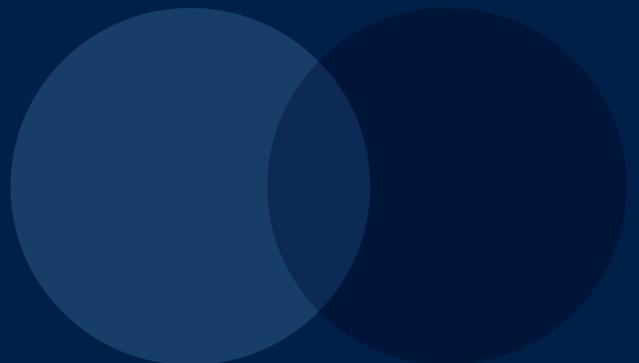
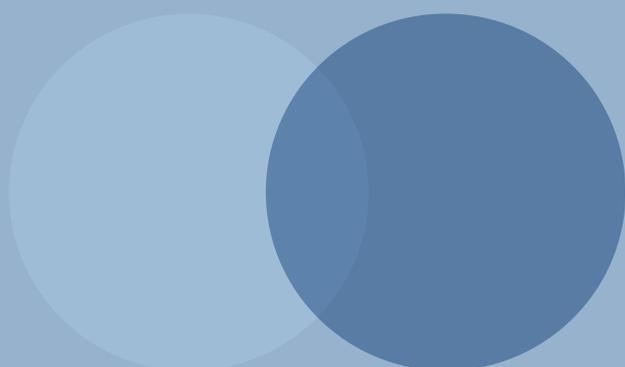




RAPID ASSESSMENT TOOL FOR SEXUAL & REPRODUCTIVE HEALTH AND HIV LINKAGES A GENERIC GUIDE





Disclaimer

© 2009 IPPF, UNFPA, WHO, UNAIDS, GNP+, ICW and Young Positives.

All rights reserved. The publishers welcome requests to translate, adapt or reproduce the material in this document for the purpose of strengthening bi-directional linkages between sexual and reproductive health and HIV/AIDS policies, systems and services and for informing health care providers, their clients and the general public, as well as improving the quality of sexual and reproductive health and HIV prevention, treatment, care and support. Enquiries should be addressed to IPPF, 4 Newhams Row, London, SE1 3UZ, United Kingdom (fax: +44 207 939 8300; email: hivinfo@ippf.org); UNFPA, 220 East 42nd Street, New York, NY 10017, USA (tel: +1 212 297 5000; email: info@unfpa.org); WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (fax: +41 22 791 4806; email: permissions@who.int); UNAIDS, 20 Avenue Appia, 1211 Geneva 27, Switzerland (fax: +41 22 791 3666; email: unaids@unaids.org); GNP+, P.O. Box 11726, 1001 GS, Amsterdam, The Netherlands (fax: +31 20 423 4224; email: info@gnpplus.net); ICW, International Support Office, Unit 6, Building 1, Canonbury Yard, 190a New North Road, London, N1 7BJ, United Kingdom (fax: +44 20 7704 8070; email: info@icw.org) or Young Positives, P.O. Box 15847, 1001 NH, Amsterdam (fax: +31 20 616 0160; email: redactiejongpositief@hivnet.org) Only authorized translations, adaptations and reprints may bear the emblems of IPPF, UNFPA, WHO, UNAIDS, GNP+, ICW and Young Positives.

Translations, adaptations and reproductions may be made without authorization so long as they are not used in conjunction with any commercial or promotional purposes, and so long as they do not use the emblems of the publishing organizations, and so long as they acknowledge the original source in line with the suggested citation below. The publishing organizations do not accept responsibility for any translations, adaptations and reproductions published by others. The publishers request print and electronic copies of all translations, adaptations and reproductions of this publication.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the publishing organizations in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the publishers to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall IPPF, UNFPA, WHO, UNAIDS, GNP+, ICW or Young Positives be liable for damages arising from use of this publication.

This publication does not necessarily represent decisions or the stated policy of IPPF, UNFPA, WHO, UNAIDS, GNP+, ICW or Young Positives.

Suggested citation for unofficial translations or adaptations of this tool:

Rapid Assessment Tool for Sexual & Reproductive Health and HIV Linkages: A Generic Guide, prepared and published by IPPF, UNFPA, WHO, UNAIDS, GNP+, ICW and Young Positives, 2009.

Published in London, United Kingdom, September 2009.

Acknowledgements

This guide was produced thanks to the experience, ideas and input of many different people and organizations.

The key contributors were:

- IPPF: Kevin Osborne
- UNFPA: Lynn Collins, Florence Ebanyat
- WHO: Laura Guarenti, Sarah Johnson, Michael Mbizvo, Seipaiti Mothesbesoane-Anoh, Peter Weis
- UNAIDS: Karusa Kiragu
- GNP+: Christoforos Mallouris
- Young Positives: Raoul Fransen – dos Santos

Reviewers included: Terhi Aaltonen, Sam Anyimadu-Amaning, Narimah Awain, Esi Awotwi, Hedia Belhadj, Gladys Brew, Leopoldina Cairo, Alicia Carbonell, Rebecca Carl-Spencer, Raquel Child, Catherine d'Arcangues, Alexandrine Dazogbo, Esperanza Delgado, Anna de Guzman, Galanne Deressa, Barbara de Zalduondo, Dudu Dlamini, Leticia Doamekpor, Akua Ed-Nignpense, Peter Fajans, Charles Fleischer-Djoleto, Etta Forson, Charlotte Gardiner, Dennia Gayle, Marvi Glerangle-Ashun, Ellen Gyekye, Wesam Hassan, Helen Jackson, Joseph Kaubat, Josiane Khoury, Sophia Kisting, Steve Kraus, Hugues Lago, Manjula Lusti-Narasimhin, Shawn Malarcher, Purnima Mane, Rhoda Manu, Maureen Marky, Sergio Maulen, Rafael Mazin, Asha Mohamud, Alexis Ntabona, Rejoice Nutakor, Nuriye Ortayli, Cheick Ouedraogo, Rose Owusu Kakrah, Jewel Quallo-Rosberg, Gloria Quansah Asare, Patricia Quarshe-Yakuev, Suzanne Reier, Julie Samuelson, Dudu Simelane, Lucy Stackpool Moore, Sara Newer, Sally-Ann Ohene, Koudaogo Ouedraogo, Safdar Kamal Pasha, Jewel Quallo-Rosberg, Tin Tin Sint, Akiko Takai, Pulane Tlebere, Mantsane Tsoloane-Bolepo, Paul F. A. Van Look, Ouk Yong Vathiny, Sheryl Vanderpoel, Daniel Yayemain, Sibili Yelibi. Robert Miller consulted on the development of the tool.

