



Ministry of Health

Minimum Package

For Reproductive Health (RH)
& HIV Integrated Services

Abbreviations and acronyms

ANC	Antenatal care
ART	Antiretroviral therapy
ARV	Antiretroviral
ASRH	Adolescent Sexual and Reproductive Health
CaCx	Cervical cancer
CBHIS	Community Based Health Information System
CCC	Comprehensive Care Clinic
CHEW	Community health extension worker
CHW	Community health worker
CTU	Contraceptive technology uptake
DAR	Daily activity register
DRH	Division of Reproductive Health
EC	Emergency contraceptive
EID	Early infant diagnosis
FANC	Focused antenatal care
FGM/C	Female Genital Mutilation/Cutting
FP	Family planning
GBV	Gender based violence
GOPC	General Outpatient Clinic
HEI	HIV exposed infant
HMIS	Health Management Information System
HTC	HIV testing and counseling
IBP	Individual birth plan
IEC	Information, education and communication
IP	Infection prevention
IUCD	Intrauterine contraceptive device
IYCF	Infant and young child feeding
KEPH	Kenya Essential Package for Health
KNASP	Kenya National AIDS Strategic Plan
LAM	Lactational amenorrhea
M&E	Monitoring and evaluation
MARPs	Most at risk populations
MCH	Maternal and Child Health
MDT	Multidisciplinary team
MEC	Medical eligibility criteria
MVA	Manual vacuum aspiration

NASCOP	National AIDS/STI Control Programme
NHSSP	National Health Sector Strategic Plan
NRHP	National Reproductive Health Policy
OI	Opportunistic infection
OPD	Outpatient Department
PAC	Post-abortion care
PE	Pelvic examination
PEP	Post-exposure prophylaxis
PMTCT	Prevention of mother to child transmission
PNC	Post-natal care
PNW	Post-Natal Ward
PPIUCD	Post-partum IUCD
PSC	Patient Support Center
PwP	Prevention with positives
RCO	Registered Clinical Officer
RH	Reproductive health
RIV	Request and issue voucher
RTI	Reproductive tract infection
SDM	Standard Days Method
SGBV	Sexual Gender Based Violence
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
TB	Tuberculosis
TEO	Tetracycline eye ointment
UNFPA	United Nations Population Fund
VCT	Voluntary counseling and testing
VE	Vaginal examination
VIA/VILI	Visual inspection with acetic acid
VMMC	Voluntary medical male circumcision

Foreword

Integrating Reproductive Health and HIV and AIDS policies, programs and services has been considered essential for meeting global and national goals and targets including Vision 2030 and the United Nations Millennium Development Goals particularly goals 4, 5 and 6.

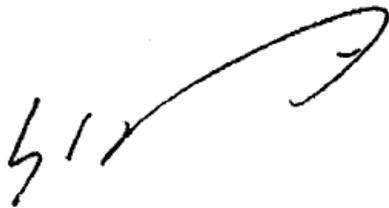
The National Reproductive Health and HIV and AIDS Integration Strategy (2009) lay down the framework for the integration of RH and HIV services. The goal of integration is to provide more comprehensive, convenient, acceptable and cost effective RH and HIV and AIDS programmes. The strategy has outlined the framework of service delivery at the six KEPH levels - community, dispensary, health centre, district hospital, provincial hospital and national or tertiary level. It is appreciated that different sets of skills, knowledge and equipment is required at each of these levels depending on the package or services to be implemented.

Since the strategy suggests a variety of types of integration, the operationalization of this strategy would require a lot of resources. In a low resource country like Kenya, wholesale operationalization of the strategy is not feasible hence the need to develop a minimum package.

The Minimum package for RH/HIV Integration services seeks to provide guidance to implementers or service providers on the minimum requirements in terms of infrastructure, human resource, skills set and training materials, equipment, commodities and supplies, and M&E that are necessary at any level of care for effective service provision. The use of this package will guide the delivery of standardized, coordinated and integrated services.

It's our sincere hope that the implementation of the services in this minimum package will assist the health sector to realize Kenya's national targets and also contribute towards attainment of global goals.

We wish to appreciate the contributions and efforts of all individuals, organizations and stakeholders who gave their valuable time, inputs and feedback during this all inclusive development process which resulted in the minimum package for RH/HIV integration services



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Introduction

Reproductive health (RH) and HIV services have similar characteristics, target populations and desired outcomes. In low resource settings, both services are typically offered through decentralized public health services. The services mainly serve populations of reproductive age, with the intention of improving the quality of life of clients through informed decision making and meeting unmet needs for care. Clients seeking HIV or RH services often share common needs and concerns, particularly about sexual outcomes. Integrating the services therefore enables providers to efficiently and comprehensively address these concerns. This approach is considered essential to meet international development goals and targets including the Millennium Development Goals—particularly MDGs 4, 5 and 6.

The majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth, and breastfeeding. Closer linkages between RH and HIV and AIDS services can address some missed opportunities in HIV prevention and care and in RH care. Some examples of the many similarities between RH and HIV programs are listed below. The programs:

- Serve similar target groups and rely on effective prevention messages and methods;
- Promote and distribute condoms within and outside clinics and other health services;
- Require services that use similar health care skills and facilities;
- Rely on community participation to address sensitive sexuality issues and socio-cultural determinants of behavior change;
- Desire common outcomes such as improved gender equality and equity and a reduction in maternal, infant, and child mortality; and
- Address two issues in young people: the vulnerability and high risk behavior that fuel the epidemic in this age group, and the early child bearing and high maternal mortality contributing to high infant mortality.

