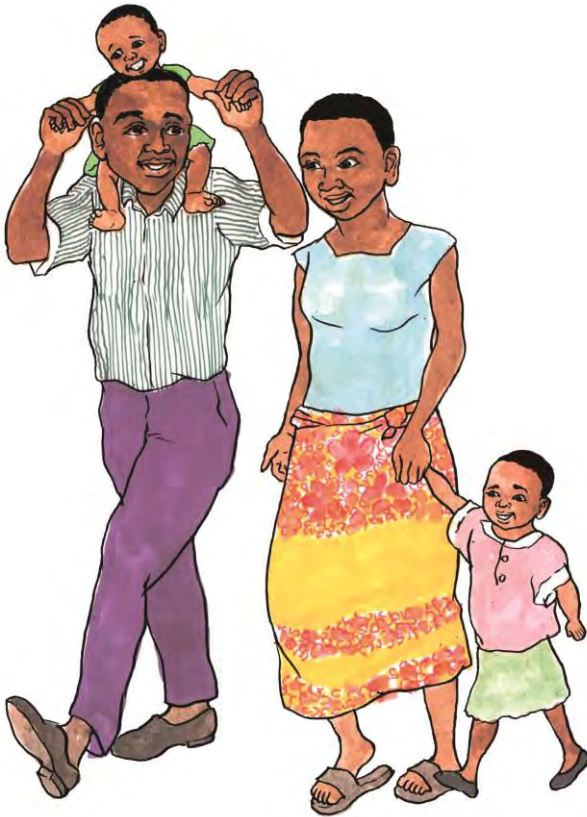


Community Health Worker Job Aids Booklet



The *Community Health Worker Job Aids Booklet* is a compilation of job aids and guidance from multiple sources that has been periodically updated to maintain technical accuracy. Variations of this prototype have been used in CBA2I programs in multiple countries.

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Purpose

The *Community Health Worker Job Aids Booklet* is meant to support the tasks that community health workers (CHWs) perform while offering FP services to the members of their community. It is designed to be used in conjunction with a counseling tool that provides information about the available contraceptive method options and leads the client through a series of decisions to ensure that clients make an informed choice about which contraceptive method will best suit their needs. These tools help set the quality standards that CHWs should meet to ensure that the rights of clients are upheld regardless of age, disability, sex, religion, race, culture, or HIV status.

* *If used in conjunction with a counseling tool that includes the pregnancy and method eligibility checklists, omit those from this booklet.*

Steps for Visits with New Clients—General

1. Make sure you have all the supplies you need.
2. Visit the client, or ask the client to your home, and find a private space to talk.
3. Use your counseling tool to find out the client's goals and concerns. If the client wants to avoid pregnancy or sexually transmitted infections (STIs), counsel about family planning, including emergency contraception, and STI prevention options as indicated. Allow the client to make a choice about which method or options to use.
4. Use the screening checklist to make sure that the client is eligible (for DMPA and COCs only). For other methods, use the Pregnancy Checklist to determine whether the client is may be pregnant and should be referred to a provider for pre-natal and other care.
5. Use your counseling tool to review how to use the client's chosen method and possible side effects of the method.
6. Answer any client questions. If you do not know, refer the client to a provider at the clinic.
7. Give the client the method following the steps for that method (see next page).
8. Make plans for the next visit. Give the client a reminder card.
9. Remind the client to speak with you or visit the health center if there are any problems or questions.
10. Write the information from the visit on the record-keeping forms.

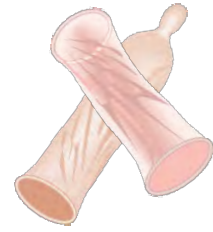


Steps for Visits with New Clients—Method Specific

(continued)

Condoms

- Show the client how to put on or insert the condom.
- Ask the client to show how it is done.
- Provide as many condoms as the client needs.



Pills/COCs

- Explain what to do when pills are missed.
- Ask client to explain what to do.
- Give client as many pill packs as she needs.



Injectables

- Show the client the bottle label and date and the sealed syringe package.
- Explain where the injection is given. Ask the client in which arm she would like to receive the injection. If the woman is very thin or very large, consult with a provider.
- Explain to the client the steps you will follow to give the injection.
- Give the injection following the steps in this booklet.
- Calculate the date of the next injection; 13 weeks for DMPA.



LAM (breastfeeding)

- Make sure that the client meets all three criteria; fully breastfeeding, no menses, and less than 6 months since giving birth.
- Discuss which method the client will use when LAM is no longer effective.



