

# Family Planning and HIV Services Integration Toolkit

## *Welcome to the Family Planning and HIV Services Integration Toolkit*

The integration of family planning (FP) and HIV services is an approach in which **both services are provided together to deliver more comprehensive care to clients and improve sexual and reproductive health outcomes**. By utilizing multiple entry points, effective and efficient integration reduces the delivery of siloed services and allows clients of HIV services to more easily access FP and safe pregnancy services and achieve their fertility intentions. It includes the **delivery of both services at the same time and location as well as referrals from one service to the other**. Integration refers to the delivery of health services, and is therefore one part of a broader set of linkages between FP and HIV policies, programs, funding, and advocacy. These linkages are essential to meet the needs of women and their families and to achieve international development goals, such as an AIDS-free generation and greater access to reproductive health services.

Program planners considering integration must weigh a number of factors to determine whether and how to link FP and HIV services in a given setting. These include:

- the extent of the HIV epidemic
- contraceptive prevalence
- unmet need for FP
- the capacity of providers
- the facilities available
- the human and financial resources required

This Toolkit for policy makers, program managers, service providers, advocates, and others provides information on the rationale for integration and resources for **research, policy, training, rationale, service delivery, program management, communication & advocacy, and country experiences**.

To contribute additional information, suggest new resources, or connect with colleagues around the world, please make use of the feedback form. To find a particular publication, please use the site map or type the title in the search box on the right side of the page. For more details about this Toolkit and other K4Health Toolkits, please visit the About link.

### **What are K4Health Toolkits?**

**What is the purpose of the Family Planning and HIV Services Integration Toolkit?**

**What types of resources are included in this toolkit?**

**Who should use this toolkit?**

**How should this toolkit be used?**

**Who developed this toolkit?**

**How can I suggest a resource to include in this toolkit?**

**How can I make a comment or give feedback about this toolkit?**

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### **What are K4Health Toolkits?**

K4Health Toolkits are electronic collections of carefully selected information resources on a particular topic for health policy makers, program managers, and service providers. They are based on a continuous publishing principle that allows them to evolve after publication to capture additional resources and to identify and fill remaining information gaps.

**What is the purpose of the Family Planning and HIV Services Integration Toolkit?**

This toolkit contains resources selected by the staff of FHI to help policy makers, program managers, service providers, and other audiences improve family planning (FP) and HIV services by integrating them so that they are available from a single source. Program experience is demonstrating the benefits of integration, but more research is needed to determine how best to adapt integrated services to different settings and deliver them efficiently

**What types of resources are included in this toolkit?**

This toolkit provides a one-stop source for reliable, relevant, and usable information pertaining to the integration of family planning and HIV services. The resources were selected with health policy makers, program managers, and service providers in mind. For example, the toolkit contains:

- Up-to-date background and reference materials to design evidence-based, state-of-the-art

programs.

- Job aids and other tools to increase the effectiveness and quality of program activities and services.
- PowerPoint presentations and other quality information resources that can be downloaded and adapted to better serve local circumstances and languages.
- Various publication formats including books, manuals, briefs, case studies, fact sheets, newsletters, pamphlets, posters, project reports, reviews, teaching and training materials, photographs, and other tools.

### Who should use this toolkit?

- **Policy makers** will find research and information to help set national guidelines for FP/HIV integration and plan for changes in service delivery.
- **Program managers** will find information and job aids to help them develop a strategy to retool their facilities for the provision of integrated FP and HIV services.
- **Health care providers** will find information and job aids to help them counsel clients effectively in the newly integrated service and meet needs related both to FP and HIV.
- **Logistics managers** will find tools and resources to help maintain a steady flow of supplies and to respond quickly if shortages occur.
- **Communication professionals** can use the toolkit resources to explore strategies, media, and messages about FP/HIV integration for potential users, current users, their partners, and communities.
- **Trainers** can review the latest training techniques and curricula for FP/HIV integration.
- **Researchers** can create customized searches for scientific articles, reports, photographs, and other materials relating to FP/HIV integration.

### How should this toolkit be used?

Integrating access to and use of family planning and HIV services requires a holistic approach: accurate information; up-to-date policies and guidelines; quality training, supervision, and services; effective communication and marketing; and proper logistics. This toolkit provides information on all these elements and contains tools and resources to help you implement a variety of FP/HIV integration strategies.

To **browse** the content of this toolkit, use the navigation tabs to view resources related to key program topics. You can also use the **search** box if you know what you are looking for or have a specific item in mind.

Resources in this toolkit can be downloaded and adapted for teaching and training, research, advocacy, policymaking, and program management purposes. Some of the tools are readily available in adaptable format (for example, Microsoft PowerPoint presentations or Word documents). We encourage you to alter and personalize these tools for your own use. (Please remember to credit the source.) If you do use these tools or adapt them, we would love to hear from you. Please e-mail us at [toolkits@k4health.org](mailto:toolkits@k4health.org) and include the name of the toolkit in the subject line of your message.

## **Who developed this toolkit?**

FHI 360 staff selected the resources based on a wide search for relevant published and grey literature from around the world.

## **How can I suggest a resource to include in this toolkit?**

We invite you to participate in the evolution and enhancement of this toolkit. If you have developed or rely on quality resources that you think should be included, please use the feedback form to suggest them. The toolkit collaborators will review and consider your suggestions.

## **How can I make a comment or give feedback about this toolkit?**

If you have comments about the toolkit, please use the feedback form. Your ideas will help to ensure that the toolkit remains up-to-date and is constantly improved. For example, you can share ideas about how you have used the toolkit in your work so that others can learn and benefit from your experiences.



## **Rationale**

Historically, FP services and HIV programs have had separate funding streams and independent operational structures. Over the last decade, however, the global health community has endorsed stronger linkages between FP and HIV policies, programs, and services. These linkages are essential to meet the needs of women and their families and to achieve international development goals, such as an AIDS-free generation and greater access to reproductive health services.

Integrating voluntary FP services into HIV programs can increase access to contraception among clients of HIV services who wish to delay, space, or limit their pregnancies. Integration can also help to ensure a safe and healthy pregnancy and delivery for those who wish to have a child. For

women living with HIV who do not wish to become pregnant, FP is an evidence-based, cost-effective strategy for preventing unintended pregnancies and for reducing new pediatric HIV infections. FP services can be integrated at most types of service delivery points along the HIV continuum of care, including HIV counseling and testing, prevention of mother-to-child transmission (PMTCT), and care and treatment services. Different levels of integration might be appropriate for different health care facilities or programs, depending on the local context and available resources, capacity, and facility set-up.

A favorable policy environment for FP/HIV integration has emerged globally and at the national level in several countries. Moreover, the evidence base for the effective integration of services is growing, and a broad array of guidance documents and tools are available to support integrated FP/HIV programming.

The publications available in this section of this Toolkit offer information in support of FP/HIV integration and outline why it is an important and often life-saving approach. For additional materials specifically designed to help in the promotion of integration, please also visit the **Advocacy** section of this Toolkit.

Do you have a comment or would you like to suggest a new resource? Please share your feedback by sending a message through the feedback form.

#### Resources:

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### **Family Planning & HIV Integration: Important Contributions to the Global HIV Goals**

This infographic shows how integrated FP/HIV services contribute to meeting the global 90-90-90 goals.

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### **Family Planning & HIV Integration ? Important Contributions to the Global HIV Goals (Infographic)**

This infographic illustrates how access to voluntary FP services through integration supports the 90-90-90 Goals, including specific examples of how FP can be integrated into the HIV continuum of care.

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# SRH & HIV Linkages Toolkit

This simple-to use toolkit will guide you to the most recent, relevant and important SRHR and HIV linkages resources to meet your needs.

- ## Integrating Family Planning into HIV Programs: Evidence-based Practices

This brief highlights some of the best practices used by FP/HIV programs, including key facilitators, barriers, and what measures can be taken by integrated programs to have maximum impact.

- ## In One Place Infographic

This infographic shows why integrating family planning, reproductive health and HIV/AIDS is a priority for women and young people. Integration means offering family planning/ reproductive health and HIV services together at the same time and in the same facility. It is a client-centered, rights-based approach that improves lives for women and youth living with and at risk of HIV.

- ## In One Place Advocacy Guide

This advocacy guide shows why integrating family planning, reproductive health and HIV/AIDS is a priority for women and young people. Integration means offering family planning/ reproductive health and HIV services together at the same time and in the same facility. It is a client-centered, rights-based approach that improves lives for women and youth living with and at risk of HIV.

- ## The Benefits of Integrating HIV and Family Planning Programs

This policy brief focuses on the benefits of integrating HIV and family planning programs including: increasing access to services to improve health outcomes, promote dual protection, save money, and decrease stigma and discrimination.

- **Linkages Between HIV and Family Planning Services Under PEPFAR: Room for Improvement**

This paper explores PEPFAR guidance on creating and strengthening linkages between HIV and family planning services. It also highlights weaknesses of the current policy, including the current prohibition of use of PEPFAR funds for contraceptives and the gaps that exist in a number of countries where there are PEPFAR treatment programs but not corresponding U.S. family planning programs.

- **Family Planning and HIV Integration: An Essential Strategy for Preventing Pediatric HIV and Protecting Maternal and Child Health**

This technical brief discusses why integration is essential to HIV prevention and maternal and child health, provides an overview of various integration models and country experiences, and explores some of the common challenges with family planning and HIV integration.

- **Family Planning and HIV Integration: An Essential Strategy for Preventing Pediatric HIV and Protecting Maternal and Child Health**

This technical brief focuses on family planning and HIV integration in order to prevent pediatric HIV and protect maternal and child health. It touches on: strengthening systems and improving quality of care, establishing an integration strategy, common approaches to family planning and HIV integration, country experiences, and challenges.

- **Making the case for integration: Tides Foundation's Africa family planning and HIV integration fund**

This report serves as a piece in a growing body of information about FP/HIV integration in Sub-Saharan Africa. The following pages contain a summary of current research, an evaluation of difficult challenges and real solutions, in-depth profiles of organizations working on the frontlines, and insights from experts representing government and philanthropy. Together, these elements contribute to a base on which to build a more robust model of care,

treatment, and prevention.

- **Reaching the Underserved: Family Planning for Women with HIV**

Women of reproductive age are disproportionately affected by HIV/AIDS, and women with HIV/AIDS may be more likely to have unmet need for family planning and unintended pregnancies than women in the general population. All of these data indicate that women and couples living with HIV represent an important underserved group in need of contraceptive information and services. Family planning can improve the health of HIV-positive and -negative mothers by allowing them to space pregnancies and can prevent HIV-positive births to HIV-positive mothers. This article discusses options for integration of services, changes in the policy environment, and data on cost-effectiveness of integration.

- **Family planning and HIV integration: Approaching the tipping point**

Family planning and HIV integration is an important strategy for addressing the reproductive health rights and needs of women living with and at risk of HIV. Policy support for stronger linkages between family planning and HIV programs is growing, and field-based integration efforts are expanding. As policy and programmatic momentum builds, more evidence of effective integrated service delivery practices are needed to guide scale-up.

