Service Guidelines on SRHR and HIV Linkages

Ministry of Health and Child Care

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# Service Guidelines on SRHR and HIV Linkages

## TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACRONYMS</td>
<td>2</td>
</tr>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>4</td>
</tr>
<tr>
<td>FOREWORD</td>
<td>5</td>
</tr>
<tr>
<td>DEFINITION OF TERMS</td>
<td>6</td>
</tr>
<tr>
<td><strong>1. BACKGROUND</strong></td>
<td>8</td>
</tr>
<tr>
<td>1.1 Country Profile</td>
<td>8</td>
</tr>
<tr>
<td>1.2 Overview of HIV and AIDS</td>
<td>8</td>
</tr>
<tr>
<td>1.3 Overview of SRHR</td>
<td>10</td>
</tr>
<tr>
<td>1.4 Zimbabwean Health Care Delivery System</td>
<td>11</td>
</tr>
<tr>
<td><strong>2. AVAILABILITY OF SRHR AND HIV SERVICES IN ZIMBABWE</strong></td>
<td>15</td>
</tr>
<tr>
<td><strong>3. RATIONALE</strong></td>
<td>17</td>
</tr>
<tr>
<td><strong>4. PURPOSE</strong></td>
<td>19</td>
</tr>
<tr>
<td><strong>5. GUIDELINES DEVELOPMENT PROCESS AND GUIDING PRINCIPLES</strong></td>
<td>20</td>
</tr>
<tr>
<td>5.1 Process</td>
<td>20</td>
</tr>
<tr>
<td>5.2 Guiding Principles</td>
<td>21</td>
</tr>
<tr>
<td><strong>6. MINIMUM PACKAGE OF INTEGRATED SRHR AND HIV SERVICES BY LEVEL OF CARE</strong></td>
<td>22</td>
</tr>
<tr>
<td>6.1 Minimum Package of Services at Primary Care Level</td>
<td>23</td>
</tr>
<tr>
<td>6.1.1 Community Level</td>
<td>23</td>
</tr>
<tr>
<td>6.1.2 Rural/Urban Clinics</td>
<td>27</td>
</tr>
<tr>
<td>6.1.3 Rural Hospital</td>
<td>31</td>
</tr>
<tr>
<td>6.2 Minimum Package of Services at Secondary, Tertiary and Referral Levels</td>
<td>37</td>
</tr>
<tr>
<td><strong>7. OPERATIONALIZATION OF THE MINIMUM PACKAGES OF INTEGRATED SERVICES</strong></td>
<td>46</td>
</tr>
<tr>
<td>7.1 Institutional Arrangement and Management</td>
<td>46</td>
</tr>
<tr>
<td>7.2 Action Plan</td>
<td>47</td>
</tr>
<tr>
<td>7.3 Monitoring and Evaluation</td>
<td>49</td>
</tr>
<tr>
<td><strong>REFERENCES</strong></td>
<td>51</td>
</tr>
<tr>
<td><strong>ANNEXES</strong></td>
<td>52</td>
</tr>
<tr>
<td>Annex 1: Flowcharts by level of care</td>
<td>52</td>
</tr>
<tr>
<td>Annex 2: Integration Service Matrix</td>
<td>55</td>
</tr>
</tbody>
</table>
ACRONYMS

AIDS    Acquired Immunodeficiency Syndrome
ANC     Antenatal Care
ASRH    Adolescent Sexual and Reproductive Health
ART     Antiretroviral Therapy
BCF     Behaviour Change Facilitator
CBD     Community Based Distributor
CHW     Community Health Worker
DMO     District Medical Officer
CPR     Contraceptive Prevalence Rate
EID     Early Infant Diagnosis
ESP     Expanded Support Programme
EU      European Union
FBO     Faith Based Organization
FP      Family Planning
HAART   Highly Active Antiretroviral Treatment
HTC     HIV Testing and Counselling
HIV     Human Immuno-deficiency Virus
IDU     Injecting Drug User
IMNCI   Integrated Management of Childhood Illnesses
ISP     Integrated Support Programme
SGBV    Sexual and Gender Based Violence
GFATM   Global Fund to Fight AIDS, Tuberculosis and Malaria
MARPS   Most At Risk Populations
MDG     Millennium Development Goal
MMR     Maternal Mortality Ratio
Service Guidelines on SRHR and HIV Linkages

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>MNCH</td>
<td>Maternal, Newborn and Child Health</td>
</tr>
<tr>
<td>MOHCC</td>
<td>Ministry of Health and Child Care</td>
</tr>
<tr>
<td>MTCT</td>
<td>Mother to Child Transmission</td>
</tr>
<tr>
<td>NAC</td>
<td>National AIDS Council</td>
</tr>
<tr>
<td>NATF</td>
<td>National AIDS Trust Fund</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>PITC</td>
<td>Provider Initiated Testing and Counselling</td>
</tr>
<tr>
<td>PLHIV</td>
<td>People Living with HIV</td>
</tr>
<tr>
<td>PMD</td>
<td>Provincial Medical Director</td>
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<tr>
<td>PNC</td>
<td>Postnatal Care</td>
</tr>
<tr>
<td>PMTCT</td>
<td>Prevention of Mother to Child Transmission</td>
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<tr>
<td>RTI</td>
<td>Reproductive Tract Infection</td>
</tr>
<tr>
<td>SBCC</td>
<td>Social and Behaviour Change Communication</td>
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<tr>
<td>SRHR</td>
<td>Sexual and Reproductive Health and Rights</td>
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<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
</tr>
<tr>
<td>VCT</td>
<td>Voluntary Counselling and Testing</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<tr>
<td>VHW</td>
<td>Village Health Worker</td>
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<tr>
<td>VMMC</td>
<td>Voluntary Medical Male Circumcision</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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<tr>
<td>ZDHS</td>
<td>Zimbabwe Demographic and Health Survey</td>
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<td>ZNFPC</td>
<td>Zimbabwe National Family Planning Council</td>
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ACKNOWLEDGMENTS
DEFINITION OF TERMS

**Bi-directionality:** Both linking sexual and reproductive health and rights (SRHR) with HIV-related policies and programs and linking HIV with SRHR-related policies and programs.

**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 modern contraceptive methods (dual method use).

**Integration:** Different kinds of SRHR and HIV services or operational programs that can be joined together to ensure and perhaps maximize collective outcomes. This would include referrals from one service to another, for example. It is based on the need to offer comprehensive and integrated services.

**Key populations:** Populations for which HIV risk and vulnerability converge. 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. Key populations 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).

**Linkages:** The bi-directional synergies in policy, programs, services and advocacy between SRHR and HIV. It refers to broader human rights based approach, of which service integration is a subset.

**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.

People living with HIV 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 sexual and reproductive health services, community participation, advocacy and policy change.

**Risk and vulnerability:** Risk is defined as the probability or likelihood that a person may become infected with HIV. Certain behaviours create, increase, and perpetuate risk. Examples include unprotected sex with a partner whose HIV status is unknown, multiple sexual partnerships involving unprotected sex, and injecting drug use with contaminated needles and syringes. Vulnerability results from a range of factors outside the control of the individual that reduce the ability of individuals and communities to avoid HIV risk. These factors may include: (1) lack of knowledge and skills required to protect oneself and others; (2) factors pertaining to the quality and coverage of services (e.g. inaccessibility of services due to distance, cost or other factors); and (3) societal factors such as human rights violations, or social and cultural norms. These norms can include practices, beliefs and laws that stigmatize and disempower certain populations, limiting their ability to access or use HIV prevention, treatment, care, and support services and commodities. These factors, alone or in combination, may create or exacerbate individual and collective vulnerability to HIV.

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Models of Integrated SRHR-HIV Service Delivery

1) On-site integrated SRHR-HIV service delivery:

- **“One-stop shop”:** Relating to or providing a comprehensive health services at a single location- a one-stop health-care. In the one-stop shop model, SRHR-HIV integrated services are usually offered by one service provider in one room during the same visit.
- **“Supermarket approach”:** In this model, integrated SRHR-HIV services are offered by several service providers, usually located in different rooms during the same visit.

2) Off-site integrated SRHR-HIV services: are offered outside the facility through facilitated referral.

3) The mixed-model approach: Some services are initiated in one facility, but are provided in another. Or, some services are offered in one facility while others are offered in a different facility.
1. **BACKGROUND**

1.1 **Country Profile**

Zimbabwe is a landlocked country in Southern Africa with an area of about 390,757 square kilometers, bordered by Mozambique, South Africa, Botswana, and Zambia. The country is divided into 10 administrative provinces (2 urban and 8 rural) and 62 districts. The two urban provinces are Harare and Bulawayo.

The population of Zimbabwe for 2013 is 13,061,239 of which 6,780,700 (52%) are females and 6,280,539 (48%) are males. The life expectancy is estimated at 50 years for males and 49 years for females. Out of the total populations, 67% are living in rural areas, while 33% are living in urban areas. Overall, the population density is about 33 persons per square kilometre. The population growth rate has remained constant at 1.1 for the past 20 years.

Zimbabwe has primarily an agriculture-based economy. Mining and tourism are the other major contributors to the national economy. Zimbabwe suffered socio-economic challenges between 2000-2009, characterised by recession and hyperinflation. The economic crisis impacted negatively on health (including HIV and AIDS) and social services delivery. The socio-economic crisis has gradually improved since 2009.

1.2 **Overview of HIV and AIDS**

Zimbabwe has a generalized epidemic with HIV primarily transmitted through heterosexual means. Adult HIV prevalence declined from 18% (2005-06 ZDHS) to 15% (17% urban, 15% rural with provincial differentials) in 2010-11 ZDHS. The prevalence was 18% among women and 12% among men. Among women, the prevalence peaked at 29% in the 30-39 age groups; among men, HIV prevalence peaked at 30% in the 45-49 age groups. Out of 2,700 cohabiting couples tested for HIV in 2010-11 ZDHS 12% of couples were discordant. Among MARPs like female sex workers different studies found 3-5 times as high infection rates than among the general population.

According to the 2009 HIV estimate, Zimbabwe has continued to register a decline in HIV prevalence. The HIV prevalence is expected to continue declining in all age groups. While the decline in HIV prevalence is encouraging, overall more than one in seven Zimbabweans are still infected with HIV and the volatile socio-economic conditions continue to influence...
vulnerability to SRHR challenges and HIV-infection and risk behaviour. Zimbabwe will continue to invest in interventions targeting behaviour change, improve prevention strategies and improve care and treatment services for those affected by HIV in order to decrease the number of people becoming infected with HIV and dying from the infection.

Globally, Zimbabwe remains among the countries with high HIV infection rates; it carries the third largest HIV burden in Southern Africa and has one of the highest rates of premature adult mortality, largely due to HIV-related illnesses. The key drivers of the HIV spread include low and inconsistent levels of condom use, multiple concurrent partnerships, age disparity in sexual relationships and low rates of male circumcision. Geographically, the Zimbabwean HIV epidemic is quite homogenous, with similar HIV prevalence levels across provinces and rural and urban zones. However, the disease burden is distributed among provinces disproportionately, as population density in the provinces varies.