Standard Days Method (CycleBeads)

- Make sure that the client meets the criteria: regular cycles between 26 and 32 days long and willing to abstain or use condoms for 12 days each month.
- Explain how to use the CycleBeads and the fertility calendar.
- Give the client the beads and the calendar; ask her to explain what to do.



Adaptation note: Insert steps for all methods that CHWs provide.

Steps for Follow-Up Visits—General

1. Make sure you have all the supplies you need.
2. Visit the client, or ask the client to your home, and find a private space to talk.
3. Ask how the client is doing with the method. Ask about any side effects, questions, concerns, or problems to discuss.
4. Ask about life changes that may affect a client's needs; plans for having children, or changes to STI/HIV risk.
5. Ask if there are any new health problems. If yes, check whether the client is still eligible to continue using the current method.
6. Answer any client questions. If you don't know, refer the client to a provider.
7. Perform other method-specific tasks as needed (see next page).
8. Make plans for the next visit.
9. Remind the client to speak with you or visit the health center if there are any problems or questions.
10. Write the information from the visit on the record-keeping forms.



Steps for Follow-up Visits—Method Specific

(continued)

Condoms

- Ask if the client about any problems using condoms.
- Give the client more condoms (recommended number) and review instructions or negotiation skills as needed.

COCs

- Ask if she has any problems remembering to take pills or has concerns about side effects.
- Give her more pill packs (recommended number) and review missed pill instructions.
- Review the warning signs of potential complications.

Injectables

- Follow the steps in the Reinjection Job Aid in this booklet.

LAM

- Ensure the client still meets the three LAM criteria.
- Discuss method to use when LAM is no longer effective.
- Give new method and tell her how to use it and when to start.

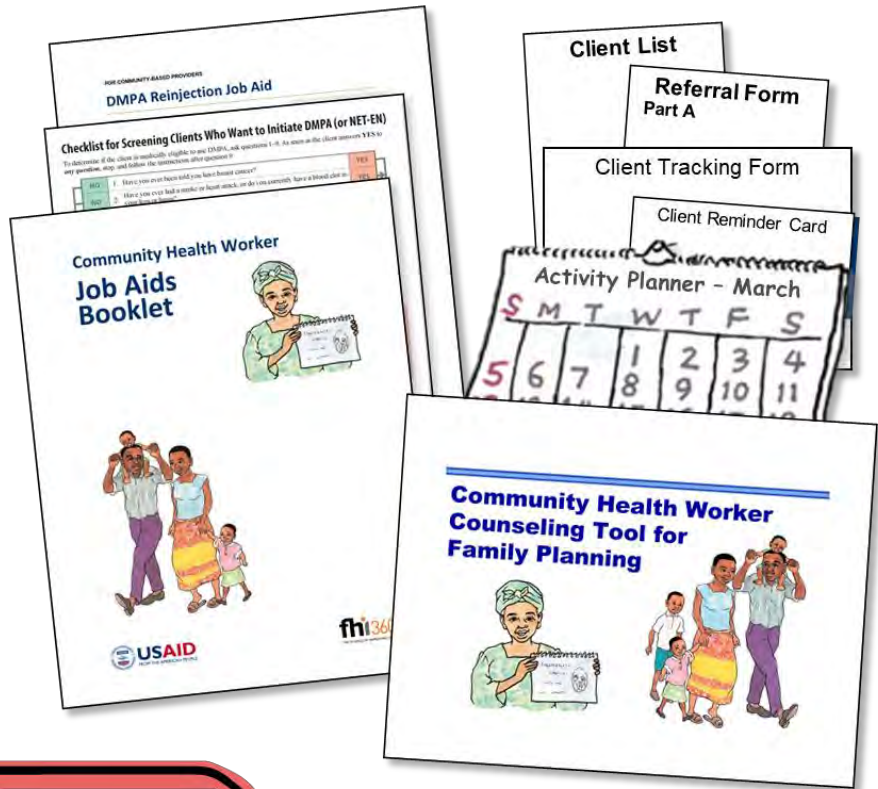
Standard Days Method (CycleBeads)

- Ask the client if she still meets the criteria: having regular cycles (period starts after reaching the darker brown bead but before the last brown bead) and no issues abstaining or using condoms.
- Review the client's fertility calendar. Note whether her cycles are regular. Ensure that the position of the ring matches the number of days since the start of her last period.

Adaptation note: Insert steps for all methods that CHWs provide.

Preparing for Visits with Clients

Make sure that you have all the forms, supplies and equipment you need to provide the services and report your activities.



Adaptation note: Include a checklist of all supplies that CHWs should have available for every client visit.

How to be Reasonably Sure a Client is Not Pregnant

Ask the client questions 1–6. As soon as the client answers **YES** to *any question*, stop, and follow the instructions.

