study in Mexico found that a single preventive care service is given in an average of 17.2 minutes, but that the second service adds only 5.2 minutes and the third service takes approximately 6.7 minutes more. Thus, each additional service increased client-provider contact time per visit by about one-third. In the same study, the average cost of the first reproductive health service (including staff time and materials) was $3.21. The marginal cost per service for up to two additional services was less than $1, implying a savings of more than $2 for multiple-service visits over single-service visits. Similarly, a study in Guatemala found that providers used only about 15% more time when they provided or gave information about two services instead of one in a single visit.

How can program managers make their integrated services more effective, efficient and available for clients? The answer lies in changing the behavior of both clients and providers. Clients must be made aware of the range of services available from the health facility and of their own need for preventive health care so that they will seek additional services. Providers need to give information about health services when it is salient and can be easily acted upon. Providers must also improve their screening behaviors. These changes can be implemented by using simple instruments in health care facilities.

**Screening Instruments**

In Guatemala, the Ministry of Health developed a seven-question algorithm (Figure 1) and trained its health center staff in its use. Staff training lasted between two and four hours. Afterwards, screening more than doubled for most problems, and the provision of information increased dramatically: Forty-three percent of all health center users were given an appointment or referral for additional family planning services after the training, compared with 19% before. Following the study, the Ministry of Health issued the algorithm to providers throughout the Guatemalan health system.

In Mexico, the Social Security Institute for State Workers conducted exit interviews with clients to learn whether the use of a modified version of Guatemala’s provider algorithm resulted in increased screening. Their results demonstrated that more women were offered additional services after the providers received algorithm training than before: The percentage of clients who received offers from their provider for breast examination increased from 8% to 59%, the percentage

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<th>Figure 1. Algorithm for the systematic offer of reproductive health services, Guatemala Ministry of Health</th>
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