Ministry of Health and Child Care - Zimbabwe

Sexual & Reproductive Health & Rights and HIV Linkages

Training Curriculum for Community Based Health Workers

Facilitator’s Guide
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ACKNOWLEDGMENT

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Special acknowledgements go to the members of the National Technical Committee on SRH and HIV linkages, for their ongoing oversight and leadership in the SRH and HIV linkages programme and especially their technical input in the development of the training modules and the reference manual.

The Ministry would like to extend its sincere appreciation to the members of staff and other stakeholders who participated in the pretesting of these training modules. The team included staff members from Ministry of Health and Child Care Head Office, Provincial Medical Directors’ offices and Schools of Nursing; Zimbabwe National Family Planning Council (ZNFPC); National AIDS Council (NAC); Harare City Health Department; SAFAIDS, Seke Home Based Care and Family AIDS Counselling Trust (FACT).

Special mention goes to the consultant, Dr Woldemedhin Haile for his dedication and expertise in the development of the training materials.

Most importantly, special gratitude goes to United Nations Population Fund (UNFPA) and Joint United Nations Programme on HIV/AIDS (UNAIDS) for their guidance and technical direction in the development of the training materials, as well as the European Union for the financial support.

_____________________________________________________________________

Dr Gibson Mhlanga
Principal Director Preventive Services
Ministry of Health and Child Care

2014
FOREWORD

Over the past decade there has been a growing understanding that sexual and reproductive health and rights (SRHR) and HIV linkages can have a range of social and public health benefits. A number of global and regional instruments and commitments alluding to this include the Programme of Action adopted at the International Conference on Population and Development (ICPD) (1994); Beijing Declaration and Platform of Action of September 1995; UN Millennium Development Goals adopted at the Millennium Summit in September 2000; Declaration of Commitment agreed upon in June 2001 at the UNGASS on HIV and AIDS; The Maputo Plan of Action (MPoA) adopted by AU member states in 2006; and the UN High Level Meeting on HIV and AIDS - Declaration of Commitment of 2012.

The Maputo Plan of Action (MPoA) in particular, seeks to advance the agenda on universal access to sexual and reproductive health services including family planning, as a contribution towards attainment of MDGs 4, 5 and 6. The continental framework strives to strengthen commitment of member states to achieving universal access to SRH services, including family planning, and recognize and support the contribution of these services to HIV prevention. A key strategy for operationalizing the MPoA policy framework is to “…integrate STI/HIV/AIDS, and SRHR programmes and services, including reproductive cancers, to maximize the effectiveness of resource utilization and to attain a synergetic complementary of the two strategies”. This commitment signals an important step in the efforts already underway to strengthen linkages between SRH and HIV programmes and services.

HIV and SRH related conditions share the same target groups as well as root causes. Thus, addressing one cause is likely to benefit the other. Linking and integrating the two programmes minimize missed opportunities by increasing access and coverage of services for all, including the most at risk population groups. This means that those seeking services can get them at either an SRH or HIV service delivery points. In a way this would reduce duplication of efforts, whilst reducing competition for scarce resources.

A rapid assessment conducted in 2010 in Zimbabwe to assess bi-directional linkages between SRH and HIV programmes and services noted that integration was taking place at service delivery level, mostly at the primary health care facilities. This often occurred out of necessity, as clients seeking both services present to the same service provider. The challenge, however, was that the integration tended to be ad hoc, uncoordinated and not guided by policy or guidelines. At the same time, the generally weak levels of coordination mechanisms between SRH and HIV key players led to programmes that were not optimally linked.

The linkages programme has created a greater level of focus for the integration discourse. Findings from the rapid assessment have informed the development of a national operational plan
on linking SRHR and HIV programmes and services. Within the design of the programme is capacity strengthening of programme managers and service providers across the different sectors aimed at equipping them with the necessary knowledge and skills required for implementing integrated SRH and HIV services. The Ministry of Health and Child Care has produced integrated SRHR and HIV service guidelines to provide national standards for the provision of high quality services by programme managers and service providers at all levels of health care. However, for the service guidelines to be operationalised optimally there is need for standardized training for the different categories of health care providers and their supervisors on how to integrate SRH and HIV services. This has led to the development of standardized training tools.