- **The Astonishing Neglect of an HIV-Prevention Strategy: The Value of Integrating Family Planning and HIV Services**

Many HIV-positive women wish to control childbirth, but are unable to do so. Contraception is a powerful HIV-prevention strategy that could reach many HIV-positive women if it were a core component of HIV prevention, care, and treatment initiatives.

- **Supporting the Integration of Family Planning and HIV Services**

This policy brief highlights why service integration makes political and program sense, and describes the lessons learned from successful integration strategies in Ethiopia, Kenya,



Lesotho, and Uganda. This brief also urges policymakers and program managers to make integrated services routinely and widely available.

## Research

This section of the Toolkit offers literature reviews and other summaries of the evidence for integration FP and HIV, as well as websites that serve as sources for emerging evidence and key research findings. It is not intended to be an exhaustive list of research from individual studies or programs.

### Resources:

- **SRH & HIV Linkages Resource Pack**

This resource pack aims to build a common understanding of sexual and reproductive health (SRH) and HIV linkages and provide an overview of the current status of SRH and HIV linkages among key partners. It contains useful resources for organizations advocating for this issue.

These materials are generic products of the Interagency Working Group on SRH & HIV Linkages and are designed to suit a variety of audiences and purposes. As the SRH and HIV linkages agenda is a dynamic field, this pack is a ?living? document that is meant to be modified and adapted to respond to changing needs.

This resource pack is not an exhaustive inventory of resources, and is not designed to provide details on all programming aspects of this field.

It is targeted towards policy makers, advocates and programme managers from national governments, international and national non-governmental organizations, United Nations agencies, and donors.

- **Integra Initiative**

The Integra Initiative is a five year research project which aims to gather evidence on the benefits and costs of a range of models for delivering integrated HIV and sexual and reproductive health (SRH) services in high and medium HIV prevalence settings, to reduce HIV infection (and associated stigma) and unintended pregnancies.

Integra Objectives:

- To determine the benefits of four different models of integration to increase the range, uptake and quality of selected SRH and HIV services.
- To determine the impact of different integrated services on changes in HIV risk behaviour, HIV-related stigma, and unintended pregnancies.
- To assess the efficiency of different operational models for delivering integrated services in terms of cost, use of existing infrastructure and human resources.
- To increase the use of research findings by policy and programme decision-makers through the involvement of key stakeholders.

## **Integrating Family Planning and HIV Services at the Community Level: Formative Assessment with Village Health Teams in Uganda**

To gain a better understanding of FP/HIV integration in community-based settings, this formative assessment was conducted using a cluster randomized controlled design. The study tested an innovative model to add HIV testing and counseling services to the family planning services provided by government-endorsed community health workers in two districts in Uganda.

## **Technical Brief: Hormonal Contraception and HIV**

This brief summarizes current epidemiological evidence regarding use of hormonal contraception (HC) and:

- whether HIV-negative women will acquire HIV
- whether women living with HIV will transmit HIV to their male sex partner(s)
- whether women living with HIV will experience faster HIV disease progression
- whether women living with HIV using antiretroviral therapy (ART) will experience drug-drug interactions

## **Integrating Family Planning into HIV Programs: Evidence-**

## Based Practices

A favorable policy environment for family planning and HIV integration has emerged, the evidence base for the effective integration of services is growing, and a broad array of guidance documents and tools are available to support integrated programming. FHI 360 conducted a review of research findings, program experiences in the field, and technical guidance to identify and synthesize evidence pertaining to: the rationale for integrating family planning and HIV services; facilitators of and barriers to successful integration; and the impact of integrated family planning/HIV services.

- **AIDS Supplement on family planning and HIV, 2013**

15 peer-reviewed articles on integration: *AIDS Supplement on family planning and HIV*. Volume 27, Suppl 1, October 2013.

- **Integration of HIV and Family Planning Health Services in Sub-Saharan Africa: A Review of the Literature, Current Recommendations, and Evidence from the Service Provision Assessment Health Facility Surveys**

This report provides a review of the current literature on integration of HIV-related services with other areas of service delivery that have important synergies with HIV services. The review indicates that while there remain concerns about integration, such as degradation of the quality of services, insufficient health system capacity, and financial implications, the balance of the literature finds that clinical, service delivery, cost-effectiveness, and rights-based benefits accrue from integration.

- **AIDS Research and Treatment Special Issue: Intersection of HIV and Reproductive Health**

12 peer reviewed articles on integration: *AIDS Research and Treatment Special Issue: Intersection of HIV and Reproductive Health*, 2012.

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# **Integration of STI and HIV prevention, care, and treatment into family planning services: A review of the literature**

The last comprehensive literature review to examine the effectiveness of family planning (FP) services in delivering STI and HIV prevention and care was published in 2000. This review updates that report by examining evidence of the impact of integrating any components of STI or HIV prevention, care, and treatment into a family planning setting in developing countries. Forty-four reports were identified from a comprehensive search of published databases and "grey literature." The weight of evidence demonstrates that integrated services can have a positive impact on client satisfaction, are cost-effective. Evidence of FP services reaching men and adolescents and of their impact on health outcomes is inconclusive. Several studies found that providers frequently miss opportunities to integrate care and that the capacity to maintain the quality of care is also influenced by many programmatic challenges. The range of experiences indicates that managers need to determine appropriate health-care service-delivery models based on a consideration of epidemiological, structural, and health-systems factors.

## **Cost-Effectiveness of Integration**

Few studies have rigorously examined the costs and cost-effectiveness of different models of family planning (FP) and HIV integration. An assessment of the costs of two models for integrating HIV voluntary counseling and testing (VCT) into FP clinics in South Africa found that either model was likely to be less expensive than creating and staffing a stand-alone VCT center.

Other studies suggest that addressing the unmet need for contraception among HIV-positive women is the most cost-effective way to prevent mother-to-child transmission of HIV. One modeling study showed that funding FP services and outreach to increase contraceptive use among women who do not want to get pregnant would avert 30 percent more HIV-positive births than would the same amount of money invested in HIV VCT plus treatment with the HIV drug nevirapine.

## **Policy**



Global policy support for both HIV and FP has increased in recent

years with commitments and goals set by the global health community. In 2014, the Joint United Nations Programme on HIV/AIDS (UNAIDS) launched a set of ambitious targets, known as the 90-90-90 Goals, to set the world on track to ending AIDS by 2030. To achieve the goals, the following targets must be met by 2020:

- 90% of all people living with HIV will know their HIV status
- 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy
- 90% of all people receiving antiretroviral therapy will have viral suppression

How can FP/HIV Integration Contribute to the 90-90-90 Goals?

About 885 million women in the developing world wish to avoid a pregnancy, and about three-quarters of them are using a modern method of FP. However, more than 214 million women still have an unmet need for FP. Among women at risk of HIV and those who are HIV-positive, access to FP is even more limited. Ensuring that women at risk of and living with HIV have access to voluntary FP services supports the 90-90-90 goals. For example, FP/HIV integration:

- Enables women interested in receiving both HIV testing and FP services to obtain them conveniently in one location
- Prevents unintended pregnancies among HIV-positive women who wish to delay or limit childbearing, thereby reducing mother-to-child transmission of HIV
- Serves the holistic needs of HIV-positive women and priority populations, thereby helping them to remain engaged in and adherent to HIV treatment programs until viral suppression is achieved.

The beneficiaries of FP/HIV integration include serodiscordant couples, HIV-positive women and couples, key populations, adolescent girls, and young women. Integrating FP and HIV services can help ensure that these vulnerable populations can access critical information and services that empower them to fulfill their reproductive health needs and goals, while contributing to global efforts to end AIDS in the near future.

This section of the Family Planning and HIV Services Integration Toolkit houses an array of policy resources, including information about:

### **Funding and Commitment to Integrated Services**

Many donor and bilateral agencies support either integrated services or linkages among FP, sexual and reproductive health, and HIV policies, programs, or services. The materials in this section of the Toolkit explore the role and guidelines of major funders and multilateral

organizations around FP/HIV integration.

### **Guidance for Policy Making**

International consensus exists on the need for linkages between FP and HIV services, and international and national policies provide guidance and support for integration. Such policies can help create an enabling environment and specific structures for integrating services into vertically organized programs. Resources are available to help governments and organizations develop policies and guidelines on FP/HIV integration.

### **Policy Briefs**

The policy briefs available in this section of the toolkit make the case for integration of FP and HIV services at the national level, emphasizing the need for both supportive policy and adequate funding to support this evidence-based practice.

### **National Policies and Guidelines**

As more countries expand integrated services, some have developed policies or guidelines for ministry of health personnel and other health providers to follow.

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### **Resources:**

- **WHO Technical Guidance Note: Strengthening the inclusion of reproductive, maternal, newborn and child (RMNCH) health in concept notes to the Global Fund**

Since its initial publication in July 2011, the WHO RMNCH Technical Guidance Note has been updated. This new version is now being published to assist countries in considering how grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) can be used to improve health outcomes more broadly among women and children. In this document, WHO provides access to key technical information and normative guidance on reproductive, maternal, newborn and child health (RMNCH) for country teams and other stakeholders. This information is focused on the integration of proven priority HIV,

tuberculosis (TB), malaria and health systems strengthening (HSS) interventions into programming for RMNCH, and vice versa, depending on the context and priorities in each country. This document offers guidance across the full range of RMNCH interventions; countries and partner agencies will be able to use it to support the selection of their own priorities within their particular context.

- **PEPFAR Guidance**

This site includes recently updated guidance on the United States President's Emergency Plan for AIDS Relief (PEPFAR), including the PEPFAR Fiscal Year 2019 Country Operational Plan Guidance, and the PEPFAR Site Improvement Through Monitoring System (SIMS 4.0) Implementation Guide (2019).

- **Fast-track Commitments to End AIDS by 2030**

This report outlines the Fast-Track Commitments, drawn from the 2016 United Nations Political Declaration on Ending AIDS, which was adopted by United Nations Member States at the 2016 United Nations General Assembly High-Level Meeting on Ending AIDS and the UNAIDS 2016-2021 Strategy.

- **90-90-90 An Ambitious Treatment Target to Help End the AIDS Epidemic**

This report details the 90-90-90 targets and includes compelling modeling data and statistics, presented in easy-to-use graphics. Each target is explained and the report includes estimates of the impact a scaled up response to HIV/AIDS could achieve by 2030.

- **PEPFAR 3.0: Controlling the Epidemic: Delivering on the Promise of an AIDS-free Generation**

This report documents PEPFAR's progress and unveils the program's strategy for working with partners to achieve an AIDS-free generation. The program is now in phase 3 (2013-present) and is focused on transparency and accountability for impact, as well as accelerating core interventions for epidemic control. PEPFAR is investing resources strategically and geographically to reach populations at greatest risk with evidence-based programs. This report also provides insight into PEPFAR's five Action Agendas—the foundation on which an AIDS-free generation will be achieved.

- **What You Need to Know About PEPFAR, the Global Health Initiative, and Family Planning/ HIV Integration**

Described as the foundation upon which the Global Health Initiative (GHI) rests, the President's Emergency Plan for AIDS Relief (PEPFAR) is undergoing significant change. HIV/AIDS prevention, care and treatment remain the focus of PEPFAR, yet the GHI mandates that PEPFAR—along with the rest of the U.S. government's global health portfolio—take a more holistic approach to meeting individuals' primary and preventive health care needs, especially for women and girls, with family planning/reproductive health chief among those. The purpose of this unofficial guide is to clarify current U.S. policy regarding the integration of family planning/ reproductive health, maternal and child health, and HIV/AIDS within U.S. global health assistance.