Integrating RH and HIV services will enable health care service providers to address the comprehensive (SRH) and reproductive health needs of clients. Studies have shown that integrated RH and HIV services can improve health outcomes. Existing HIV programs can increase access to family planning (FP) services for more than 200 million women. Furthermore, integrating RH and HIV services is cost-effective and improves access to health care; it also increases financial sustainability.

An essential element of RH services, FP is a key, but greatly underutilized HIV prevention strategy. FP programs offer a critical entry point for most sexually transmitted infections (STI), HIV and reproductive cancer services, and vice versa. Existing HIV programs have the potential to access hard to reach populations using existing networks. Among women and men infected with HIV who are sexually active but do not wish to have children, contraception has the added benefit of reducing HIV positive births and by extension the number of children needing HIV treatment, care and support. Indeed, preventing unintended pregnancies in HIV positive women is one of the four cornerstones of a comprehensive approach to prevention of mother to child transmission (PMTCT). However, unintended pregnancies

among women with HIV remain unacceptably high. The Kenya AIDS Indicator Survey [2007] found that 57.9% of the HIV-positive clients who are married or cohabiting had unmet FP needs.

Lessons from various pilot programs in Africa in general and in Kenya specifically indicate that programming for RH-HIV integrated approaches must be tailored to the specific country context. In countries with generalized epidemics, integration efforts may include a range of interventions, with RH integrated into HIV activities and HIV activities integrated into RH activities. In more concentrated epidemics, integration efforts should focus on ensuring access to HIV prevention information and RH services for higher risk populations. In addition, integration may not be appropriate in every setting. Program managers must therefore consider the synergies to be gained from integration in each particular context. Such factors may include HIV prevalence and transmission, and areas of unmet need for RH.

The Kenya Essential Package for Health (KEPH) seeks to ensure that all health programs are integrated into a single package. Similarly, the National Reproductive Health Policy (NRHP) 2007, while echoing the objectives and principles of the National Health Sector Strategic Plan (NHSSP) II and the Kenya Health Policy Framework 1994, noted that RH and HIV and AIDS services offer certain advantages if planned and provided in an integrated manner.

Rationale/Justification

The goal of the Kenya National RH-HIV Integration Strategy (2009) is to enhance access to comprehensive, high quality, effective, efficient, affordable and sustainable RH and HIV and AIDS services. Integrating RH and HIV and AIDS services involves reorienting health systems to ensure HIV and AIDS services and SRH services are delivered within the same settings. The services would be available during the same hours and providers would encourage clients/patients of one service to take up the other service within the facility, community-based setting or through a facilitated referral.

The RH-HIV integration strategy outlines the framework of service delivery at the six KEPH levels—community, dispensary, health centre, district hospital, provincial hospital and national or tertiary level (Figure 1). The strategy appreciates that a different set of skills, knowledge and equipment is required at each of these levels depending on the package or services to be implemented. The skill set will also depend on the category of health workers who are recognized within the existing health care system at the community and facility level for RH and HIV provision.

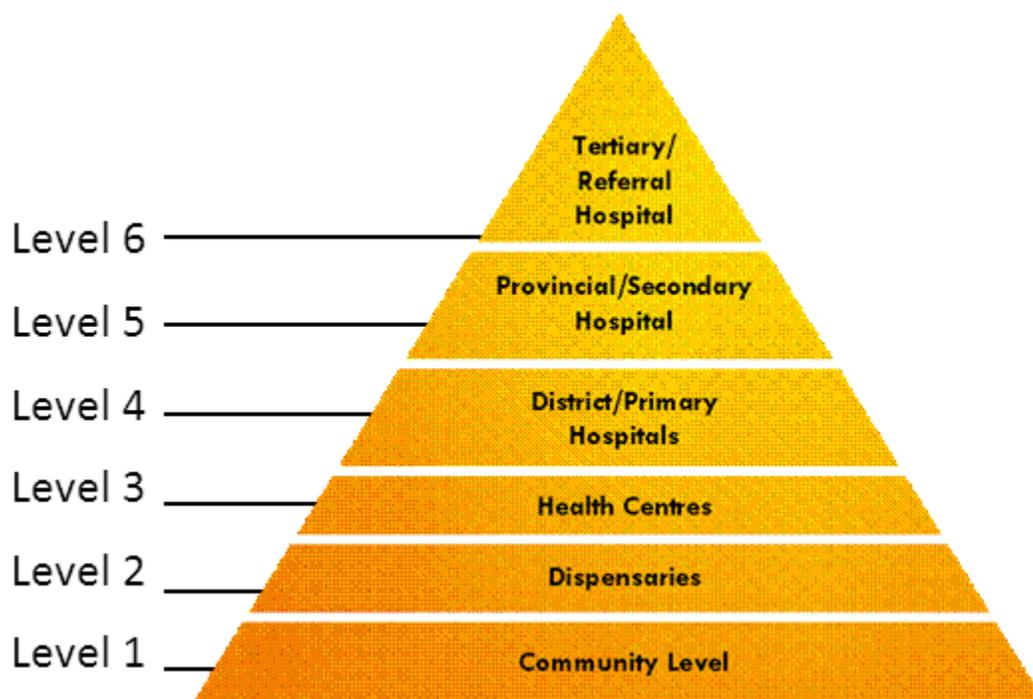


Figure 1. Six KEPH levels.