The Ministry of Health and Child Care with support from UNFPA and the National Technical Committee on SRH and HIV linkages has produced tools to support training in SRH and HIV linkages i.e. three training modules and accompanying teaching aides for: a) managers of service providers, b) service providers and c) community based workers. In addition, a reference manual on SRHR and HIV linkages that cuts across all categories of health workers and trainers is part of this package. The tools have been developed through a highly consultative process. The aim has been to develop a standardized approach that guides learning and practice on linking and integrating SRH and HIV programmes and services.

I urge you all to use these tools diligently in advancement of the SRH and HIV linkages agenda, as we work towards achievement of MDG 4, 5, and 6.

Brigadier General (Dr) Gerald Gwinji
Secretary for Health and Child Care
2014
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
</tr>
<tr>
<td>ANC</td>
<td>Antenatal Care</td>
</tr>
<tr>
<td>ARV</td>
<td>Antiretroviral Medicine</td>
</tr>
<tr>
<td>FP</td>
<td>Family Planning</td>
</tr>
<tr>
<td>HTC</td>
<td>HIV Testing and Counseling</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immune-deficiency Virus</td>
</tr>
<tr>
<td>MDG</td>
<td>Millennium Development Goal</td>
</tr>
<tr>
<td>MOHCC</td>
<td>Ministry of Health and Child Care</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
</tr>
<tr>
<td>OI</td>
<td>Opportunistic Infection</td>
</tr>
<tr>
<td>PHC</td>
<td>Primary Health Care</td>
</tr>
<tr>
<td>PLHIV</td>
<td>People Living with HIV</td>
</tr>
<tr>
<td>PNC</td>
<td>Postnatal Care</td>
</tr>
<tr>
<td>PMTCT</td>
<td>Prevention of Mother to Child Transmission</td>
</tr>
<tr>
<td>RTI</td>
<td>Reproductive Tract Infection</td>
</tr>
<tr>
<td>SRHR</td>
<td>Sexual and Reproductive Health and Rights</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
</tr>
<tr>
<td>VCT</td>
<td>Voluntary Counseling and Testing</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
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</tbody>
</table>
1. ABOUT THIS GUIDE

This guide provides a structured approach for facilitators to lead training on sexual and reproductive health and rights (SRHR) and HIV linkages for community health workers (CHWs). It contains the instructions and materials that facilitators need to help participants develop the accurate knowledge, attitude and skills necessary to effectively provide integrated SRHR and HIV services at community level.

Facilitators should follow the steps in this guide and refer to the accompanying handout and SRHR and HIV service guidelines, as needed, when they prepare and facilitate sessions, as these three course materials are very much interlinked. The contents in the facilitator’s guide, including the slides are derived from the handout and some examples in the handout and service guidelines will be used to simulate the ‘how’ part of SRHR and HIV service integration at community level.

2. TRAINING OVERVIEW

The objectives of this training are:

- To improve the knowledge, attitudes and skills of CHWs on SRHR and HIV service integration
- To improve the practical application of SRHR and HIV service integration guidelines at community level

This training is divided into three sessions:

- **Session I: Introduction** - Covers participants’ introduction and course overview.
- **Session II: Introduction to Integration** - Discusses the terms in SRHR and HIV integration, the rationale for integrating SRHR and HIV services at community level, benefits of integrated approach and it requirements.
- **Session II: Minimum package of services at community level** - presents what integration entails at community level, including the application of the minimum package of services outlined in the national SRHR and HIV service integration guidelines.

2.1 Intended Audience

The curriculum is designed for integration into the existing SRHR and HIV trainings at community level. Its use is intended for all cadres of CHWs who are responsible for SRHR and HIV service delivery at community level. This curriculum can be easily adapted for use onsite or in standalone trainings.
This training curriculum is appropriate for a group of around 20 to 25 participants. It is assumed that this class size of participants would allow optimal participation. With the proposed training structure and time allocation, a participant size of more than 25 will not allow optimal participation of participants in the intended participatory exercises and interactive presentations.

2.2 Training Materials

For the training to run smoothly, there are other materials the facilitator will need in addition to the trainers’ guide, including:

- **Handout**: This material is designed to provide an up-to-date quick reference in SRHR and HIV service integration. It serves as reference source both for the participants and the facilitators. Because the manual contains information that is consistent with the course objectives, it becomes an integral part of all classroom discussions and exercises.