According to National AIDS Council (NAC), heterosexual sex accounts for the bulk of new adult HIV infections in Zimbabwe. This includes transmission within unions or regular partnerships, extra-marital relations, casual heterosexual sex and sex work. Mother to child transmission (MTCT) remains the second significant source of new infections. Approximately 1 in 3 infants born to HIV infected mothers are HIV infected. Availability and accessibility of ART has drastically decreased the HIV-related mortality. However, AIDS is still a leading cause of mortality in Zimbabwe. It is estimated that in 2010 alone 59,318 adults and 11,981 children died of HIV-related illnesses. AIDS related deaths have left in their wake large numbers of orphans and vulnerable children. It is estimated that 25% of all children in Zimbabwe have lost one or both parents to AIDS. Zimbabwe is however committed to achieving the vision of zero new HIV infections, zero discrimination, zero AIDS-related deaths.

The key principle of the country’s response, hinges on one multi-sectoral action framework, one national coordinating authority and one monitoring and evaluation system guiding and consolidating HIV-related action at all levels across sectors. Particular attention is paid on ensuring genuine participation in the responses of public sector and civil society, including people living with HIV and in supporting partnership and coordination mechanisms at the national and decentralized levels.

The National AIDS Trust Fund (NATF) collected and disbursed, in line with the Zimbabwe National AIDS Strategic Plan priorities, USD5.7 million in 2009 and USD15.9 in 2010. The NAC and partners have succeeded in attracting a significant amount of external and internal resources. Bilateral and multilateral agencies contributed a total of USD38 million in 2009 alone.

The Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) has contributed and committed about USD158.7 million towards the HIV response (rounds 1, 5 and 8 funding) during the ZNASP 1 implementation. A consortium of bilateral development partners have supported the national HIV response through the Expanded Support Programme (ESP), which has contributed a total of USD66 million over 2007-10. Following its closure in 2012, the ESP was replaced by the Integrated Support Programme (ISP) which focusses on provision of integrated HIV and SRH services. The ISP has a special component in addition that focuses on mobilizing demand for uptake of the integrated services.
Universal access to HIV services is achieved through sustained scale up in availability and accessibility of quality prevention, treatment, care and support delivered at all levels by public, private and civil society service providers. Efforts are made to create an enabling environment for more effective and efficient responses, in particular in strengthening the national regulatory frameworks and practices and effective functioning of mechanisms to ensure protection and fulfillment of human rights and gender equality.

In scaling up the HIV services, the country aims at achieving equitable access to products and services through:

- Interventions that address the key drivers of the HIV epidemic;
- Meeting the needs and ensure participation of the most vulnerable and most affected populations;
- Integrated provision of services, with strong service linkages and operational referral mechanisms, for optimized expenditure, increased service coverage and improved prevention, treatment and care outcomes.

1.3 Overview of SRHR

The Zimbabwe Demographic and Health Survey (ZDHS) of 2010-11 reported maternal mortality ratio (MMR) at 960 per 100,000 live births, which is higher than the 2005-06 ZDHS (555 per 100,000 live births). The high MMR in 2010-11 could be partly attributed to the impact of HIV and AIDS but with the widespread use of Highly Active Antiretroviral Treatment (HAART), this effect would be expected to have decreased. According to Maternal and Perinatal Mortality Study (2007) HIV and AIDS is the leading indirect cause of maternal deaths, attributable to the high prevalence of HIV infection, the low percentage of women whose status is known during pregnancy, and the lack of access by women to ARVs. Based on National Health Facility Assessment (NIFHA) (2011) maternal and child health suffers from poor quality of care which may contribute to high maternal mortality despite widespread ANC coverage and ART provision.

The 2010-11 ZDHS reported ANC coverage of 90%. However, only 19% of the women received any antenatal care during their first trimester. Up to 65% of the pregnant women were delivering at health facilities, and the postnatal coverage was 27%. However, 12% of newborns received postnatal check-ups in the first two days after birth.

Knowledge of contraception is nearly universal in Zimbabwe with 98% of women and 99% of men report knowing about a modern contraceptive method (ZDHS 2010-11). Contraceptive prevalence rate in married women was 59% with 57% using a modern method. The most popular contraceptive method is the pill, in use by 41% of married women. Government-sponsored facilities remain the chief providers of contraceptive methods in Zimbabwe with 73% of users of modern contraceptive methods obtaining them from the public sector. The unmet need for family planning was 13% among married women (13.4% rural, 11.6% urban), which has remained unchanged for the past 20 years. The unmet FP need is highest (26.2%) in Matabeleland South, with little variation in the other provinces. If all married women with an unmet need for family planning were to use a contraceptive method, the prevalence rate in Zimbabwe would increase from 59 to 74% (ZDHS 2010-11).
A high rate of teenage pregnancy rate was recorded in 2010-11 ZDHS, at about 24%. Rural teenagers, those with less education, and those in the lowest wealth quintile tend to start childbearing earlier than other teenagers.

The ASRH strategy 2010-2015 was developed to guide the MOHCC’s efforts in providing quality, affordable and appropriate sexual and reproductive health services to young people of Zimbabwe. It also provides guidelines to relevant parastatals, policy makers, various line ministries, non-governmental organisations and communities. This entails defining the key ASRH problems, key strategies to be adopted to address the identified ASRH problems and providing framework for standardised and well-coordinated approach for ASRH programming during the period 2010 - 2015. The strategy seeks to adopt a preventive, promotive, curative and counselling services approach for young people (10-24 years), in line with the relevant national policies and strategies.

The Zimbabwe maternal and neonatal health road map 2007-2015 outlines the national framework for planned activities and aimed at improving maternal and new born health services at institutional and program levels. It is meant to provide an increased and long term investment to reduce maternal and neonatal mortality and morbidity, and to provide guidance to all strategic partners for a more coordinated multi-sectoral and national response.

1.4 Zimbabwean Health Care Delivery System

Health care in Zimbabwe is provided by public sector health facilities, non-profit organizations (including church organizations), company operated clinics, the private for profit clinics, and the traditional medicine sector. The health care delivery system is decentralised, but policy, regulation and administrative guidance; human resource planning; donor coordination; resource mobilization, allocation, as well as surveillance; monitoring and evaluation are part of the central government’s responsibility under the Ministry of Health and Child Care (MOHCC).

At the provincial and district levels, the health system is administered by the respective health offices, as representative of MOHCC. The Provincial Medical Director’s office administers the provincial hospital and all district health offices within the province, including allocation of resources. The Provincial Medical Director (PMD) reports to the Permanent Secretary of Health and Child Care. At the district level, the District Medical Officer (DMO) administers the district hospital and all the rural health facilities within the district. The DMO reports to the PMD. The provincial and district staff are also charged with determining the financial, material and human resource needs of the catchment area, and reporting to the central level.

At the district level, the District Medical Officer (DMO) administers the district hospital and all the rural health facilities within the district. The DMO reports to the PMD. The provincial and district staff are also charged with determining the financial, material and human resource needs of the catchment area, and reporting to the central level.
The public health delivery system is organised in a hierarchical, four-tiered order as follows:

**Level 1: Primary Health Care Facilities:** Comprises of rural health centres, rural hospitals and urban clinics at the entry level of care. Health care at this level tends to be basic prevention, maternity and curative services. Most rural health centres are staffed by two nurses and an environmental health technician. Some facilities in a larger urban areas and rural hospitals are run by several nurses. The health facilities provide basic outpatient service including the essential package of maternal, new born and child health (MNCH) services comprising of ANC, comprehensive PMTCT services, normal delivery, postnatal care, family planning as well as integrated management of neonatal and childhood illnesses (IMNCI). Some Primary Health Care Facilities (rural hospitals) provide inpatient and diagnostic services for HIV such as HCT, CD4, haemoglobin testing as well as offering tuberculosis and syphilis screening.

In addition the primary care level includes community health workers that include village health worker (VHWs), community based distributors (CBD), secondary care givers, behaviour change facilitators (BCF) mainly in rural and peri-urban areas. They are the link between the organised village/community and the local health service. The role of community health workers is mainly of prevention and health promotion, including providing health information, education and community mobilization; treatment of minor ailments; and collection of data for health system. Technical supervision of community health workers is provided by staff at rural health centres, which keep them supplied with medicines and equipment at government expense. Community based distributors (CBDs) work on promoting reproductive health and family planning services and distribution of family planning products, mainly contraceptives.

**Level 2: District/Mission Hospitals:** Comprises of government district hospitals and mission hospitals of which some are designated as district hospitals in those districts without a government hospital. In addition to a service provided at the primary health care level, these facilities have diagnostic facilities and conduct surgical procedures; provide emergency obstetric care that include caesarean section; provide comprehensive PMTCT services, OI/ART, safe blood transfusion, and comprehensive management of new born and childhood illnesses, including emergency paediatric care. Each district is supposed to have a district hospital and should serve a population of approximately 140,000 people. In practice many of these facilities are the closest health facilities for a community, and therefore they may provide primary care services.

**Level 3: Provincial Hospitals:** Constitute the highest referral level in the province and their staffing includes specialists in different medical disciplines. Their mandate consists of management of complicated paediatric, obstetrical, gynaecological, adult medical and surgical cases referred from the district level. Provincial hospitals are found in all provinces except for Bulawayo and Harare, as these cities have central hospitals to treat referral from other health facilities. This level is also responsible for training nurses and other para-medical staff. ZNFPC also has clinics at provincial level that provide family planning services.

**Level 4: Central Hospital:** Constitute the apex in the hierarchy of health care in the country with specialists in various medical disciplines. In addition to providing specialist services and managing complicated referral cases, these institutions are actively involved in training of medical, nursing and paramedical personnel.
Table 1. Types of Health Facilities

<table>
<thead>
<tr>
<th>Type of Facility</th>
<th>Number of Facilities</th>
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<tbody>
<tr>
<td>Central hospital</td>
<td>6</td>
</tr>
<tr>
<td>Provincial hospital</td>
<td>7</td>
</tr>
<tr>
<td>District hospital</td>
<td>60</td>
</tr>
<tr>
<td>Mission hospital designated as District hospital</td>
<td>78</td>
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<tr>
<td>Mission clinic</td>
<td>45</td>
</tr>
<tr>
<td>Government clinic</td>
<td>452</td>
</tr>
<tr>
<td>Municipality clinic</td>
<td>121</td>
</tr>
<tr>
<td>Private clinic</td>
<td>167</td>
</tr>
<tr>
<td>Rural District Council clinic</td>
<td>581</td>
</tr>
<tr>
<td>Zimbabwe National Army clinic</td>
<td>5</td>
</tr>
<tr>
<td>Zimbabwe Prison Service clinic</td>
<td>9</td>
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<tr>
<td>Zimbabwe Republic Police clinic</td>
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Delivery of health services is guided by the National Health Strategy (2009-2013) under the theme “Equity and Quality in Health: A people’s Right.” Financing of health care in the country is from several sources that include: government allocations; private voluntary organizations; medical and health insurance scheme; direct out of pocket payments; and development assistance from bilateral and multilateral partners. Significant funding is also made available from the National AIDS Trust Fund (NATF) supported by a national AIDS Levy through National AIDS Council (NAC). Government has remained the major source of health financing in the public sector with taxation being the major source of revenue. The decline in the economic performance experienced from 2000-2008 has resulted in less revenue and funding for the health sector, which leads to gaps in service delivery and shortages in human resources.

