoms and return for an injection as soon as possible.	
3	What should the service provider tell client to expect when using it?	

A	Irregular bleeding at first, then spotting or no monthly bleeding. This is common and safe. It is also possible for there to be slight weight changes.	
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FOLLOW UP QUESTIONS FOR ALL PROVIDERS		Mark: 1 if correct 0 if incorrect or missing
1	Healthy Timing and Spacing of Pregnancies	
A	After having a baby, how long should a woman wait to get pregnant again? (Response: Two years. If correct, mark 1.)	
B	How can you help a woman wait 2 years before she becomes pregnant again? (Response: Use a family planning method continuously for at least two year to prevent a pregnancy. If correct, mark 1.)	

Comments:

Simulated Client Profiles

SDM Client

Personal Background:

- Married
- Supportive husband

Reproductive Health Background:

- Currently not using any method. Abandoned use of pill 5 months ago
- Has one child and would like to have a child in future
- Has never used condoms
- Period comes every month (or about once a month)

Condom Client

Personal Background:

- Married
- 2 children (3 and 1yr old)

Reproductive Health Background:

- Currently not using any method
- Used the injection years ago and not interested in using it again
- Would like to have a child in future
- Has never used condoms

Pill Client

Personal Background:

- Married
- 1 child (4 months old)

Reproductive Health Background:

- Breastfeeding
- Would like to have another child in the future
- Knows little about family planning

Injectable Client

Personal Background:

- Supportive partner
- Has 2 children (2 and 1yr old)

Reproductive Health Background:

- Currently using condom sometimes
- Would like to have another child in the future
- Wants to stop using condoms (disliked by husband)
- Knows little about other methods
- No apparent and not aware of health issues