- **Overheads**: Electronic copies of overheads are available to facilitators, and can be used with a computer as a PowerPoint presentation or can be copied onto transparencies for use with overhead projectors. In circumstances where there is lack of facilities to use slides or overheads, the facilitator needs to prepare presentations on flip charts.

2.3 Facilitator Requirements

A team of at least two facilitators is needed to co-facilitate this training that includes a lead facilitator and an assistant. While the lead facilitator facilitates a session, the assistant can record information on flipcharts, monitor the time, help keep the discussion focused on the session objectives, and moderate small-group work.

Facilitators should be selected for their knowledge, expertise, and training skills. Due to the interactive exercises, experience in participatory training is necessary. Also the ability of facilitators to be interactive, attending, and engaging with high levels of energy is optimal. Moreover, it is preferable to have a health provider do the training, someone that the CHWs respect and will listen to and learn from, but one that does not have the traditional provider bias.

In general, the selection criteria for facilitators should include the following:

- Expertise and experience in SRHR and HIV;
- Experience in community based health care and integrated SRHR and HIV service delivery
- Familiarity with adult learning principles, strategies, and techniques;
- Ability to adapt materials to meet the participants’ needs;
- Interest and experience in training other healthcare providers; and
- Ability and willingness to make the time commitment required.
Before conducting this particular training, the facilitators should participate in a training conducted with this curriculum and attend TOT. Without firsthand experience with the curriculum and an understanding of the training methods and tools, facilitators might find the curriculum difficult to use.

2.4 Timeframe and Structure

The curriculum is structured as a one day classroom course. It is also important to assume that the amount of time needed for the course depends on many factors, including the qualification and experience of participants, the number of participants, participants’ needs, etc. Adaptation of the curriculum may be needed to better meet such factors and any time or logistical constraints.

Regardless of how the overall training will be scheduled, it is important to follow the recommended sequence of sessions because the later sessions build on knowledge and attitudes developed in the earlier sessions (Refer to annex 1 for training agenda).

2.5 Training Approach

The training methodologies proposed in this curriculum are grounded in competency-based skills acquisition and participatory learning, stemming from the principles of adult learning. To that end the following methodologies will be used throughout the training:

- Interactive presentations,
- Brainstorming,
- Group work,
- Role plays, and
- Buss groups

2.6 Training Preparation

Facilitators need to be well-prepared for the training. As the facilitator of this course you need to take the following steps to adequately prepare and carry out the course:

- Familiarize yourself with the entire Facilitators’ Guide, Handout, and service guidelines, reading them thoroughly to get an overall sense of the purpose, content, and approach of the training.
- Attend a training conducted with this curriculum, or co-train with another facilitator who is experienced in using this training curriculum. This will help you to better understand how training methods are used.
- After reading the curriculum, arrange a meeting with the program administrators to:
  - Clarify the purpose of the training and any queries you have;
  - Determine if appropriate participants have been selected;
  - Identify who will assist with the training;
  - Confirm the time committed for the training; and
  - Finalize plans for follow-up and ongoing support to the participants after the training.
- Make sure that there are enough copies of the Handout and SRHR and HIV service integration guidelines for all participants.
- Prepare a checklist in advance for each session. Before each session, make sure that the necessary materials and methods are ready.
- Prepare warm-ups and wrap-ups.
- Decide on which presentation aid to use for your sessions.
- Ensure availability of an LCD projector since the training relies heavily on this equipment to guide and summarize discussions. If it is not possible to use an LCD projector or a computer, alternatively a flip chart or an overhead projector and transparencies can be used instead.
3. COURSE OUTLINE

The course outline presented here is a model plan of the training to be delivered. It presents topics for presentations and supporting activities needed to accomplish the participants learning objectives. For each session there are suggestions regarding appropriate learning activities and materials needed. The facilitator may develop different warm up activities.

The course outline is divided into four sub sections:

**Time:** This section of the outline indicates the sum of the approximate amount of time to be devoted to each learning activity for a given session. Though the facilitator should try to accomplish the session in a given time, it will depend upon the participants as well. However, extra time used in one session will have to make up for it in another session.