The strategy lists the types of integration by level of care and describes the mode of delivery of these services through three main approaches: on-site, off-site and mixed.

- ◆ *On-site*: The on-site approach could be a one-stop shop (kiosk) where RH-HIV integrated services are offered by one service provider in one room during the same consultation. It could also be a one-shop approach (supermarket) where the services are offered by more than one service provider within one facility during the same visit. In addition, internal referral could take place within the same facility.
- ◆ *Off-site*: The off-site approach is where a client accesses one type of RH-HIV integrated service and receives the other service outside the facility/site through a referral.
- ◆ *The mixed approach*: The mixed approach is where the base service is provided wholly at the facility or site, but the other service is only initiated due to inadequacies in skills and equipment in that facility or site. For example, HIV testing and counseling (HTC) offered at a Comprehensive Care Clinic (CCC), client is then counseled on FP and goes to receive the method, e.g. implant or intrauterine contraceptive device (IUCD) in Maternal and Child Health (MCH). The client then receives the rest of the services in another facility or site.

Since the strategy suggests different types of integration, operationalizing this strategy would require a lot of resources¹. In a low resource country like Kenya, wholesale operationalization of the strategy is not feasible, hence the need to develop a minimum package.

¹National Reproductive Health and HIV and AIDS Integration Strategy

RH-HIV Minimum Package

The minimum package is a set of recommendations for different types of RH-HIV integration services that are feasible for integrating RH and HIV services by level of care.

The type of RH-HIV integration services listed in this set of recommendations was informed by evidence obtained globally, regionally and locally. It was particularly informed by countrywide validation visits that were made by teams formed by members of the RH-HIV integration committee. These teams observed several types of integration services being provided at various levels of care and examined their feasibility and ease of service provision.

This RH-HIV minimum package seeks to provide guidance to implementers or service providers on the minimum requirements in terms of infrastructure; human resources; skills set and training materials; equipment; commodities and supplies; and monitoring and evaluation (M&E) that are necessary at each service area or clinic to provide effective services. With limited resources and a high demand for quality services, implementers must consider the possible synergies in each particular context and plan services to reach as many of the target population as possible.

The following section provides a road map for implementing the minimum package for RH-HIV integration. For each type of service, a minimum level of service is defined and a set of basic requirements for each type of integration service is listed using the following categories: infrastructure; human resources, skills set and training materials; equipment; commodities and supplies; and M&E.

The goal of the minimum package is to operationalize the National RH-HIV Integration Strategy with the following specific objectives:-

- To outline a basic set of RH-HIV interventions/services to be integrated at various levels
- To provide guidance on basic service provision requirements for integrated RH-HIV services
- To standardize the provision of integrated RH-HIV services
- To increase access to and uptake of integrated RH-HIV services

Community-Based RH-HIV Services (Level 1)

The community based RH-HIV integration services will be delivered to conform with the Ministry of Health Community Strategy that defines the structure through which community-based health services will be delivered. The strategy recognizes the community health worker (CHW) as the lowest cadre that delivers these services, but other health workers can also offer them. The comprehensive and integrated CHW curriculum and manuals and any other documents as approved and mandated by the Ministry of Health will be used to build the capacity of CHW to deliver RH-HIV integration services.

Under this level of care, the services provided are essentially at the household level and are predominantly integrated promotive services. However, a few of the services are preventive and curative in nature. The integrated promotive service includes providing critical messages on FP, HTC, MCH, post-rape care (SGBV), tuberculosis (TB) and messages on cervical, breast and prostate cancer screening. These messages are directed to the community to effect behavior change and practice (adoption of healthy behavior) at household level. Preventive services include, for example, emphasis on knowledge of HIV status, safer sex practices (i.e. abstinence, being faithful, correct and consistent condom use, early initiation and exclusive breast feeding, healthy timing and spacing of births) and use of insecticide-treated nets (ITN). Minimal curative services are offered at community level, for example, anti-fever (antipyretics) and dewormers (anthelminthics).

Type of integrated service	Minimum level of services to be incorporated	Basic requirements
	<ul style="list-style-type: none"> • Information on VMMC services and referral • Information on maternal, new born and child health including PMTCT • Information on harmful cultural practices prevalent to specific regions, e.g. female genital mutilation/cutting (FGM/C), wife inheritance, cleansing, sexual and gender based violence (SGBV), early and forced marriages • Information on substance abuse • Information on infection prevention 	<ul style="list-style-type: none"> • Information on post-rape care and appropriate referrals • Messages to promote healthy behaviors on maternal and newborn health such as : <ul style="list-style-type: none"> ○ early initiation and exclusive breast feeding ○ newborn care ○ healthy timing and spacing ○ emphasize the importance of four antenatal care (ANC) visits ○ delivery by a skilled attendance ○ benefits of post-partum care • Information on SGBV and referral of survivors • Information on substance abuse, e.g. alcohol, cigarettes, <i>miraa</i> • Infection prevention for RH and HIV <p>Training materials</p> <ul style="list-style-type: none"> • Comprehensive integrated CHW curriculum • Any other Ministry of Health approved materials <p>Information, education and communication (IEC) and job aids</p> <ul style="list-style-type: none"> • FP demonstration board • Penile and vaginal models <hr/> <p>Equipment</p> <ul style="list-style-type: none"> • CHW bags, Community midwives kit

