

Appendix III

Instructions for Completing the Checklist for the Integrated Delivery of Sexual and Reproductive Health Services

Use this checklist to determine which sex and reproductive health services a female client may need in addition to the reason for her visit to the clinic today, and offer her those services. Using the checklist takes no more than five minutes. For example, if the woman came for prenatal care (red column), in addition to providing that service, offer postpartum services (question 2), child nutrition and development (question 3), STI/HIV counseling (question 5), a Pap Smear (question 6), a tuberculosis referral (question 7), dental services (question 8), anti-tetanus vaccine (question 9), and additional services the clinic provides (question 10).

Follow these steps to use the screening list:

1. Ask the woman her age. Use this list **only** if she is between 15 and 49 years old, or is accompanied by a child under the age of five.
2. Ask the woman her reason for coming to the clinic today.
3. Each color column has the name of a consultation reason. According to her answer, ask the questions in descending order following the color code. In case the woman came for a service different from those coded by colors (for example, outpatient visit, malaria, Chagas, heart disease), ask **all** the questions from number 1 to 10 in descending order.
 - a. Ask the question that matches the color of the reason for the woman's consultation. If the woman's answer is YES, offer the services described in the box at the right. If the answer is NO, move down to the next question matching the color of the reason for the woman's visit. ***Do not ask questions that have white boxes.*** For example, If the woman came for a postpartum visit, do not ask question 2; start with question 3.
 - b. Once you determine all the services the woman needs and offer them, write down the desired services in a *Coupon for Needed Services* (or another type of marker). Hand this coupon to the woman and explain that she can receive those services today or make another appointment.
 - c. Show the woman to the consultation room where she can obtain the index service, the one for which she came to the clinic. The services detected in the list will be provided to her after she has received the index service.

Checklist for the Integrated Delivery of Sexual and Reproductive Health Services

Reason for consultation								QUESTION	SERVICES THAT CAN BE PROVIDED
Prenatal Care	Postpartum	Contraception	Pap smear	Dentistry	Child nutrition & development	STI/HIV	Tuberculosis		
1								Are you pregnant? YES →	<ul style="list-style-type: none"> ➤ Document the mother's history ➤ Prenatal check-up
2								Have you had a baby in the past 2 months? YES →	<ul style="list-style-type: none"> ➤ Postpartum <ul style="list-style-type: none"> – Teach her how to breastfeed – Ask whether she got a dose of ferrous sulphate – Ask whether she received a single dose of vitamin A ➤ Offer the following services as well:
3								Do you have children under the age of 5? YES →	<ul style="list-style-type: none"> ➤ Document child's/children's history ➤ Child nutrition and development <ul style="list-style-type: none"> – Find out about ARI warning signs, ADD and treatment ➤ Check whether vaccination is on schedule ➤ Check whether children need to see the dentist
4								Do you plan to have (more) children in the future? NO ↓	<ul style="list-style-type: none"> ➤ Contraception (teach her how to determine fertile days through the use of natural methods) ➤ Contraception (verify satisfaction with the method, discomfort, side effects, correct use)
								Are you using a contraceptive method? NO ↓	
4								Do you want to use a contraceptive method?	<ul style="list-style-type: none"> ➤ Contraception <ul style="list-style-type: none"> – Determine reproductive goals – Counsel on contraceptive options – Provide her with the method she chooses
5								Do you have secretions or discomfort in your private parts? YES →	<ul style="list-style-type: none"> ➤ Outpatient visit – STI <ul style="list-style-type: none"> – Counsel on prevention of STIs – Refer her to treatment with her partner
6								Determine the need for a Pap smear (ask how long since last Pap smear) <u>X amount of time</u>	<ul style="list-style-type: none"> ➤ Do a pap smear if considered necessary
7								Do you have a cough that does not heal, or have you ever had blood when coughing? YES →	<ul style="list-style-type: none"> ➤ Refer to outpatient visit for tuberculosis <ul style="list-style-type: none"> – Find out whether other family members have these symptoms
8								Determine the need to provide dental services (ask when last dentist visit was) <u>X amount of time</u>	<ul style="list-style-type: none"> ➤ Refer to the dentist if considered necessary
9								Determine the need to offer an anti-tetanus vaccine	<ul style="list-style-type: none"> ➤ Refer to anti-tetanus vaccination if considered necessary
10								Is there any other service you would like to receive today or on a following visit? YES →	<ul style="list-style-type: none"> ➤ Offer the desired service, or give her an appointment. Describe other services offered by the clinic to women and children (e.g. pregnancy tests, X-rays, ultrasound, laboratory tests)