Ministry of Health - Kenya

NATIONAL AIDS & STD CONTROL PROGRAM (NASCOP) AND DIVISION OF REPRODUCTIVE HEALTH

STRATEGY FOR THE INTEGRATION OF FAMILY PLANNING AND HIV VOLUNTARY COUNSELLING AND TESTING SERVICES

AUGUST 2007

Table of Contents

Acknowledgements

This document was prepared by a Ministry of Health-led Task Force on Family Planning-VCT integration. The Task Force includes representation from the following groups:

- Ministry of Health:
  - Division of Reproductive Health (DRH) – Co-Chair
  - National AIDS and STD Control Programme (NASCOP) – Co-Chair
  - National Leprosy and TB Program (NLTP), Central Unit
- AMKENI/EngenderHealth
- Centers for Disease Control and Prevention (CDC)
- Family Health International (FHI)
- JHPIEGO
- Kenyatta National Hospital (KNH)
- Kibera Community Self Help Project (KICOSHEP)

Task Force Members

Anne Ogeto, MOH/DRH

Dr. David Bukusi, KNH

Dr. Joel Kangangi, NLTP

Dr. Joel Rakwar, AMKENI

Dr. June Odoyo, CDC

Dr. Kenneth Chebet, NASCOP

Dr. Ndugga Maggwa, FHI

Evelyn Wasonga, KICOSHEP

Fillet Darizu, KICOSHEP

Jane Harriet Namwebya, FHI

Jane Ogega, NASCOP

Jennifer Liku, FHI

Margaret Gitau, NASCOP

Mr. Johnnie Musyoka, NLTP

Nancy Koskei, JHPIEGO

Pamela Midiwo, KICOSHEP

Wairimu Waiyaki, JHPIEGO

Integration Strategy - VCT and Family Planning

1 Background

Kenya continues to experience high HIV prevalence rates (6%). To address this epidemic, the Government of Kenya established a National AIDS Control Council (NACC), which has the responsibility of developing, facilitating, and overseeing the implementation of a multi-sectoral HIV/AIDS policy and strategic planning. The principal objective of NACC is to control the epidemic and reduce its impact on the Kenyan society and economy.

A key NACC intervention strategy for reducing HIV prevalence is the promotion and provision of voluntary counselling and testing (VCT) services to all Kenyans who wish to know their status. This strategy is based on available evidence that VCT serves as an entry point to care for not only those who are infected and/or affected, but also those who undergo testing and turn out to be uninfected. Knowing one's HIV status helps uninfected people make decisions on prevention strategies and infected people make decisions on how to live positively with HIV infection, as well as protect their partners and others around them.

A major concern of the Kenya government, programme implementers, and donors is that the VCT programme is evolving parallel to other efforts, especially those of the Ministry of Health (MOH) that are aimed at decentralising and integrating services. More recently, the MOH has made efforts to integrate and coordinate policy and strategy development or programme implementation. One such effort has been the national guidelines for the provision of VCT services, which clearly outline a place for family planning service provision in VCT centres.

2 Rationale

The number of and demand for VCT service outlets have increased tremendously in the past 12 months. Data from a recent study entitled "Assessment of Voluntary Counseling and Testing Centers in Kenya: How Can Family Planning Services be Integrated?" found that a wide cross-section of Kenya's population utilises these VCT centres. The average age of clients was 28 (36% were aged 23 or less and another 36% were 24-29 years old); the mean parity was 1.5; 56% had no children; 49% were male; and 37% were using family planning (FP) services. These findings suggest that VCT services are an entry point for reaching sexually active women of reproductive age, as well as hard to reach groups such as men and youth, with family planning information and services. As stipulated in the national guidelines for VCT, family planning use by HIV-positive women who do not wish to get pregnant is an important strategy for preventing mother-to-child transmission of HIV. Therefore, provision of family planning services in VCT settings presents a major opportunity to mitigate the impact of the HIV/AIDS epidemic.

The study also found that VCT counsellors are well trained in discussing sexual behaviour and conducting STI/HIV risk assessments, and that integrating family planning services into VCT settings is acceptable to providers, supervisors, and clients. These findings reinforce that VCT centres are an important platform to provide family planning and thereby strengthen the effect of these services on reducing risky behaviors that result in HIV, STIs, or unintended pregnancy.

Many women of reproductive age are also using family planning services in Kenya. The most recent Kenya Demographic and Health Survey Report (2003) showed that 22.7% of sexually active women were using family planning services. Most of the users (53.4%) obtained their methods from public sector health facilities. The data also showed that the vast majority of these women were using methods that do not protect them from acquiring HIV and other sexually transmitted infections (STIs) or infecting their partners.

These women represent a captive audience that would greatly benefit from HIV voluntary counselling and testing and other HIV/AIDS services. Offering VCT services to family planning clients would enhance their ability to protect themselves and others from infections. Moreover, for those who accept HIV testing and test positive, knowing their status would greatly enhance the ability of service providers to provide them with an appropriate contraceptive method and counsel them on future reproductive health options.