NO	1. Did your last menstrual period start within the past 7 days?*	YES
NO	2. Have you abstained from sexual intercourse since your last menstrual period or delivery?	YES →
NO	3. Have you been using a reliable contraceptive method consistently and correctly since your last menstrual period or delivery?	YES →
NO	4. Have you had a baby in the last 4 weeks?	YES →
NO	5. Did you have a baby less than 6 months ago, are you fully or nearly-fully breastfeeding, and have you had no menstrual period since then?	YES →
NO	6. Have you had a miscarriage or abortion in the past 7 days?*	YES →

* If the client is planning to use an IUD, the 7 day window is expanded to 12 days.

If the client answered **NO** to *all of the questions*, pregnancy cannot be ruled out using the checklist.†
Rule out pregnancy by other means. Give her condoms to use until pregnancy can be ruled out.

If the client answered **YES** to *at least one of the questions* and she is free of signs or symptoms of pregnancy, you can be reasonably sure she is not pregnant.

† If the client is concerned about an unintended pregnancy, offer emergency contraception if every unprotected sex act since last menses occurred within the last 5 days.

Checklist for Screening Clients Who Want to Initiate Combined Oral Contraceptives

To determine if the client is medically eligible to use COCs, ask questions 1–12. As soon as the client answers **YES** to *any question*, stop, and follow the instructions after question 12.

NO	1. Are you currently breastfeeding a baby less than 6 months of age?	YES
NO	2. Do you smoke cigarettes <i>and</i> are you more than 35 years of age?	YES
NO	3. Have you ever been told you have breast cancer?	YES
NO	4. Have you ever had a stroke, blood clot in your legs or lungs, or heart attack?	YES
NO	5. Do you have repeated severe headaches, often on one side, and/or pulsating, causing nausea, and which are made worse by light, noise, or movement?	YES
NO	6. Do you regularly take any pills for tuberculosis (TB) or seizures (fits)?	YES
NO	7. Have you given birth in the last 6 weeks?	YES
NO	8. Do you have gall bladder disease or serious liver disease or jaundice (yellow skin or eyes)?	YES
NO	9. Have you ever been told you have high blood pressure?	YES
NO	10. Have you ever been told you have diabetes (high sugar in your blood)?	YES
NO	11. Do you have two or more conditions that could increase your chances of a heart attack or stroke, such as smoking, obesity, or diabetes?	YES
NO	12. Have you ever been told that you have a rheumatic disease such as lupus?	YES

If the client answered **NO** to *all of questions 1–12*, the client can use COCs. Proceed to questions 13–18.

If the client answered **YES** to *any of questions 1–6*, she is not a good candidate for COCs. Counsel about other available methods or refer.

If the client answered **YES** to *any of questions 7–12*, COCs cannot be initiated without further evaluation. Evaluate or refer as appropriate, and give condoms to use in the meantime. See explanations for more instructions.

Ask questions 13–18 to be reasonably sure that the client is not pregnant. As soon as the client answers **YES** to *any question*, stop, and follow the instructions after question 18.

YES	13. Did your last menstrual period start within the past 7 days?	NO
YES	14. Have you abstained from sexual intercourse since your last menstrual period or delivery?	NO
YES	15. Have you been using a reliable contraceptive method consistently and correctly since your last menstrual period or delivery?	NO
YES	16. Have you had a baby in the last 4 weeks?	NO
YES	17. Did you have a baby less than 6 months ago, are you fully or nearly-fully breastfeeding, and have you had no menstrual period since then?	NO
YES	18. Have you had a miscarriage or abortion in the last 7 days?	NO

If the client answered **YES** to *at least one of questions 13–18* and she is free of signs or symptoms of pregnancy, you can be reasonably sure that she is not pregnant. The client can start COCs now.

If the client began her last menstrual period *within the past 5 days*, she can start COCs now. No additional contraceptive protection is needed.

If the client began her last menstrual period *more than 5 days ago*, tell her to *begin taking COCs now*, but instruct her that she must *use condoms or abstain from sex for the next 7 days*. Give her condoms to use for the next 7 days.

If the client answered **NO** to *all of questions 13–18*, pregnancy cannot be ruled out using the checklist.

Rule out pregnancy by other means. Give her condoms to use until pregnancy can be ruled out.

Offer emergency contraception if every unprotected sex act since last menses occurred within the last 5 days.

Checklist for Screening Clients Who Want to Initiate DMPA (or NET-EN)

To determine if the client is medically eligible to use DMPA, ask questions 1–9. As soon as the client answers **YES** to *any question*, stop, and follow the instructions after question 9.