Table of Contents

SECTION	PAGE
Acknowledgements	3
Acronyms	5
Working Definitions of Selected Terms	6
Introduction	8
Benefits	8
Principles	9
Purpose of the Tool	10
Background	10
<hr/>	
Specific Instruments	13
I. Policy	14
II. Systems	26
III. Clinical Service Delivery	38
a. Provider Interview	41
b. Client Exit Interview	66
<hr/>	
Appendices	
1. Sample Consent Form	76
2. Conducting a Desk Review	77
3. Budget Outline for Estimating Cost of Conducting a Two-Month Rapid Assessment	79
4. Health Workers' Capacity to Perform SRH and HIV Functions	82
5. List of Selected Possible Next Steps for Utilizing the Assessment Findings	83

Acronyms

AIDS	Acquired immunodeficiency syndrome
ANC	Antenatal care
ART	Antiretroviral therapy
BCC	Behaviour change communication
CSO	Civil society organizations
FBO	Faith-based organizations
FP	Family planning
GNP+	The Global Network of People Living with HIV
HBC	Home-based care
HIV	Human immunodeficiency virus
IDU	Injecting drug users
IEC	Information, education and communication
ICW	International Community of Women Living with HIV/AIDS
IPPF	International Planned Parenthood Federation
M&E	Monitoring and evaluation
MNH	Maternal and newborn health
MOH	Ministry of Health
MSM	Men who have sex with men
MTCT	Mother-to-child transmission (of HIV)
NGO	Non-governmental organizations
OI	Opportunistic infection
OVC	Orphans and vulnerable children
PEP	Post-exposure prophylaxis
PHC	Primary health care
PITC	Provider-initiated testing and counselling
PLHIV	People living with HIV
PMTCT	Prevention of mother-to-child transmission (of HIV)
RTI	Reproductive tract infection
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
SW	Sex workers
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
VCT	Voluntary counselling and testing
WHO	World Health Organization

Working Definitions of Selected Terms

The following working definitions are proposed in order to facilitate consistent understanding and interpretation of the terms used in this Guide.

1 **Bi-directionality:** Both linking sexual and reproductive health (SRH) with HIV-related policies and programmes and linking HIV with SRH-related policies and programmes.

2 **Dual protection:** A strategy that prevents both unintended pregnancy and sexually transmitted infections (STIs), including HIV, through the use of condoms alone, or combined with other methods (dual method use).¹

3 **Health sector:** The sector concerned with the provision, distribution and consumption of health-care services and related products. Wide-ranging and encompassing public and private health services (including those for health promotion, disease prevention, diagnosis, treatment and care); health ministries; non-governmental organizations; community groups; professional organizations; as well as institutions that directly input into the health-care system (e.g. the pharmaceutical industry and teaching institutions).²

4 **HIV and AIDS programmes and policies:** For the purposes of this tool, these include the complete spectrum of prevention, treatment, care and support activities, as well as the broad guidance which establishes appropriate and timely implementation and development of HIV policy. Core programmes and policies relate to and include HIV counselling and testing, prophylaxis and treatment for people living with HIV (opportunistic infections (OIs) and antiretroviral therapy (ART)), home-based care and psycho-social support, prevention for and by people living with HIV, HIV prevention for the general population, male and female condom provision, prevention of mother-to-child transmission (PMTCT), and specific services for key populations.

5 **HIV counselling and testing:** Forms the gateway to HIV prevention, care, treatment and support for persons in need. All HIV testing of individuals must be confidential, only be conducted with informed consent (meaning that it is both informed and voluntary) and be accompanied by counselling.³ Provider-initiated testing and counselling (PITC) involves the routine offer of HIV testing to all patients in health-care settings where HIV is prevalent and antiretroviral treatment is available. People retain the right to refuse HIV testing. At the same time, client-initiated HIV testing for all people who want to learn their HIV status through voluntary

counselling and testing (VCT) remains critical to the effectiveness of HIV prevention. Promotion of knowledge of HIV status among any population that may have been exposed to HIV through any mode of transmission is essential.⁴

6 **Integration:** Different kinds of SRH and HIV services or operational programmes that can be joined together to ensure and perhaps maximize collective outcomes. This would include referrals from one service to another, for example. It is based on the need to offer comprehensive and integrated services.⁵

7 **Key populations:** Populations for which HIV risk and vulnerability converge. HIV epidemics can be limited by concentrating prevention efforts among key populations. The concept of key populations also recognizes that they can play a key role in responding to HIV. Key populations vary in different places depending on the context and nature of the local epidemic, but in most places, they include men who have sex with men (MSM), sex workers (SWs) and their clients, and injecting drug users (IDUs).⁶

8 **Linkages:** The bi-directional synergies in policy, programmes, services and advocacy between SRH and HIV.⁷ It refers to a broader human rights based approach, of which service integration is a subset.

9 Prevention for and by people living with HIV: For the purposes of this tool, this is a set of actions that help people living with HIV (PLHIV) to live longer and healthier lives. It encompasses a set of strategies that help PLHIV to:

- protect their own sexual and reproductive health and avoid other STIs;
- delay HIV disease progression; and
- promote shared responsibility to reduce the risk of HIV transmission.

People living with HIV and those who are HIV negative both play an equal role in preventing new HIV infections. Key approaches for prevention for and by people living with HIV include individual health promotion, access to HIV and sexual and reproductive health services, community participation, advocacy and policy change.