The following are some of the factors affecting the health service delivery²:

- Inadequate decentralization, planning and coordination of health services
- Unfavourable working conditions and inadequate number of trained health workforce

² MOHCW, Zimbabwe. The National Strategic Plan for EMTCT 2011-2015
Service Guidelines on SRHR and HIV Linkages

- Limited access of health services in the rural areas and among resettled populations
- Inadequate and unsustainable financing, to cover comprehensive delivery at national scale.
- Weak supply chain management for health commodities
- Inadequate national health information system to track the patient flow.
2 AVAILABILITY OF SRHR AND HIV SERVICES IN ZIMBABWE

Sexual and reproductive health (SRH) and HIV services are widely available in government health facilities. Family planning and STI services are the most widely available SRHR services at all types of facilities. Provider initiated testing and counseling (PITC) for HIV is provided in all facilities at every point of care.

Despite a weak policy environment for integration at national level, there is some level of SRHR and HIV integration at service delivery and community levels\(^3\). The SRHR and HIV services at primary care level, particularly at Rural Health Clinics, are under one roof as it is the same nurse who offers both services.

The components of SRHR services as defined in the National Reproductive Health Service Delivery Guidelines (2001) and as described by key informants include the following:

### Components of SRHR Services

- Safe Motherhood
- Family planning information, counseling and services
- Antenatal Care (ANC)
- Safe, assisted delivery
- Post Natal Care (PNC)
- Newborn care
- Adolescent sexual and reproductive health
- Prevention of unsafe abortion and Post abortion care
- Screening and management of cancers of the reproductive tract (cervical, breast and prostate cancers)
- Prevention and management of sub-fertility and infertility
- Sexual and gender based violence prevention and management
- Addressing SRHR needs of men and promotion of male involvement in SRHR

\(^3\) MOHCW, NAC, UNFPA, UNAIDS and EU. March 2011. Zimbabwe National Rapid Assessment on SRHR and HIV Integration and Linkages
The components of HIV services as identified in different HIV related service guidelines and key informants include the following:

**Components of HIV Services**

- Prevention
- HIV Testing and Counseling (HTC)
- Prevention of mother to child transmission (PMTCT)
- Social and Behaviour Change Communication (SBCC)
- Condom promotion and distribution
- Prevention for and by PLHIV
- Voluntary medical male circumcision
- Post exposure prophylaxis
- Blood safety, injection safety and infection prevention in clinical settings
- Treatment
- Prevention and management of opportunistic infections
- Antiretroviral Treatment (ART)
- Management of HIV complications
- Care and support
- Home based care
- Psychosocial support
- Prevention and management of STIs/RTIs

The availability and types of specific SRHR and HIV of services differs according to the level of care. This guideline takes this into consideration for the development of minimum packages of integrated SRHR and HIV services at each level of care.
3. **RATIONALE**

The importance of linking SRHR and HIV is now widely recognized. A growing body of evidence suggests that better linkages of efforts addressing HIV and SRHR produces mutually reinforcing progress in both areas. The majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth and breast-feeding. The risk of HIV transmission and acquisition can be further increased due to the presence of certain STIs. In addition, sexual and reproductive ill-health and HIV share root causes, including poverty, limited access to appropriate information, gender inequalities including gender-based violence, cultural norms and social marginalization of the most vulnerable populations. Moreover, many management and procurement issues are the same for SRHR and HIV related interventions.

Linkages between core HIV services (prevention, treatment, care and support) and core SRHR services in national programs are thought to generate important public health benefits. In addition, perspectives on linkages and how these can be addressed in national policies and programs need to be broad-based addressing not only the health sector and the direct impact on health, but also the structural and social determinants affecting both HIV and SRHR.

In Zimbabwe, Maternal Mortality Ratio (MMR) rose from 283 deaths per 100 000 live births in 1994 to 555 in 2005/6 and now the MMR is at 960 deaths per 100 000 live births (ZDHS 2010/11). The Maternal and Peri-natal Mortality Study of 2007 showed that HIV and AIDS related deaths accounted for 25% of all maternal deaths.

Much remains unknown about which linkages will have the greatest impact, and how best to strengthen selected linkages in different programme settings. However, stronger bi-directional linkages between SRHR and HIV related programmes are expected to lead to a number of important public health, socioeconomic and individual **benefits**, such as:\(^4\):

<table>
<thead>
<tr>
<th>Benefits of Linking SRHR and HIV</th>
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<tr>
<td>▪ Improved access to and uptake of key HIV and SRH services</td>
</tr>
<tr>
<td>▪ Better access of PLHIV to SRH services tailored to their needs</td>
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<tr>
<td>▪ Reduction in HIV-related stigma and discrimination</td>
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<tr>
<td>▪ Improved coverage of underserved / vulnerable / key populations</td>
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<tr>
<td>▪ Greater support for dual protection</td>
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<tr>
<td>▪ Improved quality of care</td>
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<tr>
<td>▪ Decreased duplication of efforts and competition for scarce resources</td>
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<tr>
<td>▪ Better understanding and protection of individuals’ rights</td>
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<tr>
<td>▪ Mutually reinforcing complementarities in legal and policy frameworks</td>
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<tr>
<td>▪ Enhanced programme effectiveness and efficiency</td>
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<tr>
<td>▪ Better utilization of scarce human resources for health</td>
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<tr>
<td>▪ Improved availability of multiple services increases client and therefore provider satisfaction</td>
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<tr>
<td>▪ Promotes responsibility of the service provider to offer all services to the client</td>
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</tbody>
</table>

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In light of the strong relation of these benefits to the current needs/challenges in the health system, stronger linkages between efforts on HIV and SRHR are key towards achieving the health-related Millennium Development Goals (MDGs) 4, 5 and 6 in Zimbabwe.

Although HIV could be viewed as an intrinsic component of a broader SRHR health response, for the reasons cited above, HIV and SRHR programs and services often develop in parallel. Moreover, largely due to associated stigma and discrimination related to HIV itself and to the key populations with which it has historically been associated, all aspects of HIV cannot be adequately addressed within SRHR remit alone.

Implementing the linkages agenda requires a paradigm shift in the way in which all stakeholders from both the SRHR community and those in the HIV field work in unison. Yet, the two fields have often been forced into territorialism and an unhealthy competition for scarce resources rather than actively encouraged to act on any of the natural synergies. Fully realizing the anticipated benefits inherent in linking the HIV and SRH responses requires a change in a stereotypical ‘business as usual’ approach.

There is international consensus around the need for effective linkages between responses to HIV and SRHR including recommendations for specific actions at the levels of policy, systems, and services. These include:

- Glion Call to Action on Family Planning and HIV/AIDS in Women and Children (May 2004)
- New York Call to Commitment: Linking HIV/AIDS and Sexual and Reproductive Health (June 2004)
- UNAIDS policy position paper ‘Intensifying HIV prevention’ (June 2005)
- World Summit Outcome (September 2005)
- Call to Action: Towards an HIV-Free and AIDS-Free Generation (December 2005)
- UNGASS Political Declaration on HIV/AIDS (June 2006);
4. PURPOSE

For integrated SRHR and HIV services to be operationalized systematically, they need to be reinforced by national policy frameworks and service guidelines that can effectively support the SRHR and HIV linkages at the system, service-delivery and community levels. In view of this, the MOHCC with support from development partners developed this guideline.

The objectives of developing these guidelines are to:

- promote efficient and effective linkages between SRHR and HIV policies and services as part of strengthening the health systems;
- provide national standards for the provision of high quality integrated SRHR and HIV services for all groups of people in society based on principles and values of equity, human rights, gender equality and socio-cultural sensitivity; and
- Address policy, systemic and service gaps and barriers to SRHR and HIV linkages.

These guidelines build on current experiences of integration. Integration is already happening, especially at the primary health care level. Various models for integrated SRHR-HIV service delivery exist with fewer providing full range. We cannot talk of PMTCT without ANC services, because it is a necessary entry point of care and PMTCT is already part of the comprehensive ANC services.

These guidelines will be used by SRHR and HIV service providers at all levels of health care delivery, health program managers at all levels and health policy makers in their respective mandates to ensure integrated SRHR and HIV services are provided effectively. Health care providers will use the minimum packages for integrated SRHR-HIV services as reference in their everyday practice. The minimum packages will be summarized in a form of job aid for ease of use by providers. Health program managers and policy makers will refer to the basic health system and policy requirements identified in the guideline in order to create enabling policy and systems that support the smooth implementation of integrated service delivery at facility and community levels.

The guidelines need to be updated when deemed necessary taking into account major changes in disease patterns and modes of SRHR and HIV services delivery.
5. GUIDELINES DEVELOPMENT PROCESS AND GUIDING PRINCIPLES

5.1 Process

The development of these guidelines followed an inclusive and participatory process. With an overall technical guidance of the technical committee on SRHR and HIV linkages the following key steps were followed to develop the guidelines:

Desk review of relevant documents: National guidelines, standard service packages, protocols, policies, strategies on the various components of SRHR and HIV; Global guidelines and frameworks related to SRHR and HIV linkages and health systems strengthening; Documents from other countries in the region and globally; Existing service guidelines and protocols, that have integrated aspects of SRHR and HIV (See reference lists).

Discussions and interviews with key stakeholders: The purpose of these interviews and discussions were to:
1. Get general insights/perspectives on the potential modalities of integration (including the process), its challenges and solicit practical recommendations to overcome challenges
2. Get perspectives on key considerations and steps to follow for linkages/ integration and
3. Identify the essential packages of SRHR and HIV services in the country and priority areas of integration.

One-on-one interviews and discussions were held with selected key stakeholders, service providers and managers, including SRHR and HIV linkage technical committee members and MOHCC (AIDS and TB; and SRHR departments).

Service integration matrix: A comprehensive SRHR and HIV service integration matrix was developed to identify the full scope of activities for integration at service delivery level after identifying the essential packages of SRHR and HIV in the country (Annex 2). This matrix guided identifying and defining the minimum SRHR and HIV integrated elements of services for the different levels of care that are likely to lead to important public health benefits. In defining the priority linkage areas the WHO Framework for Priority Linkages\(^5\) was used.

Stakeholders Consultative Workshops: After drafting the guidelines a consultative workshop was organized to gather feedback from key stakeholders. This process warranted participation of all relevant stakeholders in the guidelines development. The objectives of the workshop was to:1) Validate the comprehensive service integration matrix and define the minimum SRHR and HIV integration packages/models for the different levels of care; 2) Review contents and relevance of various sections of the guidelines.