Type of integrated service	Minimum level of services to be incorporated	Basic requirements
		<p data-bbox="926 293 1251 321">Commodities and supplies</p> <ul data-bbox="926 354 1927 513" style="list-style-type: none"> <li data-bbox="926 354 1927 381">• CHW kit—approved by Division of Community Health Services, Ministry of Health <li data-bbox="926 418 1157 446">• FP commodities <li data-bbox="926 483 1444 513">• HIV testing supplies (where appropriate) <p data-bbox="926 548 995 576">M&E</p> <ul data-bbox="926 613 1780 708" style="list-style-type: none"> <li data-bbox="926 613 1598 641">• Community Based Health Information System (CBHIS) <li data-bbox="926 678 1780 708">• CHW referral forms, feedback and tracking system, diary, chalkboard

Facility-based RH-HIV Integrated Services (Level 2-5)

Services at the facility level have traditionally been offered as a singular service. Provision of integrated services will require reorientation of the health system to ensure HIV and AIDS services are delivered within the same setting as SRH services or vice versa. The services would be available during the same hours and providers would encourage clients/patients of one service to take up the other service within the facility, community-based setting or through a facilitated referral.

At the facility level, the matrix below describes the types of integrated RH-HIV services offered by clinics/units/service areas:

- Outpatient Department (OPD) services—include STI, SGBV, TB, SGBV screening, PITC and General Outpatient Clinic (GOPC); reproductive organ cancer screening;
- MCH/FP unit services—include focused antenatal care (FANC), targeted post-natal care (PNC) and FP, maternity (includes Labor and Delivery and Post-Natal Wards), early infant diagnosis (EID);
- Inpatient wards (specifically female and male wards) services—include HIV counseling and testing, comprehensive post-abortion care (PAC), TB screening, information on FP, STI/RTI, reproductive organ cancer screening;
- CCC services—include FP services, STI screening and treatment, information and screening for reproductive organ cancer, TB screening, psychosocial support;
- Youth friendly service sites—FP services (information, counseling and provision of FP methods), HTC, STI screening services, reproductive organ cancer screening, comprehensive SGBV services, opportunistic infection (OI) and antiretroviral (ARV) services, substance abuse, FANC and PNC.

For each integrated service, the matrix below describes the minimum level of that service to be provided and also lists the basic requirements to support the service.

OUTPATIENT

Minimum Level of RH-HIV Integrated Services at the Outpatient Department		
Type of integrated service	Minimum level of services to be incorporated	Basic requirements
GOPC	<p>FP information, counseling and referral</p> <p>TB, information screening and referral</p> <p>HTC, HIV counseling and testing with referral of HIV positive clients</p> <p>STI, screening and referral for treatment</p>	<p>Infrastructure</p> <ul style="list-style-type: none"> Adequate space for privacy and confidentiality, lighting and running water
		<p>Human resources</p> <ul style="list-style-type: none"> Doctors, nurses and clinical officers
		<p>Skills set</p> <ul style="list-style-type: none"> Provision of FP information and counseling Screening and referral for TB management Provision of HIV counseling and testing and appropriate referral Screening and referral for STI diagnosis and treatment
		<p>Training materials</p> <ul style="list-style-type: none"> CTU HTC reference manual and guideline
		<p>IEC/job aids</p> <ul style="list-style-type: none"> FP checklists, MEC, FP counseling cards, pelvic model, FP demonstration tray, wall di

Minimum Level of RH-HIV Integrated Services at the Outpatient Department

Type of integrated service	Minimum level of services to be incorporated	Basic requirements
		<p>Equipment and supplies</p> <hr/> <p>Commodities and supplies</p> <ul style="list-style-type: none"> • HIV test kits <hr/> <p>M&E</p> <ul style="list-style-type: none"> • DAR for FP

Minimum Level of RH-HIV Integrated Services at the Outpatient Department

Type of integrated service	Minimum level of services to be incorporated	Basic requirements
STI services	<p>FP services</p> <ul style="list-style-type: none"> • FP information, counseling, referral and provision of FP methods <p>Information and screening for cervical, prostate and breast cancer</p> <ul style="list-style-type: none"> • HTC 	<p>Infrastructure</p> <ul style="list-style-type: none"> • Adequate space for privacy and confidentiality, lighting and running water <p>Human resources</p> <ul style="list-style-type: none"> • Nurses and clinical officers <p>Skills set</p> <ul style="list-style-type: none"> • Provision of FP information, counselling and FP methods • Ability to provide information and screen cervical, prostate and breast cancer • Ability to provide HIV testing and counselling • Ability to screen for SGBV <p>Training materials</p> <ul style="list-style-type: none"> • Contraceptive Technology Update (CTU) and RH-HIV Orientation Package • Orientation package for CaCx screening • HTC reference manual • Youth friendly services (guidelines and manuals)

Minimum Level of RH-HIV Integrated Services at the Outpatient Department

Type of integrated service	Minimum level of services to be incorporated	Basic requirements
		<p>IEC and job aids</p> <ul style="list-style-type: none"> • FP demonstration tray and wall display • STI syndromic chart, visual inspection with acetic acid/Lugol's iodine (VIA/VILI) atlas • FP checklists, medical eligibility criteria (MEC), penile and uterine models and counselling cards
		<p>Equipment</p> <ul style="list-style-type: none"> • Examination couch, vaginal examination (VE) pack, examination lamp, color coded buckets for infection prevention, IUCD and implant insertion and removal kit, Cryotherapy machine (Levels 4, 5 and 6)
		<p>Commodities and supplies</p> <ul style="list-style-type: none"> • Adequate and consistent supply of FP methods • CaCx screening (Lugol's iodine, acetic acid, orange sticks, pap smear kit) • HIV testing supplies • STI/RTI drugs
		<p>M&E</p> <ul style="list-style-type: none"> • Daily activity register (DAR) for FP • Integrated register (Ministry of Health)
TB services	<p>HIV testing, counseling and referral</p> <p>FP</p> <ul style="list-style-type: none"> • FP information, counseling, referral 	<p>Infrastructure</p> <ul style="list-style-type: none"> • Adequate space for privacy and confidentiality, lighting and running water
		<p>Human resources</p> <ul style="list-style-type: none"> • Nurses and clinical officers