**Session objectives:** Delineate what participants will be able to learn at the end of each session. During the wrap-up of each session these objectives will be reviewed to provide a framework for assessing how well objectives were achieved and where there might be gaps in the participants’ understanding.

**Process:** Describes the presentation topics and learning activities. The combination of the topics and activities outlines the flow of the training. It also describes the various methods to be used to deliver the content related to each topic.

**Advance Preparation:** Describes the necessary preparations to be made ahead of a session and materials needed to support the learning activities. Some of these materials need to be adapted, developed, or gathered in advance.
SESSION I: INTRODUCTION

**Time:** 30 Minutes

**Session Objectives:**

By the end of this session, participants will be able to:

- Get to know the facilitator/s in charge of facilitating sessions.
- Explain the purpose of the training and reconciled their expectations to the objectives of the training.
- Familiarize themselves with the training packages and course schedule.

**Advance Preparation**

- Prepare materials to distribute
  - Handout
  - SRH and HIV service integration guidelines
  - Note cards
- Make sure laptop and LCD projector are available and assembled well
- Prepare slides/flip chart and markers
  - Power point slide 1
- Prepare ice breaker

**Process:**

**Activity 1: Introduction of facilitators and participants (10 minutes)**

The person/s in charge of facilitating the sessions will introduce him/her (e.g., name, professional background, current work, experience in SRH & HIV linkages, etc.). As the participants have already introduced each other at the beginning of the main course, the introductions can be brief (e.g., name, professional background, where they work,
and what their job is). Even if the introductions are brief, the facilitator should include a quick ice breaker, such as any interesting story or warm up activity about SRHR and HIV linkages.

**Note:** This activity is optional if facilitators in charge of SRHR and HIV linkages training took part in the introductory sessions at the beginning of the main training.

**Activity 2: Course overview (Expectations, training objectives, course package and agenda) (20 minutes)**

1) Using the exercise below (exercise 1.1), explore participant’s expectations and concerns from the SRH & HIV linkages training.

### Exercise 1.1: Course Expectations and Concerns

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Explore participants’ concerns and expectations from the course and clarify the purpose of training.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Materials</td>
<td>12 X 15 cm note cards, flipchart or whiteboard and markers.</td>
</tr>
<tr>
<td>Advance Preparation</td>
<td>Prepare enough number of two different colored cards that match the number of participants.</td>
</tr>
<tr>
<td>Time</td>
<td>15 minutes</td>
</tr>
<tr>
<td>Introduction</td>
<td>Explain that this exercise will help them to explore their individual concerns and expectation from the course.</td>
</tr>
<tr>
<td>Activities</td>
<td>Distribute two cards with different colors to each participant. Ask participants to spend 5 minutes thinking about their concerns and expectations from the course and then to write their responses related to their expectation on one of the cards and their concerns on the other card, a maximum of 2 expectations and 2 concerns:</td>
</tr>
</tbody>
</table>

**Expectations:** What do you want to learn or take away with you at the end of the course?

**Concerns:** Do you have any concerns, related to the training, during and after completing the course? If Yes, what are they?

Give participants 5 minutes. While they complete their cards, write each question on a separate piece of paper and tape it to the wall. Then ask participants to post their responses to the wall corresponding to the questions.

After all participants posted their responses, ask a volunteer among participants to read the responses. Ask him/her to read first responses related to expectations followed by concerns. While he/she is reading the responses take time to write the summary of expectations and concerns separately on the flipchart.

Post the summarized responses on the wall then show the power point of the training objectives and lead a short discussion by linking the expectations and concerns mentioned by the participants to the objectives of the training.
2) Following the card game, show the power point of the training objectives (slide 1: training objectives) and lead a short discussion by linking the expectations and concerns mentioned by the participants to the objectives of the training.

**Objectives**

On completing this training you should be better able to:

- Explain key terms, and rationale of SRHR & HIV integration
- Describe the benefits of SRHR & HIV integration
- Identify the implementation modalities of integrated SRHR and HIV services at community level
- Understand the practical application of minimum package of integrated SRHR & HIV services at community level

2) Walk participants through the Handout and SRHR and HIV service integration guidelines and familiarize them with the course schedule.