## **Guidance for Policy Making**

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- **Preventing HIV and Unintended Pregnancies: Strategic Framework 2011 ? 2015**

This strategic framework offers guidance for preventing HIV infections and unintended pregnancies ? both essential strategies for improving maternal and child health, and eliminating new pediatric HIV infections.

- **The Benefits of Integrating HIV and Family Planning Programs**

This policy brief focuses on the benefits of integrating HIV and family planning programs including: increasing access to services to improve health outcomes, promote dual protection, save money, and decrease stigma and discrimination.

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# Strategic Considerations for Strengthening the Linkages between Family Planning and HIV Policies, Programs and Services

Many governmental and nongovernmental public health agencies are pursuing and, in some cases, scaling up programs that integrate family planning (FP) and HIV services. In response to calls from public-health decision makers for guidance on FP/HIV integration, the World Health Organization, the U.S. Agency for International Development, and Family Health International developed *Strategic Considerations for Strengthening the Linkages between Family Planning and HIV/AIDS Policies, Programs, and Services*. The partners drew from publications, the recommendations of more than 100 experts in FP and HIV/AIDS, and lessons learned from field experience. The document is designed to help program planners, implementers, and managers -- including government officials and other country-level stakeholders -- make appropriate decisions about whether to pursue the integration of FP and HIV services. It also explains how to pursue integration in a strategic and systematic manner, in order to achieve maximum public health benefit. The document places four questions at the center of FP/HIV integration policy:

- What type of service integration, if any, is needed?
- To what extent should services be integrated?
- What steps are needed to establish and sustain high-quality integrated services?
- What information is needed to measure program success and inform program/service delivery improvement, replication, and/or scale-up?

The document guides readers through the process of finding answers to these questions that are appropriate to their countries' circumstances. Where integration appears to be the right course of action, the document helps readers identify action steps to establish or enhance integrated FP/HIV services. It also provides links to resources that will support the implementation of those action steps, such as facility assessment tools, training curricula, and job aids.

## • **Rapid Assessment Tool for Sexual & Reproductive Health Linkages: A Generic Guide**

The objective of this adaptable tool is to assess HIV and SRH bi-directional linkages at the policy, systems and service-delivery levels. It is intended also to identify gaps, and ultimately contribute to the development of country-specific action plans to forge and strengthen these linkages. While this tool focuses primarily on the health sector it can be adapted to cover other sectors (education, social services, and labour).

# Policy Briefs

The policy briefs available in this section of the toolkit make the case for integration of FP and HIV services at the national level, emphasizing the need for both supportive policy and adequate funding to support this evidence-based practice.

## Resources:

- **Promoting FP/RH-HIV/AIDS Integration: A Summary of Global Health Initiative Strategies in Ethiopia, Kenya, Tanzania, and Zambia**

This policy brief summarizes the Global Health Initiative Strategies taking place in Ethiopia, Kenya, Tanzania, and Zambia, specifically focused on family planning/reproductive health and HIV/AIDS integration.

- **Blueprint to Address the Sexual and Reproductive Health Care and STI/HIV Prevention Needs of Adolescent Girls and Young Women in Latin America and the Caribbean**

Biological and social vulnerabilities increase the risk of acquiring sexually transmitted infections, including HIV, in adolescent girls and young women in the Latin America and Caribbean (LAC) region. This "Blueprint to Address the Sexual and Reproductive Health Care and STI/HIV Prevention Needs of Adolescent Girls and Young Women in Latin America and the Caribbean" will provide an overview of the major health care issues faced by this high-risk population and examine the obstacles that reduce access to reproductive and sexual health services. The Blueprint is also meant to guide clinicians and health administrators in the LAC region to consider the most common points of entry into the health care system for this vulnerable population, and interventions to assure comprehensive sexual and reproductive health care in primary and specialty care settings. Regional health care providers, health administrators, and policy makers in the LAC region may also use this Blueprint to develop a regionally relevant, country-specific plan for decreasing HIV, sexual, and reproductive health risk among adolescent girls and young women.

- **Supporting the Integration of Family Planning and HIV**

## Services

This policy brief highlights why service integration makes political and program sense, and describes the lessons learned from successful integration strategies in Ethiopia, Kenya, Lesotho, and Uganda. This brief also urges policymakers and program managers to make integrated services routinely and widely available.

## National Policies and Guidelines

As more countries expand integrated services, some have developed policies or guidelines for ministry of health personnel and other health providers to follow.

## Training



This section of the Toolkit contains curricula, manuals, and related materials that can be used to plan or adapt training sessions and programs to build the capacity of health care providers, supervisors, and supporting staff to deliver high-quality integrated services.

Find curricula and other training materials designed for:

**Provider Training:** Providers of integrated services need to understand the contraceptive options available to women living with HIV who wish to prevent pregnancy. They also need to understand additional reproductive health concerns that women living with HIV might face, such as preventing HIV and other sexually transmitted infections among partners and the prevention of mother-to-child transmission (PMTCT) of HIV. Curricula and other educational materials can be adapted and used to build the capacity of service providers and other health care workers to provide high-quality integrated FP/HIV services. Effective counseling is a critical element of integrated services. For FP/HIV integration to succeed, HIV care providers need to learn about contraceptive options and informed method choice. FP providers need to learn about HIV services and understand the unique needs and concerns of those seeking HIV counseling and testing, PMTCT, antiretroviral therapy (ART), or additional HIV care and support. Integrated service providers also need training on providing FP/HIV services to special populations,

including youth and pregnant or postpartum women living with HIV.

**Supervision and Program Management:** Training materials will help trainers, program managers, supervisors, and other administrators develop and implement effective training sessions, supervision and assessment procedures, and monitoring and evaluation systems. These educational materials will prepare health systems and organizations to implement integrated services with a deeper understanding of the dynamics of FP/HIV integration, the unique FP and reproductive health needs of people living with HIV, and the importance of measuring learning and progress during training and implementation of integrated programs.

Do you have a comment about this section or would you like to suggest a new resource or training topic? Please share your feedback by sending a message through the feedback form.

## Provider Training

The variety of resources in this section provide materials that can be used to train healthcare providers to offer high quality integrated FP and HIV services.

### Resources:

- **Integrating Family Planning and Antiretroviral Therapy: A Client-Oriented Service Model**

*Integrating Family Planning and Antiretroviral Therapy: A Client-Oriented Service Model* encourages supervisors, planners, service providers, and community-based personnel to consider opportunities for operationalizing the integration of family planning into the provision of ART services in a way that responds to and respects clients' needs and desires. This update of a 2007 EngenderHealth publication, *Family Planning? Integrated HIV Services: A Framework for Integrating Family Planning and Antiretroviral Therapy Services*, contains new content and additional resources, such as a hormonal contraceptive and ARVs interaction chart, safer conception resource, and extensive illustrative indicator tables for clients who desire conception, as well as for those wishing to avoid pregnancy.

- **Integrated Community Based Family Planning and HIV Testing and Counseling Training Curriculum for Uganda Village Health Teams (Facilitator's Manual)**

This manual is a reference document for facilitators and trainers for the community-based delivery of integrated family planning and HIV testing and counseling services. The manual presents the training components needed to equip community-based health providers ? that are already providing FP services (including injectable contraceptives) ? to also provide high-quality HIV counseling and testing.

- **Training and Reference Guides for Family Planning Screening Checklists (2nd ed.)**

These training and reference guides, published by Family Health International (FHI), are companions to the five *Screening Checklists for Family Planning Services*, also published by FHI. (The checklists are available in the Service Delivery sector of this Web site.) The guides are designed for program managers, administrators, trainers, and service providers interested in learning how to use the checklists to screen women wishing to initiate use of combined oral contraceptives (COCs), injectables (DMPA and NET-EN), the copper intrauterine device (IUD), and implants. The fifth guide trains providers to use the Pregnancy Checklist.

- **Training Guide for HIV Counseling and Testing for Youth: A Manual for Providers**

This guide was developed to train providers to use *HIV Counseling and Testing for Youth: A Manual for Providers*. The training guide emphasizes an integrated approach to counseling youth during HIV testing. It features interactive exercises, participant practice sessions, PowerPoint slides, and other training tools. Among topics covered are an introduction to integrated counseling and testing services, clinical and nonclinical models of counseling and testing, major steps in providing integrated counseling and testing, an overview of sexually transmitted infections and pregnancy prevention methods, social marketing, and community support for integrated youth services.

## **Supervision and Program Management**

Training materials will help trainers, program managers, supervisors, and other administrators develop and implement effective training sessions, supervision and assessment procedures, and monitoring and evaluation systems. These educational materials will prepare health systems and organizations to implement integrated services with a deeper understanding of the dynamics of FP/HIV integration, the unique family planning and reproductive health needs of people living

with HIV, and the importance of measuring learning and progress during training and implementation of integrated programs.

**Resources:**

- **Integrating Family Planning and Antiretroviral Therapy: A Client-Oriented Service Model**

*Integrating Family Planning and Antiretroviral Therapy: A Client-Oriented Service Model* encourages supervisors, planners, service providers, and community-based personnel to consider opportunities for operationalizing the integration of family planning into the provision of ART services in a way that responds to and respects clients' needs and desires. This update of a 2007 EngenderHealth publication, *Family Planning? Integrated HIV Services: A Framework for Integrating Family Planning and Antiretroviral Therapy Services*, contains new content and additional resources, such as a hormonal contraceptive and ARVs interaction chart, safer conception resource, and extensive illustrative indicator tables for clients who desire conception, as well as for those wishing to avoid pregnancy.

- **How to Strengthen Family Planning and HIV Service Integration: Ten Essential Steps**

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.

## **Service Delivery**



FP and HIV services can be integrated in a variety

of settings at both the facility level and in community-based programs. Venues for integration might include primary health care facilities, specialized clinics such as maternal and child health or FP clinics, HIV counseling and testing centers, mobile clinics, and home-based care programs.

Within these settings, there are two main types of FP/HIV integration service delivery models.

- Integrating FP services into HIV programs, including HIV counseling and testing programs; PMTCT programs; or HIV care, treatment, and support settings
- Integrating HIV counseling, testing, and treatment services into FP clinics or community-based FP programs

This section of this Toolkit offers materials that will support providers and managers to deliver high quality and effective services in both settings, including **counseling tools and job aids**, and **guidelines and reference materials**. These resources provide guidance on decisions about where and how to integrate FP/HIV services, as well as tools to help providers work effectively with clients across the spectrum of their needs. For more information and tools for strengthening linkages between FP and HIV services, please visit the **Strengthening Linkages Between Family Planning & HIV Services** page in the **Program Management** section of the Toolkit.

Do you have a comment about this section or a new resource or service delivery topic you'd like to suggest? Please share your feedback by sending a message through the feedback form.

## Guidelines & Reference Materials

These reference materials outline international service delivery standards, medical eligibility criteria, and best practices for FP/HIV service provision.