Minimum Level of RH-HIV Integrated Services at the Outpatient Department

Type of integrated service	Minimum level of services to be incorporated	Basic requirements
	and provision of FP methods	<p>Skills set</p> <ul style="list-style-type: none"> • Provision of FP information, counselling and FP methods • Provision of HIV testing and counselling <p>Training materials</p> <ul style="list-style-type: none"> • HTC reference manual • Family planning service guidelines • CTU <p>IEC and job aids</p> <ul style="list-style-type: none"> • FP demonstration tray and wall display • FP checklists, MEC, penile/pelvic models and counselling cards • HTC protocol <p>Equipment</p> <ul style="list-style-type: none"> • Microscopes <p>Commodities and supplies</p> <ul style="list-style-type: none"> • HIV test supplies and FP methods <p>M&E</p> <ul style="list-style-type: none"> • Integrated register (Ministry of Health) • DAR for FP

Minimum Level of RH-HIV Integrated Services at the Outpatient Department

Type of integrated service	Minimum level of services to be incorporated	Basic requirements
Comprehensive SGBV	HTC, post-exposure prophylaxis (PEP), Pregnancy test, EC and STI treatment Trauma counseling, referral for legal aid, psychosocial support and other services not available	Infrastructure <ul style="list-style-type: none"> Adequate space for privacy and confidentiality, lighting and running water
		Human resources <ul style="list-style-type: none"> Doctors, nurses and clinical officers
		Skills set <ul style="list-style-type: none"> Ability to provide HTC, STI screening, PEP, EC Trauma counseling Management of injuries and forensics
		Training materials <ul style="list-style-type: none"> Manual for the medical management of rape/sexual violence for service providers
		IEC/job aids <ul style="list-style-type: none"> SGBV management algorithm
		Equipment <ul style="list-style-type: none"> Examination couch, examination lamp, VE packs, buckets for infection prevention
		Commodities and supplies <ul style="list-style-type: none"> ARVs Pregnancy test kit HIV testing supplies STI drugs, EC

Minimum Level of RH-HIV Integrated Services at the Outpatient Department

Type of integrated service	Minimum level of services to be incorporated	Basic requirements
		<ul style="list-style-type: none"> • Vacutainer
		<p>M&E</p> <ul style="list-style-type: none"> • Integrated SGBV register
		<p>Commodities and supplies</p> <ul style="list-style-type: none"> • HIV test kits
		<p>M&E</p> <ul style="list-style-type: none"> • DAR for FP

Minimum Level of RH-HIV Integrated Services at MCH/FP Unit

Type of integrated service	Minimum level of services to be incorporated	Basic requirements
FANC	<p>PMTCT, including HIV testing and counseling, ARVs, FP/RH information, individual birth plan (IBP), detection and management of pregnancy complications, TB screening</p> <p>Information on EID, infant and young child feeding (IYCF), malaria prevention (where applicable)</p> <p>Laboratory services, e.g. CD4</p>	<p>Infrastructure</p> <ul style="list-style-type: none"> Spacious, well ventilated. and lit room with running water
		<p>Human resources</p> <ul style="list-style-type: none"> Nurses, Clinical Officers, Doctors
		<p>Skills set</p> <ul style="list-style-type: none"> Ability to provide HIV testing and counseling Provision of prophylaxis and/or treatment for HIV Counseling on IBP and FP/RH Ability to detect and manage complications of pregnancy
		<p>Training materials</p> <ul style="list-style-type: none"> Orientation package for FANC
		<p>IEC and job aids</p> <ul style="list-style-type: none"> PMTCT, TB, HTC, FANC, IYCF, FP checklists
		<p>Equipment</p> <ul style="list-style-type: none"> Examination couch, screen, penile/pelvic models
		<p>Commodities and supplies</p> <ul style="list-style-type: none"> ARVs, OI drugs, HIV testing supplies, expendables, VE pack, vacutainers

M&E

- Integrated ANC register
- Mother baby booklet

Minimum Level of RH HIV Integrated Services at MCH/FP Unit

Type of integrated service	Minimum level of services to be incorporated	Basic requirements
Targeted PNC	HIV testing and counseling, ARVs, CaCx screening, FP services (information, counseling and provision of FP methods), OI, EID	Infrastructure <ul style="list-style-type: none"> spacious well ventilated and lit room with running water
		Human resources <ul style="list-style-type: none"> Nurses
		Skills set <ul style="list-style-type: none"> Provision of FP services Provision of HTC, EID, prophylaxis and treatment Counseling on infant feeding options Provision of cervical cancer screening
		Training materials <ul style="list-style-type: none"> Contraceptive technology update Orientation package for CaCx HTC reference manual EID training package
		IEC and job aids <ul style="list-style-type: none"> FP checklists, MEC, counseling cards Pelvic/penile models Prevention with positives (PWP) job aids