NO	1. Have you ever been told you have breast cancer?	YES
NO	2. Have you ever had a stroke or heart attack, or do you currently have a blood clot in your legs or lungs?	YES
NO	3. Do you have a serious liver disease or jaundice (yellow skin or eyes)?	YES
NO	4. Have you ever been told you have diabetes (high sugar in your blood)?	YES
NO	5. Have you ever been told you have high blood pressure?	YES
NO	6. Do you have bleeding between menstrual periods, which is unusual for you, or bleeding after intercourse (sex)?	YES
NO	7. Have you ever been told that you have a rheumatic disease such as lupus?	YES
NO	8. Do you have two or more conditions that could increase your chances of a heart attack or stroke, such as smoking, obesity, high blood pressure, or diabetes?	YES
NO	9. Are you currently breastfeeding a baby less than 6 weeks old?	YES

If the client answered **NO** to *all of questions 1–9*, the client can use DMPA. Proceed to questions 10–15.

If the client answered **YES** to *question 1*, she is not a good candidate for DMPA. Counsel about other available methods or refer.

If the client answered **YES** to *any of questions 2–8*, DMPA cannot be initiated without further evaluation. Evaluate or refer as appropriate, and give condoms to use in the meantime. See explanations for more instructions.

If the client answered **YES** to *question 9*, instruct her to return for DMPA as soon as possible after the baby is six weeks old.

Ask questions 10–15 to be reasonably sure that the client is not pregnant. As soon as the client answers **YES** to *any question*, stop, and follow the instructions after question 15.

YES	10. Did your last menstrual period start within the past 7 days?	NO
YES	11. Have you abstained from sexual intercourse since your last menstrual period or delivery?	NO
YES	12. Have you been using a reliable contraceptive method consistently and correctly since your last menstrual period or delivery?	NO
YES	13. Have you had a baby in the last 4 weeks?	NO
YES	14. Did you have a baby less than 6 months ago, are you fully or nearly-fully breastfeeding, and have you had no menstrual period since then?	NO
YES	15. Have you had a miscarriage or abortion in the last 7 days?	NO

If the client answered **YES** to *at least one of questions 10–15* and she is free of signs or symptoms of pregnancy, you can be reasonably sure that she is not pregnant. The client can start DMPA now.

If the client began her last menstrual period *within the past 7 days*, she can start DMPA immediately. No additional contraceptive protection is needed.

If the client began her last menstrual period *more than 7 days ago*, she can *be given DMPA now*, but instruct her that she must *use condoms or abstain from sex for the next 7 days*. Give her condoms to use for the next 7 days.

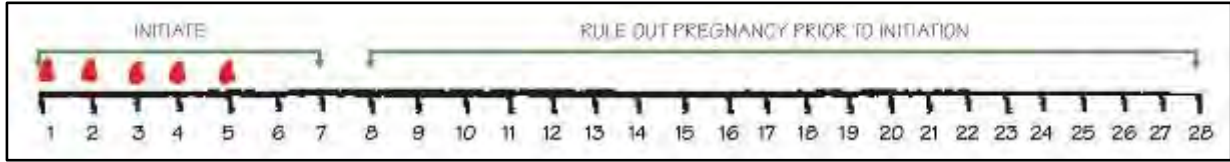
If the client answered **NO** to *all of questions 10–15*, pregnancy cannot be ruled out using the checklist.

Rule out pregnancy by other means. Give her condoms to use until pregnancy can be ruled out.

Offer emergency contraception if every unprotected sex act since last menses occurred within the last 5 days.

When Can a Woman Start DMPA IM or SC?

Anytime – if you are sure the woman is not pregnant.



During the first 7 days after your client's period starts you can assume that she is not pregnant. You can give an injection now. There is no need for her to abstain or use condoms.

After day seven of her cycle, you must rule out pregnancy before giving an injection.

If she is not pregnant, give the injection and tell her to abstain from sex or use condoms for the next seven days.

The client should return for another injection of DMPA regularly. Coming back every three months (13 weeks).

Postpartum and breastfeeding: wait 6 weeks (follow checklist instructions)

Postpartum and not breastfeeding: anytime within 4 weeks after delivery (after 4 weeks, rule out pregnancy)



Miscarriage or abortion: anytime within 7 days (after day 7, rule out pregnancy)

Switching from another method: start immediately



Steps for Giving an IM Injection

1. Wash your hands well with soap and water.



2. Dry your hands with a clean towel or let them air dry.



3. If the skin around the injection site is dirty, clean the site with a cotton ball soaked in clean water.



4. Double-check the bottle for content, dose, and expiration date.



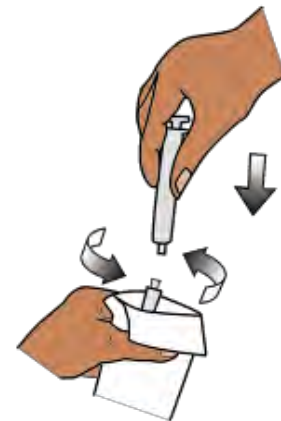
5. Roll the bottle between the palms of your hands.