Although it seems desirable to integrate family planning and VCT services, this approach also has potential disadvantages that need to be taken into consideration when developing a strategy for the provision of integrated services. For this reason, NASCOP, the Division of Reproductive Health (DRH), and other stakeholders have decided to work together to develop strategies to utilise the existing opportunities, strengthen available structures, and minimise threats to the integration of family planning and VCT services.

To achieve this goal, a task force was established, including representatives from the Ministry of Health (NASCOP and DRH), JHPIEGO, KICOSHEP, Kenyatta National Hospital, the U.S. Centers for Disease Control and Prevention (CDC), AMKENI, and Family Health International (FHI). This task force had the responsibility of developing a strategy for the integration of family planning and VCT services. NASCOP mandated FHI to facilitate the functioning of the task force.

3 Strategy for Integrating Family Planning into Existing VCT Services

3.1 Overall Goal

The overall goal of this strategy is to assist the National AIDS and STD Control Programme and the Division of Reproductive Health of the Ministry of Health in maximising the opportunities provided by VCT and FP services to reach women, men, and couples with these services, using a more cost-effective and sustainable approach.

3.2 Purpose

The purpose of this strategy is to increase and sustain the support, demand, access, and utilisation of high-quality VCT and FP services offered through both the public and private sectors.

3.3 Approach

For the purposes of this strategy, integration is defined simply as "the incorporation of **some** or **all** of the different FP services into existing VCT services and vice versa". This incorporation can occur at any level within each of the programmes. For example, integration may involve service providers at VCT centres providing information/education/communication (IEC) on family planning to VCT clients or may occur at the national level involving sharing of support systems such as training, commodity logistics, and record keeping. The table on the next page summarises the different components of the two service delivery programmes that can be integrated.

Components of service delivery programmes

Family planning services	*VCT services*
❒ Risk assessment for FP/STI/HIV and referral ❒ Counselling and IEC on FP/STI/HIV and referral ❒ Screening for pregnancy and STIs and referral ❒ Provision of non-clinical methods (condoms/pills) ❒ Provision of clinical (but not surgical) methods – (injectables/IUCD) ❒ Provision of surgical methods (Norplant, TL, vasectomy) ❒ Continuous counselling and follow-up	❒ Risk/needs assessment for STI/HIV ❒ IEC (information on all available services) ❒ Pre-test counselling on HIV testing and test results ❒ Testing for HIV ❒ Post-test counselling for behaviour change based on test results ❒ Referral to post-test clubs and other appropriate services

3.4 Recommended Levels of Integration of Family Planning and VCT Services

During the study to assess how family planning services can be integrated into VCT services, the potential ability of VCT programmes to provide the different components of FP services was found to vary greatly. For example, 15 of the 20 centres included in the study did not have either a blood pressure machine or a contraceptive demonstration tray. Sixteen centres did not have a source of examination light, vaginal speculums, or adult weighing scales. Also, counsellors' perception of what types of FP services could be provided ranged from just IEC to provision of all FP methods. Another key finding from the study was the variation in the professional backgrounds of the VCT counsellors. Many did not have a medical background, although a significant proportion were nurses who had received FP training during their basic training. Given the wide variation in the potential ability of VCT programmes, it is recommended that the strategy be flexible enough to allow VCT centres to create their own menu of components to integrate. To achieve this, the strategy identifies three different levels of integration, based on the minimum requirements for the different combinations of FP services, as outlined in the most current MOH Reproductive Health/Family Planning Policy Guidelines and Standards for Service Providers. These levels are described on the following pages.

3.4.1 Recommended Levels of Integration of Family Planning Services into VCT Programmes

Level 1

Findings from the assessment showed that it is possible for most of the VCT centres to undertake risk assessment for pregnancy/STI/HIV, provide counselling and IEC on FP and STI/HIV, and provide pills and condoms to clients. The addition of these services to existing VCT services would require minimal investments such as training of VCT counsellors to provide these services (using the national training manual on community-based distribution [CBD] of family planning and/or the national training manual for integrating family planning into VCT) and making available job aids, condoms, and pills at these centres.

The legal and policy framework for implementing this model already exists. The MOH has accepted and included in its reproductive health strategy the use of CBD agents to provide these components of FP services. The vast majority of VCT counsellors have the minimum requirements to qualify as CBD agents. To qualify as a CBD agent, one undergoes training that covers topics such as FP programmes; concepts of family planning, human anatomy, and physiology; FP methods, distribution, and referral; follow-up, record keeping, and reporting; communication, rumours, and misconceptions; counselling, primary health care, community diagnosis, STDs and infertility, and family life education.

It is therefore recommended that as an initial step toward the integration of these services, all VCT centres should adopt this model.