Minimum Level of RH HIV Integrated Services at MCH/FP Unit

Type of integrated service	Minimum level of services to be incorporated	Basic requirements
		<ul style="list-style-type: none"> • EID algorithm • Immunization schedule • Testing algorithm
		<p>Equipment</p> <ul style="list-style-type: none"> • Examination couch, examination light, , buckets for infection prevention, cold chain equipment, VE pack
		<p>Commodities and supplies</p> <ul style="list-style-type: none"> • FP commodities, ARVs, OI drugs, HIV test kits, vacutainer • CaCx screening commodities (Lugol's iodine, acetic acid, orange sticks, fixative for pap smear), EID commodities, vacutainers
		<p>M&E</p> <ul style="list-style-type: none"> • Integrated PNC register • HIV exposed infant (HEI) register

Minimum Level of Integrated Services at MCH/FP Service

Type of integrated service	Minimum level of services to be incorporated	Basic requirements
FP clinic	HIV counseling, testing and effective referral and linkage for the HIV positive OI and ARV CaCx screening TB screening	Infrastructure <ul style="list-style-type: none"> • Spacious well ventilated and lit room with running water
		Human resources <ul style="list-style-type: none"> • Nurse
		Skills set <ul style="list-style-type: none"> • Ability to provide HIV testing and counselling
		Training materials <ul style="list-style-type: none"> • HTC reference manual • RH-HIV integration orientation package
		Equipment <ul style="list-style-type: none"> • Examination couch, PE packs, FP methods demonstration tray and penile/pelvic models, examination lamp, infection prevention (IP) buckets
		Commodities and supplies <ul style="list-style-type: none"> • HIV testing kits
		M&E <ul style="list-style-type: none"> • DAR for contraceptives (MOH 512) • Facility consumption data • HTC register (MOH 362)

Minimum Level of RH HIV Integrated Services at CCC

Type of integrated service	Minimum level of services to be incorporated	Basic requirements
CCC	<p>FP services</p> <ul style="list-style-type: none"> • FP information, counseling, provision of FP methods and referral • STI screening and treatment • Information and screening for cervical, prostate and breast cancer • TB screening • EID • Psychosocial support 	<p>Infrastructure</p> <ul style="list-style-type: none"> • Spacious well ventilated room, lighting and running water
		<p>Human resources</p> <ul style="list-style-type: none"> • Nurses, registered clinical officers (RCOs), doctors, counsellors, nutritionists
		<p>Skills set</p> <ul style="list-style-type: none"> • Provision of FP information, counselling and FP methods • Ability to provide information and screen for cervical, prostate and breast cancer • Ability to screen and refer for STI diagnosis and screening • Ability to screen for TB
		<p>Training materials</p> <ul style="list-style-type: none"> • FP and STI orientation package for HIV and AIDS service providers, CaCx training manual
		<p>IEC/job aids</p> <ul style="list-style-type: none"> • FP checklists, FP choices chart, MEC, STI syndromic management chart • Reproductive tract guidelines
		<p>Equipment and supplies</p> <ul style="list-style-type: none"> • Examination couch, PE packs, FP methods demonstration tray and penile/pelvic models, examination lamp, IP buckets
<p>Commodities and supplies</p> <ul style="list-style-type: none"> • FP commodities, Lugol's iodine, acetic acid, fixative for pap smear, 		

Minimum Level of RH HIV Integrated Services at CCC		
Type of integrated service	Minimum level of services to be incorporated	Basic requirements
		orange sticks • STI drugs, vacutainers
		M&E • Integrated register • TB register

Minimum Level of Integrated Services at Youth Friendly Services

Type of integrated service	Minimum level of services to be incorporated	Basic requirements
Integrated youth friendly service sites	FP Services (information, counseling and provision of FP methods)	Infrastructure <ul style="list-style-type: none"> Youth friendly clinics
	HIV counseling and testing	Human resources <ul style="list-style-type: none"> Nurses, clinical officers, doctor
	STI screening services	Skills set <ul style="list-style-type: none"> Provision of FP information, counselling and FP methods Ability to provide information and screen cervix, prostate and breast cancer Ability to screen and refer for STI diagnosis and treatment Ability to provide Comprehensive post-rape care services Provision of OI and ARV services Management of substance abuse
	CaCx screening services	
Comprehensive SGBV services		
	OI and ARV services	Training materials <ul style="list-style-type: none"> Adolescent SRH (ASRH) training manual, CTU, HTC reference manual, manual for the medical management of rape/sexual violence for service providers, orientation package for cervical cancer screening, MEC
	Substance abuse	
	FANC	
	PNC	
		IEC/job aids <ul style="list-style-type: none"> FP checklists, FP choices chart, MEC, STI syndromic management chart Reproductive tract guidelines

Minimum Level of Integrated Services at Youth Friendly Services		
Type of integrated service	Minimum level of services to be incorporated	Basic requirements
		<p>Equipment</p> <ul style="list-style-type: none"> • Recreational equipment, examination couch and lighting • Pelvic examination packs
		<p>Commodities and supplies</p> <ul style="list-style-type: none"> • FP commodities, HIV test kits, SGBV specimen collection kits, • Lugol's iodine, acetic acid, fixative for pap smear, orange sticks • ART, PEP, • STI and OI drugs
		<p>M&E</p> <ul style="list-style-type: none"> • Use of integrated youth friendly service register