10 Risk and vulnerability: Risk is defined as the probability or likelihood that a person may become infected with HIV. Certain behaviours create, increase, and perpetuate risk. Examples include unprotected sex with a partner whose HIV status is unknown, multiple sexual partnerships involving unprotected sex, and injecting drug use with contaminated needles and syringes. Vulnerability results from a range of factors outside the control of the individual that reduce the ability of individuals and communities to avoid HIV risk. These factors may include: (1) lack of knowledge and skills required to protect oneself and others; (2) factors pertaining to the quality and coverage of services

(e.g. inaccessibility of services due to distance, cost or other factors); and (3) societal factors such as human rights violations, or social and cultural norms. These norms can include practices, beliefs and laws that stigmatize and disempower certain populations, limiting their ability to access or use HIV prevention, treatment, care, and support services and commodities. These factors, alone or in combination, may create or exacerbate individual and collective vulnerability to HIV.⁸

11 Sexual and reproductive health programmes and policies: For the purposes of this tool, these include core programmes and policies that relate to and include family planning (FP), maternal and newborn health (MNH),⁹ STIs, reproductive tract infections (RTIs), promotion of sexual health, prevention and management of gender-based violence, prevention of unsafe abortion and management of post-abortion care.

12 Strategies for preventing HIV infections in women and infants:

- Prevent primary HIV infection among girls and women.
- Prevent unintended pregnancies among women living with HIV.
- Reduce mother-to-child transmission of HIV through antiretroviral drug treatment or prophylaxis, safer deliveries and infant feeding counselling.
- Provide care, treatment and support to women living with HIV and their families.¹⁰

1. WHO, UNFPA, UNAIDS and IPPF (October 2005). Sexual and Reproductive Health & HIV/AIDS: A Framework for Priority Linkages.
2. WHO Global Health Sector Strategy for HIV/AIDS, 2003-2007. Providing a Framework for Partnership and Action. ISBN 92 4 159076 9.
3. Op. cit. 1.
4. WHO and UNAIDS (2007). Guidance on Provider-Initiated HIV testing and Counseling in Health Facilities. http://libdoc.who.int/publications/2007/9789241595568_eng.pdf
5. WHO, UNAIDS, UNFPA, WHO (July 2008). Gateways to integration: a case study series
6. Op. cit. 1.
7. Op. cit. 5.
8. UNAIDS (2008). Report on the global AIDS epidemic, Geneva.
9. It is acknowledged that HIV services extend through the infant and child period and some SRH programmes are linked to maternal and child health.
10. Op. cit. 1.



Rapid Assessment Tool for Sexual & Reproductive Health and HIV Linkages: A Generic Guide

Introduction

The importance of linking SRH and HIV and AIDS is now widely recognised. The majority of HIV infections are sexually transmitted or are associated with pregnancy, childbirth and breast-feeding. The risk of HIV transmission and acquisition can be further increased due to the presence of certain STIs.

In addition, sexual and reproductive ill-health and HIV share root causes, including poverty, limited access to appropriate information, gender inequality, cultural norms and social marginalisation of the most vulnerable populations. The international community agrees that the Millennium Development Goals will not be achieved without ensuring access to SRH services and an effective global response to the HIV epidemic.¹¹

Linkages between core HIV services (prevention, treatment, care and support) and core SRH services (FP, MNH, the prevention and management of STIs, RTIs, promotion of sexual health, prevention and management of gender-based violence, prevention of unsafe abortion and management of post-abortion care) in national programmes are thought to generate important public health benefits. In addition, perspectives on linkages

need to be broad-based addressing not only the health sector and the direct impact on health, but also the structural and social determinants affecting both HIV and SRH.

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

- Glion Call to Action on Family Planning and HIV/AIDS in Women and Children (May 2004)
- New York Call to Commitment: Linking HIV/AIDS and Sexual and Reproductive Health (June 2004)
- UNAIDS policy position paper 'Intensifying HIV prevention' (June 2005)
- World Summit Outcome (September 2005)
- Call to Action: Towards an HIV-Free and AIDS-Free Generation (December 2005)
- UNGASS Political Declaration on HIV/AIDS (June 2006)
- Consensus Statement: Achieving Universal Access to Comprehensive Prevention of Mother-to-Child Transmission Services (November 2007)

Benefits¹²

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

- improved access to and uptake of key HIV and SRH services
- better access of PLHIV to SRH services tailored to their needs
- reduction in HIV-related stigma and discrimination
- improved coverage of underserved/vulnerable/key populations
- greater support for dual protection
- improved quality of care
- decreased duplication of efforts and competition for scarce resources
- better understanding and protection of individuals' rights
- mutually reinforcing complementarities in legal and policy frameworks
- enhanced programme effectiveness and efficiency and,
- better utilization of scarce human resources for health.

Principles ¹³

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

Address structural determinants:

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

Focus on human rights and gender:

Sexual and reproductive rights of all people including women and men living with HIV need to be emphasized, as well as the rights of marginalized populations such as IDUs, MSM, and SWs. Gender-sensitive policies to establish gender equality and eliminate gender-based violence are additional requirements.

Promote a coordinated and coherent response:

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

Meaningfully involve PLHIV:

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

Foster community participation:

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

Reduce stigma and discrimination:

More vigorous legal and policy measures are urgently required to protect PLHIV and vulnerable populations from discrimination.

Recognise the centrality of sexuality:

Sexuality is an essential element in human life and in the individual, family and community well-being.

- | | |
|-----|--------------------------|
| 11. | Adapted from op. cit. 1. |
| 12. | Adapted from op. cit. 1. |
| 13. | Adapted from op. cit. 1. |



Rapid Assessment Tool for Sexual & Reproductive Health and HIV Linkages: A Generic Guide

Purpose of the Tool

This generic tool covers a broad range of linkages issues, such as policy, systems and services. By design, it aims to provide a guide for assessing linkages that can be adapted as needed to regional or national contexts based on a number of factors. Countries are encouraged to review the questions and the scope of the assessment and modify it according to the local situation.

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).

There is no single formula for approaching linkages. The modalities for linking SRH and HIV vary according to a number of national factors including:

- political commitment and approach to the issues
- structure and functioning of the health system and of other sectors
- sociocultural and socio-economic context
- dynamics of the HIV epidemic within the country
- status of sexual and reproductive health, and
- availability of human and financial resources at all levels.

Background

Who developed this tool?

This tool on linkages was developed by IPPF, UNFPA, WHO, UNAIDS, GNP+, ICW and Young Positives.

Who can use the findings?

The results of the needs assessment tool are particularly relevant to policy-makers, programme managers, service providers, clients, donors and partners in health.

How is this tool structured?

This tool is divided into three sections:

I. Policy

II. Systems

III. Service delivery

How should this tool be used?