Minimum Requirements for Level 1:

- ❒ Training for VCT counsellors who do not have basic training in provision of FP services recommended for this level
- ❒ Orientation of VCT counsellors on the provision of VCT and FP services using an integrated approach
- ❒ Time (for VCT counsellors to provide VCT and basic FP information)
- ❒ Space (within the VCT centre for provision of FP information)
- ❒ Checklists (for VCT counsellors to conduct risk assessment for pregnancy/STI/HIV)
- ❒ IEC/counselling materials
- ❒ Contraceptive demonstration tray and board
- ❒ Contraceptive methods recommended for this level (condoms and pills)
- ❒ Penile and pelvic models for condom demonstration
- ❒ List of referral points for methods not included in the package for this level
- ❒ Handbook of family planning methods

Level 2

Under this model VCT centres would provide injectables (Depo Provera), in addition to the components in Level 1. According to the current MOH policies, only physicians, clinical officers, and nurses/midwives can provide injectable contraceptives. Provision of the injection also introduces the aspect of having adequate facilities and skills to ensure adherence to infection-control recommendations. The results of the assessment showed that only six of the 20 VCT centres included in the study had sterilising equipment. This model requires more resources in terms of skilled manpower and supplies and equipment. Therefore, it is recommended that those VCT centres with counsellors who meet the MOH requirements for providing injections and are able to guarantee acceptable infection-prevention procedures should adopt this level of integration.

Minimum Requirements for Level 2:

- ❒ Training for VCT counsellors with a medical background but without basic training in provision of FP services recommended for this level
- ❒ Orientation of VCT counsellors on the provision of VCT and FP services using an integrated approach
- ❒ Time (for VCT counsellors to provide VCT and basic FP information)
- ❒ Space (within the VCT centre for provision of FP information)
- ❒ An examination couch for providing injections
- ❒ Disposal facilities for used needles and syringes; these should include at least a sharps disposal container and a pit latrine
- ❒ VCT counsellors should be trained in basic infection-prevention procedures and provided with guidelines
- ❒ Checklists (for VCT counsellors to conduct risk assessments for pregnancy/STI/HIV)
- ❒ IEC/counselling materials
- ❒ Contraceptive demonstration tray
- ❒ Contraceptive methods recommended for this level (condoms, pills, and injectables)
- ❒ Penile and pelvic models for condom demonstration
- ❒ List of referral points for methods not included in the package for this level
- ❒ Handbook of family planning methods

Level 3

This model includes the provision of all methods in levels 1 and 2 and, in addition, intrauterine contraceptive devices (IUCDs). The provision of IUCDs requires a higher level of skills, more equipment, and supplies (such as vaginal specula, examination lights, and pelvic models). Given that only 25% of VCT centres have the basic requirements for IUCD provision, this level of integration would require significant investments. Therefore, it is recommended that, except for those VCT centres located in major health facilities capable of providing these services, stand-alone VCT centres should only counsel, assess, and follow up clients seeking to use IUCDs, but refer them elsewhere for insertion/removal.

Minimum Requirements for Level 3:

- ❒ Training for VCT counsellors with a medical background but without basic training in provision of FP services recommended for this level
- ❒ Orientation of VCT counsellors on provision of VCT and FP services using an integrated approach
- ❒ Time (for VCT counsellors to provide VCT and basic FP information)
- ❒ Space (within the VCT centre for provision of FP information)
- ❒ An examination couch for providing injections
- ❒ Vaginal specula, examination light, consumable supplies like gloves, cotton wool, antiseptic lotions, and sterilising equipment
- ❒ Disposal facilities for used needles and syringes; these should include at least a sharps disposal container and a pit latrine
- ❒ VCT counsellors should be trained in basic infection-prevention procedures and provided with guidelines
- ❒ Checklists (for VCT counsellors to conduct risk assessments for pregnancy/STI/HIV)
- ❒ IEC/counselling materials
- ❒ Contraceptive demonstration tray
- ❒ Contraceptive methods recommended for this level (condoms, pills, injectables, and IUCDs)
- ❒ Penile and pelvic models for demonstration of condom and IUCD use
- ❒ List of referral points for IUCD and other methods not included in the package for this level

Level 4

Under this model, VCT centres provide the entire range of family planning methods. This should be a long-term goal of VCT centres but needs to be understood in the context of the enormous resources that would be required. Currently the provision of surgical methods is restricted to medical doctors, except for Norplant, which nurses and clinical officers can provide. Therefore, only those VCT centres with a medical doctor will be able to provide this level of FP services. It is recommended that women seeking to use surgical methods be referred after counselling and assessment to health facilities that have the capacity to provide these methods.