6. Hold the bottle of DMPA and remove the plastic cap.



7. Open the sterile package containing the syringe and the needle (if necessary attach needle to syringe).



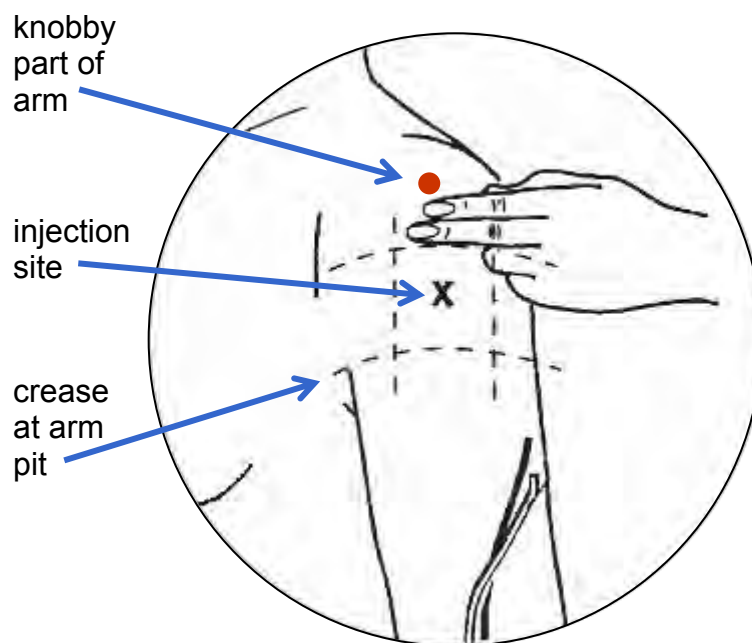
8. Insert the needle into the rubber cover and empty the entire contents into the syringe.



9. Hold the syringe upright and tap on the barrel to move the air into the tip. Expel the air from the syringe gently.



10. Locate the exact site to insert the needle.



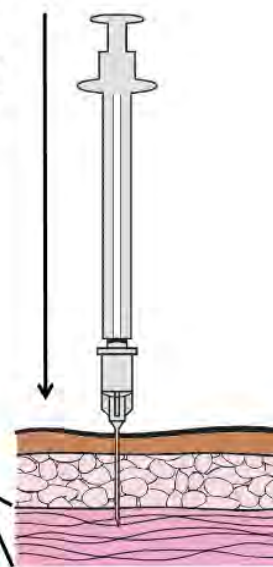
the upper arm

Adaptation note: Insert illustrations for all injection sites that CHWs are trained to use.

11. Insert needle straight into the muscle.

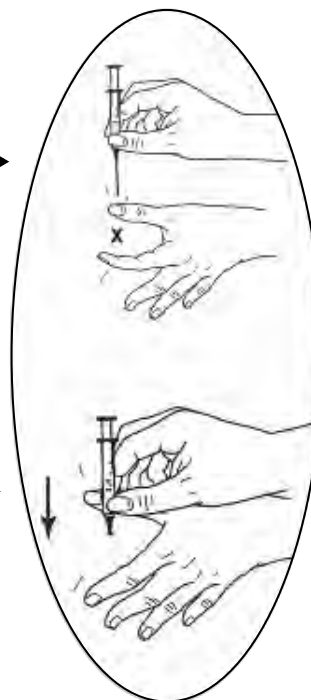
Syringe must enter the skin straight – not at an angle

must be injected into the muscle



Hold the syringe like a dart.

Use a dart-like motion to insert the needle.



12. Inject DMPA emptying all the contents of the syringe then pull the needle out of the muscle.



13. Gently press the injection site with a clean cotton ball or cloth. Instruct the client not to rub or massage the site.

14. Place the used syringe in a puncture-proof safety container. Use great care to avoid a needle-stick injury to yourself or others.