3) **Optional**: Set ground rules, and assign a mood monitor and time keeper from participants. This activity is expected to be covered in the main training.

**Training Tips:**

Point out to the participants that the Handout includes essential ideas from the sessions in greater details. The participants need to take notes only on additional points or issues that are of particular relevance or interest. Explain that the intent is to enhance their participation.
SESSION II: INTRODUCTION TO SRHR and HIV INTEGRATION AT COMMUNITY LEVEL

Time: 3 hours

Session Objectives:

By the end of this session, participants will be able to:

- Define key terms in SRHR and HIV service integration
- Explain the benefits and rationale for integrating SRHR and HIV at community level
- Describe approaches of SRHR and HIV integration at community level
- Identify the key requirements for SRHR and HIV integration at community level

Advance Preparation

- Prepare materials
  - Power point slide: Session II-introduction to integration
  - Be prepared for the warm up activity (exercise 2.1)
  - Prepare exercises 2.2
  - Prepare enough flip chart and markers
  - Laptop and LCD projector

Process:

Activity 1: Session Objectives (15 minutes)

1) Start the session with a warm up activity (Exercise 2.1)
Course Exercises 2.1: Warm Up Exercise

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Topic lead-ins</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Materials</td>
<td>12cm by 15cm cut cards, markers</td>
</tr>
</tbody>
</table>

Activities

1) Ask participants to form a circle.
2) Distribute a card to each participant. Cards should have one of the following words written on it:
   - Aggressiveness
   - Sadness
   - Happiness
   - Angeriness
   - Excitement
   - Boredom
   - Friendliness
   - Tiredness
3) Each participant says “Give me the oranges” in the manner described on their card. The rest of the group has to guess which tone of voice they are using.
4) Ask participants what they learned from the warm up exercise.

Debriefing
The activity will generate fun and laughter but also highlight the importance of tone of voice in communication. In any communication how it is said is as important as what is said.

2) Explain the objectives of the session (Slide 2)

Session Objectives
By the end of this session you should be able to:

- Define key terms in SRHR and HIV integration
- Explain the benefits and rationale for integrating SRHR and HIV at community level
- Describe approaches of SRHR and HIV integration at community level
- Identify the key requirements for SRHR and HIV integration at community level
Activity 2: Definition of Key Terms (30 minutes)

3) Form three buss groups and ask participants the following two questions:
   - What does SRHR and HIV integration mean?
   - How could you apply it in your everyday work?

Give each group about 10 minutes to discuss the two questions and present their group works for plenary.

4) By using power point slide (slide 3-10) discuss the key terms in SRHR and HIV linkages. Link with the key points raised during the question and answer session.

**Definition of Key Terms**

- **Integration**: is the combination of different kinds of SRHR and HIV services to ensure and perhaps maximize collective outcomes. It is based on the need to offer comprehensive and integrated services.

- At community level this would include providing a combination of SRHR and HIV services/information to clients and community.

- Messages on HIV include information on SRHR and vice versa. This will enable clients or community receives both SRHR and HIV services in one visit/contact.

- **Bi-directionality**: Both integrating SRHR with HIV-related services and programs and integrating HIV with SRHR-related services and programs.
Examples of Bi-directionality of Integration

Integration of HIV information into SRHR services

Integration of SRHR information into HIV services

- HTC
- ART
- SRH (E.g FP)
- Condoms
- STI
- FP
- HIV (E.g HTC)
- ANC

Definition of Key Terms

- **Dual protection**: A strategy that prevents both unintended pregnancy and sexually transmitted infections (STIs), including HIV, through the use of condoms alone, or combined with other methods (dual method use).

Definition of Key Terms

- **HIV and AIDS programs**: Includes the complete spectrum of prevention, treatment, care and support activities.

- Core programs and policies relate to HIV and AIDS include:
  - HIV counseling and testing
  - Prophylaxis and treatment for people living with HIV
  - Home-based care and psycho-social support
  - Prevention for and by people living with HIV
  - HIV prevention for the general population (IEC/BCC)
  - Male and female condom provision
  - Prevention of mother-to-child transmission (PMTCT)
  - Specific services for key populations
Definition of Key Terms

- **Key populations**: are distinct from vulnerable populations that are subject to societal pressures or social circumstances, which may make them more vulnerable to exposure to infections, including HIV.