Minimum Requirements for Level 4:

- ❒ Training for VCT counsellors with a medical background but without basic training in provision of FP services recommended for this level
- ❒ Orientation of VCT counsellors on the provision of VCT and FP services using an integrated approach
- ❒ The provision of surgical methods in Kenya is currently restricted to medical doctors, except for Norplant, which nurses and clinical officers can provide
- ❒ Time (for VCT counsellors to provide VCT and basic FP information)
- ❒ Space (within the VCT centre for provision of FP information)
- ❒ An examination couch for providing injections
- ❒ Vaginal specula, examination light, consumable supplies like gloves, cotton wool, antiseptic lotions, and sterilising equipment
- ❒ Operating theatre with facilities to manage emergencies that may arise from surgical complications
- ❒ Disposal facilities for used needles and syringes; these should include at least a sharps disposal container and a pit latrine
- ❒ VCT counsellors should be trained in basic infection-prevention procedures and provided with guidelines

Minimum Requirements for Level 4 (continued):

- ❒ Checklists (for VCT counsellors to conduct risk assessments for pregnancy/STI/HIV)
- ❒ IEC/counselling materials
- ❒ Contraceptive demonstration tray
- ❒ Contraceptive methods recommended for this level (condoms, pills, injectables, and IUCDs)
- ❒ Penile and pelvic models for demonstration of condom and IUCD use
- ❒ List of referral points for IUCD and other methods not included in the package for this level

The table below summarizes the four recommended levels of integration of family planning services into VCT programmes.

Summary of Recommended Levels of Integration of Family Planning Services into VCT Programmes

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
■ Risk assessment for pregnancy/ STI/HIV ■ Counselling, information, and education on family planning, STI, and HIV ■ Provision of pills and condoms to the clients ■ Referrals to off-site FP services for other methods	■ All of the elements of level 1 **PLUS** ■ Provision of injectable contraceptives	■ All of the elements of level 2 **PLUS** ■ Provision of IUCD	■ All of the elements of level 3 **PLUS** ■ Provision of all other methods (Norplant, vasectomy, tubal ligation)

3.4.2 Recommended Levels of Integration of VCT Services into Family Planning Services

The MOH currently uses both community-based and facility-based approaches in the provision of family planning services. Community-based family planning services involve the use of community-based distribution (CBD) agents. To be recruited as CBD agents, individuals must be mature adults, have had previous involvement in other community activities, be trusted and respected by community members, be motivated by a high sense of service to others, and should uphold the ideals of family planning. Those who meet these criteria then receive training with the MOH standardised training curriculum for a minimum period of two weeks. The training covers the functions and qualities of a good CBD agent, population and development, concepts of FP, human anatomy and physiology, family planning methods, distribution and referral, record-keeping and reporting, communication, rumours, misconceptions, counselling, primary health care, community diagnosis, sexually transmitted infections and infertility, AIDS, and family life education. After training, the CBD agents use a door-to-door approach to motivate clients for reproductive health services with an emphasis on family planning. Although they promote all family planning methods, they are only allowed to initiate and re-supply pills and condoms. They must refer clients to health facilities for all other methods.

Currently, the basic requirements for becoming a VCT counsellor are post-secondary education, basic counselling skills (such as nurse counsellors possess), prior knowledge of HIV issues, and interest in starting VCT services. VCT counsellors undergo three weeks of training if they do not have basic counselling skills and one week of training if they do. Therefore, given the requirements to become a CBD agent described earlier and the training that CBD agents receive before being certified as capable of providing family planning services, they are appropriate candidates for recruitment as VCT counsellors. In addition, experience from most CBD programmes in the region has demonstrated that these agents are respected and trusted by the communities that usually nominate them for training. Therefore, they are often a good resource for motivating clients for VCT services and for follow-up of clients who have been tested to reinforce messages on behaviour change for both positive and negative individuals. They could also serve as a good resource for information about support services for HIV-positive individuals in their communities. Given that they do not have a medical background and do not operate from a fixed facility, it is not possible for them to both provide immediate pre- and post-test counselling to clients and carry out the tests. However, given the recent and growing interest in the use of mobile VCT centres, the role of CBD agents will become even more critical to the success of such approaches.

The MOH provides family planning services through its fixed health facilities. The combination of family planning services varies depending on the level of health facilities, but in most cases facilities have adequate physical infrastructure to allow for privacy when providing these services. This same infrastructure can be used to provide the privacy required for VCT services.

At the fixed health facilities, family planning services are provided by nurses who have undergone post-graduation training in the provision of FP services. The training includes many of the basic concepts required for VCT services, making these nurses appropriate candidates for training and provision of all VCT services as currently constituted.

Level 1

The strategy recommends that the first level of integration of VCT services into FP programmes should include risk assessment for HIV and other STIs among FP clients, IEC on VCT and availability of VCT centres, motivation of clients to access VCT services, follow-up counselling to sustain behaviour change based on test results, referral to post-test clubs, and other appropriate services. It is recommended that these VCT services be made available through all levels of family planning services at community and fixed health facilities.