15. Wash hands again with soap and water.

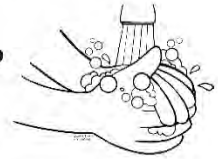


Job Aid: Steps for Injecting DMPA SC

Medroxyprogesterone acetate—104 mg/0.65 ml suspension in the Uniject™ injection system

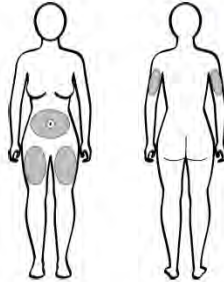
STEP 1: Collect all the supplies that you need
Uniject, sharps box, soap, clean water, cotton ball (optional to clean skin if dirty)

STEP 2: Wash hands with soap and water



STEP 3: Select an injection site

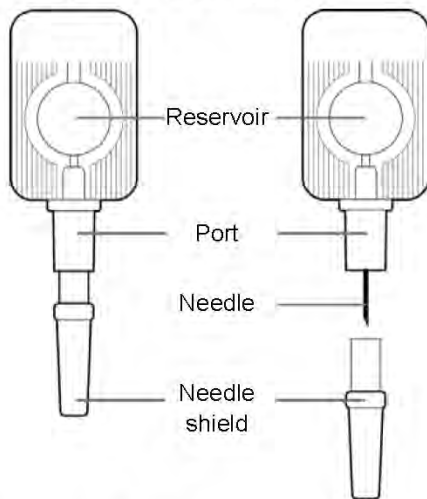
Sayana® Press can be given on the back of the upper arm, the abdomen (not at the navel), or the front of the thigh. Clean the site if needed.



STEP 4: Open the foil pouch and remove Uniject
Check the expiration date.

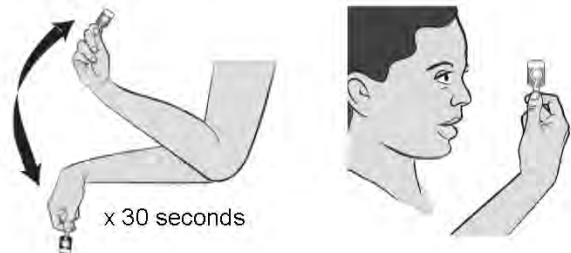


STEP 5: The Uniject injection system

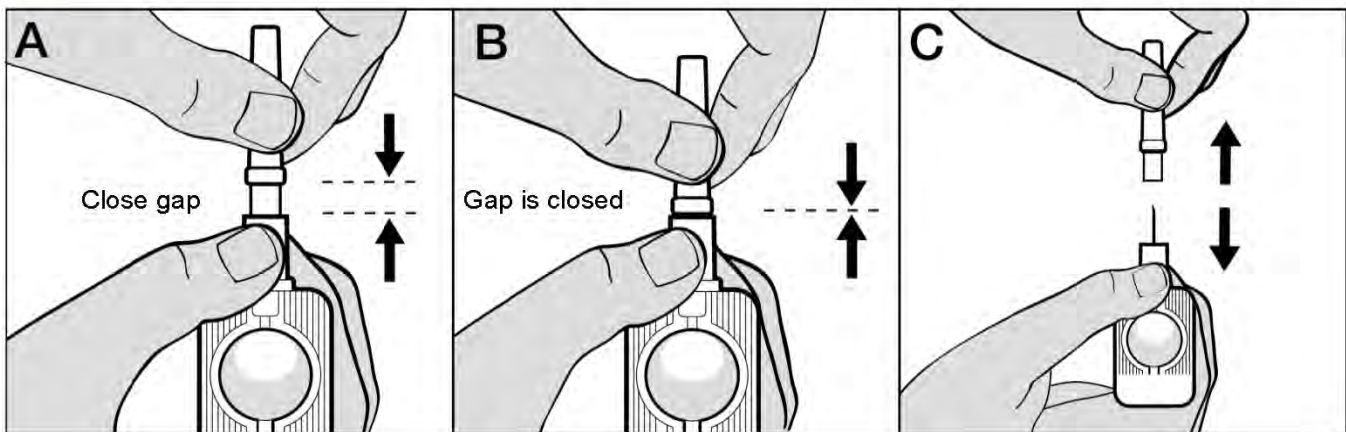


STEP 6: Mix the solution

- Hold the Uniject by the port and shake vigorously for approximately 30 seconds.
- Do not bend the Uniject.
- Check to make sure Sayana Press is mixed and there is no damage or leaking.
- Mix again if there is a delay before you give the injection.



STEP 7: Activate the Uniject



- Hold the Uniject by the port.
- Point the needle upward during activation to prevent dripping.
- Push the needle shield firmly into the port.
- If the gap is not fully closed, you will not be able to squeeze the reservoir during injection.
- Remove the needle shield.

STEP 8: Gently pinch the skin at the injection site

This creates a "tent" for inserting the needle.
(If skin is dirty, wipe with a cotton ball soaked in water.)