- They are both key to the epidemic's dynamics and key to the response, implying that HIV epidemics can be limited by concentrating prevention efforts among key populations and they can play a key role in responding to HIV.

- They vary in different places depending on the context and nature of the local epidemic, but in most places, they include men who have sex with men (MSM), sex workers (SWs) and their clients, and injecting drug users (IDUs).

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Definition of Key Terms

- **Prevention for and by people living with HIV**: This is a set of actions that help people living with HIV (PLHIV) to live longer and healthier lives. It encompasses a set of strategies that help PLHIV to:
  - protect their own sexual and reproductive health and avoid other STIs;
  - delay HIV disease progression; and
  - promote shared responsibility to reduce the risk of HIV transmission.

- PLHIV and those who are HIV negative both play an equal role in preventing new HIV infections.

- Key approaches for prevention for and by people living with HIV include individual health promotion, access to HIV and SRH services, community participation, advocacy and policy change.

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Definition of Key Terms

- **Sexual and reproductive health programs and policies**: Includes, but is not restricted to:
  - Family planning;
  - Maternal and newborn health;
  - Prevention of unsafe abortion and post abortion care;
  - Prevention and treatment of sexually transmitted infections;
  - Promotion of sexual health, including sexuality counseling; and
  - Prevention and management of gender based violence.
Activity 3: Rationale of Integrated Approach (15 minutes)

1) Ask participants what they think about the Rationale of Integration of SRHR & HIV services.

2) Use power point slide (slide 11) to guide the discussion on the Rational of Integration.

Activity 4: Benefits of Integrating SRH and HIV Services (25 minutes)

1) Form three buss groups to discuss the benefits of linkages in 10 minutes. Allow the group to discuss their group work in plenary for about 10 minutes.

2) Using slide 12 present the benefits of SRHR and HIV service integration at community level by linking what has been raised during the buss group discussions.
Activity 5: Approaches to Integration of SRHR & HIV Services at Community Level (10 minutes)

1) Using slide 13, discuss the approaches to integration of SRHR and HIV services at community level.

**Approaches to Integration of SRHR & HIV Services at Community Level**

- The basic assumption at this level of care is that all CHWs are expected to provide integrated SRHR and HIV information to clients and community at all times. Messages on HIV need to include information on SRHR and vice versa.

- Examples of integrated SRHR and HIV services at community level include:
  - Condoms and FP pills;
  - Information, education and communication (IEC) on ART and FP, etc.
Activity 6: Key Requirements for Integration (1 hour: 15 minutes)

1) Ask participant to do the following group work (exercise 2.1).

Course Exercise 2.2 Group work

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Help participants identify the key requirements of integration</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Enhance participants understanding of factors that promote and hinder linkages</td>
</tr>
<tr>
<td>Time</td>
<td>45 minutes</td>
</tr>
<tr>
<td>Materials</td>
<td>Flip chart and markers</td>
</tr>
</tbody>
</table>

Activities

Divide participants into three small groups (6-8 groups if possible) and instruct them to work on the following topics.

Group I:
- What do you require to provide an integrated SRHR & HIV services/information?

Group II:
- What are the potential constraints to provide an integrated SRHR & HIV services at community level?
- What can be done to tackle the constraints?

Group III:
- What are the potential constraints to provide an integrated SRHR & HIV services at community level?
- What can be done to tackle the constraints?

Ask each group to assign a chairperson who moderates the discussion and a rapporteur who report on their group findings. Provide each group with flip chart and Markers to present their responses.

Allow 20 minutes for the group to finalize the group work.

Allow each group to present their responses in plenary in 5 minutes, and then allocate 10 minutes for plenary discussion.