Minimum Requirements for Level 1:

- ❒ Training for CBD agents and family planning nurses who do not have basic training in provision of VCT services recommended for this level
- ❒ Orientation of CBD agents and family planning nurses on the provision of VCT and FP services using an integrated approach
- ❒ Time (for CBD agents and family planning nurses to provide VCT services at this level)
- ❒ Space (within the FP facility for provision of VCT services at this level)
- ❒ Checklists (for CBD agents and family planning nurses to conduct risk assessments for pregnancy/STI/HIV)
- ❒ IEC/counselling materials
- ❒ List of referral points for VCT services not included in the package for this level

Level 2

The strategy recommends that this level include all VCT services from level 1, as well as pre- and post-test counselling and testing. Currently, NASCOP uses the ELIZA rapid test at all public VCT centres. The test involves drawing a small sample of blood, which is then processed for the test following the guidelines provided by NASCOP. Drawing blood and carrying out the test require specialised training and disposal facilities. This type of service should only be provided at fixed facilities that meet the following minimum requirements.

Minimum Requirements for Level 2:

- ❒ Training for family planning nurses who do not have basic training in provision of VCT services recommended for this level
- ❒ Orientation of family planning nurses on the provision of VCT and FP services using an integrated approach
- ❒ Time (for CBD agents and family planning nurses to provide VCT services at this level)
- ❒ Space (within the FP facility for the provision of VCT information and counselling)
- ❒ Space for the drawing and processing of blood specimens for the test
- ❒ Facilities for the appropriate and safe storage of reagents used for the test
- ❒ Sharps disposal facilities for needles and syringes used to draw and process the blood specimens
- ❒ Training in basic infection-prevention procedures
- ❒ Checklists (for family planning nurses to conduct risk assessments for pregnancy/STI/HIV)
- ❒ IEC/counselling materials
- ❒ List of referral points for post-VCT services not included in the package for this level

4.0 Outputs and Activities to Achieve the Overall Goal of the Strategy

Regardless of the level of integration of FP and VCT services a programme chooses, their strategy will have the following key objectives:

- Increase support for and commitment to an integrated approach to provision of VCT and FP services (among donors, policy-makers, and implementers)
- Enhance capacity for provision of integrated services
- Increase demand for both FP and VCT services
- Collect data to regularly improve the strategy and guide scale-up activities

The key outputs and activities for each of these objectives are outlined below.

4.1 OBJECTIVE 1
Increase Support for and Commitment to an Integrated Approach to Provision of VCT and FP Services

Output

Advocacy process through government policy programming and announcements that support the provision of family planning and VCT services using an integrated approach.

Activities

Develop an advocacy strategy that addresses the different target audiences, policy-makers, programme managers, service providers, and clients.

4.1.1 Harmonise efforts by VCT stakeholders (public and private) to integrate FP into VCT services through development and implementation of clear policies and service provider guidelines.

4.1.2 Sensitise programme administrators and service providers on the need to provide FP services to HIV-positive and HIV-negative clients, as stipulated in the National Guidelines for Voluntary Counselling and Testing.

4.1.3 Organise seminars for MOH (NASCOP and DRH) staff, representatives of the district and provincial Health Management Teams, and other stakeholders to introduce the proposed integration strategy.

4.1.4 Work with VCT and FP centres to conduct sensitisation meetings for local/church leaders, community members, and leaders in the post-test clubs.

4.1.5 Review the "one-stop" VCT services approach to ensure continuous counselling and follow-up of clients receiving both VCT and FP services.

4.2 OBJECTIVE 2
Enhance Capacity for Provision of Integrated Services

Output

Enhanced capacity to provide VCT and FP services using an integrated approach through training, improved physical structures, and IEC.

Activities

4.2.1 Review existing training curricula for VCT and FP services to ensure the provision of both services is adequately addressed.

4.2.2 Review and update existing IEC materials, activities, and job aids to include both VCT and FP services.

4.2.3 Conduct training/orientation workshops and updates or refresher courses to build capacity to provide VCT and FP services and use of new IEC materials for the service providers.

4.2.4 Develop and introduce a job aid that counsellors and FP service providers can use to undertake risk assessment for unplanned/unwanted pregnancy, STIs, HIV/AIDS, and to provide basic IEC and counselling on VCT and FP services.

4.2.5 Conduct comprehensive training for non-medical VCT counsellors using the MOH CBD FP Training Curriculum.

4.2.6 Conduct FP orientation/updates/refresher courses for VCT counsellors using the national training manual for integrating FP into VCT.

4.2.7 Conduct facility assessments to identify the physical, equipment, and supply requirements for providing VCT and FP services.

4.2.8 Produce and distribute IEC materials and job aids that will facilitate the provision of these services.

4.2.9 Identify and establish linkages with referral points, including facility-based antiretroviral (ARV) services and Comprehensive Care Centers (CCCs), CBD programmes, post-test clubs, and community-based organisations (CBOs) to ensure clients receive the services they require.

4.2.10 Conduct comprehensive training for members of post-test clubs and CBOs using the CBD model to ensure they can motivate and follow up clients requiring FP services.