This tool can be used as a “stand-alone” activity or can be integrated into a larger review of the national response. It focuses on questions which can be answered in desk reviews and individual or group interviews (Policy and Systems sections), and individual interviews of various service providers and clients (Service delivery section). These approaches can be supplemented with a range of other research methodologies, including: observations of services, focus group discussions among policy-makers, service providers, and clients, collection of data from clinic records, and “mystery client” surveys.

The tool is suggested for use in an assessment of policies, systems and services related to SRH and HIV linkages. The questions provide a guide to assessing these linkages but are not meant to be exhaustive. The assessment should include group interviews with the chief current and past policy and programme decision-makers, donors, and development partners, and individual interviews with providers and clients from a wide range of services. These include SRH, HIV, youth-friendly services, and male-oriented services provided by the Ministry of Health (MOH), AIDS organizations, private sector organizations and NGOs. Attention must be paid to ensure that the assessment focuses equally on the SRH and HIV components. The assessment should include members of the national HIV coordination body.

This guidance tool has been developed to address the SRH and HIV requirements of all people. However, the SRH issues that need to be addressed may vary according to gender, HIV status, age and other factors. Users of this generic guide may need to adapt the questions within to appropriately suit specific audiences. There are also a number of services specific to men or women that have not been mentioned directly, for example: cervical cancer screening and management, erectile dysfunction treatments, prostate cancer diagnosis, and infertility treatments. Nuanced responses to questions related to these kinds of services can be addressed in any variations of the tool. This guide also acknowledges that PLHIV are not a homogeneous group and that addressing their SRH and HIV needs will require a comprehensive response. Their meaningful involvement in this rapid assessment is therefore a key part of its application.

This rapid assessment tool amalgamates a number of related tools that have been developed and pilot tested by a range of organizations. It can be used in whole or in part to examine linkages at the policy, system and health-service level. A still more comprehensive approach might include development of tools to assess other sectors as well, for example the education and social-service sectors, which are beyond the scope of this tool at the present time.

Who should participate in group discussions or be interviewed? ¹⁴

Illustrative examples of designated interviewees/group discussion participants follows:

A Policy decision-makers and programme planners

- 1 Director-general/executive head of health, HIV & AIDS, finance, social and education services
- 2 Programme directors of various ministries, such as education, health, women, and youth
- 3 Programme managers of planning, clinical services, primary health care (PHC), nursing, SRH, STI, and HIV
- 4 Chairperson of the Country Coordinating Mechanism and National AIDS Committees
- 5 Director and deputy directors of the national HIV programme
- 6 Representatives of private sector and professional organizations
- 7 Parliamentarians

B Civil society and community leaders

- 1 Women's groups and their leaders
- 2 Faith-based organizations
- 3 Networks and organizations of people living with HIV
- 4 Youth groups
- 5 Representatives of key vulnerable and at-risk populations
- 6 Community-based organizations

^{14.} This depends on the national health system structure which varies substantially between countries.



Rapid Assessment Tool for Sexual & Reproductive Health and HIV Linkages: A Generic Guide

C Donors and development partners

- 1 UN organizations
- 2 Bilateral and multilateral agencies
- 3 International and national NGOs

D Service providers in the following settings where SRH and/or HIV services are available

- 1 Hospitals and PHC clinics, public and private
- 2 School-based services (schools as delivery points, e.g. referrals of orphans and vulnerable children (OVCs))
- 3 Crisis centres
- 4 Youth centres
- 5 Settings relevant for key populations (e.g. prisons for incarcerated persons, refugee camps for displaced populations)
- 6 Areas, such as crisis centres, where civil services/rights are accessed and/or requested

E Clients of the following services

- 1 Family planning
- 2 Maternal and newborn care, including antenatal care (ANC), and post-abortion care
- 3 STI prevention, treatment and care
- 4 HIV prevention, treatment, care and support
- 5 HIV counselling and testing
- 6 PMTCT services
- 7 Community care and support programmes
- 8 Men's services
- 9 IDU treatment and support services

How should the assessment be conducted?

The following specific steps are recommended:

1 Establish an assessment team:

The team conducts the assessment and is made up of leaders from a variety of types of organizations, including HIV, SRH, networks of PLHIV, as well as representatives from key populations and clients of services who are committed to and interested in guiding and monitoring the assessment. This broad representation will help prevent the assessment from drifting towards a more limited focus on SRH or HIV as opposed to the linkages between both.

2 Select a coordinator:

The assessment team selects a coordinator to manage the assessment process. Health and social sciences and experience in both SRH and HIV programming are an appropriate background for the coordinator.

3 Conduct a desk review:

The coordinator, with assistance and advice from the assessment team conducts a desk review, i.e. collects and analyzes background documents (see Appendix 2 for further information on conducting a desk review).

4 Outline the process of the linkages assessment:

The coordinator arranges a meeting of the assessment team to:

- review the objectives and the process of the assessment and seek consensus
- obtain suggestions on the assessment process and commitment to participate in the assessment
- review and add to the relevant documents/studies and evaluations investigated in the desk review
- review the planned data collection process and the generic tool and adapt the tool as necessary to the appropriate context
- determine tasks and responsibilities related to invitations and letters of request for cooperation

- select appropriate individuals to participate in group interviews and a wide spectrum of service-delivery sites for individual interviews of providers and clients
- arrange for the tabulation and analysis of the data collected and for drafting the final report, and
- arrange for a follow-up meeting to discuss results of the assessment and recommendations for next steps, including dissemination, priority setting and an action plan.

5 Host group discussions with policy and programme stakeholders and programme managers:

The coordinator holds group discussions to answer the questions with a variety of policy and programme stakeholders (for the Policy section), and programme managers (for the Systems section). The coordinator arranges for the answers developed in the discussion groups to be recorded (typed).

6 Train interviewers and supervise field interviews:

The coordinator trains interviewers, organizes and supervises field interviews with providers and clients of many types of services.

7 Analyse data and compile report and presentation:

The coordinator supervises the input of data from the provider and client interviews, analyses the data and develops a report and a presentation on all findings

highlighting linkage successes, gaps, and possible next steps.

8 Review findings and decide on next steps:

The assessment team arranges a follow-up meeting with stakeholders to review the findings and plan next steps. These may include further dissemination of the findings, adjusting or developing new training programmes (see Appendix 5 for the List of Selected Possible Next Steps for Utilizing the Assessment Findings).