2) Using slides 14-16 discuss the key requirements of SRHR and HIV service integration at community level by linking with key points that have been raised during plenary.
Key Requirements for SRHR & HIV Integration at Community Level

- Trained CHWs with skills to offer both SRHR and HIV information and services
- Job aids that guide integrated approach
- Information pack/client materials
- Basic supplies that support the provision of SRHR and HIV services: Condoms, condoms demonstration models, contraceptives, lubricants

Key Requirements for SRHR & HIV Integration at Community Level

- Tools for documenting the provision of integrated services (For example registers)
- Strong referral linkages and referral tools, where required, to ensure that clients are followed up if they receive services referred for
- Community-based health care strategy that promotes integrated SRHR and HIV service delivery approach

Key Requirements for SRHR & HIV Integration at Community Level

- Supportive Ministry of Health policies, strategy, guidelines and leadership
- Effective facility-community linkages and sustained community mobilization
- Multidisciplinary coordination and supervision teams
Activity 7: Session wrap-up (5 minutes)

- Ask if there are any last questions or comments
- Review session objectives
SESSION III: MINIMUM PACKAGE OF INTEGRATED SRH AND HIV SERVICES AT COMMUNITY LEVEL

Time: 2 hours, 50 Minutes

Session Objectives:

By the end of this session, participants will be able to:
- Explain the minimum package of integrated SRH and HIV services at community level
- Apply the minimum package of services in their everyday work at community level

Advance Preparation

- Prepare materials
  - Power point slides: Session III-Minimum package of services
  - Prepare exercises 3.1
  - Prepare enough flip chart and markers
  - Laptop and LCD projector

Process:

Activity 1: Introduction (20 minutes)

1) Begin by introducing the session objectives (Slides 2)
Session Objectives

By the end of this session you will be able to:

• Explain the minimum package of integrated SRHR & HIV services at community level

• Apply the minimum package of services in your everyday work at community level

2) Using slides 3-9 and the SRHR and HIV service integration guidelines discuss the minimum package at community level.

Minimum Package of Services at Community Level

• The community based health care providers include VHWs, CBDs, HIV/TB related service providers and other specific health service providers such as secondary care givers, behavioral change facilitators.

• Predominantly provide health promotion services and some preventive services at household level.

• The basic assumption at this level of care is that all providers are expected to provide integrated SRHR and HIV information/services to clients and community. Messages on HIV need to include information on SRHR and vice versa.
Flow charts for SRHR & HIV service integration at community level

Description of Minimum Package Table

a) Minimum Level of Services to be incorporated: This column describes the minimum level of information to be incorporated either related to SRHR or HIV depending on the main responsibilities of the CHW.

b) Basic Health System Requirements: This column describes the specific health system requirements to fulfill implementation of the proposed minimum packages by the respective CHW.

Health managers and policy makers at all levels has the responsibility to fulfill the provision of these requirements.
**Village Health Workers (VHWs)**

- The role of VHWs is mainly of health promotion and prevention, including:
  - Providing health information, education and community mobilization
  - Treatment of minor ailments
  - Collection of data for the health system

- VHWs are also trained to provide SRHR and HIV related information and services, even though the integrated service delivery approach was not standardised.

- See TABLE

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**Community Based Distributors (CBDs)**

- CBDs are FP/RH cadres who provide FP/RH information, education, counselling, contraceptive distribution and referral at community level.

- In some districts CBDs have been trained in integration of HIV information, education and counselling and referral, though the integrated service delivery approach was not standardised.

- See TABLE

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**Secondary Caregivers**

- With the advent of ART the secondary caregiver's role has evolved to include other aspects of disease prevention aspects, as fewer clients now require more intense care such as bed baths, feeding and turning.

- Community and Home Based Care (C&HBC) has become one of the key entry points for ART, and provides a supportive environment for those on ART.

  - Help communities become aware of the importance of testing and Counseling (T&C).
  - Provide individuals with support, both before and after the test.
  - Engage in information giving and supportive discussions on difficult subjects such as sex and sexuality and other reproductive health issues with clients.
  - Provide adherence support to those that would have been commenced on OI prophylaxis, TB treatment (DOTS) and ART.
Activity 2: Group work (1 hour: 30 minutes)

1) Divide participants depending on which category of community health cadres they belong to. Ask them to discuss and role play how they envisage service integration by applying the minimum package in a real situation in their community as outlined in course exercise 6.1 (1 hour, 30 minutes).