4.2.11 Strengthen supply chain systems and logistic information systems from the central level to the facilities [including intra-facility systems] in order to ensure commodity security for contraceptives and HIV testing kits.

4.3 OBJECTIVE 3
Increase Demand for Both Family Planning and VCT Services

Output

Increased demand for family planning and VCT services at both types of centres through IEC and other community-based strategies.

Activities

4.3.1 Develop and distribute IEC materials on self-risk assessment, perceptions, and decision-making about pregnancy to VCT centres, post-test clubs, and CBOs.

4.3.2 Develop and distribute IEC materials on HIV and pregnancy prevention to VCT centres, post-test clubs, and CBOs.

4.3.3 Advertise availability of integrated services at VCT centres, post-test clubs, CBOs, and CBD programmes.

4.3.4 Utilise community sector programmes to sensitise the community to VCT/FP services.

4.3.5 Organise family planning educational events within VCT centres.

4.3.6 Provide client-friendly integrated services to all sub-groups in the community and/or refer clients appropriately.

4.3.7 Train key members in post-test clubs on basic risk assessment for unplanned/ unwanted pregnancies and provision of non-clinical methods using the CBD approach.

4.3.8 Provide peer educators in post-test clubs with job aids on the provision of basic FP IEC and other services.

4.4. **OBJECTIVE 4**
Collect Data to Continuously Improve the Strategy and Guide Scale-up Activities

Output

Functional and appropriate management information systems, monitoring, evaluation, and operations research mechanisms established and implemented.

Activities

4.4.1 Management information system (MIS)

- Review existing MIS to ensure it facilitates the collection of information on both services.
- Collect, store, and analyse service statistics to use for improvement of services.

4.4.2 Monitoring and evaluation

- Develop key indicators for all stakeholders to use to monitor and evaluate programme performance.
- Establish a mechanism for sharing information among stakeholders and providing feedback to VCT and FP centres.

4.4.3 Operations research

- Compile lessons learnt from stakeholders (MOH, donors, partners) to further inform implementers of the outcome of the integration approach and ensure the process does not affect either of the services.
- Review facility records.
- Conduct operations (programmatic) research to:

  i) Identify the most cost-effective combination of FP and VCT services that can be integrated;

  ii) Document integration procedures;

  iii) Evaluate the impact of integration;

iv) Provide information to the MOH to guide scale-up activities of the integration process;

v) Obtain feedback from service providers; and

vi) Obtain feedback from VCT/FP clients.

IMPLEMENTATION PLAN

GOAL: To assist the National AIDS and STD Control Programme (NASCOP) and the Division of Reproductive Health (DRH) of the Ministry of Health to maximise the opportunities provided by VCT and FP services to reach women, men, and couples with these services using a more cost-effective and sustainable approach.			TIME FRAME																		
			TBD						TBD												
	Objectively verifiable indicators	Means of verification	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	Organisation Responsible
Objective 1: Increase support for and commitment to an integrated approach to provision of VCT and FP services																					
Output: Advocacy process through government policy programming and announcements that support the provision of family planning and VCT services using an integrated approach																					

GOAL: To assist the National AIDS and STD Control Programme (NASCOP) and the Division of Reproductive Health (DRH) of the Ministry of Health to maximise the opportunities provided by VCT and FP services to reach women, men, and couples with these services using a more cost-effective and sustainable approach.			TIME FRAME																		
			TBD						TBD												
	Objectively verifiable indicators	**Means of verification**	**J**	**A**	**S**	**O**	**N**	**D**	**J**	**F**	**M**	**A**	**M**	**J**	**J**	**A**	**S**	**O**	**N**	**D**	**Organisation Responsible**
Activities																					
4.1.1 Harmonise efforts by VCT stakeholders (public and private) to integrate FP and VCT services through development and implementation of clear policies and service provider guidelines																					
4.1.2 Sensitise programme administrators and service providers on the need to provide FP services to HIV-positive and HIV-negative clients as stipulated in the National Guidelines for Voluntary Counselling and Testing																					

GOAL: To assist the National AIDS and STD Control Programme (NASCOP) and the Division of Reproductive Health (DRH) of the Ministry of Health to maximise the opportunities provided by VCT and FP services to reach women, men, and couples with these services using a more cost-effective and sustainable approach.			TIME FRAME																			
			TBD						TBD													
	Objectively verifiable indicators	**Means of verification**	**J**	**A**	**S**	**O**	**N**	**D**	**J**	**F**	**M**	**A**	**M**	**J**	**J**	**A**	**S**	**O**	**N**	**D**	**Organisation Responsible**
Activities																						
4.1.3	Organise seminars for MOH (NASCOP and DRH) staff, representatives of the district and provincial Health Management Teams, and other stakeholders to introduce the proposed integration strategy																					
4.1.4	Work with VCT and FP centres to conduct sensitisation meetings for local/church leaders, community members, and leaders in the post-test clubs																					
4.1.5	Review the “one-stop” VCT services approach to ensure continuous counselling and follow-up of clients receiving both VCT and FP services																					

