

# ANNEX J: GATHER CHECKLIST, Adapted for Humanitarian Settings

This is a tool referenced in the [Counseling Tools & Resources](#) section of Chapter 6: ASRH Services & Interventions. There are many different types of counseling tools similar to the GATHER checklist that can be adapted further to meet the needs of adolescents. This tool included below is for counseling on contraceptive services, but can be adapted for other SRH services. It has been adapted to include considerations for service providers to use for adolescent patients.

## Checklist For Adolescent Contraception Counseling

- To be used by the service provider as a learning guide for practice
- To be used by the trainer at the end of the course for skill assessment
- To be used by the supervisor during supportive supervision in the health facilities

Place a “✓” in case box if step/task is performed satisfactorily, an “✗” if it is not performed satisfactorily or if not observed, “N/A” if the step is not required.

**Satisfactory:** Performs the step or task according to the standard procedure or guidelines.

**Unsatisfactory:** Unable to perform the step or task according to the standard procedure or guidelines.

(Many of the following steps/tasks should be performed simultaneously)

**Service provider name:**

STEP/TASK	PATIENTS (P)					COMMENT
	[eg patient 1 = P1]					
[enter date below each patient number]	P1	P2	P3	P4	P5	
<b>GREET</b>						
1. Greets respectfully and with kindness, introduces self to adolescent patient. <i>Provider ensures that they have adequate time (more time) for adolescent patient.</i>						
2. Engages the adolescent in conversation with some easy & welcoming questions, not related to the purpose of the visit: <i>How are you? How is your family? What do you like to do for fun?</i>						
3. Asks patient(s) how they can help them.						
4. Reassures the adolescent that information discussed during the consultation is private and confidential and explains in a simple way what that means ( <i>for example, "What you say in this room will stay between us"</i> ). <i>Encourages the adolescent to talk freely about any concerns.</i>						
5. Explains what will happen during the visit.						
<b>ASK</b>						
6. Listens actively—showing interest in the adolescent. <i>This includes sitting in a position where the adolescent can choose to establish eye contact. Provider should be maintaining eye contact at all times.</i>						
7. Uses gender-neutral and non-stigmatizing language. <i>Does not provide judgmental comments, ask irrelevant questions, or show a negative nonverbal attitude when the adolescent is talking.</i>						
8. Asks adolescent what they know about contraception and whether they have ever used a contraceptive method; if so, how they used the method and if they have any concerns about it. <i>If the patient is a very young adolescent, you might start with if they understand what changes are happening in their body, instead of what family planning/contraception is.</i>						

<p>9. Asks adolescent about life goals and then about their reproductive goals—and lets them know how contraception can help with both their goals:</p> <ul style="list-style-type: none"> <li>• What would they like to do in the future? Do they plan to go to school? For how long and for what career?</li> <li>• If they do not have children: do they want to have children?</li> <li>• If they have children: how many (more) children do they want?</li> <li>• Are they interested in spacing pregnancies (if so, for how long) or preventing them completely?</li> </ul>						
<p>10. Checks for medical complications (history taking, last menstruation date, etc), uses Medical Eligibility Criteria correctly, and refers adolescent for medical evaluation if necessary.</p>						
<p>11. Asks about any concerns adolescent would like to share.</p>						
<b>TELL</b>						
<p>12. Briefly provides general information about all contraceptive methods available, including effectiveness, possible problems or complications, side effects and their management, advantages and disadvantages, possible needs for protection against STIs/HIV, and the difference between reversible and permanent contraception.</p> <p><i>Provider explains that contraceptive methods are safe and effective for adolescents.</i></p>						
<p>13. Uses photos/cue cards/visuals to counsel and explain contraceptive methods when possible, speaks in terms that are suitable for adolescents, and avoids technical terminologies during the discussion.</p>						
<b>HELP</b>						
<p>14. Encourages adolescent to ask questions. Answers them.</p>						
<p>15. Identifies and addresses the fears and misinformation the adolescent may have regarding contraception and other sexual and reproductive health issues.</p>						

EXPLAIN						
16. Reassures adolescent about minor side effects they may experience and treats them if appropriate.						
17. Asks whether adolescent has any final questions.						
18. Provides method/arranges procedure (if chosen).						
RETURN VISIT						
19. Makes a return appointment for adolescent if necessary and reassures adolescent that they can come back to visit for any reason.						
Enter the total of "✓"						
Enter the total of steps (remove the "N/A", if any)						
<b>SCORE</b> Calculate the percentage:  $\text{Score} = \frac{\text{Total of "✓"}}{\text{Total of steps}} \times 100 = \dots\%$						

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REMINDER		
EXCELLENT	GOOD	FAIR
checklist score >= 90%	90% > checklist score >= 80%	checklist score < 80%

Source: Adapted from [GATHER Guide to Counseling](#) (Population Reports, 1998).