STEP 9: Insert the needle at a 90 degree angle

- Continue to hold the Uniject by the port and insert the needle straight into the skin at a 90 degree angle.
- The port should have full contact with the skin to ensure the needle is inserted at the correct depth.



STEP 10: Squeeze the reservoir

- You should not aspirate.
- Squeeze the reservoir slowly (5 to 7 seconds).
- It is OK if there is a little medication left in the reservoir.



STEP 11: Discard the Uniject

- Do not replace the needle shield.
- Immediately discard the Uniject in a puncture-proof container.



STEP 12: Dispose of non-sharp waste in bin



STEP 13: Wash hands with soap and water



Adapted from: Program for Appropriate Technology in Health (PATH); © 2013.
Sayana Press is a registered trademark of Pfizer, Inc. Uniject is a trademark of BD.

Practice Safe Handling of Needles



Do not recap the needle.



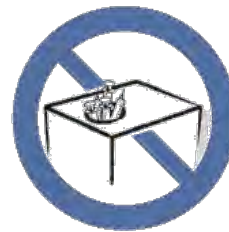
Do not touch the needle.



Do not leave the needle inside the vial.



Do not dispose of used needles in anything other than a sharps container.



Do not overfill the sharps container.

Return the used sharps container to your supervisor or the health care facility.

Caring for a Needle-Stick Injury

- Wash injured area with soap and water as soon as possible.
- Do **not** apply other agents (e.g., bleach).
- Contact your supervisor.
- Seek counseling and care at a health facility.

Checklist for COC Continuation

	ASK	YES	NO
1	Are you satisfied with COCs?		
2	Are you able to take your pills every day without missing pills?		
3	Have you developed any new serious health problems since last time you visited?		
4	Do you have severe headaches that have started or gotten worse since you began taking COCs?		
5	Have you started taking any drug for tuberculosis, HIV or epilepsy?		
6	Observe if she has yellow eyes or skin		

If the client answers **YES** to questions 1 and 2, and **NO** to questions 3 through 6 (all her answers fall into the shaded boxes), re-supply COCs.

If client answers **NO** to questions 1 or 2, find out why she is not satisfied with COCs or has trouble taking her pills every day and help her accordingly. This may also involve helping her to choose another method.

If the client's answers **YES** to questions 3 or 4, or if you observe that she has yellow eyes or skin (**YES** to question 6), give her not more than one pack of COCs to continue and refer for an evaluation by a clinical provider as soon as possible. Clinical provider will determine if she is still a good candidate for COCs.

If the client answers **YES** to question 5, she may be taking drugs, which may cause COCs to be less effective. Counsel the client to use condoms in addition to COCs and refer to a clinical provider who can determine if she can continue taking COCs or should switch to another method which is not affected by the drugs she takes.

Adaptation note: Include the Job Aid for NET-EN Reinjection if CHWs are providing NET-EN.

FOR COMMUNITY-BASED PROVIDERS

DMPA Reinjection Job Aid

- STEP 1** Ask the client if she still wants to prevent pregnancy. Then ask if she wants to get another injection.
- STEP 2** Check your records to see when you last gave her an injection.
- STEP 3** If today is her scheduled return date, go to Step 4. If she is early or late for her injection, look at a calendar to find out if she is within the reinjection window.
- Instructions to find out whether a client is within the reinjection window are in Box 1 on page 2 of this job aid.
- STEP 4** Explain that women with certain serious medical problems should not get the injection. Ask her whether a doctor or nurse has told her she has a medical problem.
- If she has a medical problem, go to Box 3 on page 2.
 - If she has not been told she has a medical problem, go to Step 5.
- STEP 5** Give her the injection.
- Follow the steps for safe injection you learned in training.
- STEP 6** Talk to her about side effects.
- Remind her that changes to bleeding, such as heavy or irregular bleeding and eventual amenorrhea, are normal and not harmful. Talk to her about what to do if she has questions or does not feel well.
 - Refer her to the health center for care of any side effects that are a problem for her.
- STEP 7** Look at the calendar to plan the date for her next injection. This will be 13 weeks from today. Remind her of the importance of coming back on time and discuss how she will remember.
- Remind her that she can talk with you, a doctor, or a nurse if she has any questions or problems.
 - Tell her that if she is ever more than 4 weeks late for an injection, she should use condoms or not have sex until she gets another injection.
- STEP 8** Remind her that the injection will not protect her from HIV or other STIs.
- Tell her to use a condom in addition to the injection if she is at risk.

