



Systematic Screening: A Strategy for Determining and Meeting Client Reproductive Health Needs

- *Systematic screening is a simple process by which health care providers can increase the number of client needs addressed during a single visit.*
- *Research shows that systematic screening can increase the number of services received per client visit to a health care facility by as much as 25 percent.*
- *Adopting systematic screening can be a cost-effective strategy for programs to offer more services and thus to improve women’s and children’s health. Systematic screening is a USAID best practice.*

In a systematic screening strategy, health care providers first identify each client’s needs and desires for services using a checklist or brief questionnaire (see Figure 1). Then they provide these services—during the same visit, through a separate appointment at the same health facility, or through referral to another facility.

Most women attending health facilities have multiple needs for reproductive and child health services. These may include family planning, well-baby care, nutritional assessments, and screening and treatment for sexually transmitted infections. Conventionally, however, health care providers deliver only the service requested by the client and do not attempt to identify the client’s other needs. Also, clients may be unaware that they need additional services or that the services are available. In either case the client often leaves the facility with unmet reproductive health needs, while the provider misses an opportunity to provide services that could improve health.

Studies Show Benefits of Systematic Screening

Operations research in Latin America, Asia, and Africa provides strong evidence of the benefits of systematic screening. These benefits include more services for mothers and their children, increased attention to unmet health needs, and greater program efficiency (Foreit 2006):

ILLUSTRATIVE CHECKLIST TO DETECT RH SERVICES NEEDED BY WOMEN AGES 15-44

Date		Systematic Screening Instrument			
Client Name					
How old are you? <small>Administer checklist only if woman is between 15-44.</small>	How many children do you have?	(If she has children) How old are each of your children?			
To be filled in by screener <small>(Be sure to include the primary or initial reason why the client came for the visit.)</small>				Provider	
What is the reason for today's visit?			Discuss and circle each service if requested	Check if provided or referred	
Screening Questions		Follow-up Questions		Requested Service	Outcome
1. Are you pregnant? a. YES → b. NO; go to # 2		Are you attending an Ante-natal clinic? a. NO → b. YES; go to # 5		ANTE-NATAL CARE	<input type="checkbox"/> Provided <input type="checkbox"/> Referral
2. Are you trying to get pregnant? a. NO → b. YES; go to # 4		Are you using a contraceptive method? a. NO → b. YES; go to # 3		FAMILY PLANNING ACCEPTED NOT ACCEPTED BROCHURE GIVEN	<input type="checkbox"/> Provided <input type="checkbox"/> Referral
3. Are you happy with your contraceptive method? a. NO → b. YES; go to # 4		Would you like to use another contraceptive method? a. YES → b. NO; go to # 4		FAMILY PLANNING	<input type="checkbox"/> Provided <input type="checkbox"/> Referral
4. Do you have any children under 5? a. YES → b. NO; go to # 5		Have you taken them to the growth and development clinic? a. NO → b. YES; go to # 5		GROWTH AND DEVELOPMENT	<input type="checkbox"/> Provided <input type="checkbox"/> Referral
5. Have you been tested for HIV? a. NO → b. YES; go to # 6		Would you like to be tested for HIV today? a. YES → b. NO; go to # 8		VCT/PMTCT ACCEPTED NOT ACCEPTED BROCHURE GIVEN	<input type="checkbox"/> Provided <input type="checkbox"/> Referral
6. Did you get your VCT results? a. NO → b. YES; go to # 7		Would you like to get your results? a. YES → b. NO; go to # 7		VCT/PMTCT	<input type="checkbox"/> Provided <input type="checkbox"/> Referral
7. If you know your status, are you HIV positive? a. YES → b. NO; go to # 8 c. NO RESPONSE; go to # 8		Are you registered with the Care and Treatment Center (CTC)? a. NO → b. YES; go to # 8		CTC	<input type="checkbox"/> Provided <input type="checkbox"/> Referral
8. Is there any other service you would like to receive today?		Name of service			<input type="checkbox"/> Provided <input type="checkbox"/> Referral
Observations (made during screening):					
Observations (made by provider):					
<small>After completing the screening, attach this form to the client's clinical chart or give to her to present to the service provider.</small>					



Global Health Technical Briefs

- *Clients' unmet needs decrease.* In Mexico systematic screening increased vaccination from 4 percent to 33 percent among children not originally presenting at the health center for vaccination services (Vernon and Foreit 1999).
- *Most identified needs result in additional services.* In Bolivia 89 percent of all needs detected by screening resulted in the delivery of additional services. In India 96 percent resulted in provision of more services, most often family planning.
- *Systematic screening is acceptable to providers.* In Senegal providers were interested in applying systematic screening and appreciated the opportunity to offer more services.
- *The number of services per visit increases after systematic screening.* A series of studies across regions has shown that systematic screening increases services per visit compared with non-screening—ranging from 9 percent to 25 percent (see Figure 2).

Figure 2. Effectiveness of systematic screening in increasing services per visit

Country	Services per visit: women not screened	Services per visit: screened women	Difference (%)
Bolivia	1.2	1.5	25
Peru	1.6	1.8	13
India (large clinics)	1.6	2.0	22
India (small posts)	1.5	1.6	9
Senegal (urban clinics)	1.2	1.4	20
Senegal (rural posts)	1.4	1.8	24

Source: Adapted from Foreit 2006.

Policy and Program Implications

Particularly where unmet need for reproductive health services is high and provider productivity is low, systematic screening can be a cost-effective strategy for programs to offer more services, by increasing the number of services provided per client visit. USAID considers systematic screening to be a best practice—that is, its value has been supported by research findings and it can be replicated. A number of countries are using screening to improve health care delivery. In India and Senegal, for instance, the Ministries of Health are scaling-up systematic screening from the pilot level to include more facilities and regions. In Guatemala the Ministry of Health's national norms for service delivery require that all providers across the country use the screening process.

A booklet on how to implement systematic screening, "Adding Systematic Screening to Your Program: A Manual," is available from FRONTIERS (frontiers@pcdc.org). This guide contains information on how to choose services for screening, how to identify health care facilities that are suitable for implementing screening, how to design or adapt screening forms, and a training agenda for providers and supervisors. Selected materials are available in various languages.

References

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Where to get more information: www.maqweb.org

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