### Resources:

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# Interactions Between Hormonal Contraceptives and Antiretrovirals

This 2017 *AIDS* journal article summarizes published evidence on drug interactions between hormonal contraceptives and antiretrovirals.

- **Contraceptive Method Considerations for Clients with HIV Including Those on ART: Provider Reference Tool**

This tool is an at-a-glance resource for clinical providers to determine whether clients with HIV, including those on antiretroviral therapy (ART), may initiate or continue using common contraceptive methods.

- **Hormonal Contraception and HIV Technical Update**

This brief summarizes current evidence and the World Health Organization (WHO) revised guidance regarding use of hormonal contraception by women at high risk of acquiring HIV.

- **WHO Guidance Statement on Hormonal Contraceptive Eligibility for Women at High Risk of HIV**

WHO convened a meeting of the GDG during 1-2 December 2016 to review new evidence on the risk of HIV acquisition with hormonal contraception and, where appropriate, revise specific recommendations in the Medical eligibility criteria for contraceptive use. The GDG included 19 participants from 12 countries, including experts in family planning and HIV, representatives from affected populations, clinicians, epidemiologists, researchers, programme managers, policy-makers, and guideline methodologists.

Members of the GDG and members of an external peer review group (who did not participate in the GDG meeting) submitted declaration-of-interest forms to the WHO Secretariat. The WHO Secretariat and the GDG reviewed these and found no conflicts of interest sufficient to preclude anyone from participating in the deliberations or the development of recommendations. A summary of the declared interests was prepared.

Existing WHO recommendations on the use of specific hormonal contraceptive methods for women at high risk of HIV were reviewed in accordance with procedures outlined by the WHO Guidelines Review Committee (GRC) and the GRADE approach to evidence review. An updated systematic review of the epidemiological and pharmacological evidence was

conducted to answer the following PICO question: Does the use of a particular method of hormonal contraception directly increase the risk of HIV acquisition in women?

## **Hormonal Contraceptive Eligibility for Women at High Risk of HIV**

The World Health Organization (WHO) convened a technical consultation during 1-2 December 2016 to review new evidence on the risk of HIV acquisition with the use of hormonal contraception (1). The issue was recognized as a critical one, particularly for sub-Saharan Africa, where women have a high lifetime risk of acquiring HIV, hormonal contraceptives constitute a significant component of the contraceptive method mix and unintended pregnancy is a common threat to the well-being and lives of women and girls.

## **Selected Practice Recommendations for Contraceptive Use**

This document is part of the process for improving the quality of care in family planning. Specifically, it is one of two evidence-based cornerstones (guidance documents) of the World Health Organization's (WHO's) initiative to develop and implement family planning guidelines for national programmes. The first cornerstone, the *Medical eligibility criteria for contraceptive use* (MEC, now in its fifth edition), provides thorough information and guidance on the safety of various contraceptive methods for use in the context of specific health conditions and characteristics. This document, *Selected practice recommendations for contraceptive use, third edition* (SPR third edition), is the second cornerstone; it provides guidance for how to use contraceptive methods safely and effectively once they are deemed to be medically appropriate. For recommendations issued in the SPR, safety considerations include common barriers to safe, correct and consistent use of contraception and the benefits of preventing unintended or unwanted pregnancy.

## **Medical Eligibility Criteria for Contraceptive Use, Fifth Edition**

This document is part of the process for improving the quality of care in family planning. *Medical eligibility criteria for contraceptive use* (MEC), the first edition of which was published in 1996, presents current WHO guidance on the safety of various contraceptive methods for use in the context of specific health conditions and characteristics. This is the fifth edition of the MEC – the latest in the series of periodic updates

This edition is divided into two parts. Part I describes how the recommendations were

developed and Part II contains the recommendations and describes how to use them. The recommendations contained within this document are based on the latest clinical and epidemiological data. Several tools and job aids are available from WHO and other sources to help providers use these recommendations in practice.

- **Hormonal Contraceptive Methods for Women at High Risk of HIV and Living with HIV**

This guidance document outlines recommendations for hormonal contraceptive use for: (1) women at high risk of HIV infection (2) women living with asymptomatic or mild HIV clinical disease (WHO stage 1 or 2) (3) women living with severe or advanced HIV clinical disease (WHO stage 3 or 4) and (4) women living with HIV using antiretroviral therapy. In addition to the recommendations themselves, this publication provides a description of the background and methods used in their development. An executive summary and information on dissemination and evaluation are also included.

- **Integrating Family Planning and Antiretroviral Therapy: A Client-Oriented Service Model**

*Integrating Family Planning and Antiretroviral Therapy: A Client-Oriented Service Model* encourages supervisors, planners, service providers, and community-based personnel to consider opportunities for operationalizing the integration of family planning into the provision of ART services in a way that responds to and respects clients' needs and desires. This update of a 2007 EngenderHealth publication, *Family Planning? Integrated HIV Services: A Framework for Integrating Family Planning and Antiretroviral Therapy Services*, contains new content and additional resources, such as a hormonal contraceptive and ARVs interaction chart, safer conception resource, and extensive illustrative indicator tables for clients who desire conception, as well as for those wishing to avoid pregnancy.

- **Drug Interactions Between Hormonal Contraceptive Methods and Anti-Retroviral Medications Used to Treat HIV**

This brief summarizes what is known on potential drug interactions between certain hormonal contraceptive methods and certain antiretrovirals (ARVs) used to treat HIV and to discuss recommendations and programmatic implications. This issue has been highlighted recently by the publication of a retrospective chart review that suggested a higher rate of pregnancy

among women using levonorgestrel-releasing contraceptive implants (Jadelle) and efavirenz-based antiretroviral therapy (ART) compared with women taking non-efavirenz-based ART regimens.

## • **Technical Brief: Hormonal Contraception and HIV**

This brief summarizes current epidemiological evidence regarding use of hormonal contraception (HC) and:

- whether HIV-negative women will acquire HIV
- whether women living with HIV will transmit HIV to their male sex partner(s)
- whether women living with HIV will experience faster HIV disease progression
- whether women living with HIV using antiretroviral therapy (ART) will experience drug-drug interactions

## • **Positive Connections: Leading Information and Support Groups for Adolescents Living with HIV**

This guide provides a framework for adults who lead post-test information and support groups for adolescents who are living with HIV. The guide is designed for people who have been trained in or have experience in HIV counseling and testing, who work in a counseling capacity with ALHIV, who provide other psychosocial support services to ALHIV or who have been trained to work with adolescents in the context of reproductive and sexual health. These audiences include the following:

? Health care providers, such as nurses, doctors and

community health workers

? Counseling professionals, including psychiatrists,

psychologists, therapists and social workers

? Teachers

? PLHIV

? Parents and caregivers

? Faith-based leaders

- **How to Strengthen Family Planning and HIV Service Integration: Ten Essential Steps**

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.

- **Rapid Assessment Tool for Sexual & Reproductive Health Linkages: A Generic Guide**

The objective of this adaptable tool is to assess HIV and SRH bi-directional linkages at the policy, systems and service-delivery levels. It is intended also to identify gaps, and ultimately contribute to the development of country-specific action plans to forge and strengthen these linkages. While this tool focuses primarily on the health sector it can be adapted to cover other sectors (education, social services, and labour).

- **Training and Reference Guides for Family Planning Screening Checklists (2nd ed.)**

These training and reference guides, published by Family Health International (FHI), are companions to the five *Screening Checklists for Family Planning Services*, also published by FHI. (The checklists are available in the Service Delivery sector of this Web site.) The guides are designed for program managers, administrators, trainers, and service providers interested in learning how to use the checklists to screen women wishing to initiate use of combined oral contraceptives (COCs), injectables (DMPA and NET-EN), the copper intrauterine device (IUD), and implants. The fifth guide trains providers to use the Pregnancy Checklist.

## **Tools & Job Aids**

The resources collected here equip providers with job aids, checklists, guidance on how to talk to FP clients about HIV, and guidance on how to talk to HIV clients about FP -- tools they need to work effectively with clients across the spectrum of their needs.

**Resources:**

- **Contraceptive Method Considerations for Clients with HIV Including Those on ART: Provider Reference Tool**

The Contraceptive Method Considerations for Clients with HIV Including Those on ART: Provider Reference Tool is an at-a-glance resource for clinical providers to determine whether clients with HIV, including those on antiretroviral therapy (ART), may initiate or continue using common contraceptive methods. This chart is based on the World Health Organization's Medical Eligibility Criteria for Contraceptive Use (2016).

The tool provides foundational information for clinical providers on how the effectiveness of different types of hormonal contraceptive methods is affected by interaction with antiretroviral drugs. It also provides guidance on how to promote informed decision-making and help women with HIV who are taking antiretroviral drugs use their chosen hormonal contraceptive method successfully.

- **Quick Reference Chart for the WHO Medical Eligibility Criteria For Contraceptive Use**

The World Health Organization (WHO) develops detailed criteria that health care workers can follow to determine which contraceptive methods are medically suitable for their clients. These criteria are based on the most current scientific knowledge about the effectiveness, risks and benefits of various family planning methods, and they can help providers guide their clients in making safe and informed decisions. WHO periodically revises the criteria in response to recommendations made by an expert working group in response to new research findings.

FHI 360 created a quick reference guide, in the form of a chart, that summarizes the WHO medical eligibility criteria for combined oral contraceptives, the injectable contraceptive depot-medroxyprogesterone acetate (DMPA), progestin-only implants, copper intrauterine devices or a levonorgestrel intrauterine system (LNG-IUS). The 2016 version of the Medical Eligibility Criteria Quick Reference Chart includes a complete list of all conditions that WHO classifies as Category 3 (usually not recommended) and Category 4 (should not be used).

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# **The Balanced Counseling Strategy Plus: A Toolkit for Family Planning Service Providers Working in High HIV/STI Prevalence Settings (Third Edition)**

The Balanced Counseling Strategy Plus (BCS+) toolkit, developed and tested in Kenya and South Africa, provides the information and materials that healthcare providers need to offer complete, high-quality family planning counseling to clients living in areas with high rates of HIV and STIs. The Balanced Counseling Strategy Plus (BCS+) toolkit, developed and tested in Kenya and South Africa, provides the information and materials that healthcare providers need to offer complete, high-quality family planning counseling to clients living in areas with high rates of HIV and STIs.

This third edition of the BCS+ includes content updated according to the latest WHO Medical Eligibility Criteria (2015). It incorporates the most up to date evidence on clinical indications for the provision of family planning methods, including new methods, and includes five new counseling cards that address Adolescent Counseling, Male Services, Post Abortion Care, and Women's Support and Safety.

- ## **Screening Checklists for Family Planning Services: Tools for Service Providers**

The Training and Reference Guides for Family Planning Screening Checklists are a series of four publications designed for program managers, administrators, trainers, and service providers interested in learning how to use the checklists to screen women wishing to initiate use of family planning methods, including combined oral contraceptives (COCs), injectables (DMPA and NET-EN), the copper intrauterine device (IUD), and implants.

- ## **Medical Eligibility Criteria Wheel**

This easy-to-use job aid allows providers quickly to identify Medical Eligibility Criteria relevant to their clients.