Pretesting: The final draft guidelines was pretested in selected facilities (61 facilities, including referral, provincial, district and rural hospitals and clinics) and by community health workers, including village health workers, CBDs, behaviour change facilitators and secondary care givers. The final guidelines incorporate inputs from the pre-test.

5.2 Guiding Principles

The following key principles represent a philosophical foundation and commitments upon which linkages policies and programs must build:

- **Address structural determinants**: Root causes of HIV and sexual and reproductive ill-health need to be addressed. This includes action to reduce poverty and gender inequalities, ensure equity of access to key health services and improve access to information and education opportunities.

- **Focus on human rights and gender equality**: Sexual and reproductive rights of all people, including women and men living with HIV, need to be emphasized, as well as the rights of marginalized populations such as people who use drugs, men who have sex with men, sex workers and people with disabilities. Gender sensitive and gender transformative policies and programmes to promote gender equality and eliminate gender-based violence are additional requirements.

- **Promote a coordinated and coherent response**: Promote attention to SRHR priorities within a coordinated and coherent response to HIV that builds upon the principles of one national HIV framework, one broad-based multi-sectoral HIV coordinating body, and one agreed country level monitoring and evaluation system (Three Ones Principle).

- **Meaningfully involve PLHIV**: Women and men living with HIV need to be fully involved in designing, implementing and evaluating policies and programmes and research that affect their lives.

- **Foster community participation**: Young people, key vulnerable populations, and the community at large are essential partners for an adequate response to the described challenges and for meeting the needs of affected people and communities.

- **Reduce stigma and discrimination**: Ensure legal and policy measures are in place to protect PLHIV and vulnerable populations from discrimination.

- **Recognize the centrality of sexuality**: Sexuality is an essential element in human life and in the individual, family and community well-being.

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6. MINIMUM PACKAGE OF INTEGRATED SRHR AND HIV SERVICES BY LEVEL OF CARE

The minimum package was developed with the aim of standardizing the provision of integrated services and outlining the basic/priority elements of integrated SRHR and HIV services.

The minimum packages were developed based on the following Basic Considerations:

- **Bi-directional integration**: Integrating HIV services into SRHR services and vice versa
- **Prioritization**: In reality not all SRHR services need to be integrated with HIV services and vice versa. Minimum packages of integrated services have been identified based on experience and programming realities for which integration is likely to lead to important public health benefits. The national and local epidemiological and socio cultural factors as well as the organization and use of health services were taken into consideration.
- **Feasibility**: The integrated services need to be delivered effectively, safely, and in cost effective manner. Services should be acceptable to the client and feasible to the health system, especially to the provider.
- **Modes of service delivery**: The mode of delivery of priority integrated services will take either a (a) on site-one stop (b) on site-supermarket (c) off site through referral or (d) mixed approaches depending on availability of services and feasibility at each level of care. Where feasible reorganization of services is necessary to foster on site one stop or supermarket approach.
- **Existing service guidelines and protocols**: Integration processes are informed by existing service guidelines and protocols related to both SRHR and HIV services so as to avoid duplication and confusion of users.
- **Policy and Strategy**: These guidelines are informed by National SRHR and HIV strategies and policies, international policy frameworks and commitments.
- **Health Systems Strengthening**: Integrated service packages were developed within the broad framework of strengthening the overall primary health care system. It takes into consideration the six interlinked building blocks for health systems as defined by WHO:
  - **Service delivery**: packages; delivery models; infrastructure and logistics; management; safety and quality; demand for care
  - **Health workforce**: national workforce policies and investment plans; advocacy; norms, standards and data
  - **Health Information**: facility and population based information and surveillance systems; and global standards and tools
  - **Medical products, vaccines and technologies**: norms, standards, policies; reliable procurement; equitable access; quality
  - **Financing**: national health financing policies; tools and data on health expenditures; costing
  - **Leadership and governance**: health sector policies; harmonization and alignment; oversight and regulation

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6.1 Minimum Package of Services at Primary Care Level

6.1.1 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, behavioural change facilitators. These various groups predominantly provide health promotion services and some preventive services at household level. Some provide limited curative services for minor ailments.

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

<table>
<thead>
<tr>
<th>Description of Minimum Package Table</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 community health worker (CHW).</td>
</tr>
<tr>
<td>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 have the responsibility to fulfill the provision of these requirements.</td>
</tr>
</tbody>
</table>

Village Health Workers (VHWs)

The role of Village health workers (VHWs) is mainly of health promotion and prevention, including providing health information, education and community mobilization; treatment of minor ailments; and collection of data for the health system. Village health workers are also trained to provide SRHR and HIV related information and services, even though the integrated service delivery approach was not standardised.
<table>
<thead>
<tr>
<th>Type of integrated service</th>
<th>Minimum level of services to be incorporated</th>
<th>Basic Health Systems Requirements</th>
</tr>
</thead>
</table>
| Sexual and reproductive health and rights (SRHR) and HIV integrated services | ▪ HIV prevention education, counselling and referral for testing  
▪ Information on maternal new born and child care and prevention of mother to child transmission (HTC, prophylaxis, safe delivery, ART, infant feeding, early infant diagnosis, etc.), including early referral of pregnant mothers for antenatal care  
▪ Condom promotion and distribution, including promotion of condoms for dual protection  
▪ Information on voluntary medical male circumcision  
Psychosocial support, including adherence support for people living with HIV on opportunistic infection/ART  
▪ Family planning information, counselling and distribution of contraceptives based on the National Guidelines, including referrals  
▪ Information on sexually transmitted infections and TB  
▪ Information and referral for post rape care  
▪ Information on cervical, prostate and breast cancer  
▪ Information on male involvement in sexual and reproductive health and rights | Service delivery:  
Develop/adapt job aids to guide integrated approach  
Develop/adapt information pack/client materials that include information on: prevention of mother to child transmission; voluntary medical male circumcision; maternal new born and child care; family planning; sexually transmitted infection; TB; Male involvement in sexual and reproductive health and rights; Cervical, breast and prostate cancer; and comprehensive post rape care  
Health workforce:  
Develop/revise a training curriculum that integrates minimum levels of sexual and reproductive health and rights and HIV services  
Train VHWs using the new curriculum  
Train VHWs on integrated data collection tools based on new guidance on harmonized tools for community health workers  
Medical products and technologies:  
Avail the required sexual and reproductive health and rights and HIV products and technologies such as male and female condoms, condom demonstration models, contraceptives, lubricants |
Community Based Distributors (CBDs)

Community based distributors 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.

<table>
<thead>
<tr>
<th>Type of integrated service</th>
<th>Minimum level of services to be incorporated</th>
<th>Basic Health Systems Requirements</th>
</tr>
</thead>
</table>
| Sexual and reproductive health and rights (SRHR) and HIV integrated services | ▪ HIV prevention education, counselling and referral for testing  
▪ Information on prevention of mother to child transmission (HTC, prophylaxis, safe delivery, ART, infant feeding, early infant diagnosis, etc.), including early referral of pregnant mothers for antenatal care  
▪ Promotion of condom for dual protection  
▪ Information on voluntary medical male circumcision  
▪ Psychosocial support, including adherence support for PLHIV on OI/ART  
▪ Information on STIs and TB  
▪ Information and referral for post rape care  
▪ Information on cervical, prostate and breast cancers  
▪ Information on male involvement in SRHR | Service delivery:  
Develop/adapt job aids that guide integrated approach  
Develop/adapt information pack/client materials that include information on: prevention of mother to child transmission; voluntary medical male circumcision; sexually transmitted infections; TB; Male involvement in sexual and reproductive health and rights; Cervical, breast and prostate cancers; and comprehensive post rape care  
Health workforce:  
Develop/revise a training curriculum that integrates minimum levels of sexual and reproductive health and rights and HIV services  
Train CBDs using the new curriculum  
Medical products and technologies:  
Avail the required sexual and reproductive health and rights and HIV products and technologies like condoms, condom demonstration models, contraceptives and lubricants. |
Secondary Caregivers

With the advent of antiretroviral therapy (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 (CHBC) has become one of the key entry points for ART, and provides a supportive environment for those on ART. The secondary caregiver has an important role in helping communities become aware of the importance of Testing and Counselling (HTC). They provide individuals with support, both before and after the test. Secondary care-givers engage in information giving and supportive discussions on difficult subjects such as sex and sexuality and other reproductive health issues with clients. They also provide adherence support to those that would have been commenced on OI prophylaxis, TB treatment (DOTS) and ART. ART is a lifetime commitment which requires support to prevent unwarranted loss of life that occurs with those who would have defaulted.

<table>
<thead>
<tr>
<th>Type of integrated service</th>
<th>Minimum level of services to be incorporated</th>
<th>Basic Health Systems Requirements</th>
</tr>
</thead>
</table>
| Sexual and reproductive health and rights (SRHR) and HIV integrated services | ▪ Information on prevention of mother to child transmission  
▪ Condom promotion and distribution, including promotion of condom for dual protection  
▪ Information on voluntary male circumcision  
▪ Family planning information and referral  
▪ Information on safe motherhood  
▪ Information on sexually transmitted infections  
▪ Information and referral for post rape care  
▪ Information on cervical, prostate and breast cancers  
▪ Information on male involvement in SRHR | Service delivery:  
Develop/adapt job aids that guide integrated approach  
Develop/adapt information pack/client materials that include information on: prevention of mother to child transmission; voluntary male circumcision; family planning; safe motherhood; sexually transmitted infections; Male involvement in SRHR; Cervical, breast and prostate cancers; and comprehensive post rape care  
Revise a training curriculum that integrates in-depth knowledge on sexual and reproductive health and rights, prevention of mother to child transmission and TB. |
| Medical Products and technologies:  
Avail the required sexual and reproductive health and rights and HIV products and technologies like male and female condoms, condom demonstration models and contraceptives |
Service Guidelines on SRHR and HIV Linkages

**Behaviour Change Facilitators**

Behaviour change facilitators (BCF) are a cadre coordinated by National AIDS Council in mobilizing communities for uptake of HIV, SRHR and GBV services. They work within the 62 districts nationwide and are a key conduit between communities and health care facilities.

As these cadres are basically trained to provide integrated SRHR-HIV information, the proposed minimum level of services are based on their mandates.