THE REINJECTION WINDOW

During the **reinjection window** you can safely give your client the injection without checking if she is pregnant. Your client is in the reinjection window if she returns up to:

14 days (2 weeks) early

or

28 days (4 weeks) late

See Box 1 on page 2.



What if she is not within the reinjection window?

You will need to ask her questions to make sure she is not pregnant before you can give her the injection.

See instructions in Box 2 on page 2.

BOX 1

How can I tell if a client is within the reinjection window?

A client is within the reinjection window—and can get another injection—if she is up to 14 days (2 weeks) early or up to 28 days (4 weeks) past her scheduled return date. If she is up to 4 weeks late, you do not need to check if she is pregnant before giving her another injection.

- If she is within the reinjection window, go to Step 4 on page 1.
- If she is past the reinjection window, follow the steps in Box 2 below.

BOX 2

What if a woman wants another injection but she is more than four weeks late?

If a client is more than 4 weeks late for her scheduled reinjection, she can still get another injection today if you can make sure that she is not pregnant. Use the steps below to decide if you can reasonably rule out pregnancy and give her the injection.

FIRST, look at a calendar and find her scheduled reinjection date. Count forward 4 weeks to find the last day of her reinjection window. Show her this date on the calendar and tell her to keep it in mind when you ask the four questions below.

NEXT, make sure she is not pregnant by asking these four questions:

1. Have you had no sex since the last day of your reinjection window?
2. Have you been using condoms or another method every time you had sex since the end of your reinjection window?
3. Did you have a baby less than 6 months ago, are you fully or almost fully breastfeeding, and have you had no period since then?
4. Have you used emergency contraceptive pills after every sex act since the end of your reinjection window?

If the client answers **YES** to **ONE OR MORE** of these questions, she is probably not pregnant, give her an injection. Tell her to have no sex or use condoms for 7 days. After 7 days, the injection will keep her from getting pregnant. **Go to Step 4** on the first page of this job aid.

If the client answers **NO** to **ALL FOUR** questions, tell her to see a doctor or nurse to rule out pregnancy before she gets another injection. Remind her to use a back-up contraceptive method until she gets the next injection.

BOX 3

Does my client have a medical problem that would make it unsafe for her to get the injection?

Ask her whether a doctor or nurse has told her she has developed a serious medical problem with her head, heart or liver, or whether she was diagnosed with breast cancer.

If your client has not had a doctor or nurse tell her she has a serious medical problem, she most likely does not have a medical condition that would make it unsafe for her to continue using DMPA. **Go to Step 5.**

If she has a serious medical problem with her head, heart or liver, or has been diagnosed with breast cancer, do not give the injection. Refer her to a doctor or nurse who can counsel her on the contraceptives she can use with her medical condition. Remind her to use a backup method (like condoms) until she sees the provider.



Source: World Health Organization/Department of Reproductive Health and Research (WHO), Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs/INFO Project (CCP). *Family Planning: A Global Handbook for Providers*. Baltimore, MD and Geneva: CCP and WHO; 2018 update.

Calendars for Calculating Reinjection Dates

2019

January						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

April						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

July						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

October						
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		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

February						
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					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

May						
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			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

August						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

March						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June						
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						1
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9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September						
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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December						
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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

2020

January						
S	M	T	W	T	F	S
			1	2	3	4
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12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

April						
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			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

July						
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			1	2	3	4
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12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

October						
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				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

February						
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						1
2	3	4	5	6	7	8
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16	17	18	19	20	21	22
23	24	25	26	27	28	29

May						
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9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

August						
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						1
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9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

November						
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						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

March						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

June						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

September						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

December						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Adaptation note: Use this template to create additional calendars.

<https://templates.office.com/en-US/Calendar-creator-any-year-TM10274124>

Contact List for Referral Services

In the spaces below, record contact information for services that are available to clients in the community where you work. When referring clients for services that you cannot provide, be sure to explain: where to go, when to go, whom to see, directions to the facility, distance involved, transportation options, how much time to allow for the visit, what to take to the visit, and any costs for services. Also provide a referral form that includes clear instructions for the client.

Testing and treatment for STIs	HIV support group(s)
Counseling and testing for HIV	Psychological support
ARV therapy	Home-based care
Antenatal/PMTCT	Child health and parenting
Family planning (clinical methods)	Men's health
Infertility treatment	Adolescent program
Management of abortion-related complications	Domestic violence or rape crisis
Other sexual and reproductive health (cancer screening and treatment)	Alcohol and drug abuse
Infant feeding support (i.e., milk bank, formula, breastfeeding coaching)	Legal and financial support
Nutritional counseling and support	Pharmacy

Adaptation note: Adapt to match the services available in the community.