- ## **How to be Reasonably Sure a Client Is Not Pregnant**

In order for nonmenstruating clients to be able to safely initiate their method of choice, Family Health International (FHI) developed a simple checklist entitled *How to Be Reasonably Sure a Client Is Not Pregnant*

and known informally as the Pregnancy Checklist. The Pregnancy Checklist contains a series of questions to rule out pregnancy. These questions, based on criteria established by the World Health Organization (WHO) for determining with reasonable certainty that a woman is not pregnant, are also included in the COC, DMPA, IUD, and implant checklists. Although originally developed for use by family planning providers, the Pregnancy Checklist can also be used by other health care providers who need to determine whether a client could be pregnant.

- **Integrating Family Planning and Antiretroviral Therapy: A Client-Oriented Service Model**

*Integrating Family Planning and Antiretroviral Therapy: A Client-Oriented Service Model* encourages supervisors, planners, service providers, and community-based personnel to consider opportunities for operationalizing the integration of family planning into the provision of ART services in a way that responds to and respects clients' needs and desires. This update of a 2007 EngenderHealth publication, *Family Planning? Integrated HIV Services: A Framework for Integrating Family Planning and Antiretroviral Therapy Services*, contains new content and additional resources, such as a hormonal contraceptive and ARVs interaction chart, safer conception resource, and extensive illustrative indicator tables for clients who desire conception, as well as for those wishing to avoid pregnancy.

- **Eliminating mother-to-child transmission of HIV and keeping their mothers alive: Job aid for healthcare workers**

A healthcare worker job aid for the delivery of comprehensive Elimination of Mother to Child Transmission of HIV Services.

- **Positive Connections: Leading Information and Support Groups for Adolescents Living with HIV**

This guide provides a framework for adults who lead post-test information and support groups for adolescents who are living with HIV. The guide is designed for people who have been trained in or have experience in HIV counseling and testing, who work in a counseling capacity with ALHIV, who provide other psychosocial support services to ALHIV or who have been trained to work with adolescents in the context of reproductive and sexual health. These audiences include the following:



- ? Health care providers, such as nurses, doctors and community health workers
- ? Counseling professionals, including psychiatrists, psychologists, therapists and social workers
- ? Teachers
- ? PLHIV
- ? Parents and caregivers
- ? Faith-based leaders

## Program Management



Decision makers considering FP/HIV integration must weigh a number of factors specific to their country or region to determine whether and how to integrate FP/HIV services, including the extent of the HIV epidemic, contraceptive prevalence, the capacity of providers, the facilities available, and the human and financial resources required. They can begin by answering the following key questions:

- What type of service integration is needed? What is feasible?
- To what extent should services be integrated?
- What steps are needed to establish and sustain high-quality integrated services?
- What information is needed to measure program success, to improve program or service delivery, and to replicate or scale up integrated services?

This section of the Toolkit houses a number of resources to assist with the many aspects of program management, including **facility and service assessment**, **procurement and logistics**, **quality improvement**, and generally **strengthening the linkages between both programs**.

FP services can be integrated at several HIV service delivery points. The use of multiple entry points can greatly improve the ability of people living with HIV (PLHIV) and those at risk of HIV to

exercise their reproductive rights, access voluntary contraception, and prevent unintended pregnancies.

Ideally, FP and HIV services can be integrated within any of the following service delivery settings:

- Prevention of mother-to-child transmission (PMTCT)
- Other HIV prevention settings, including those for key populations, adolescents and young girls
- HIV care and treatment (C&T), including antiretroviral therapy (ART)
- HIV/STI services for key populations
- FP

In all of these settings, providers must be equipped to counsel both HIV-positive and serodiscordant couples on their FP and safe pregnancy options, and support them to make voluntary, informed reproductive decisions.

In addition to the resources in this section of the Toolkit, the **case studies** section of the toolkit also provide country-specific examples of some of these models, including community-based distribution, male engagement, integration of FP with antiretroviral therapy programs, FP/ HIV counseling and testing integration, facilitated referral, PMTCT and postpartum FP, youth-friendly integrated services, and more.

Do you have a comment about this section or would you like to suggest a new resource or management topic? Please share your feedback by sending a message through the feedback form.

## Facility & Service Assessment Tools

When facility space needs to be reorganized to accommodate FP/HIV services, program managers should work with community members to plan the changes. Some of the tools in this section of the toolkit can help program managers assess facility space available for integrated services. Materials are also available for assessing the feasibility of, preparedness for, and quality of integrated services. In addition, tools exist to help with implementing long-term monitoring and evaluation (M&E) systems to support continual quality of care and ensure that programs and services are meeting the range of clients' FP/HIV needs. The type of integration that is feasible and the manner in which FP and HIV services will be delivered depends to a large extent on the capacity of the facility offering those services. Program planners can conduct facility assessments to help determine the appropriate level of service integration in a given setting. A facility assessment should examine:

- Human resource capacity
- The physical organization of the facility
- The strength and organization of existing services
- Client flow and volume

- The financial resources available
- Community outreach

## Resources:

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### **Family Planning/HIV Integration Quality Assurance Tool**

This tool is designed to assess the extent to which facilities offering integrated family planning (FP) and HIV services are meeting basic minimum standards for the provision of quality FP services, identify any gaps in the provision of integrated services, and serve as a starting point for improving FP service delivery. While FP/HIV integration may occur in any HIV or FP service delivery setting, this assessment tool is intended to be used in HIV service delivery settings that have integrated family planning into the constellation of HIV services they provide. An HIV site would be considered an integrated FP/HIV service delivery site if they also offer:

FP education and screening

Counseling for specific FP methods

Provision of FP methods or a referral for FP methods not available on-site or on the same day

This document contains a brief introduction, guidance on how and when the tool should be used, the assessment tool in both excel and printable formats, a results dashboard that shows how the facility scored in each section, guidance on how to interpret your scores, resources for further reading, and a template for creating an action plan to improve the quality of services provided at the site based on the assessment results.

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### **Integrating Family Planning and HIV/AIDS Services: Health Workforce Considerations**

This technical brief assesses the evidence on the role of health workers in the integration of family planning (FP) and HIV services and discusses key health worker considerations when integrating FP/HIV services, regardless of the integration model.

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### **How to Strengthen Family Planning and HIV Service Integration: Ten Essential Steps**

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.

## • **Strategic Considerations for Strengthening the Linkages between Family Planning and HIV Policies, Programs and Services**

Many governmental and nongovernmental public health agencies are pursuing and, in some cases, scaling up programs that integrate family planning (FP) and HIV services. In response to calls from public-health decision makers for guidance on FP/HIV integration, the World Health Organization, the U.S. Agency for International Development, and Family Health International developed *Strategic Considerations for Strengthening the Linkages between Family Planning and HIV/AIDS Policies, Programs, and Services*. The partners drew from publications, the recommendations of more than 100 experts in FP and HIV/AIDS, and lessons learned from field experience. The document is designed to help program planners, implementers, and managers -- including government officials and other country-level stakeholders -- make appropriate decisions about whether to pursue the integration of FP and HIV services. It also explains how to pursue integration in a strategic and systematic manner, in order to achieve maximum public health benefit. The document places four questions at the center of FP/HIV integration policy:

- What type of service integration, if any, is needed?
- To what extent should services be integrated?
- What steps are needed to establish and sustain high-quality integrated services?
- What information is needed to measure program success and inform program/service delivery improvement, replication, and/or scale-up?

The document guides readers through the process of finding answers to these questions that are appropriate to their countries' circumstances. Where integration appears to be the right course of action, the document helps readers identify action steps to establish or enhance integrated FP/HIV services. It also provides links to resources that will support the implementation of those action steps, such as facility assessment tools, training curricula, and job aids.

## • **Rapid Assessment Tool for Sexual & Reproductive Health Linkages: A Generic Guide**

The objective of this adaptable tool is to assess HIV and SRH bi-directional linkages at the policy, systems and service-delivery levels. It is intended also to identify gaps, and ultimately contribute to the development of country-specific action plans to forge and strengthen these linkages. While this tool focuses primarily on the health sector it can be adapted to cover other sectors (education, social services, and labour).

## **Procurement & Logistics**

A regular supply of commodities such as contraceptives (including long-acting reversible contraception), HIV test kits, and antiretroviral drugs is essential to the success of service integration. Examining the strengths and weaknesses of the supply chain should reveal where improvements are needed. In order for sustainable HIV and FP service integration to happen on a large scale, the contraceptive needs of HIV platforms must be considered during contraceptive security fora at the national and global levels. The materials available in this section of the Toolkit can help program managers determine how to link with the appropriate supply chains and establish systems to monitor logistics for all commodities.

### **Resources:**

- **Family Planning and HIV Integrated Supply Chains**

This brief offers guidance on how HIV program managers and partners can identify access points for family planning commodities and understand supply chain considerations when integrating FP and HIV services.

- **The Logistics Handbook: A Practical Guide for Supply Chain Managers in Family Planning and Health Programs**

The Logistics Handbook, updated in 2011, offers practical guidance in managing the supply chain, with an emphasis on health commodities. It is intended to help program managers who design, manage, and assess logistics systems for health programs. In addition, policymakers, system stakeholders, and anyone working in logistics will also find it helpful as a system overview and overall approach. Note: Spanish and French translations reflect the 2004 version of the handbook.

# Quality Improvement

High-quality integrated services require supportive supervision and continual quality improvement efforts. Before integrating FP and HIV services, facility and program managers should assess and strengthen supervisors' skills so they can effectively supervise service delivery and address providers' concerns. As new services are introduced, managers should update supervisory protocols, monitoring forms, job descriptions, and checklists. The tools in this section of the Toolkit can help identify areas for improvement and ensure that the needs of clients, providers, and staff are being met.

## Resources:

- **Family Planning/ HIV Quality Assurance Tool**

Monitoring the delivery of FP services in any setting, including HIV service delivery points, is extremely important to ensuring the provision of high quality voluntary FP services. This tool is designed to assess the extent to which facilities offering integrated family planning (FP) and HIV services are meeting basic minimum standards for the provision of quality FP services, identify any gaps in the provision of integrated services, and serve as a starting point for improving FP service delivery.

- **Monitoring the Integration of Family Planning and HIV Services: Indicators Both to Measure Progress toward the 90-90-90 Targets and Ensure the Reproductive Rights of All Women**

This brief, developed by the USAID-funded MEASURE Evaluation, outlines key elements of FP and HIV service integration as well as common challenges that limit their effectiveness.

## Strengthening Linkages between Family Planning & HIV Services

Program managers can take many actions to strengthen the linkages between FP and HIV

services. These include generating demand for integrated services, screening clients for unmet need for contraception, promoting dual protection, strengthening the skills of providers and supervisors, and establishing strong referral systems if FP or HIV services are not available on site. There are several tools to help program managers identify facilities or programs offering high-quality services, establish collaborative relationships with them, establish systems for appropriate referrals, and evaluate the accessibility of the facilities or programs by clients who receive referrals to them. Additional resources in this section can help program planners assess needs, establish strategies, and take actions to strengthen FP/HIV linkages.