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<thead>
<tr>
<th>Type of integrated service</th>
<th>Minimum level of services</th>
<th>Basic Health Systems Requirements</th>
</tr>
</thead>
</table>
| **Sexual and reproductive health and rights (SRHR) and HIV integrated services** | ▪ HIV prevention education, counselling and referral for testing  
▪ Sexuality education  
▪ Information on prevention of mother to child transmission/early infant diagnosis  
▪ Referral of pregnant mothers for antenatal care  
▪ Promotion of male and female condoms for dual protection  
▪ Information on voluntary medical male circumcision  
▪ Information on sexually transmitted infections and TB  
▪ Advocacy with community leaders to create an enabling environment supportive of uptake of HIV and SRH services and against sexual and gender based violence  
▪ Information on sexual and gender based violence referral for post rape and legal support services  
▪ Information on cervical, prostate and breast cancers  
▪ Information on male involvement in sexual and reproductive health and rights | **Service delivery:**  
Develop/adapt job aids that guide integrated approach  

**Health workforce:**  
Train BCF on the integrated approach on sexual and reproductive health and rights, HIV and sexual and gender based violence services.  
Train BCF on integrated data collection tools based on new guidance on harmonized tools for community health workers  

**Medical products and technologies:**  
Avail the required sexual and reproductive health and rights and HIV products and technologies like male and female condoms, male and female condom demonstration models |
6.1.2 Rural/Urban Clinics

At this level, all health services are provided as a one stop or supermarket approach as most facilities are run by one or two nurses. SRHR and HIV services are integrated in the overall health delivery system.

Sexual and reproductive health services being provided in rural clinics include: Family planning information, counselling and services; ANC; labour and safe delivery; PNC; Newborn care; Prevention and management of STIs/RTIs, including HIV and AIDS; Information and screening or referral for screening and management of cancers of the reproductive system (cervical, breast and prostate cancers); Addressing SRHR needs of men and promotion of male involvement in SRHR.

The HIV services at rural clinics entails HIV counselling and testing; PMTCT (HTC, prophylaxis for mother and baby, information and counselling on infant feeding, collection of dry blood spot (DBS) at 6 weeks, referral for CD4 and ART); HIV prevention information and education; Condom promotion and distribution; injection safety and infection prevention; TB screening and management; and Psychosocial support.

As services are already integrated, for the sake of standardization the following minimum packages are proposed based on client’s reason for visit.

<table>
<thead>
<tr>
<th>Description of Minimum Package Table</th>
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</thead>
<tbody>
<tr>
<td><strong>a) Type of Service:</strong> This column describes the reason for visit for the client.</td>
</tr>
<tr>
<td><strong>b) Minimum Level of Services to be incorporated:</strong> This column describes the minimum level of services to be incorporated either related to SRHR or HIV depending on the reason for visit. It includes only services to be incorporated in addition to the main reason for visit.</td>
</tr>
<tr>
<td><strong>c) Basic Health System Requirements:</strong> This column describes the specific health system requirements to fulfill implementation of the proposed minimum packages. The health managers and policy makers at all levels have the responsibility to fulfill the provision of these requirements.</td>
</tr>
<tr>
<td>Type of Service</td>
</tr>
<tr>
<td>---------------------------------</td>
</tr>
</tbody>
</table>
| HIV counselling and testing     | ▪ Information and counselling on FP and on dual protection for prevention of unintended pregnancy, HIV and STIs.  
▪ Male and female condom promotion and distribution.  
▪ Information on safe motherhood and male involvement in SRHR.  
▪ Information and counselling on STIs/RTIs for high risk clients, and provide services if needed according to the National Guidelines.  
▪ Information on cervical, breast and prostate cancers and referral if needed.  
▪ Information on VMMC  
▪ Information and referral on post-rape care and other SGBV related issues.  
▪ Promotion of male involvement | Service delivery:  
Develop/adapt job aids that guide integrated approach  
Develop/adapt information pack/client materials that include information on identified information need for a particular visit  
Infrastructure:  
Adequate space for privacy and confidentiality, lighting and running water  
Health workforce:  
Develop/revise a training curriculum that integrates minimum levels of SRHR and HIV services  
Train health providers to provide integrated services  
Medical products and technologies:  
Avail the required SRHR and HIV medicines, commodities, and equipment |
| Family Planning                 | ▪ HIV counselling, testing and posttest follow-ups or referrals  
▪ Promotion and provision of couple/partner HIV testing  
▪ Information on dual protection for prevention of unintended pregnancy, HIV and STIs  
▪ Information on PMTCT  
▪ Information and counselling on STIs/RTIs, and provide services if needed according to the National Guidelines  
▪ Information on cervical, breast and prostate cancers and referral if needed  
▪ Information on SGBV and availability of services at referral facilities  
▪ Information on VMMC |                                                                                                                                                                                                                                                                                                                                     |
| Antenatal Care (ANC)            | ▪ PMTCT services: HTC with repeat test during the course of ANC for HIV negative woman; promotion and provision of couple/partner HIV testing; refer HIV positive woman for CD4 count; provide prophylaxis for mother; refer mother for ART if needed; refer for safe obstetrical care; counsel on infant feeding  
▪ Counselling on dual protection and future family planning needs  
▪ Promotion of VMMC  
▪ Information and counselling on STIs/RTIs; Screening for syphilis; Provide treatment if needed according to the National Guidelines  
▪ Information on cervical, breast and prostate cancers screening |                                                                                                                                                                                                                                                                                                                                     |
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<tr>
<th>Type of Service</th>
<th>Minimum level of services to be incorporated</th>
<th>Basic Health Systems Requirements</th>
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</thead>
<tbody>
<tr>
<td>Maternity/Safe delivery</td>
<td>▪ PMTCT services: HTC for HIV negative woman; ARV/Prophylaxis for positive mother; safe delivery or referral</td>
<td></td>
</tr>
</tbody>
</table>
| PNC/New born and child care | ▪ Information and counselling on FP including dual protection for prevention of unintended pregnancy, HIV and STIs  
▪ Male and female condom promotion and distribution  
▪ PMTCT services: HTC during the course of PNC for HIV negative woman; promotion and provision of couple/partner HIV testing; refer HIV positive woman for CD4 count; prophylaxis for mother and baby; collect DBS; refer mother and baby for ART if needed; counsel on infant feeding.  
▪ TB screening and management for suspected cases  
▪ Information and counselling on STIs/RTIs, and provide services if needed according to the National Guidelines  
▪ Promotion of VMMC  
▪ Information on cervical, breast and prostate cancers and referral if needed  
▪ Information on SGBV and availability of services at referral facilities |                                   |
| STIs prevention and control | ▪ HIV counselling, testing and post-test follow-up or referrals  
▪ Promotion of VMMC  
▪ Information about fertility and referrals  
▪ Promotion and provision of couple/partner HIV testing  
▪ Information and counselling on FP including on dual protection for prevention of unintended pregnancy, HIV and STIs  
▪ Male and female condoms promotion and distribution  
▪ Information on male friendly SRHR services and male involvement in SRHR  
▪ Information on cervical, breast and prostate cancers and referral if needed  
▪ Information and counselling on SGBV and referral |                                   |
6.1.3 Rural Hospital

In Rural hospitals all health services are integrated by what is called the “supermarket approach”. SRHR and HIV services are integrated in the overall health delivery system.

Sexual and reproductive health services being provided in rural hospitals include: Family planning information, counselling and services; ANC; Safe delivery; PNC; Newborn care; Prevention and management of STIs/RTIs; Information and referral for screening and management of cancers of the reproductive tract (cervical, breast and prostate cancers); Adolescent reproductive health at a separate youth corner; Promoting SRHR needs of men and male involvement in SRHR.

The HIV services at rural hospitals entails HIV counselling and testing; PMTCT (HTC, prophylaxis for mother and baby, information and counselling on infant feeding, collection of DBS at 6 weeks, CD4 count; ART provision as outreach); HIV prevention information and education; condom promotion and distribution; injection safety and infection prevention; OI management; ART initiation as outreach site for district hospital; TB screening and management; and Psychosocial support. In addition the hospitals have diagnostic facilities such as HIV rapid test, CD4 count, syphilis screening test and hemoglobin.

Services are presented in an unpacked form assuming that clients usually visit facilities seeking help for a specific SRHR or HIV related care. The reason for visit is taken as an entry point for other SRHR and HIV services and information provision.

<table>
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<tbody>
<tr>
<td><strong>a) Type of Service:</strong> This column describes the reason for visit for the client</td>
</tr>
<tr>
<td><strong>b) Minimum Level of Services to be incorporated:</strong> This column describes the minimum level of services to be incorporated either related to SRHR or HIV depending on the reason for visit. It includes only services to be incorporated in addition to the main reason for visit.</td>
</tr>
<tr>
<td><strong>c) Basic Health System Requirements:</strong> This column describes the specific health system requirements to fulfill implementation of the proposed minimum packages. The health managers and policy makers have the responsibility to fulfill the provision of these requirements. The proposed medical products and technologies are meant for the services to be incorporated.</td>
</tr>
</tbody>
</table>
## Minimum Level of Integrated Services at HIV Prevention and Treatment Points

<table>
<thead>
<tr>
<th>Type of service</th>
<th>Minimum level of services to be incorporated</th>
<th>Basic Health Systems Requirements</th>
</tr>
</thead>
</table>
| **HIV testing and counselling (HTC)** | ☐ FP counselling and services  
☐ Information and counselling on dual protection for prevention of unintended pregnancy, HIV and STIs  
☐ Information on safe motherhood and male involvement in SRHR  
☐ Information on STIs/RTIs for high risk clients, and provide services if needed according to the National Guidelines  
☐ Information on cervical, breast and prostate cancers and referral. | **Service delivery:**  
Develop/adapt job aids that guide integrated HCT and SRHR services  
Develop/adapt information pack/client materials that include information on: safe motherhood and male involvement in SRHR; cervical, breast and prostate cancers;  
**Health workforce:**  
Develop/revise the HCT/VCT curriculum to include minimum levels of SRHR services  
Train health providers to provide integrated HCT/VCT and SRHR services  
**Medical products and technologies:**  
Condom demonstration models;  
Condoms; Contraceptives, including EC; STIs drugs |
| **Oils and ART (as an outreach site) for PLHIV** | ☐ Prevention recommendations to HIV-positive patients at every visit: Adopting safer sex behaviours and avoiding alcohol use; Promotion and provision of couple/partner HIV testing  
☐ Information on dual protection for prevention of unintended pregnancy, HIV and STIs  
☐ FP counselling and services  
☐ Male and female condoms promotion and distribution  
☐ STIs/RTIs information and management  
☐ Information on cervical, breast and prostate cancers and referral if needed  
☐ Information and counselling on SGBV and referral | **Service delivery:**  
Develop/adapt job aids that guide integrated OIs/ART and SRHR services  
Develop/adapt information pack/client materials that include information on: safe motherhood; cervical, breast and prostate cancers; information on SGBV  
**Health workforce:**  
Develop/revise the OIs/ART curriculum to include minimum levels of SRHR services  
Train health providers to provide integrated OI/ART and SRHR services  
**Medical products and technologies:**  
Condom demonstration models;  
Condoms; Contraceptives, including EC; STIs drugs |
### Minimum Level of Integrated Services at HIV Prevention and Treatment Points

