



Gender Assessment of Pre-Service Midwifery: Checklist for Review of School Health Clinic

Date: _____

Name of the assessor: _____

School Name: _____

Q #	ITEM	YES	NO	Comments/ Observations
	Clinic Signage (availability and visibility)			
	Counseling Room availability (private and assigned for counseling – visual and sound)			
	Counseling Room visible signage and directions			
	Family planning educational materials displayed in the clinic			
	If yes to Q4, what are the main messages on these materials?			
	Educational materials on sexual harassment and gender based violence displayed at the clinic			
	If yes to Q6, what are the main messages on these materials?			
	Availability of counseling aids (models-samples of the FP methods)			
	Availability of giveaway educational materials on family planning			
	Availability of giveaway educational materials on sexual harassment and gender based violence			
	Availability of contraceptives at the clinic (and which ones)			
	Are there referral forms from the clinic to specialty services?			
	Menstrual pads available at the clinic			
	Pain medication for menstrual cramps available at the clinic			
	Availability of doctor at the clinic, and sex of the doctor			
	Availability of nurse at the clinic, and sex of the nurse			
	Availability of counselor at the clinic, and sex of the counselor			