#### **Resources:**

- **Family Planning and HIV Service Integration E-Learning Course**

This course will explain the benefits of integrating family planning (FP) into HIV services and provide guidance on how to establish and sustain the delivery of integrated FP/HIV services. The course addresses FP/HIV integration from a health systems perspective, covers contraceptive methods for people living with HIV (PLHIV), and describes how HIV care providers can help their clients make informed reproductive health decisions and access appropriate care, including both voluntary family planning and safer pregnancy/conception services. Finally, the course includes special considerations for addressing the family planning needs of key populations affected by HIV, including adolescent girls. The intended audience for this course is public health program planners, managers, and health care providers who are interested in integrating family planning and HIV services to better meet the reproductive health needs of clients living with HIV.

- **Integrating Family Planning and Antiretroviral Therapy: A Client-Oriented Service Model**

*Integrating Family Planning and Antiretroviral Therapy: A Client-Oriented Service Model* encourages supervisors, planners, service providers, and community-based personnel to consider opportunities for operationalizing the integration of family planning into the provision of ART services in a way that responds to and respects clients' needs and desires. This update of a 2007 EngenderHealth publication, *Family Planning? Integrated HIV Services: A Framework for Integrating Family Planning and Antiretroviral Therapy Services*, contains new content and additional resources, such as a hormonal contraceptive and ARVs interaction chart, safer conception resource, and extensive illustrative indicator tables for clients who desire conception, as well as for those wishing to avoid pregnancy.

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# Technical Brief: Hormonal Contraception and HIV

This brief summarizes current epidemiological evidence regarding use of hormonal contraception (HC) and:

- whether HIV-negative women will acquire HIV
- whether women living with HIV will transmit HIV to their male sex partner(s)
- whether women living with HIV will experience faster HIV disease progression
- whether women living with HIV using antiretroviral therapy (ART) will experience drug-drug interactions

## • Integrating Family Planning into HIV Programs: Evidence-Based Practices

A favorable policy environment for family planning and HIV integration has emerged, the evidence base for the effective integration of services is growing, and a broad array of guidance documents and tools are available to support integrated programming. FHI 360 conducted a review of research findings, program experiences in the field, and technical guidance to identify and synthesize evidence pertaining to: the rationale for integrating family planning and HIV services; facilitators of and barriers to successful integration; and the impact of integrated family planning/HIV services.

## • Integrating Family Planning and HIV/AIDS Services: Health Workforce Considerations

This technical brief assesses the evidence on the role of health workers in the integration of family planning (FP) and HIV services and discusses key health worker considerations when integrating FP/HIV services, regardless of the integration model.

## • Preventing HIV and Unintended Pregnancies: Strategic Framework 2011 ? 2015

This strategic framework offers guidance for preventing HIV infections and unintended



pregnancies ? both essential strategies for improving maternal and child health, and eliminating new pediatric HIV infections.

- **Family Planning and HIV Integration: An Essential Strategy for Preventing Pediatric HIV and Protecting Maternal and Child Health**

This technical brief focuses on family planning and HIV integration in order to prevent pediatric HIV and protect maternal and child health. It touches on: strengthening systems and improving quality of care, establishing an integration strategy, common approaches to family planning and HIV integration, country experiences, and challenges.

- **How to Strengthen Family Planning and HIV Service Integration: Ten Essential Steps**

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.

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- What type of service integration, if any, is needed?
- To what extent should services be integrated?
- What steps are needed to establish and sustain high-quality integrated services?
- What information is needed to measure program success and inform program/service delivery improvement, replication, and/or scale-up?

The document guides readers through the process of finding answers to these questions that are appropriate to their countries' circumstances. Where integration appears to be the right course of action, the document helps readers identify action steps to establish or enhance integrated FP/HIV services. It also provides links to resources that will support the implementation of those action steps, such as facility assessment tools, training curricula, and job aids.

## **Rapid Assessment Tool for Sexual & Reproductive Health Linkages: A Generic Guide**

The objective of this adaptable tool is to assess HIV and SRH bi-directional linkages at the policy, systems and service-delivery levels. It is intended also to identify gaps, and ultimately contribute to the development of country-specific action plans to forge and strengthen these linkages. While this tool focuses primarily on the health sector it can be adapted to cover other sectors (education, social services, and labour).

## **Supporting the Integration of Family Planning and HIV Services**

This policy brief highlights why service integration makes political and program sense, and describes the lessons learned from successful integration strategies in Ethiopia, Kenya, Lesotho, and Uganda. This brief also urges policymakers and program managers to make integrated services routinely and widely available.

## **Advancing the Sexual and Reproductive Health and Human Rights of People Living With HIV: A Guidance Package**

This Guidance Package is intended to help anyone concerned with public health and human rights ? whether as a health professional, a policymaker or an advocate ? to understand **why** and **how** to better meet the sexual and reproductive health needs of people living with HIV.

It shows that greater attention to sexual and reproductive health and rights is critical to the wellbeing of people living with HIV, making lives longer, healthier, more productive, and more satisfying. Attention to sexual and reproductive health and rights is also key to slowing

the spread of the epidemic by preventing new infections. In both ways, individuals, families, and societies benefit.

# Communication & Advocacy



Many countries are experiencing a growing demand for the

integration of family planning and HIV (FP/HIV) services. Advocacy and communication activities are essential to ensuring that community leaders, policy makers, program managers, clients and others understand the issues and opportunities related to improving access to quality services through FP/HIV integration. Also, clients need to understand what services are available to them, the health benefits of receiving HIV and family planning services, and what health behaviors they must adopt to prevent HIV infection and/or unintended pregnancy.

This section of the Family Planning and HIV Services Integration Toolkit contains materials for **advocacy** and for **health communications**.

Do you have a comment about this section or would you like to suggest a new resource or communication topic? Please share your feedback by sending a message through the feedback form.

## Advocacy

The materials gathered here can help advocates, policymakers, program managers, and others effectively promote FP/HIV integration. In this section of the toolkit you will find a variety of advocacy tools and guidance documents. For evidence and other information in support of FP/HIV integration that can be used to advocate for this service delivery model, please also visit the **Research** and **Rationale** sections of the Toolkit.

### Resources:

- **Documenting Best Practices: Advocating on Integrating**

## **SRH and HIV**

This document consolidates various strategies that IPPF-SARO and its Member Associations (MAs) have adopted to facilitate an enabling environment to advocate for SRH/HIV integration. This document focuses on three pillars of advocacy actions and how they have been used by various countries to promote the cause. The document also includes examples of "what works," aimed at programmers and policy makers to help guide them in improved and meaningful decision-making on program policies and management.

- ### **From Roots to Results: Evidence-Based Practices for Integration Family Planning into HIV Programs**

FHI 360 conducted a review of research findings, program experiences in the field, and technical guidance to identify and synthesize evidence pertaining to: the rationale for integrating FP and HIV services; facilitators of and barriers to successful integration; and the impact of integrated FP and HIV services. This narrated 15 minute Prezi offers a summary of this evidence and recommendations for institutionalizing and scaling up integrated FP and HIV services. This work was produced with support from the US Agency for International Development (USAID) through the Preventive Technologies Agreement with FHI 360.

- ### **SRH & HIV Linkages Resource Pack**

This resource pack aims to build a common understanding of sexual and reproductive health (SRH) and HIV linkages and provide an overview of the current status of SRH and HIV linkages among key partners. It contains useful resources for organizations advocating for this issue.

These materials are generic products of the Interagency Working Group on SRH & HIV Linkages and are designed to suit a variety of audiences and purposes. As the SRH and HIV linkages agenda is a dynamic field, this pack is a "living" document that is meant to be modified and adapted to respond to changing needs.

This resource pack is not an exhaustive inventory of resources, and is not designed to provide details on all programming aspects of this field.

It is targeted towards policy makers, advocates and programme managers from national governments, international and national non-governmental organizations, United Nations agencies, and donors.

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# **Integrating Family Planning into HIV Programs: Evidence-Based Practices**

A favorable policy environment for family planning and HIV integration has emerged, the evidence base for the effective integration of services is growing, and a broad array of guidance documents and tools are available to support integrated programming. FHI 360 conducted a review of research findings, program experiences in the field, and technical guidance to identify and synthesize evidence pertaining to: the rationale for integrating family planning and HIV services; facilitators of and barriers to successful integration; and the impact of integrated family planning/HIV services.

- ## **In One Place Infographic**

This infographic shows why integrating family planning, reproductive health and HIV/AIDS is a priority for women and young people. Integration means offering family planning/ reproductive health and HIV services together at the same time and in the same facility. It is a client-centered, rights-based approach that improves lives for women and youth living with and at risk of HIV.

- ## **In One Place Advocacy Guide**

This advocacy guide shows why integrating family planning, reproductive health and HIV/AIDS is a priority for women and young people. Integration means offering family planning/ reproductive health and HIV services together at the same time and in the same facility. It is a client-centered, rights-based approach that improves lives for women and youth living with and at risk of HIV.

- ## **Family Planning: Another Way Faith Groups Can Prevent HIV Infections**

This fact sheet on how family planning helps reduce and prevent HIV infections contains suggestions on incorporating family planning practices to current HIV/AIDS activities.

- ## **Repositioning Family Planning: Guidelines for Advocacy Action**

This toolkit aims to help those working in family planning (FP) across Africa to effectively advocate for renewed emphasis on FP. Effective advocacy can enhance the visibility, availability, and quality of FP services for increased contraceptive use and healthy timing and spacing of births -- ultimately improving the quality of life across the region. The toolkit was developed in response to requests from several countries for help in accelerating their FP advocacy efforts.

This toolkit was jointly produced by the World Health Organisation, Regional Office for Africa, and the United States Agency for International Development through the BRIDGE Project, implemented by the Population Reference Bureau and Africa's Health in 2010 Project, managed by the Academy for Educational Development.

- **Linkages Between HIV and Family Planning Services Under PEPFAR: Room for Improvement**

This paper explores PEPFAR guidance on creating and strengthening linkages between HIV and family planning services. It also highlights weaknesses of the current policy, including the current prohibition of use of PEPFAR funds for contraceptives and the gaps that exist in a number of countries where there are PEPFAR treatment programs but not corresponding U.S. family planning programs.

- **Answers to ten frequently asked questions about linking sexual and reproductive health and HIV**

Answers to ten frequently asked questions about linking sexual and reproductive health and HIV.

- **Making the case for integration: Tides Foundation's Africa family planning and HIV integration fund**

This report serves as a piece in a growing body of information about FP/HIV integration in Sub-Saharan Africa. The following pages contain a summary of current research, an evaluation of difficult challenges and real solutions, in-depth profiles of organizations working on the frontlines, and insights from experts representing government and philanthropy. Together, these elements contribute to a base on which to build a more robust model of care, treatment, and prevention.

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## **Family planning and HIV integration: Approaching the tipping point**

Family planning and HIV integration is an important strategy for addressing the reproductive health rights and needs of women living with and at risk of HIV. Policy support for stronger linkages between family planning and HIV programs is growing, and field-based integration efforts are expanding. As policy and programmatic momentum builds, more evidence of effective integrated service delivery practices are needed to guide scale-up.

