

Ten Essential Steps

How to Strengthen Family Planning and HIV Service Integration

The successful integration of family planning and HIV services may require some adjustments in your work. Once you determine the type of integration to implement and the services that will be available, consider the following 10 elements as critical steps in your delivery of high-quality services.

1. Generate demand for integrated services. Advertise to your clients using posters, brochures, and leaflets. Encourage community health workers, volunteers, and local support groups to tell others.

2. Organize services. Learn how your clients move through the facility. Draw a diagram of the available space; reduce costs by offering services in different rooms, modifying waiting areas, or rearranging moveable fixtures. Determine how services can be changed to reduce waiting time and client costs.

3. Ensure commodity security. Register your facility with the appropriate authorities to receive contraceptives and HIV supplies. Develop a plan for a reliable supply system within the local network and within the facility.

4. Train providers. Provide information and training in basic counseling skills to lower level cadres and community health workers. Learn the World Health Organization's medical eligibility criteria for contraceptive use by people living with HIV. Access free training materials on the Internet, organize in-house study groups, and use peer-to-peer support.

5. Screen all clients for an unmet need for contraception. All women of child-bearing age and all men should be asked about their sexual activity, desire for pregnancy in the near future, and current contraceptive use. Screen clients at regular intervals and update information in their records.

6. Foster dual protection and dual-method use. Develop counseling strategies to encourage male and female clients to use condoms correctly and consistently, and to use condoms with another contraceptive method. Stress the importance of preventing both pregnancy and sexually transmitted infections.

7. Challenge provider bias. Address the tendency of providers to emphasize condoms and neglect other contraceptive methods. Correct the false belief that some contraceptive methods are inappropriate for people living with HIV. Support the right of people living with HIV to enjoy healthy sexual relationships and to become pregnant if desired.

8. Reinforce referral systems. Map all available sources of contraceptive methods not provided on site (public and private facilities and those operated by nongovernmental organizations). Develop a contact list with phone numbers and e-mail addresses. Institute a monthly follow-up system to track completed referrals.

9. Strengthen skills for supportive supervision. Update documents—supervision protocols, monitoring forms, provider job descriptions, and checklists—for consistency with the provision of integrated services. Make sure these documents address contraception and challenges in promoting dual protection and dual-method use.

10. Monitor and evaluate performance. Determine whether the family planning service or the HIV service is responsible for reporting the delivery of integrated services. Collect relevant service data during an appropriate time frame, using standard indicators and reporting systems. Review the data as a team and use that information to improve the services you provide.

Many helpful resources related to the integration of family planning and HIV services are available on the Web site of Family Health International: <http://www.fhi.org/en/Topics/FPHIV.htm>