Specific Instruments

The specific instruments to be used as interview schedules or guides for a desk review are presented in the following sections, covering policies, systems and service delivery.

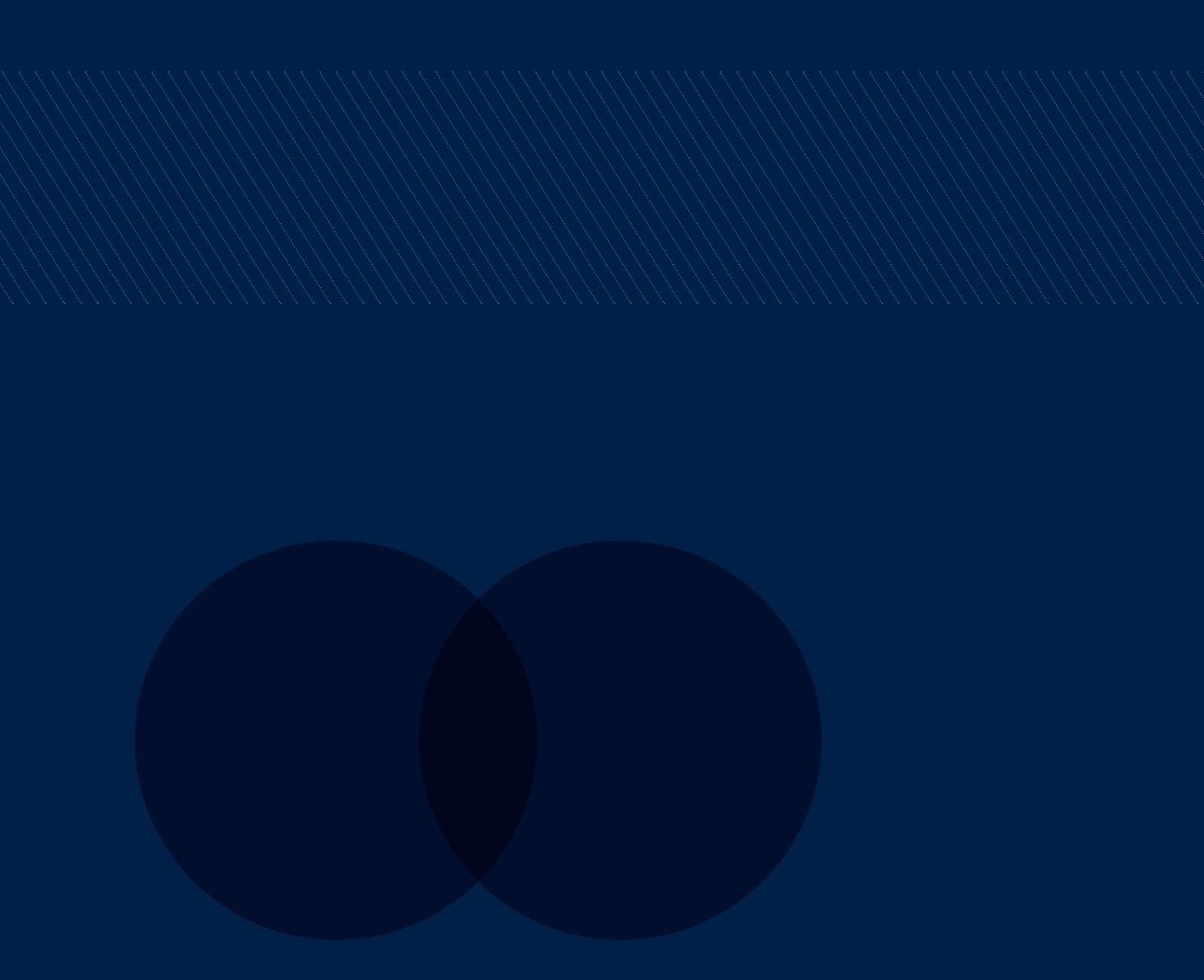
General introduction

The tool is generic and does not attempt to cover all aspects of SRH and HIV in the country.

- The Assessment Team should feel free to exclude, add, and modify any questions to make them more appropriate for the country (culturally, epidemiologically, socioeconomically, etc.).
- The tool was developed in response to requests from countries for guidance. It can be modified by countries as needed.

- After an analysis at the country level, it is expected that the results will inform country level action. At the same time, results from around the world will inform global and regional agendas.
- Definitions of the services (SRH and HIV) that the tool intends to assess can be found in the Working Definitions of Selected Terms.





I. POLICY

OVERALL QUESTION: WHAT IS THE LEVEL AND EFFECTIVENESS OF LINKAGES BETWEEN SEXUAL & REPRODUCTIVE HEALTH AND HIV-RELATED POLICIES, NATIONAL LAWS, OPERATIONAL PLANS AND GUIDELINES?

Suggested methodology for answering questions

First conduct a desk review (See Appendix 2) making notes on some of the questions with factual information available in reports and other documentation. The desk review should serve as background material for the final report. Then consider informally conducting a few key informant interviews which can help in setting the scene and preparing for the group discussion. Next hold a 2 or 3 day retreat with key policy-makers and stakeholders to develop and record consensus answers.



Preliminary Questionnaire Information

1a	Interviewee(s) Titles(s) and Positions(s) _____ _____ _____	1c	Interviewee(s) ID No(s) _____ _____ _____
1b	Interviewee(s) Institution(s) _____ _____ _____	1d	Date of interview or retreat DD/MM/YYYY _____
		1e	Name of Interviewer / Desk Reviewer _____

(Utilize consent form here as required for individual and/or group interviews.
See Appendix 1 for a Sample Consent Form.)

A. Political Positions National Policies/Guidelines

ITEM #	QUESTION	RESPONSE/COMMENTS
2a	Are there any bi-directional linkages between SRH and HIV in the country?	
2b	<p>(If yes), Which linkages exist?</p> <p>Possible prompts: Provide evidence - e.g. statements, endorsement of international consensus documents, national SRH and AIDS policies, plans and financial support. Is there a strategy developed and implemented to lobby for leadership support for integrated policies and services? Is there a joint planning mechanism between HIV and SRH departments?</p>	
3a	Is there a national HIV strategy/policy? ¹⁵	
3b	<p>(If yes) Does it include SRH issues?</p> <p>Possible prompts: Family planning within your PMTCT programme? Fertility and reproductive choices for PLHIV? Programming for dual protection? Contact tracing system?</p>	
3c	<p>(If yes) Have these been made into priorities?</p> <p>Possible prompts: Funding/costed? Part of national plans? Legislation? Monitored?</p>	
3d	(If yes) To what extent do HIV policies address the rights and SRH needs of PLHIV?	