GOAL: To assist the National AIDS and STD Control Programme (NASCOP) and the Division of Reproductive Health (DRH) of the Ministry of Health to maximise the opportunities provided by VCT and FP services to reach women, men, and couples with these services using a more cost-effective and sustainable approach.			TIME FRAME																		
			TBD						TBD												
	Objectively verifiable indicators	Means of verification	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	Organisation Responsible
Objective II: Enhance capacity for provision of integrated services																					
Output: Enhanced capacity to provide FP and VCT services using an integrated approach through training, improved physical structures, and IEC																					

GOAL: To assist the National AIDS and STD Control Programme (NASCOP) and the Division of Reproductive Health (DRH) of the Ministry of Health to maximise the opportunities provided by VCT and FP services to reach women, men, and couples with these services using a more cost-effective and sustainable approach.			TIME FRAME																		
			TBD						TBD												
	Objectively verifiable indicators	**Means of verification**	**J**	**A**	**S**	**O**	**N**	**D**	**J**	**F**	**M**	**A**	**M**	**J**	**J**	**A**	**S**	**O**	**N**	**D**	**Organisation Responsible**
Activities																					
4.2.1	Review existing training curricula for VCT and FP services to ensure that the provision of both services is adequately addressed																				
4.2.2	Review and update existing IEC materials, activities, and job aids to include both VCT and FP services																				
4.2.3	Conduct training/ orientation workshops and updates or refresher courses to build capacity to provide VCT and FP services and service provider use of new IEC materials																				

GOAL: To assist the National AIDS and STD Control Programme (NASCOP) and the Division of Reproductive Health (DRH) of the Ministry of Health to maximise the opportunities provided by VCT and FP services to reach women, men, and couples with these services using a more cost-effective and sustainable approach.			TIME FRAME																		
			TBD						TBD												
	Objectively verifiable indicators	**Means of verification**	**J**	**A**	**S**	**O**	**N**	**D**	**J**	**F**	**M**	**A**	**M**	**J**	**J**	**A**	**S**	**O**	**N**	**D**	**Organisation Responsible**
Activities																					
4.2.4 Develop and introduce a job aid that counsellors and FP service providers can use to undertake risk assessment for unplanned/unwanted pregnancy, STIs, HIV/AIDS, and to provide basic IEC and counselling on VCT and FP services																					
4.2.5 Conduct comprehensive training for non-medical VCT counsellors using the MOH CBD FP Training Curriculum																					

GOAL: To assist the National AIDS and STD Control Programme (NASCOP) and the Division of Reproductive Health (DRH) of the Ministry of Health to maximise the opportunities provided by VCT and FP services to reach women, men, and couples with these services using a more cost-effective and sustainable approach.			TIME FRAME																			
			TBD						TBD													
	Objectively verifiable indicators	**Means of verification**	**J**	**A**	**S**	**O**	**N**	**D**	**J**	**F**	**M**	**A**	**M**	**J**	**J**	**A**	**S**	**O**	**N**	**D**	**Organisation Responsible**
Activities																						
4.2.6 Conduct FP orientation/ updates/ refresher courses for VCT counsellors using the updated NASCOP VCT counsellors' training manual																						
4.2.7 Conduct facility assessments to identify the physical, equipment, and supplies requirements for providing FP services																						
4.2.8 Produce and distribute IEC materials and job aids that will facilitate the provision of these services																						

GOAL: To assist the National AIDS and STD Control Programme (NASCOP) and the Division of Reproductive Health (DRH) of the Ministry of Health to maximise the opportunities provided by VCT and FP services to reach women, men, and couples with these services using a more cost-effective and sustainable approach.			TIME FRAME																			
			TBD						TBD													
	Objectively verifiable indicators	**Means of verification**	**J**	**A**	**S**	**O**	**N**	**D**	**J**	**F**	**M**	**A**	**M**	**J**	**J**	**A**	**S**	**O**	**N**	**D**	**Organisation Responsible**
Activities																						
4.2.9	Identify and establish links with referral points including CBD programmes, post-test clubs and community-based organisations to ensure clients receive the services they require																					
4.2.10	Conduct comprehensive training for members of post-test clubs and CBOs using the CBD model to ensure they can motivate and follow up clients requiring FP services																					
4.2.11	Strengthen supply chain systems and logistic information systems from the central level to the facilities [including intra-facility systems] in order to ensure commodity security for contraceptives and HIV testing kits																					
Objective III: Increase demand for both FP & VCT services																						