INPATIENT

Minimum Level of RH-HIV Integrated Services at Inpatient		
Type of integrated service	Minimum level of services to be incorporated	Basic requirements
Female and male wards	HIV counseling and testing <ul style="list-style-type: none"> • Comprehensive PAC • TB screening • Information on FP • STI/RTI • Reproductive organ cancer screening 	Infrastructure <ul style="list-style-type: none"> • Spacious well ventilated and lit room with running water
		Human resources <ul style="list-style-type: none"> • Nurse, clinical officer, doctor
		Skills set <ul style="list-style-type: none"> • Ability to provide comprehensive post-abortion care services • Provision of FP information, counseling and methods • Management of STI/RTI
		Training materials <ul style="list-style-type: none"> • PAC training curriculum, HTC reference manual
		Equipment <ul style="list-style-type: none"> • Gynecological couch, examination lamp, pelvic examination (PE) packs
		Commodities and supplies <ul style="list-style-type: none"> • HIV test kits, manual vacuum aspiration (MVA) kits

Minimum Level of RH-HIV Integrated Services at Inpatient		
Type of integrated service	Minimum level of services to be incorporated	Basic requirements
		M&E <ul style="list-style-type: none"> • Integrated register

Minimum Level of RH HIV Integrated Services at INPATIENT

Type of integrated service	Minimum level of services to be incorporated	Basic requirements
Maternity/early labor	HIV counseling and testing, ARVs FP services Reproductive organ cancer screening	Infrastructure <ul style="list-style-type: none"> Adequate space for privacy and confidentiality, lighting and running water
		Human resources <ul style="list-style-type: none"> Nurse, midwives, clinical officers, doctors
		Skills set <ul style="list-style-type: none"> Ability to provide HIV counseling and testing services and ARV services Provision of FP information, counseling and methods Ability to screen for reproductive organ cancer Provision of youth friendly services
		Training materials <ul style="list-style-type: none"> PMTCT curriculum ASRH training manual
		IEC/job aids <ul style="list-style-type: none"> FP choices chart, MEC

Minimum Level of RH HIV Integrated Services at INPATIENT		
Type of integrated service	Minimum level of services to be incorporated	Basic requirements
		Equipment <ul style="list-style-type: none"> • N/A
		Commodities and supplies <ul style="list-style-type: none"> • HIV testing kits, ARVs
		M&E <ul style="list-style-type: none"> • MOH Integrated register
Post-Natal Ward (PNW) Package	FP information, counseling, FP methods and referrals, HIV counseling and testing, ARVs, Information on EID	Infrastructure <ul style="list-style-type: none"> • Adequate space for privacy and confidentiality, lighting and running water
		Human resources <ul style="list-style-type: none"> • Nurse-midwives, clinical officers, doctors
		Skills set <ul style="list-style-type: none"> • Provision of FP information, counselling and selected FP methods • Ability to provide HIV counseling and testing, ARVs, EID
		Training materials <ul style="list-style-type: none"> • PMTCT curriculum • PNC orientation package • Post-partum IUCD (PPIUCD) manual
		IEC/job aids

Minimum Level of RH HIV Integrated Services at INPATIENT		
Type of integrated service	Minimum level of services to be incorporated	Basic requirements
		<ul style="list-style-type: none"> • FP checklists, FP choices chart, MEC
		Equipment <ul style="list-style-type: none"> • Infection prevention kit and accessories
		Commodities and supplies <ul style="list-style-type: none"> • HIV test kits, EID commodities , FP methods • Tetracycline eye ointment (TEO)
		M&E <ul style="list-style-type: none"> • Integrated register • PNC register (MOH 406)

Cross Cutting Areas

All the types of integration services require support which basically cuts across many areas. Such areas include: support supervision, referral mechanisms and administration buy-in and support. Below see the detailed description.

Area	Requirements
Administration support	Officer in charge who is knowledgeable about and supports RH-HIV integration
Support supervision	<p>Skills and tools</p> <ul style="list-style-type: none">• Supervisor should be knowledgeable in integration and supportive supervision• Standard supervision tool for RH-HIV integrated services <p>Frequency of supervisory activities:</p> <p>Internal supervision:</p> <ul style="list-style-type: none">• Daily by unit in-charge;• Monthly by the facility in-charge <p>External supervision: Quarterly</p>
Referral mechanism	A standardized referral form
Human resources	Retention of provider at a unit: minimum 6 months

Institutional Framework and Management

The RH-HIV integrated minimum package will be implemented in accordance with the framework stipulated in the National RH-HIV Integration Strategy. Effective coordination of RH-HIV integrated activities will facilitate the best use of resources (infrastructure, human resources, skills mix, equipment, commodities and supplies) that are required for maximum impact of the minimum RH-HIV package. For this to be realized, key institutions at national, county or regional level, and KEPH implementation levels will work closely in terms of sharing information, plans and reports on the specific needs and requirements of various facilities and communities. The Ministry of Health will, through Division of Reproductive Health, the National AIDS/STI Control Programme (NAS COP) and the RH HIV Integration Committee, oversee and facilitate the implementation of the integrated minimum package.

Monitoring and Evaluation Indicators of the RH-HIV Integrated Minimum Package

Monitoring and evaluation (M&E) of this package will be aligned to and will utilize nationally established M&E systems as described by the Health Management Information System (HMIS) and the M&E frameworks of NHSSP and Kenya National AIDS Strategic Plan (KNASP) III as well as tools described in the RH-HIV integration strategy. Periodic review and revision of data collection systems including tools will be undertaken based on emerging lessons and implementation experiences of various aspects of integrated RH-HIV services. Indicators outlined in the National RH-HIV Integration Strategy and the broader health system ones will be used to monitor and evaluate progress on the provision and use of integrated services.