15. For these questions there may be no single strategy/policy/guideline/protocol document. Information can be taken from one or several strategies as appropriate and relevant to the country context (e.g. antenatal care strategies, HIV strategies, family planning, etc.).

ITEM #	QUESTION	RESPONSE/COMMENTS
4a	Is there a national SRH strategy/policy?	
4b	<p>(If yes) Does it include HIV prevention, treatment, care and support issues?</p> <p>Possible prompts: VCT within family planning? BCC on HIV within SRH services? PMTCT within maternal health services? HIV treatment for PLHIV?</p>	
4c	<p>(If yes) Have these been made into priorities?</p> <p>Possible prompts: Funding/costed? Part of national plans? Legislation? Monitored?</p>	
5	How do the respective HIV and SRH strategies/policies address the following four illustrative structural vulnerability factors:	
5a	Gender inequalities?	
5b	Low level of engagement of men in responses?	
5c	HIV-related stigma and discrimination?	
5d	Social, legislative, policy and community attitudes towards key populations (e.g. MSM, SWs, IDUs, sexual minorities, migrants, refugees, displaced populations, young people)?	

ITEM #	QUESTION	RESPONSE/COMMENTS
--------	----------	-------------------

6a	<p>List the service protocols, policy guidelines, manuals, etc, that are specifically geared towards increasing SRH and HIV linkages.</p> <p>Possible prompts: Clinical guidelines on SRH for women living with HIV? PEP for survivors of sexual assault? Male and female condoms? Routine testing for HIV and syphilis among pregnant women?</p>	
6b	Are these protocols, policy guidelines, manuals, etc, being used?	
7	This part of the questionnaire aims to determine the extent to which the legislative framework supports (or does not support) the implementation of SRH and HIV linkages. (This list not exhaustive; it is given as initial guidance.)	
7a	Are there laws against gender-based violence?	
7b	(If yes) How effectively are these laws enforced?	
7c	(If yes) Is the public well informed about the existence of these laws?	
7d	(If yes) Has there been an observable change (decrease/increase) in reporting of cases of gender-based violence since the implementation of the law?	

ITEM #	QUESTION	RESPONSE/COMMENTS
8	What is the legal age for (and is it the same for men and women):	
8a	Marriage?	
8b	HIV testing (independent of consent/ approval from a parent or caretaker)?	
8c	Accessing SRH services? Does it depend on marital status?	
8d	Consent for sexual intercourse and how does this compare to the usual age of sexual debut?	
9	To what extent are the above legal ages respected and/or monitored?	
10	What are the laws affecting key groups (a. SWs, b. IDUs, c. MSM , d. other) and what is their impact?	
11a	Are there anti-discrimination laws protecting PLHIV?	
11b	(If yes) Has there been legal action by PLHIV against employees/colleagues/ communities/services based on discrimination on HIV status?	
11c	(If yes) What was the outcome of this legal action?	

ITEM #	QUESTION	RESPONSE/COMMENTS
11d	(If yes) Are the law enforcement and judiciary agents trained in the implementation of these laws?	
12	Have there been any cases or are there policies or legislation to criminalise HIV transmission and, if so, what is their impact?	
13	Within the broader SRH operational plan, are there any explicit activities to improve access, coverage and quality of HIV services to:	
13a	General population?	
13b	Key populations (e.g. MSM, SWs, IDUs, young people)?	
13c	PLHIV?	
13d	Men?	
13e	Women?	
14	Within the broader HIV operational plan are there any explicit activities to improve access, coverage and quality of SRH services to:	
14a	General population?	
14b	Key populations (e.g. MSM, SWs, IDUs, young people)?	
14c	PLHIV?	

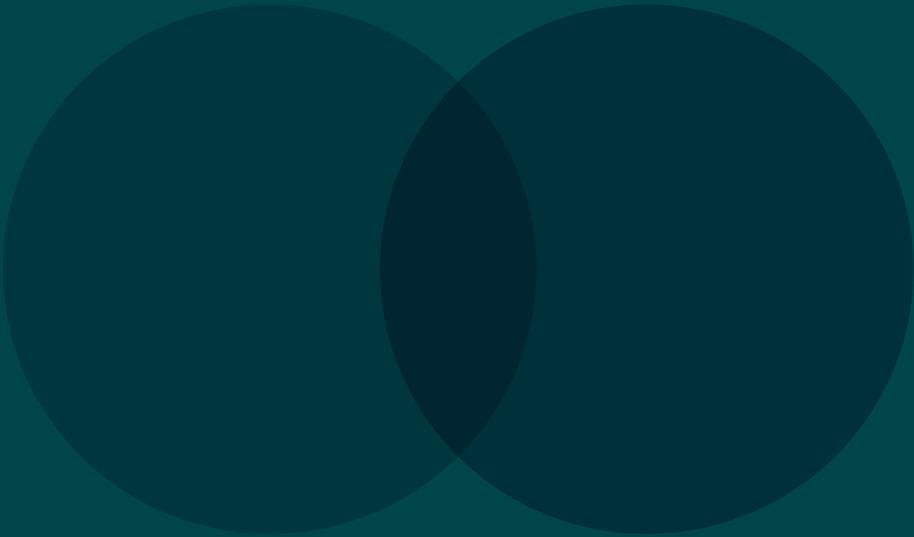
ITEM #	QUESTION	RESPONSE/COMMENTS
14d	Men?	
14e	Women?	
15a	What are perceived to be the common elements of a rights-based approach within SRH and HIV-related services?	
15b	What are the differences?	
15c	<p>What can be potential contentious/ conflicting topics?</p> <p>Possible prompts: Rights of PLHIV to be sexually active and to bear children Mandatory vs. voluntary HIV testing Provider-initiated HIV testing Criminalization of HIV transmission Universal access to services Right to life and physical integrity Right to accurate and relevant information Disclosure of HIV status Contact tracing Other (specify)</p>	
16a	Has a workplace policy been developed and adopted by the government?	
16b	(If yes) Has it been adapted to include SRH components, HIV components or both?	
16c	(If yes) Is there a monitoring tool for its implementation at all levels across the country and how widely is it used?	