Course Exercise 6.1 Group work

| Purpose | • Help participants internalize the minimum package at community level  
|         | • Identify issues that need clarification in the implementation of minimum package at community level. |
| Time    | 1 hour, 30 minutes |
| Materials | Flip chart and markers |
| Activities | Divide participants depending on the type of care they are currently working in:  
|           | Group I: Village health workers  
|           | Group II: Community based distributors  
|           | Group III: Secondary care givers  
|           | Group IV: Behavior change facilitators |
|          | Ask each group to look at the minimum package for the level of care they are assigned to. Instruct them to discuss and role play how they envisage to practically implementing service integration by applying it in a real situation in their community.  
|          | Allow 30 minutes for the group to finalize the role play. Allow each group to present their responses in plenary in 10 minutes, and then allocate 10 minutes for plenary discussion. |
Activity 3: Session Wrap-up (10 minutes)

- Ask if there are any last questions or comments
- Review session objectives

Activity 4: End of course evaluation (20 minutes)

Distribute end of course evaluation form (Appendix 2) to participants and collect after 15-20 minutes.

Remind participants when 10 minutes are left.

Explain to participants the aim of the evaluation and make sure to tell them that the form is anonymous.
### APPENDICES

#### Appendix 1: Training Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:30-08:45</td>
<td>Opening remarks and participants introductions</td>
<td>MOHCC</td>
</tr>
<tr>
<td>08:45-09:05</td>
<td>Expectations, training objectives, course package and agenda</td>
<td>Facilitator</td>
</tr>
<tr>
<td>09:05-09:55</td>
<td>Introduction to linkages at community level</td>
<td>“</td>
</tr>
<tr>
<td>09:55-10:30</td>
<td>Introduction to linkages at community level continues</td>
<td>“</td>
</tr>
<tr>
<td>10:30-10:50</td>
<td>TEA BREAK</td>
<td></td>
</tr>
<tr>
<td>10:50-12:20</td>
<td>Introduction to linkages at community level continues</td>
<td>“</td>
</tr>
<tr>
<td>12:30-02:00</td>
<td>LUNCH BREAK</td>
<td></td>
</tr>
<tr>
<td>02:00-03:30</td>
<td>Minimum package of services at community level</td>
<td>“</td>
</tr>
<tr>
<td>03:30-03:50</td>
<td>TEA BREAK</td>
<td></td>
</tr>
<tr>
<td>03:50-04:30</td>
<td>Minimum package of services at community level continues</td>
<td>“</td>
</tr>
<tr>
<td>04:30-05:00</td>
<td>Course evaluation and closure</td>
<td>MOHCC</td>
</tr>
</tbody>
</table>
Appendix 2: End of Course Evaluation Form

Please answer all sections of this evaluation form, using the reverse side for comments, if needed. Your responses will assist the training organizers in determining what modifications, if any, should be made to this training.

I. Overall Evaluation

Select the choice that best reflects your overall evaluation of this training:

_____ Very good _____ Good _____ Fair _____ Poor _____ Very poor

II. Achievement of Session Objectives

For each objective (below), please circle the number that reflects the degree to which you feel that objective was achieved (or the task described in the objective was mastered):

5 = totally achieved
4 = mostly achieved
3 = somewhat achieved
2 = hardly achieved
1 = not at all achieved

For any objectives given a rating of 1, 2, or 3, please indicate in the comments/Suggestions column why you feel that it was somewhat, hardly, or not at all achieved, and please offer any suggestions you might have to improve it.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Score</th>
<th>Comment/suggestions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Introduction to SRH &amp; HIV service integration at community level</td>
<td>5 4 3 2 1</td>
<td></td>
</tr>
<tr>
<td>2) Minimum package of integrated SRH &amp; HIV services at community level</td>
<td>5 4 3 2 1</td>
<td></td>
</tr>
</tbody>
</table>

III. Other Aspects of the Training

Please indicate on a scale of 1 to 5 to what degree you agree with the following statements (1 = do not agree at all, 2= hardly agree, 3= somewhat agree, 4=mostly agree, 5 = totally agree).

1. The training was well organized (overall assessment of logistical arrangements and facilitations).
2. The facilitators were well prepared and assisted the participants at every stage.

3. I was able to participate as much as I wanted to.

4. There was a good balance between presentations and participatory exercises.

5. I was able to benefit from the experience of my colleagues during the training.

IV. General comments

1. What else should be done to improve the training?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

2. What other opinion, comments or suggestions do you have about the training?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________