<table>
<thead>
<tr>
<th>Type of service</th>
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<th>Basic Health Systems Requirements</th>
</tr>
</thead>
</table>
| Voluntary Medical Male Circumcision (VMMC) (as out-reach site) | ▪ HIV testing and counselling  
▪ Information on dual protection for prevention of unintended pregnancy, HIV and STIs  
▪ Male and female condoms promotion and distribution  
▪ STIs information, counselling and services  
▪ Information on male involvement in SRHR and male friendly SRHR services  
▪ Information on prostate cancer screening and referral if needed | **Service delivery:** Develop/adapt job aids that guide integrated VMMC and SRHR services  
Develop/adapt information pack/client materials that include information on dual protection and male involvement in SRHR, male friendly SRHR services and prostate cancer screening  
**Health workforce:** Develop/revise the VMMC curriculum to include minimum levels of SRHR services  
Train health providers to provide integrated VMMC and SRHR services  
**Medical products and technologies:** HIV test kits; male and female condom demonstration models; male and female condom; and STIs drugs. |

### Minimum Level of Integrated Services at MNCH Service Points

<table>
<thead>
<tr>
<th>Type of service</th>
<th>Minimum level of services to be incorporated</th>
<th>Basic Health Systems Requirements</th>
</tr>
</thead>
</table>
| Family Planning (FP) | ▪ HIV testing and counselling  
▪ Information on dual protection for prevention of unintended pregnancy, HIV and STIs  
▪ Information on PMTCT  
▪ STIs/RTIs information, counselling and services  
▪ Screening for cervical cancer  
▪ Information on ART  
▪ Information on ASRH  
▪ Information on male friendly SRH and male involvement in SRH  
▪ Counselling on infertility | **Service delivery:** Develop/adapt job aids that guide and promote integrated FP and HIV services  
Develop/adapt information pack/client materials that include information on: dual protection and PMTCT  
**Health workforce:** Develop/revise the FP curriculum to include minimum levels of HIV and other SRHR services and information  
Train health providers to provide integrated FP and HIV/SRHR services  
**Medical products and technologies:** HIV test kits; STIs drugs, male and female condoms |
## Minimum Level of Integrated Services at MNCH Service Points

<table>
<thead>
<tr>
<th>Type of service</th>
<th>Minimum level of services to be incorporated</th>
<th>Basic Health Systems Requirements</th>
</tr>
</thead>
</table>
| **Antenatal Care (ANC)**| - PMTCT information and services: HTC with repeat test during the course of ANC for HIV negative women; Post-test counselling for HIV negative women; Promotion and provision of couple/partner HIV testing; Male and female condom promotion and distribution; CD4 count for HIV positive women and couples; Provide prophylaxis for mother; Refer mother for ART if needed; Refer for safe obstetric care if needed; Counsel on infant feeding.  
  - Provision of or refer for psychosocial support if needed  
  - STIs/RTIs information, counselling and services, including screening for syphilis | **Service delivery:** Develop/adapt job aids that guide and promote integrated ANC and HIV services  
**Health workforce:** Develop/revise the ANC curriculum to include minimum levels of HIV services and information  
Train health providers to provide integrated ANC and HIV/SRH services  
**Medical products and technologies:** HIV test kits; Condom demonstration models; Condoms; STIs drugs; CD4 count machine and reagents; Prophylaxis drugs; Syphilis tests |
| **Maternity: Safe Delivery** | PMTCT services: HTC for HIV negative mothers; ARV/Prophylaxis for positive mothers | **Health workforce:** Train health providers on safe delivery for HIV positive women  
Train health workers on EMoNC  
**Medical products and technologies:** HIV test kits; ARV/Prophylaxis drugs; safe delivery kits |
| **PNC/Newborn and Child Care** | - PMTCT information and services: HTC for women whose status is unknown  
- Post-test counselling for HIV negative women  
- Promotion and provision of couple/partner HIV testing  
- Male and female condom promotion and distribution  
- CD4 count for HIV positive women and couples  
- Positive prevention counselling for HIV positive women  
- Prophylaxis for positive mothers and babies | **Service delivery:** Develop/adapt job aids that guide and promote integrated PNC/newborn care and HIV services  
**Health workforce:** Develop/revise the ANC curriculum to include minimum levels of HIV services and information  
Train health providers to provide integrated ANC and HIV services  
Train health workers in Helping Babies Breathe (HBB) |
## Minimum Level of Integrated Services at MNCH Service Points

<table>
<thead>
<tr>
<th>Type of service</th>
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<th>Basic Health Systems Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>▪ Collect DBS; Referral of mother and baby for ART if needed; Counsel on infant feeding.</td>
<td><strong>Medical products and technologies:</strong> HIV test kits; Condom demonstration models; Condoms; STIs drugs; CD4 count machine and reagents; Prophylaxis drugs</td>
</tr>
<tr>
<td></td>
<td>▪ Provide or refer for psychosocial support if needed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ STIs/RTIs information, counselling and services</td>
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<tr>
<td></td>
<td>▪ Information and counselling on FP including for dual protection</td>
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## Minimum Level of Integrated Services at General Out Patient Department (OPD)

<table>
<thead>
<tr>
<th>Type of service</th>
<th>Minimum level of services to be incorporated</th>
<th>Basic Health Systems Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>STIs/RTIs</td>
<td>▪ HIV testing and counselling</td>
<td><strong>Service delivery:</strong> Develop/adapt job aids that guide and promote integrated STIs/RTIs and HIV services</td>
</tr>
<tr>
<td></td>
<td>▪ Information and counselling on FP including dual protection for prevention of unintended pregnancy, HIV and STIs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Male and female condom promotion and distribution</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Information on cervical, breast and prostate cancers and referral if needed</td>
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<tr>
<td></td>
<td><strong>Health workforce:</strong> Develop/revise the STIs curriculum to include minimum levels of HIV and other SRHR services and information</td>
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<tr>
<td></td>
<td>Train health providers to provide integrated STIs/RTIs and HIV services</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Medical products and technologies:</strong> HIV test kits; male and female condom demonstration models; male and female condoms</td>
<td></td>
</tr>
<tr>
<td>TB Clinic</td>
<td>▪ HIV testing and counselling</td>
<td><strong>Service delivery:</strong> Develop/adapt job aids that guide integrated TB and HIV/SRHR services</td>
</tr>
<tr>
<td></td>
<td>▪ Male and female condom promotion and distribution</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ STIs/RTIs information, and management</td>
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</tbody>
</table>
### Minimum Level of Integrated Services at General Out Patient Department (OPD)

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Minimum level of services to be incorporated</th>
<th>Basic Health Systems Requirements</th>
</tr>
</thead>
</table>
| Basic Health Systems       | ▪ Information and counselling on family planning (FP) including dual protection for prevention of unintended pregnancy, HIV and STIs  
                            ▪ Information on ART  
                            ▪ Cervical cancer screening  
                            ▪ Information on prostate cancer                                                             | Health workforce:  
                            Develop/revise TB curriculum to include minimum levels of HIV and SRHR services  
                            Train health providers to provide integrated TB and HIV/SRHR services  
                            Medical products and technologies:  
                            HIV test kits; male and female condom demonstration models; male and female condoms; STIs drugs |
| Integrated Youth Friendly Services | ▪ FP counselling, information and services, including emergency contraception  
                            ▪ STIs/RTIs information and services  
                            ▪ HIV testing and counselling  
                            ▪ ANC and PMTCT  
                            ▪ Promotion of dual protection for prevention of unintended pregnancy, HIV and STIs  
                            ▪ Information and counselling on SGBV and referral  
                            ▪ Information on cervical cancer screening and referral if needed  
                            ▪ Information on adolescent developmental milestones  
                            ▪ Information on abstinence delaying sexual activity, and safer sex  
                            ▪ Information on gender relations and SRH and HIV  
                            ▪ Information on dangers of unsafe abortion and post abortion care  
                            ▪ Information on healthy lifestyles                                                             | According to the Adolescent Sexual and Reproductive Health Strategy: 2010 - 2015  
                            Train health workers in comprehensive ASRH and HIV services |
6.2 Minimum Package of Services at Secondary, Tertiary and Referral Levels

At these levels of health care SRHR and HIV services are mainly provided by different providers. The provincial (tertiary) and referral hospitals, in addition, manage complicated SRHR and HIV related cases referred from district hospitals.

The following SRHR services are provided at these levels: Family planning information, counselling and services; ANC; Safe, assisted delivery; PNC; Newborn care; Adolescent Sexual and Reproductive Health at youth corners; Prevention of unsafe abortion and post abortion care; Prevention and management of STIs/RTIs; Screening and management of cancers of the reproductive system (cervical, breast and prostate cancers); Treatment and management of subfertility; Comprehensive post rape care; Promotion of SRHR needs of men and male involvement in SRHR

The HIV services at these levels include: HIV counselling and testing; PMTCT; HIV prevention information and education; condom promotion and distribution; injection safety and infection prevention; Blood safety; OI/ART for both paediatric and adult cases; TB screening and management; and psychosocial support.

<table>
<thead>
<tr>
<th>Description of Minimum Package Table</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a) Type of Service</strong>: This column describes the index service sought by the client.</td>
</tr>
<tr>
<td><strong>b) Minimum Level of Services to be incorporated</strong>: This column describes the minimum level of services to be incorporated either related to SRHR or HIV depending on the reason for visit. It includes only services to be incorporated in addition to the main reason for visit.</td>
</tr>
<tr>
<td><strong>c) Basic Health System Requirements</strong>: This column describes the specific health system requirements to fulfill implementation of the proposed minimum packages. The health managers and policy makers at all levels have the responsibility to fulfill the provision of these requirements. The proposed medical products and technologies are meant for the services to be incorporated.</td>
</tr>
</tbody>
</table>
### Minimum Level of SRHR & HIV Integrated Services at FCH/MCH Department

<table>
<thead>
<tr>
<th>Type of service</th>
<th>Minimum level of services to be incorporated</th>
<th>Basic Health Systems Requirements</th>
</tr>
</thead>
</table>
| **Family Planning (FP)** | ▪ HIV testing and counselling  
▪ Information on dual protection for prevention of unintended pregnancy, HIV and STIs  
▪ Information on PMTCT  
▪ STIs/RTIs information, counselling and management  
▪ Cervical cancer screening  
▪ Information on fertility and management of infertile couples  
▪ Promotion of male involvement and Voluntary Medical Male Circumcision (VMMC) | Service delivery:  
Develop/adapt job aids that guide and promote integrated FP and HIV services  
Develop/adapt information pack/client materials that include information on: dual protection, VMMC, male involvement, PMTCT and emergency contraception  
Health workforce:  
Develop/revise the FP curriculum to include minimum levels of HIV and other SRHR services and information  
Train health providers to provide integrated FP and HIV/SRHR services  
Medical products and technologies:  
HIV test kits; STIs drugs; Condom demonstration models |
| **Antenatal Care (ANC)** | ▪ PMTCT information and services: HTC with repeat test during the course of ANC for HIV negative women; Post-test counselling for HIV negative women; Promotion and provision of couple/partner HIV testing; Male and female condoms promotion and distribution; CD4 count for HIV positive women and couples; Prophylaxis for HIV mothers; ART/OI management if needed; Infant feeding counselling.  
▪ Psychosocial support or referral  
▪ STIs/RTIs information, and management, including screening for syphilis (RPR), Breast cancer screening and ASRH  
▪ Information on male-friendly SRH services and male involvement in SRHR if necessary | Service delivery:  
Develop/adapt job aids that guide and promote integrated ANC and HIV services-focused antenatal care (FANC)  
Health workforce:  
Develop/revise the ANC curriculum to include minimum levels of HIV services and information  
Train health providers to provide focused ANC and HIV/SRHR services  
Medical products and technologies:  
HIV test kits; male and female condom demonstration models; male and female condoms; STIs drugs; CD4 count machine and reagents; Viral load machine; POC machines; ART/OI drugs; RPR test |
### Minimum Level of SRHR & HIV Integrated Services at FCH/MCH Department