ITEM #	QUESTION	RESPONSE/COMMENTS
17a	What specific SRH and HIV policies support condom (male and female) access?	
17b	(If there are some policies) Are these policies stand-alone or are they delivered within other programmes/policies?	
17c	(If there are some policies) Are these policies aimed at protection against unintended pregnancies? Against STIs, including HIV? Or both?	
18	<p>What specific policies are there on confidentiality and disclosure for HIV-related services whether administered through SRH or HIV-related programmes?</p> <p>Possible prompts: HIV testing for minors? Disclosure to HIV-positive children? Disclosure to spouses/ family/ partners/ employers? Referrals to other services. (How is it administratively done? Does it obey and/or violate confidentiality?)</p>	

B. Funding/Budgetary Support

ITEM #	QUESTION	RESPONSE/COMMENTS
19	What are the main sources of funding for:	
19a	SRH?	
19b	HIV?	
19c	Linkages? Possible prompts: Government? Donors? Private sector? Communities? Faith-based organizations? Out-of-pocket family/client contribution?	
20a	Do donors support SRH and HIV- related work within the same programmes? or focus on each of the two separately?	
20b	Are there specific donor-driven actions to integrate and/or improve the linkages of the two?	
20c	Are there specific cases of donors putting restrictions on HIV programmes regarding SRH components or vice versa, are there any specific cases of donors putting restrictions on SRH programmes regarding HIV?	

ITEM #	QUESTION	RESPONSE/COMMENTS
21a	Within the HIV budget, what is the proportion allocated to core SRH services within HIV-related services?	
21b	Within the budgets for specific SRH services, what is the proportion allocated to HIV prevention and care within SRH? Possible prompts: Is there a budget line item for sexual and reproductive health commodities (female and male condoms, other contraceptives, STI medication, safer delivery kits, etc.) in the HIV budget? Is there a budget line item for HIV commodities (antiretroviral medication, HIV test kits, etc.) in the SRH budget? Is there a budget line item for essential sexual and reproductive health commodities that are related to HIV within the SRH budget (e.g. male and female condoms, STI drugs)?	

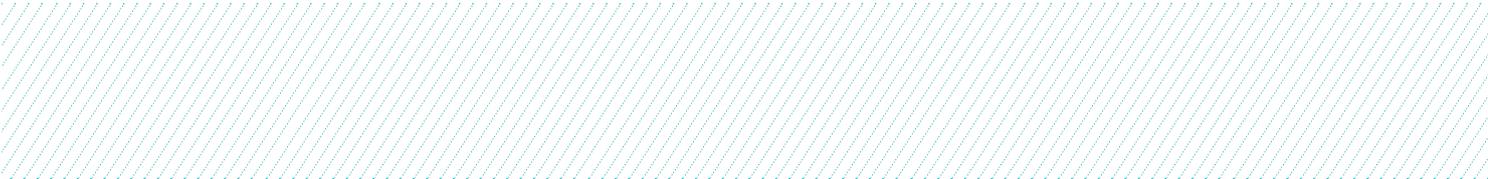


II. SYSTEMS

OVERALL QUESTION: TO WHAT EXTENT DO SYSTEMS SUPPORT EFFECTIVE LINKAGES OF SRH AND HIV?

Suggested methodology for answering questions:

The methodology for answering these questions is similar to the methodology recommended for answering the questions in the policy section. First conduct a desk review (see Appendix 2) making notes on some of the questions with factual information available in reports and other documentation. Then consider informally conducting a few key informant interviews which can help in setting the scene and preparing for the group discussion. Next, hold a 2- or 3-day retreat with programme managers to develop and record consensus answers. It is important to recruit managers from the local, district, and national levels as their perspectives may be different.



Preliminary Questionnaire Information

1a Interviewee(s) Titles(s) and Positions(s)

1b Interviewee(s) Institution(s)

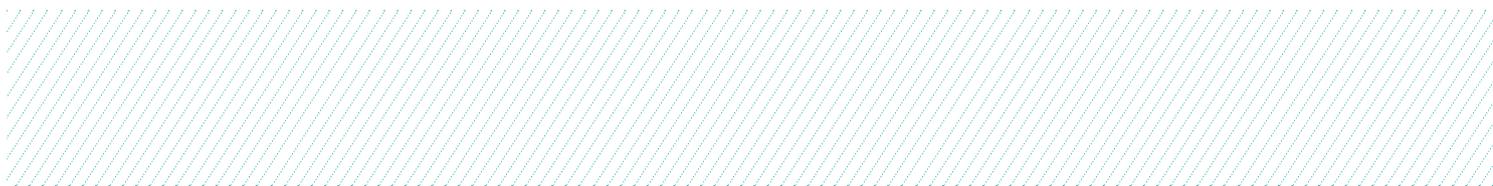
1c Interviewee(s) ID No(s)

1d Date of interview or retreat
DD/MM/YYYY

1e Name of Interviewer / Desk Reviewer

A. Partnerships

ITEM #	QUESTION	RESPONSE/COMMENTS
2	Who are the major development partners for the SRH programme?	
3	Who are the major development partners for the HIV programme?	
4	Who are the major champions supporting (policy, financial and/or technical) SRH and HIV linkages?	
5	Is there any multi-sectoral technical group working on linkages issues?	
6a	What is the role of civil society in SRH programming (in particular networks of PLHIV)?	
6b	What is the role of civil society in HIV programming (in particular networks of PLHIV)?	
6c	What is the capacity of PLHIV organizations and networks?	
7	Are the following elements of civil society involved in both the SRH and HIV responses?	
7a	PLHIV?	
7b	Young people?	
7c	Networks or associations of key populations (e.g. SWs, IDUs, MSM)?	



ITEM #	QUESTION	RESPONSE/COMMENTS
8	<p>How are organizations of young people involved in responses to HIV and in SRH programming?</p> <p>Possible prompts: Part of situation analysis? Part of planning? Part of budgeting? Part of implementation? Part of evaluation?</p>	

B. Planning, Management and Administration

ITEM #	QUESTION	RESPONSE/COMMENTS
9a	Is there joint planning of HIV and SRH programmes?	
9b	(If yes) How is joint planning of SRH and HIV programmes undertaken? (For example, dual protection in condom programming, the HIV National Strategic Plan, proposals for the Global Fund, integration of HIV into poverty reduction strategy papers).	
9c	(If yes) Are people from HIV programmes involved in the SRH planning process? Possible prompt: Does the SRH department of the MOH include members of the national HIV coordinating body?	
9d	(If yes) Are people from SRH programmes involved in the HIV planning process? Possible prompt: Is there any collaboration between SRH and HIV for programme management/implementation?	