- ### **What You Need to Know About PEPFAR, the Global Health Initiative, and Family Planning/ HIV Integration**

Described as the foundation upon which the Global Health Initiative (GHI) rests, the President's Emergency Plan for AIDS Relief (PEPFAR) is undergoing significant change. HIV/AIDS prevention, care and treatment remain the focus of PEPFAR, yet the GHI mandates that PEPFAR—along with the rest of the U.S. government's global health portfolio—take a more holistic approach to meeting individuals' primary and preventive health care needs, especially for women and girls, with family planning/reproductive health chief among those. The purpose of this unofficial guide is to clarify current U.S. policy regarding the integration of family planning/ reproductive health, maternal and child health, and HIV/AIDS within U.S. global health assistance.

- ### **Strategic Considerations for Strengthening the Linkages between Family Planning and HIV Policies, Programs and Services**

Many governmental and nongovernmental public health agencies are pursuing and, in some cases, scaling up programs that integrate family planning (FP) and HIV services. In response to calls from public-health decision makers for guidance on FP/HIV integration, the World Health Organization, the U.S. Agency for International Development, and Family Health International developed *Strategic Considerations for Strengthening the Linkages between Family Planning and HIV/AIDS Policies, Programs, and Services*. The partners drew from publications, the recommendations of more than 100 experts in FP and HIV/AIDS, and lessons learned from field experience. The document is designed to help program planners, implementers, and managers -- including government officials and other country-level stakeholders -- make appropriate decisions about whether to pursue the integration of FP and HIV services. It also explains how to pursue integration in a strategic and systematic

manner, in order to achieve maximum public health benefit. The document places four questions at the center of FP/HIV integration policy:

- What type of service integration, if any, is needed?
- To what extent should services be integrated?
- What steps are needed to establish and sustain high-quality integrated services?
- What information is needed to measure program success and inform program/service delivery improvement, replication, and/or scale-up?

The document guides readers through the process of finding answers to these questions that are appropriate to their countries' circumstances. Where integration appears to be the right course of action, the document helps readers identify action steps to establish or enhance integrated FP/HIV services. It also provides links to resources that will support the implementation of those action steps, such as facility assessment tools, training curricula, and job aids.

## **The Astonishing Neglect of an HIV-Prevention Strategy: The Value of Integrating Family Planning and HIV Services**

Many HIV-positive women wish to control childbirth, but are unable to do so. Contraception is a powerful HIV-prevention strategy that could reach many HIV-positive women if it were a core component of HIV prevention, care, and treatment initiatives.

## **Health Communication**

Health communication encompasses information, education, and communication (IEC) and behavior change communication (BCC) efforts involve working with individuals, communities, and societies to develop context-appropriate, multilevel communication strategies to promote healthful behaviors such as the practice of dual protection. IEC and BCC channels include the mass media; interpersonal communication, such as provider-client or peer-to-peer counseling; and community-based channels, such as household outreach, street theater, or local radio. Provision of a supportive environment that will enable people to access integrated services and sustain safer behaviors is essential to the success of any health communication effort.

According to the INFO Project's *Population Report*, "Communication for Better Health," effective health communication programs can:

- Increase awareness and knowledge of a health problem and its solution
- Demonstrate or depict healthy behavior
- Improve skills and sense of self-efficacy
- Reinforce healthy knowledge, attitudes, and behavior



- Show the benefits of adopting healthy behavior
- Help shift social norms to encourage more healthy behavior
- Advocate a position on a health issue or policy
- Increase demand or support for health services
- Refute myths and correct misunderstanding
- Change perceptions of risk
- Prompt individual and community behavior change

#### Resources:

- **Strategic Communication Framework for Hormonal Contraceptive Methods and Potential HIV-Related Risks**

This Strategic Communication Framework was developed as a tool to assist country stakeholders in the adaptation and dissemination of information pertaining to hormonal contraception and HIV risk at regional, national and local levels.

- **The P-Process: Five Steps to Strategic Communication**

This brochure highlights the steps within the P-Process, a framework designed to guide communication professionals as they develop strategic communication programs. This step-by-step road map leads communication professionals from a loosely defined concept about changing behavior to a strategic and participatory program with a measurable impact on the intended audience.

## Country Experiences



A growing number of countries are integrating FP and HIV services. The pace and stage of these efforts vary by country, and few programs have been rigorously evaluated. Nevertheless, promising practices and useful lessons from these experiences can help guide the integration of FP/HIV services. This section of the Family Planning and HIV Services Integration Toolkit contains **case studies** on experiences with FP/HIV integration at the national level.

FP/HIV integration is a particularly valuable approach in countries with both high HIV prevalence and high levels of unmet need for FP. Many of the experiences described in this section stem from countries that share these characteristics. For example, according to the Population Reference Bureau, both Lesotho and Uganda are among the 10 countries with the highest HIV prevalence in the world. These two countries are also among the 10 countries with the highest levels of unmet need for FP in rural areas. Both countries are working on integrated approaches, including:

- Postpartum FP for prevention of mother-to-child transmission of HIV
- Integrating FP and antiretroviral therapy services
- Examining how HIV status affects fertility desires and implementing FP/HIV programs that effectively address related needs

The experiences of these and other countries, which have a great need for integration but also face great implementation challenges, yield rich information on good practices and key reasons for success. From these experiences, programmers, policy makers, and providers can also learn from interventions whose elements appeared to be sound but whose results were of limited value.

Do you have a comment about this section or would you like to suggest a new resource? Please share your feedback by sending a message through the feedback form.

## Case Studies

The case studies available in this section of the toolkit shed light on particular countries' experiences implementing varied approaches to FP-HIV integration. These case studies offer valuable information on key programming considerations and share lessons learned.

#### **Resources:**

- **Strengthening the Integration of FP and HIV Services in Kenya**

Study findings reveal that many Kenyan women living with HIV are comfortable receiving family planning services from community health volunteers and with proper training and support, community health volunteers have the potential to provide integrated FP/HIV services. Community-based integrated FP/HIV services could help connect women living with HIV who want to prevent or postpone a pregnancy to contraceptive services, which can reduce unintended pregnancies and in turn maternal mortality and vertical transmission of HIV.

This implementation research study offers evidence of the feasibility, quality of care, and acceptability of using community health volunteers to integrate family planning into HIV/AIDS services for women living with HIV at the community level in Busia County, Kenya. The report also provides an incremental cost-analysis to estimate the additional health system cost for integrating the provision of pills and condoms into community health volunteers' existing activities, and the recurrent cost to maintain these additional services.

- **Are services meeting the holistic family planning needs of female sex workers living with HIV in Tanzania?**

Women of reproductive age living with HIV need access to comprehensive, voluntary family planning (FP) services to support their decisions about whether and when to have children. Contraceptive need is particularly acute among HIV-positive female sex workers who are often socially and economically disadvantaged. Furthermore, many HIV-positive female sex workers intend to have children some day, but may not be aware of strategies to minimize the risk of HIV transmission to infants and partners (i.e. "safer conception?").

This activity brief describes a Project SOAR study in Tanzania that will contribute to the evidence base by conducting research that describes these women's FP needs and fertility intentions.

- **Linking Sexual and Reproductive Health and HIV/AIDS,**

# Gateways to Integration: A case study from Rwanda

This case study is part of a series of joint publications of IPPF, UNFPA, UNAIDS and WHO on strengthening linkages between sexual and reproductive health and HIV.

- ## Empowering Communities through Integrated Systems Strengthening in Northern Mozambique

The Pathfinder-led SCIP Project is a five-year integrated health and development initiative implemented in 14 districts of Nampula Province in northern Mozambique. The project's key technical areas include: sexual and reproductive health (SRH), family planning (FP), HIV and AIDS, home-based care for the chronically ill, support for orphans and vulnerable children (OVC) including youth-focused conservation farming and livelihoods development, maternal, newborn, and child health, and water, sanitation, and hygiene (WASH). This brief articulates SCIP's strategy of integrated systems strengthening, shares a snapshot of its implementation status, and highlights next steps for the project's remaining two years.

- ## Strengthening Family Planning in a Large-Scale PEPFAR-Supported HIV Program

This case study documents how FP/HIV integration is undertaken in a program in Zambia, identifying factors that facilitate success and obstacles that hamper progress. The case study also offers practical guidance to other HIV implementers about how to put FP/HIV integration goals into practice.

- ## Promoting FP/RH-HIV/AIDS Integration: A Summary of Global Health Initiative Strategies in Ethiopia, Kenya, Tanzania, and Zambia

This policy brief summarizes the Global Health Initiative Strategies taking place in Ethiopia, Kenya, Tanzania, and Zambia, specifically focused on family planning/reproductive health and HIV/AIDS integration.

- ## HIV and Family Planning Integration in Tanzania: Building on the PEPFAR Platform to Advance Global Health

This report examines the situation in Tanzania, where the United States has supported the national government in making notable progress toward integrating HIV services with family planning and reproductive health, particularly through PMTCT programs. Integration in Tanzania has been driven by a number of factors, including political commitment from the national government, specified funding from the United States, and experience brought by some PEPFAR implementing partners in the area of family planning?HIV integration. Yet despite the improved policy environment, ongoing barriers remain in implementation, financing for integration, and integration of family planning as a core component of PEPFAR?s treatment programs.

- **Linking Sexual and Reproductive Health and HIV/AIDS, Gateways to Integration: A case study from Swaziland**

This case study is part of a series of joint publications of IPPF, UNFPA, UNAIDS and WHO on strengthening linkages between sexual and reproductive health and HIV.

- **Integrating Family Planning and HIV Services**

In regions of high fertility and HIV prevalence, integration of family planning and HIV services has emerged as a promising strategy to prevent transmission of HIV, particularly from mother to child. This case study explores different models of integration and how they have been realized in Kenya and Ethiopia, two pioneers in family planning and HIV service integration.

- **Healthy Images of Manhood: A Male Engagement Approach for Workplaces and Community Programs Integrating Gender, Family Planning and HIV/AIDS - A Case Study**

This paper describes how the Extending Service Delivery (ESD) project has implemented an integrated male engagement program to address gender and family planning / reproductive health in a workplace HIV / AIDS Program. The program, called Healthy Images of Manhood, was launched in January 2008 in partnership with Unilever Tea Tanzania Ltd. (UTTL) at the company's estates in south-central Tanzania. It is now being replicated at Unilever Tea Kenya Ltd., many other Kenyan companies, and community programs in Burundi focusing on Congolese refugees and internally displaced Burundians.

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## **Integrating HIV Prevention and Family Planning Services: The Aastha Project in Mumbai, India**

Adding family planning (FP) services to programs focused on HIV and other sexually transmitted infections (STIs) makes these programs more attractive to clients. The number of clients receiving services at HIV/STI clinics in Mumbai increased threefold when FP services were added. Integrated FP and HIV services show potential in reducing the incidence of HIV and other STIs among sex workers and their partners in Mumbai.

- ## **Integrating Family Planning and Antiretroviral Therapy Services in Uganda**

Among the findings in this case study of an integration project in Uganda are that careful preparation and systems strengthening are critical to the success of the integration; community participation generates support and demand for the new service; and continued assessment of the facility's capacity and service delivery will guide improvement efforts and service expansion.

- ## **Integration of Family Planning and HIV Services in Zimbabwe: Hormonal Implants and Dual Protection Messages**

This brief examines a family planning/HIV integration programme to prevent primary infection of HIV and unintended pregnancies in young women, as well as vertical (from mother to child) and horizontal (from one sexual partner to another) HIV transmission in infected women and discordant couples. The report concluded that counseling combined with direct, onsite access to FP methods as well as female and male condoms or counseling combined with strong linkages to FP service providers can increase dual protection among women and couples.