Monitoring indicators for RH-HIV Service Integration by Components

CCC/ART

- Number of /CCC clients provided with FP services
- Number of CCC clients treated for STIs
- Number of HIV + Screened women screened for CaCx
- Number of HIV-positive women referred for cervical cancer screening
- Number of HIV positive women referred for Cervical cancer treatment
- Number of CCC clients screened and treated for STI screening

ANC/maternity/labor ward/PNC

- Number of HIV-positive women provided with ART
- Number of HIV-positive women referred to the CCC/antiretroviral therapy (ART) centers
- Total number of exposed (HIV+) infants
- Number of exposed infants put on cotrimoxazole
- Number of HIV-positive infants put on ART
- Number of infants screened for HIV
- Number of ANC clients screened for TB

Voluntary counseling and testing (VCT)

- Number of HIV positive clients referred to the CCC/ART centers
- Number of VCT clients provided with FP services
- Number of VCT clients screened for STIs
- Number of VCT clients referred for FP methods
- Number of VCT clients referred for STI treatment

Family planning

- Number of clients counseled and tested for HIV within the FP clinic
- Number of HIV positive FP clients referred to the CCC/ART centers

Source of data: Unit Registers and Reporting tools

Community

- Number of pregnant women referred for ANC services
- Number of women provided with FP commodities in the community
- Number of clients referred for FP services
- Number of clients referred for STI diagnosis and treatment

Source: MOH 514: Community health workers service delivery logbook
MOH 515: Community Health Extension worker summary book

MOH 513: Community Health Information System (CHIS)

RH-HIV Service Integration health system indicators

- Number of health facilities offering some form of integrated FP and HIV services

Source of data: District HMIS, HMIS (Afya House) and KSPA

- Proportion of health facilities reporting availability of both HIV program commodities

Source of data: KEMSA

Commodities distributed

- Proportion of health facilities reporting availability of both RH/FP

ANNEX: 1

The steps below may help set up and sustain the process of integrating RH with HIV services.

1. Formation of Facility Multidisciplinary Team

The Facility Multidisciplinary Team should comprise key staff from all departments. These can include key personnel from the Patient Support Center (PSC), i.e. registration clerk, clinical officer or doctor or nurse provider, medication dispenser/pharmaceutical technologist, facility in charge (nurse or RCO), laboratory technician. Where applicable involve male and female CHW and community members who are living with HIV. All clinical and non-clinical staff must be involved and assigned roles within the team. Involving the community keeps a patient centered approach. *Note: in some sites one person may assume more than one role.

2. Assess the facility capability to provide the prescribed minimum RH-HIV services

The multidisciplinary team will identify the following using the policy document as a guide:

- Number of staff and training and skill set required
- Inventory of current RH commodities and equipment required for RH-HIV integration
- Stock of existing community beliefs and attitudes towards RH and HIV as separate entities and as combined services
- Types of services the facility is able to provide currently
- Nearby facilities/sites that can be potential referral points for specific services, depending on the level of the facility

At this stage also determine how long it will take to achieve the prescribed minimum RH-HIV services and assign roles and responsibilities to each multidisciplinary team member

3. Identify the type of integration model that can be adopted

Since not all types of integration suit every health facility, together with the multidisciplinary team, debate and decide what model is feasible and potentially effective in your set up. For example, in a dispensary with only two rooms and two staff a one-stop shop model may be more appropriate than for a larger district hospital with many rooms and many providers in which a supermarket model may be more appropriate. However, larger facilities with dedicated PSC stations can also adopt a one-stop shop for every room.

4. Build or strengthen existing systems to support new integrated services

Existing systems to support the new integrated services include:

- Training to improve provider knowledge, skills and attitudes
- Systems for support supervision—the supervisor is a team member who promotes staff motivation, helps solve problems and ensures that the rights of service providers and clients are observed.
- Logistics—maintain an effective logistic and supply system that helps staff at service delivery points (SDPs) avoid both under stocking and overstocking.
- Inventory management—build or strengthen a process that ensures proper ordering, receipt, storage, and use of commodities. The facility should ensure that it has relevant RH tools for inventory management, e.g. DAR, request and issue vouchers (RIV/S11) used to order and issue commodities, and commodity utilization reports that provide information on quantities of commodities available at various levels, quantities of commodities needed for resupply, commodities requiring redistribution and HCW workload.
- Monitoring and evaluation system—familiarize all staff with the reporting tools and the major indicators for RH-HIV integration as stipulated in the national RH-HIV strategy document.
- Referral and linkage systems—you should strengthen these systems using information from the preliminary assessment—to create a referral tree which includes services for which a client can be referred to. Additionally, to ensure that the supply of Ministry of Health referral forms is adequate and where not available to improvise. The forms should always be filled in duplicate and support supervision should ensure a system for follow-up is in place.

5. Phase in RH services to expand the range of RH services being provided, without stressing already existing facility's capacity, to provide quality services

Attempting to provide all prescribed RH activities may be difficult and stressful to the HCW and therefore a phased in approach is recommended. Following initial assessment identify the timelines needed to prepare the facility to provide additional RH services and the cadre of staff and training required.