GOAL: To assist the National AIDS and STD Control Programme (NASCOP) and the Division of Reproductive Health (DRH) of the Ministry of Health to maximise the opportunities provided by VCT and FP services to reach women, men, and couples with these services using a more cost-effective and sustainable approach.			TIME FRAME																			
			TBD						TBD													
	Objectively verifiable indicators	**Means of verification**	**J**	**A**	**S**	**O**	**N**	**D**	**J**	**F**	**M**	**A**	**M**	**J**	**J**	**A**	**S**	**O**	**N**	**D**	**Organisation Responsible**
Output: Increase demand for FP and VCT centres through IEC and other community-based strategies																					
Activities																					
4.3.1	Develop and distribute IEC materials on self-risk assessment, perceptions, and decision-making about pregnancy to VCT centres, post-test clubs, and CBOs																				
4.3.2	Develop and distribute IEC materials on HIV and pregnancy prevention to VCT centres, post-test clubs, and CBOs																				
4.3.3	Advertise availability of integrated services at VCT centre, post-test clubs, CBOs and CBD programmes																				

GOAL: To assist the National AIDS and STD Control Programme (NASCOP) and the Division of Reproductive Health (DRH) of the Ministry of Health to maximise the opportunities provided by VCT and FP services to reach women, men, and couples with these services using a more cost-effective and sustainable approach.			TIME FRAME																		
			TBD						TBD												
	Objectively verifiable indicators	**Means of verification**	**J**	**A**	**S**	**O**	**N**	**D**	**J**	**F**	**M**	**A**	**M**	**J**	**J**	**A**	**S**	**O**	**N**	**D**	**Organisation Responsible**
Activities																					
4.3.4 Utilise CBD programmes to sensitise community on VCT/FP services																					
4.3.5 Organise family planning educational events within the VCT centre																					
4.3.6 Provide client-friendly integrated services to all sub-groups in the community and/or refer clients appropriately																					
4.3.7 Train key members in the post-test clubs on basic risk assessment for unplanned/unwanted pregnancies and provision of non-clinical methods using the CBD approach																					
4.3.8 Provide peer educators in the post-test clubs with job aids on the provision of basic FP IEC and other services																					

GOAL: To assist the National AIDS and STD Control Programme (NASCOP) and the Division of Reproductive Health (DRH) of the Ministry of Health to maximise the opportunities provided by VCT and FP services to reach women, men, and couples with these services using a more cost-effective and sustainable approach.			TIME FRAME																			
			TBD						TBD													
	Objectively verifiable indicators	Means of verification	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	Organisation Responsible
Objective IV: Collect data to continuously improve the strategy and provide data to guide scale-up activities																					
Output: Functional and appropriate management information systems, monitoring, evaluation, and operations research mechanisms established and implemented																					
Activities																					
4.4.1 **Management Information Systems**																					
Review existing MIS to ensure it facilitates the collection of information on both services																					
Collect, store, and analyse service statistics to be used for improvement of services																					

GOAL: To assist the National AIDS and STD Control Programme (NASCOP) and the Division of Reproductive Health (DRH) of the Ministry of Health to maximise the opportunities provided by VCT and FP services to reach women, men, and couples with these services using a more cost-effective and sustainable approach.				TIME FRAME																		
				TBD						TBD												
		Objectively verifiable indicators	**Means of verification**	**J**	**A**	**S**	**O**	**N**	**D**	**J**	**F**	**M**	**A**	**M**	**J**	**J**	**A**	**S**	**O**	**N**	**D**	**Organisation Responsible**
Activities																						
4.4.2	**Monitoring and Evaluation**																					
	Develop key indicators for all stakeholders to use to monitor and evaluate programme performance																					
	Establish a mechanism for sharing information among stakeholders and feedback to the VCT and FP centres																					

GOAL: To assist the National AIDS and STD Control Programme (NASCOP) and the Division of Reproductive Health (DRH) of the Ministry of Health to maximise the opportunities provided by VCT and FP services to reach women, men, and couples with these services using a more cost-effective and sustainable approach.			TIME FRAME																			
			TBD						TBD													
	Objectively verifiable indicators	**Means of verification**	**J**	**A**	**S**	**O**	**N**	**D**	**J**	**F**	**M**	**A**	**M**	**J**	**J**	**A**	**S**	**O**	**N**	**D**	**Organisation Responsible**
Activities																						
4.4.3	**Operations Research**																					
	Compile lessons learnt from VCT stakeholders (MOH, donors, partners) to further inform implementers of the outcome of the integration approach and ensure that the process does not affect service quality																					
	Review facility records																					
	Conduct operations research to:																					
(i)	Identify the most cost-effective combination of FP and VCT services																					
(ii)	Document integration procedures																					
(iii)	Evaluate the impact of integration																					
(iv)	Provide information for the MOH to guide scale-up activities of the integration process																					
(v)	Obtain feedback from service providers																					
(vi)	Obtain feedback from VCT/FP clients																					

STRATEGY FOR THE INTEGRATION OF FAMILY PLANNING AND HIV VOLUNTARY COUNSELLING AND TESTING SERVICES