- ## **Integrating Youth Reproductive Health and Family Planning into HIV/AIDS Education**

This brief presents the International Youth Foundation's (IYF) experiences and lessons

learned in Tanzania. There, IYF's Planning for Life program integrated youth reproductive health education and family planning services into its HIV/AIDS prevention activities and trained local youth service providers to offer youth-friendly reproductive health services.

- **Improving health facility-based services in Nyanza province, Kenya: the APHIA II Nyanza Project (AIDS, Population, and Health Integrated Assistance, June 2006 - December 2010)**

The central strategy of the APHIA II Nyanza health facility-based services component is to build the capacity of the Ministry of Health to increase access to and quality of health services, as well as to integrate services. The two main objectives of APHIA II Nyanza health facility-based activities are to: Expand the availability of HIV and AIDS prevention, care, and treatment services, including tuberculosis and male circumcision services [and] Expand the availability of reproductive health / family planning and maternal and child services, integrated with HIV and AIDS services.

- **Addressing the Family Planning Needs of People Living with HIV and AIDS through Integration of Family Planning Services at an ART Center in Uganda**

Developed for the International Conference on Family Planning: Research and Best Practices, which took place in November 2009, Kampala, Uganda, this presentation looked at a project to provide family planning (FP)-integrated HIV services for people living with HIV (PLHIV) in Mbale, Uganda. Included are the following: a discussion of an approach to integrating FP and HIV services, the range of levels of FP integration, and examples of interventions to strengthen service delivery systems in coordination with demand creation and advocacy activities.

## **Key Populations**

HIV disproportionately affects key populations, which include:

- Sex workers
- People who inject drugs
- Transgender people
- Men who have sex with men

UNAIDS estimates that between 40 and 50% of all new HIV infections among adults worldwide occur among these key populations and their sex partners. As some of the most marginalized groups in the world, key populations experience heightened vulnerability to HIV and human rights abuses, as well as greater barriers to accessing care and support, including:

- Stigma and discrimination, including provider bias against FP use for unmarried women or female sex workers
- Laws criminalizing their behavior
- Human rights abuses and violence
- Lack of provider knowledge and skills related to the reproductive health and FP needs of key populations, including how to address their fertility intentions
- Lack of services related to gender-based violence within FP settings
- Lack of proper counseling on dual method use, condoms, and emergency contraception
- Lack of community and social support.

Key populations who do access the healthcare system are often met with refusals of service, abusive treatment, or the provision of inadequate or inappropriate care. Not surprisingly, female members of key populations also experience disproportionately high rates of unintended pregnancy and abortion. Contraception is a service that is often overlooked for key populations, but is an essential component of a comprehensive package of care for them. Even less attention has been given to safer pregnancy planning for key populations. HIV programs serving key populations provide an important opportunity to address their broader reproductive health needs. The delivery of integrated FP/HIV services tailored to key populations may include:

- Provision of FP services within ?key population-friendly? HIV care and treatment settings, staffed by unbiased providers who are knowledgeable and skilled in addressing the needs of key populations
- Provision of counseling and referral to FP programs within drop-in centers or via peer educators, as well as referral for PMTCT/ANC for pregnant clients
- Supporting key population peer educators to accompany clients to FP or PMTCT/ANC services
- Close monitoring of referrals between sites serving key populations and FP service delivery sites to ensure uptake of services
- The availability of gender-based violence screening and referrals for support within the integrated site

This section of the Family Planning and HIV Services Integration Toolkit houses resources focused on key populations, including reports, briefs, training tools, and videos. A series of success stories also offers concrete examples of interventions making an impact among key populations.

#### **Resources:**

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## **All Women, All Rights, Sex Workers Included: U.S. Foreign Assistance and the Sexual and Reproductive Health and Rights of Female Sex Workers**

This report is based on a review of peer-reviewed articles, collaborative guidance and recommendations, and grey literature which examined the sexual and reproductive health and rights and needs of female sex workers. The first section of this report aims to provide an overview of best practices around the SRHR of FSWs, including those related to HIV/AIDS, family planning, sexual health, maternal health, and gender-based violence, as well as highlight some of the most urgent knowledge gaps that should be addressed moving forward. The second section of this report assesses how U.S. foreign assistance can better conform with best practices to support the SRHR of FSWs, including both specific policies and more general programmatic approaches.

- ## **An Integrated Peer Outreach and Clinic-based Intervention to Improve the Sexual Health of Young Men Who Have Sex with Men in Myanmar: A Link Up Evaluation**

This brief describes an evaluation that assessed the impact of a peer-driven intervention for young MSM in Myanmar, designed to improve the sexual health and rights of this marginalized community. The intervention and evaluation activities were conducted as part of Link Up, a global consortium led by the International HIV/ AIDS Alliance aimed at improving sexual and reproductive health and rights among young vulnerable communities in Africa and Asia.

- ## **Tools for the Integration of HIV and Sexual and Reproductive Health with Key Populations**

This site houses a collection of materials used in a series of tailor-made national workshops held in Asia and the Pacific by UNFPA and APMGlobal, bringing together policy-makers, health planners, health service providers, community organizations and people from the populations most affected by HIV in the region ? sex workers, men who have sex with men, transgender people and people who use drugs.

# Youth

According to UNAIDS, young people aged 10 to 24 years old number about 1.8 billion ? almost 25% of the world?s population. Young people (aged 10-24), particularly young women, are often highly vulnerable to both HIV and unintended pregnancy.

- The number of adolescents dying of AIDS-related illnesses tripled between 2000 and 2015.
- Young women have less access to contraceptives than women over age 30: 22% versus 60%.
- AIDS is currently the leading cause of death among young people in Africa and the second leading cause of death among young people worldwide.
- Young women are more than twice as likely to acquire HIV as young men, and have represented 67% of new infections among adolescents every year since 2010.



Youth needs are different from the needs of other populations and hence youth-friendly services are integral to providing treatment as well as spreading awareness. They can also serve as a channel for access to FP and sexual and reproductive health. This integration of FP and sexual and reproductive health and rights with youth-friendly services is crucial to tackling HIV.

This section of the Toolkit is divided into 4 sections:

1. Behavior change communication
2. Data and evidence
3. Program design, Implementation, and M & E
4. Training and clinical quality

The information and resources available in this section of the Toolkit will be useful to policy-

makers and practitioners in designing and implementing policies and practices that have a youth-friendly lens coupled with FP/sexual and reproductive health and rights (FP/SRHR) to address HIV/AIDS.

## **Behavior Change Communication (BCC)**

Behavior change communication is integral to influencing youth on sexual and reproductive health and rights (SRHR) and HIV. This section explores literature on this area as well as provides examples from the field where BCC has been successful.

### **Resources:**

- **Innovations in Programming for HIV**

This commentary reviews the evidence on innovation in ALHIV programming, identifies the major challenges and proposes ways to harness innovation

- **PSI Youth Program Brief**

This document introduces PSI's SRH programs for youth, highlights country programs and the challenges and opportunities

- **Influencing youth on SRHR through BCC**

Literature review on using BCC to influence SRHR of urban youth

- **Young girls intervention**

Presentation detailing the campaign targeting vulnerable young girls

- **Provision of SRHR for ALHIV**

Review of work that LINK UP does with respect to integration of HIV services for youth

## Data and Evidence

This section compiles the data and the evidence indicating the importance of youth-friendly services to promote sexual and reproductive health and rights (SRHR) and address HIV. Literature reviews, infographics, and case-studies provide in-depth knowledge about the nature and impact of these youth-friendly services.

### Resources:

- **AIDS Special Issue**

The journal AIDS has published a special issue about innovative approaches to increasing HIV testing and linkage to care among adolescents and youth. The goal of the supplement is to inform program planners, researchers, policymakers and funding agencies about the development and design of effective adolescent and youth programs, policies and strategies for improving the first two ?90s? among adolescents and youth: HIV testing and diagnosis and linkage to care and treatment.

- **Behavioral determinants of urban youth SRH**

A secondary analysis of DHS Data for Benin and Madagascar on the behavioral determinants of urban youth sexual and reproductive health

- **Infographic on sex work**

Infographic dispelling myths on HIV spread and sex workers

- **Strategic framework**

A strategic framework to prevent HIV and unintended pregnancies

- **Opportunity in crisis**

Practical guide on preventing HIV from early adolescence to young adulthood

- **Provision of SRHR for ALHIV**

Review of work that LINK UP does with respect to integration of HIV services for youth

## **Program Design, Implementation, Monitoring and Evaluation**

This section provides further knowledge on health services for adolescents living with HIV (ALHIV) through case-studies and country-specific presentations.

### **Resources:**

- **HIV Prevention Among Adolescent Girls and Young Women**

This programming guidance is meant to inform programmes that aim to reduce HIV infection among adolescent girls and young women in countries and locations where HIV incidence is high among adolescent girls and young women and where HIV is primarily spread through heterosexual transmission. This report primarily is for policymakers, planners and implementers of HIV prevention programmes across multiple sectors, including organizations led by young people.

- **Effective approaches for ALHIV programming**

Systematic review of effective approaches to ALHIV programming

- **Making health services youth friendly**

Guide for program planners and implementers on making health-services youth friendly

- **Scale up of AFCS**

Article on evidence around scale-up of adolescent-friendly contraceptive services

- **Improving dual protection for TZ youth**

Article detailing ways to improve dual counseling for adolescents in Tanzania

- **Service delivery factors influencing FP uptake**

Presentation on service delivery factors that influence FP uptake amongst youth

- **Gateways to integration - Serbia**

Case study from Serbia on gateways to integration

- **Provision of SRHR for ALHIV**

Review of work that LINK UP does with respect to integration of HIV services for youth

## **Training and Clinical Quality**

Service providers need focused training on dealing with adolescents living with HIV. Quality

controls are another essential feature of health services. This section looks at both of these issues with a sexual and reproductive health and rights (SRHR) lens.

**Resources:**

- **Disclosure of HIV Status Toolkit for Pediatric and Adolescent Populations**

This toolkit was developed in response to an identified need by health care providers to have practical, abbreviated guidance on the process of disclosing an HIV-positive status with pediatric and adolescent populations, their caregivers, partners, and other relevant parties. It aims to complement existing national and global guidelines and to serve as an easily accessible reference within health care facilities.

The objective of this toolkit is to provide general guidance on disclosure of HIV status in the settings of pediatric and adolescent HIV care. This document contains tools for use in clinical practice to build the capacity of different parties—including health care workers (HCWs), caregivers, and pediatric and adolescent patients themselves—in assisting with and delivering successful and informed disclosure.

The toolkit includes guidance and checklists for a variety of audiences to prepare for disclosure, relevant algorithms, a readiness assessment checklist, and role playing scenarios. Specific modules support:

- Health care workers or caregivers to disclose an HIV status to a child or adolescent.
- Horizontally-infected adolescents to disclose their status to their caregivers.
- Adolescents to disclose to their social networks, community, and romantic partners.

- **Trainers framework - ALHIV**

Framework for trainers who work with ALHIV

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**Source URL:** <https://www.k4health.org/toolkits/fphivintegration>