<table>
<thead>
<tr>
<th>Type of service</th>
<th>Minimum level of services to be incorporated</th>
<th>Basic Health Systems Requirements</th>
</tr>
</thead>
</table>
| **Post Natal Care / Newborn and Child Care** | - HIV counselling and testing  
- Family planning counselling and services  
- Promotion and provision of couple/partner HIV testing  
- Male and female condom promotion and distribution  
- CD4 count for HIV positive women and couples  
- Prophylaxis for positive mothers and babies  
- Early Infant Diagnosis (EID)  
- ART/OI management if needed  
- Infant feeding counselling  
- Psychosocial support or referral  
- STIs/RTIs information, counselling and management  
- Cervical cancer screening  
- Post abortion care | Service delivery:  
Develop/adapt job aids that guide and promote integrated PNC/newborn care and HIV services  
Decentralization of EID testing sites  

Health workforce:  
Develop/revise the ANC curriculum to include minimum levels of HIV services and information  
Train health providers to provide integrated ANC and HIV services  

Medical products and technologies:  
HIV test kits; male and female condom demonstration models; male and female condoms; STIs drugs; CD4 count machine and reagents; Prophylaxis drugs; ARV and OI drugs; DBS collection kit |
## Minimum Level of SRHR & HIV Integrated Services at General OPD

<table>
<thead>
<tr>
<th>Type of service</th>
<th>Minimum level of services to be incorporated</th>
<th>Basic Health Systems Requirements</th>
</tr>
</thead>
</table>
| Cervical, breast and prostate cancer screening | ▪ HIV testing and counselling and referral  
▪ Condoms promotion and distribution  
▪ Information on VMMC  
▪ Information on male involvement in SRHR  
▪ SGBV referral as needed                                                                                   | **Service delivery:** Develop/adapt job aids that guide integrated male and female cancer screening and HIV services  
**Health workforce:** Train health providers to provide integrated male and female cancer screening and HIV services  
**Medical products and technologies:** HIV test kits; STIs drugs; male and female condoms and demonstration models |
### Minimum Level of SRHR & HIV Integrated Services at General OPD

<table>
<thead>
<tr>
<th>Type of service</th>
<th>Minimum level of services to be incorporated</th>
<th>Basic Health Systems Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB Clinic</td>
<td>- HIV counselling and testing&lt;br&gt;- Male and female condoms promotion and distribution&lt;br&gt;- STIs/RTIs information, counselling and management&lt;br&gt;- FP information and counselling, including information on dual protection for prevention of unintended pregnancy, HIV and STIs&lt;br&gt;- Cervical cancer screening</td>
<td><strong>Service delivery:</strong>&lt;br&gt;Develop/adapt job aids that guide integrated TB and HIV/SRHR services&lt;br&gt;&lt;br&gt;<strong>Health workforce:</strong>&lt;br&gt;Develop/revise TB curriculum to include minimum levels of HIV and SRHR services&lt;br&gt;Train health providers to provide integrated TB and HIV/SRHR services&lt;br&gt;&lt;br&gt;<strong>Medical products and technologies:</strong>&lt;br&gt;HIV test kits; Condoms demonstration models; Condoms; STIs drugs</td>
</tr>
<tr>
<td>Integrated Youth Friendly Corner</td>
<td>- FP information and services&lt;br&gt;- STIs/RTIs information and services&lt;br&gt;- HTC&lt;br&gt;- PMTCT&lt;br&gt;- Promotion of dual protection for prevention of unintended pregnancy, HIV and STIs&lt;br&gt;- Information and counselling on SGBV and referral&lt;br&gt;- Information on cervical cancer screening and referral if needed&lt;br&gt;- Information on adolescent developmental milestones&lt;br&gt;- Information on abstinence delaying sexual activity, and safer sex&lt;br&gt;- Information on gender relations&lt;br&gt;- Information on healthy lifestyles</td>
<td>According to the Adolescent Sexual and Reproductive Health Strategy: 2010 - 2015</td>
</tr>
<tr>
<td>Type of service</td>
<td>Minimum level of services to be incorporated</td>
<td>Basic Health Systems Requirements</td>
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</tr>
</tbody>
</table>
| **HIV testing and counselling** | • FP information, counselling and services  
• Promotion of dual protection for prevention of unintended pregnancy, HIV and STIs  
• Male and female condom promotion and distribution  
• Information on safe motherhood and male involvement in SRHR  
• Information and counselling on STIs/RTIs for high risk clients, and provide services if needed according to the National Guidelines  
• Information on cervical, breast and prostate cancer and referral if needed  
• Information on TB screening  
• Information on ASRH | **Service delivery:**  
Develop/adapt job aids that guide integrated HTC and SRHR services  
Develop/adapt information pack/client materials that include information on:  
safe motherhood and male involvement in SRHR; early detection of cervical, breast and prostate cancers  
**Health workforce:**  
Develop/revise the HTC/VCT curriculum to include minimum levels of SRHR services  
Train health providers to provide integrated HTC/VCT and SRHR services  
Post training follow up  
**Medical products and technologies:**  
Male and female condoms; Contraceptives, including EC; STIs drugs |
| **OI and ART**                | • Prevention recommendations to HIV-positive patients at every visit: Adopting safer sex behaviours and avoiding alcohol use; Promotion of couple/partner HIV testing  
• Information on dual protection for prevention of unintended pregnancy, HIV and STIs  
• Male and female condom promotion and distribution  
• FP counselling and services  
• STIs/RTIs information and management  
• Information on screening for cervical, breast and prostate cancers and referral if needed  
• Information and counselling on SGBV and referral | **Service delivery:**  
Develop/adapt job aids that guide integrated OIs/ART and SRHR services  
Develop/adapt information pack/client materials that include information on:  
safe motherhood; cervical, breast and prostate cancers; SGBV  
**Health workforce:**  
Develop/revise the OIs/ART curriculum to include minimum levels of SRHR services  
Train health providers to provide integrated OI/ART and SRHR services  
**Medical products and technologies:**  
Condom demonstration models; male and female condoms; Contraceptives; STI drugs; TB screening facility |
### Minimum Level of SRHR & HIV Integrated Services at OI/ART Clinics

<table>
<thead>
<tr>
<th>Type of service</th>
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<th>Basic Health Systems Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Voluntary Medical Male Circumcision (VMMC)</strong></td>
<td>▪ HIV testing and counselling&lt;br&gt;▪ Promotion of dual protection for prevention of unintended pregnancy, HIV and STIs&lt;br&gt;▪ Male condoms promotion and distribution&lt;br&gt;▪ STIs/RTIs information and management&lt;br&gt;▪ Information on male involvement in SRHR&lt;br&gt;▪ Information on prostate cancer screening and referral if needed</td>
<td><strong>Service delivery:</strong> Develop/adapt job aids that guide integrated VMMC and SRHR services&lt;br&gt;Develop/adapt information pack/client materials that include information on dual protection and male involvement in SRHR, male friendly SRHR services and prostate cancer screening&lt;br&gt;<strong>Health workforce:</strong> Develop/revise the VMMC curriculum to include minimum levels of SRHR services&lt;br&gt;Train health providers to provide integrated VMMC and SRHR services&lt;br&gt;<strong>Medical products and technologies:</strong> HIV test kits; male and female condom demonstration models; male and female condoms; STIs drugs</td>
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### Minimum Level of SRHR & HIV Integrated Services at Maternity and other wards

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<thead>
<tr>
<th>Type of service</th>
<th>Minimum level of services to be incorporated</th>
<th>Basic Health Systems Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maternity: Safe delivery</strong></td>
<td>▪ PMTCT services: HIV counselling and testing for HIV negative women; ARV/Prophylaxis for positive mothers</td>
<td><strong>Health workforce:</strong> Train health providers on safe delivery for HIV positive women&lt;br&gt;<strong>Medical products and technologies:</strong> HIV test kits; ARV/Prophylaxis drugs; safe delivery kits and equipment</td>
</tr>
</tbody>
</table>
## Maternity: Postnatal ward

- **PMTCT:** HIV counselling and testing if required; Promotion and provision of couple/partner HIV testing; Male and female condoms promotion and distribution; CD4 count for HIV positive woman and couples; information on EID; counselling on prophylaxis, ART, infant feeding for positive mothers
  - Psychosocial support
  - STIs/RTIs information and management
  - Information and counselling on FP including dual protection
  - ASRH for teenage mothers
  - Information on male friendly SRH services and male involvement in SRH

## Service delivery:
Develop/adapt job aids that guide integrated PNC and HIV services at postnatal ward

## Health workforce:
Develop/revise the PNC curriculum to include minimum levels of HIV and other SRHR services and information at postnatal ward

## Medical products and technologies:
HIV test kits; ARV/Prophylaxis drugs; STIs drugs; CD4 count

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## Post Abortion Care

- HIV testing and counselling and referral
- Male and female condom promotion and distribution
- Promotion of dual protection for prevention of unintended pregnancy, HIV and STIs
- STIs/RTIs information, counselling and management
- Cervical cancer screening
- Information on ASRH

## Service delivery:
Develop/adapt job aids that guide integrated post abortion care and HIV services

## Health workforce:
Develop/revise the Post abortion care curriculum to include minimum levels of HIV and other SRHR services and information

## Medical products and technologies:
HIV test kits; STIs drugs; male and female condoms; male and female condom demonstrations models
CROSS CUTTING BASIC HEALTH SYSTEMS AND POLICY REQUIREMENTS FOR INTEGRATED SERVICES AT ALL LEVELS

Service delivery:

- Reach population groups that are often at higher risk of HIV and who do not usually attend SRHR and HIV services; especially men, young people, sex workers and other key populations.
- Develop/adapt integrated HIV and SRHR services supportive supervision tool/checklists
- Develop referral tools, where required, to ensure that clients are followed up if they receive services referred for
- Infrastructure: Adequate space for privacy and confidentiality, lighting and running water
- Develop community based health care strategy that promotes integrated SRHR and HIV service delivery approach
- Analyze further integration potential, including complete integration of certain services, e.g. well men and women clinic

Health workforce:

- Identify training needs of providers in both SRHR and HIV areas to accelerate the desired bi-directional linkages between SRHR and HIV services
- Training of providers on non-discriminatory and stigma free service provision for PLHIV, young people, and other key populations
- Pre-service and in-service orientations to providers on the benefits, principles, mechanisms and things to consider for SRHR and HIV linkages, including attitudes regarding the SRHR needs and rights of young people, PLHIV and key populations

Health Information:

- Review and revise HMIS to collect and record data on integrated HIV and SRHR services at each level of care and linkages with community-based counselors and related social services, particularly for SGBV; include mechanisms to monitor bi-directional referral systems
- Establish a systematic mechanism for documenting and monitoring the introduction of the integrated packages for program learning purposes.
- Assess efficiency gains and effectiveness of integrated services
- Assess workload of providers after integration using time motion study

Leadership and governance:

- Sensitize health managers and support staff on integrated model
- Sensitize health managers and support staff on non-discriminatory and stigma free service provision for PLHIV, young people, and other key populations
7. **OPERATIONALIZATION OF THE MINIMUM PACKAGES OF INTEGRATED SERVICES**

A participatory and evidence informed decision needs to be taken in materializing the implementation of minimum packages of services. A decision needs to be taken whether to start in a selected number of facilities or districts and scale up in a step-wise approach or plan for national implementation. If a step-wise approach is agreed upon, selection of initial facilities or districts should be done by applying the following criteria: (1) SRHR and HIV indicators are weak; (2) transforming health systems to offer a comprehensive integrated package would be unproblematic and appropriate; (3) there is commitment and support from local stakeholders; (4) the introductory process could be easily and systematically monitored and documented.

### 7.1 Institutional Arrangement and Management

The structure of MOHCC presents an opportunity to integrate SRHR and HIV as the Reproductive Health and AIDS &TB units both report to the Principal Director Preventive Services, who reports directly to the Permanent Secretary for Health and Child Care. The National SRHR and HIV linkages coordinator position was created in the MOHCC and reports to the Principal Director Preventive Services.

The successful implementation of the minimum package of integrated services will require involvement of all relevant stakeholders, including all levels of the health care delivery system, ranging from National, Provincial, District to the Community level; civil society organizations; the private-for-profit sector and the development partners.

The MOHCC will lead the implementation of the minimum package of SRHR-HIV integrated services through the office of Principal Director of Preventive Services and the national technical committee on linking HIV and SRHR programs and services. The general **Roles and Responsibilities** of MOHCC will include the following:

- Provide informed and transformative leadership to make the guidelines a high priority at National, Provincial, District and Community levels and maximize strategic opportunities for collective action.
- Ensure that the MOHCC has a comprehensive and costed action plan to operationalize the minimum packages of integrated services
- Ensure joint planning, budgeting and implementation of activities by the RH and AIDS &TB units at National, Provincial and District levels
- Obtain commitment and encourage financial support from the various departmental / divisional directors who will collaborate directly in planning, budgeting and implementing comprehensive SRHR and HIV services, including the Ministry of Finance
- Ensure strong communication and collaboration between all relevant units of the SRHR and HIV services.
- Comprehensive documentation of progress, lessons learned and good practices for continuous adaptation to the local context, evidence-based advocacy and cost-effectiveness documentation.
- Ensure that investments are made in scaling up services, in creating demand for services, and in removing barriers to access and sustained use.
Service Guidelines on SRHR and HIV Linkages

- Ensure resource allocation for integration and allow for increased costs initially when setting up integrated services and training staff.
- Ensure that the necessary financial and human resources are put in place to support integrated approach.
- Confirm and maintain national level agreement with all relevant stakeholders to introduce the package of reconfigured services within existing service delivery policies and procedures. Fathom cooperation possibilities with civil society and the private sector for service coverage at national scale, reaching most at risk and key populations.
- Seek commitment from policy makers and other relevant stakeholders to revise policies, if necessary, during and after the minimum package’s introduction.
- Create communication channels and regular opportunities for program management and policy makers to discuss the implementation, address challenges, barriers and bottlenecks and recommend improvements to implementation as they emerge through the documentation mechanism.
- Ensure that integration of services is in the national plan (health sector and NAC plans) and has a budget line attached to it and responsible bodies and units for activities are identified in the plan.
- Consider approaches to reduce inequities in health care access by removing financial barriers especially the poor, the young, the marginalized people.
- Provide technical assistance to implementing districts so that they can incorporate the funding needed for rolling-out an integrated model into their annual district health plans.
- Ensure that the package is implemented, and develop a performance-based accountability framework.
- Strengthen strategic alliances to improve the sustainability of the integrated model.
- Engage with community stakeholders to plan, mobilize resources, monitor and evaluate community-based services and activities. Raise awareness of services in higher-tiered facilities.
- Strengthen linkages between community-based and facility-based services to further understand the impact of services.
- Identify opportunities for cooperation with additional programs (including vertical ones) to promote linkages and integrated services with evidence-based advocacy.

7.2 Action Plan

An important first step in the operationalization of the minimum package of integrated services is to develop a prioritized action plan that outlines the road map with measurable outputs and included budget needs to fulfill the specific and basic health system requirements identified, which also includes the following additional policy, health system and community related actions. For this cooperation with private not-for-profit service providers and the private sector will be fathomed.

Policy/Advocacy

- Developing management strategies that cover integration and that enhance coordination and involve target audiences and stakeholders in policy and program design and show the benefits expected for providers and decision makers at different levels.
· Developing an advocacy and communication strategy on linkages targeting policy makers, health professionals and community leaders and community members.

· Developing a strategy for evidence based advocacy with donors on SRHR and HIV linkages and integration for motivating donors to move from parallel to integrated services, and sustaining support for integrated policies and services. This could be done through the existing donor coordination forums.

· Orienting policy makers, program managers, experts and health care workers in key public sectors, private sector, NGOs, CBOs, FBOs in the principles, benefits, and mechanisms of SRHR and HIV linkages at policy, system and service delivery levels

· Gaining policy-level support for delivery of integrated SRHR and HIV services through an minimum package by highlighting the benefits and challenges of this approach compared with existing service delivery approaches for SRHR and HIV services. Utilization of existing or the development of new policy briefs may assist in this process.

· Ensuring inclusion of SRHR and HIV linkages and integration in new policies, strategies and guidelines related to SRHR and HIV.

· Advocacy and empowerment measures for key target groups including advocacy for removal of legal barriers for their SRHR access and connection to SGBV campaigns.

Health System:

· Conducting assessments to identify the health facilities (government, private, NGO facilities) needs related to infrastructure, human resource/technical capacity, finance and logistics to implement integrated SRHR and HIV services

· Reviewing the existing capacity building and training programs in SRHR and HIV in relation to linkages. This will be the basis to develop or adapt existing curricula for pre-service and in-service trainings.

· Updating existing health care workers’ curriculums, training plans and training materials to foster integrated training on HIV and SRHR services

· Undertaking a review of existing commodity procurement and supply logistics for each minimum package and ensuring that all necessary equipment and supplies can be routinely made available at the relevant service delivery points, and clearly define logistic management responsibilities if different units are involved.

· Estimating existing costs of delivery of SRHR and HIV services using standard costing procedures that can be used to determine marginal costs and cost savings of providing services through a minimum package compared to existing service delivery approaches.

· Disseminating new/revised service delivery checklists, job aids, integrated supportive supervision materials to all health service managers and providers and ensure understanding of and commitment to the integrated approach to SRHR and HIV services delivery

· Managing the increased workload for staff who take on new responsibilities and orienting staff and supervisors on all revised responsibilities.

· Increasing demand for services through district-wide behaviour change communication (BCC) activities.

· Establish medium and long term measures and goals for adolescents and youth friendliness of SRHR services.

· Clarify referral systems, especially the opportunities of documentation and supervision and the cooperation possibilities
Community:

- Mapping community based health care providers with the potential for an expanded role in advocating, offering, and monitoring integrated package of SRHR and HIV information and services.
- Developing a community strategy for ensuring integration of SRH and HIV services at community level, which should entail broad stakeholder cooperation and existing good practices.
- Supporting community based health care providers through training, supportive supervision and other capacity development activities to deliver integrated HIV and SRHR information and services.

7.3 Monitoring and Evaluation

Important steps have been taken in terms of developing indicators for tracking integrated SRHR and HIV services at different levels and service points, such as Policy Level, Service Delivery Level, Maternal and Child Health/HIV, Family Planning/HIV, Commodities and logistics and Behaviour Change Communication.

SUMMARY LIST OF SRHR AND HIV INTEGRATION PROCESS INDICATORS

- National health policy frameworks and plans that reflect integrated SRHR and HIV services and delivery at all levels
- Percentage of healthcare workers who receive in-service training that reflects integrated SRHR and HIV services and practice it
- Percentage of clients who receive an index service and receive or are referred for all other appropriate SRHR and HIV services during their visit to the facility
- Percentage of Service Delivery Points offering the minimum package or more SRHR and HIV services according to target group within the locality
- Percentage of Service Delivery Points with no stock-outs of Essential Medicines-listed supplies and commodities for minimum package of SRHR and HIV

As a next step, the following key measures need to be considered to effectively monitor and evaluate the operationalization of the minimum packages of integrated SRHR and HIV services:

- Review and revise HMIS to collect and record data on integrated HIV and SRHR services, particularly mechanisms to monitor referral system.

- Establish a systematic mechanism for documenting and monitoring the introduction of the integrated packages for program learning purposes including take-up of specific services at different levels of facilities (to measure referral-effectiveness).

- Ensure that the monitoring plan of the national health strategy includes scaling up of integrated services and indicators as well as baseline measures.

- Assess progress of implementation in initial districts and facilities, in terms of feasibility, appropriateness, and effectiveness. Document lessons learned and emerging good practices for evidence based advocacy with additional national partners and donors.

- Develop a quality assurance plan to monitor implementation of new services package

- Develop/adapt integrated HIV and SRHR services supportive supervision tool/checklist

- Conduct assessment of the efficiency gains and impact of integrated approach on quality of services and factors that influence acceptability and utilization of integrated services

- Conduct district inventories at the pilot districts

- Map the most underserved areas and target groups and cross-cut the monitoring of them being reached across the process.
REFERENCES


MOHCW, National Strategic Plan for Eliminating New HIV Infections in Children and Keeping Mothers and families Alive, October 2011, Harare


ANNEXES

Annex 1: Flowcharts by Level of Care

1. Community Level
2. **Health Centre and Rural Hospitals**

Models of Referral:

- **On site:** to other health provider/s located in different room/s during the same visit
- **Off-site:** to other facility through facilitated referral
- **Mixed:** Some services are initiated in one facility, but are provided in other
3. Secondary, Tertiary and Referral Levels

Models of Referral:

- On site: to other health provider/s located in different room/s during the same visit
- Off-site: to other facility through facilitated referral
- Mixed: Some services are initiated in one facility, but are provided in other