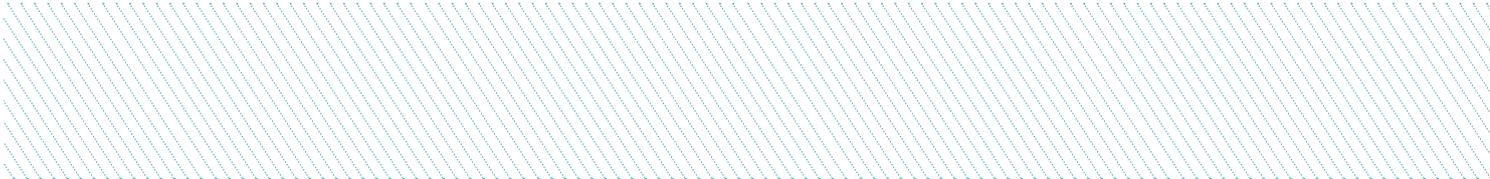
ITEM #	QUESTION	RESPONSE/COMMENTS
--------	----------	-------------------

10a	Is there any collaboration between SRH and HIV for programme management/ implementation?	
10b	(If yes) Provide examples. Possible prompts: Coordination of activities? Monitoring activities? Integrated supervision of activities? Integrated budgets?	
11a	To what extent have SRH services integrated HIV and have HIV services integrated SRH?	
11b	What institutions are providing integrated services for HIV and SRH? Possible prompts: Government facilities? NGOs? Faith-based organizations? Community-based organizations? Private sector?	

C. Staffing, Human Resources and Capacity Development

ITEM #	QUESTION	RESPONSE/COMMENTS
12	<p>What are some of the highest priority training needs, i.e. who needs to be trained on what subjects or skills?</p> <p>(See sample table in Appendix 4 for health sector)</p>	
13	<p>Does capacity building on SRH and HIV integrate guiding principles and values?</p> <p>Possible prompts:</p> <p>Avoidance of stigma and discrimination? Gender sensitivity? Male involvement? Attitudes towards key populations? Attitudes towards PLHIV? Confidentiality? Youth-friendly services? Reproductive rights and choices?</p>	
14a	<p>Are there training materials and curricula on SRH which include HIV prevention, treatment and care at programme and service-delivery levels and as part of pre-service training?</p>	
14b	<p>... As part of in-service training?</p>	
14c	<p>Are there training materials and curricula on HIV which include SRH at programme and service-delivery levels and as part of pre-service training?</p>	
14d	<p>... As part of in-service training?</p> <p>Possible prompts:</p> <p>For community outreach workers? For health-care providers?</p>	

ITEM #	QUESTION	RESPONSE/COMMENTS
15	Are curricula and training materials revised and updated regularly?	
16	Does late primary and/or secondary education and/or teacher-training curricula incorporate SRH and HIV at the levels mentioned below?	
16a	Late primary?	
16b	Secondary education?	
16c	Teacher training? Possible prompts: Safer sex? Sexual health? Empowerment? Stigma? Gender-based violence? Condoms? Rights?	
17a	In relation to staff for SRH and HIV programmes, what are the biggest challenges? Possible prompts: Retention? Recruitment? Task shifting? Workload and burnout? Quality?	
17b	How has the integration of services influenced these challenges?	
17c	What solutions have you found to those challenges?	



D. Logistics/Supplies

ITEM #	QUESTION	RESPONSE/COMMENTS
18	To what extent do logistics systems support or hinder effective service-delivery integration? Possible prompts: Separate supply system for HIV and PHC/SRH? Planning and supply of commodities (e.g. condoms, drugs) for both HIV and SRH? Separate recording and monitoring of SRH and HIV?	

E. Laboratory Support

ITEM #	QUESTION	RESPONSE/COMMENTS
--------	----------	-------------------

19	<p>Do laboratory facilities serve the needs for both SRH and HIV services?</p>	
----	--	--

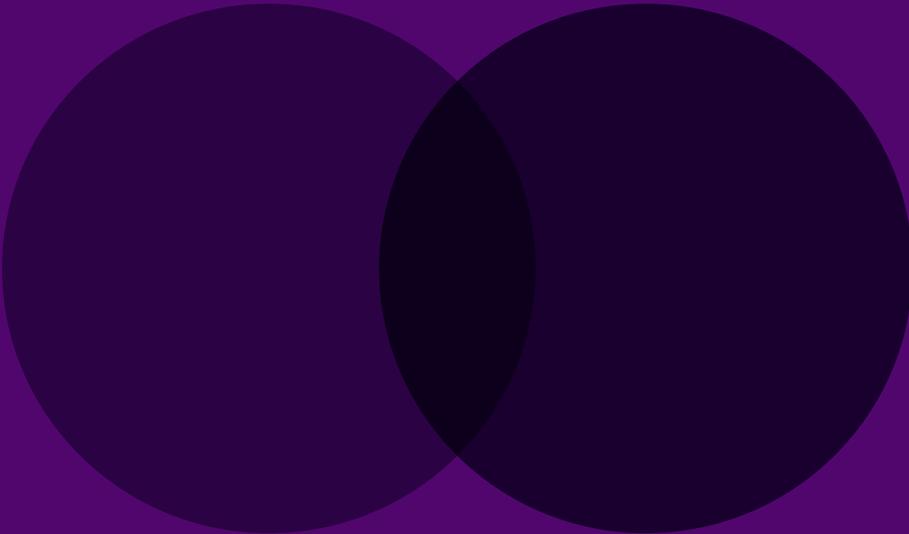
Possible prompts:

Haemoglobin concentration?
Blood grouping and typing?
STI diagnosis, including RPR/VDRL (for syphilis)?
HIV diagnosis, including rapid tests?
CD4 count?
HIV Viral load?
Liver function tests?
Urinalysis?
Random blood sugar?
Pregnancy testing?

F. Monitoring and Evaluation

ITEM #	QUESTION	RESPONSE/COMMENTS
20a	<p>How do the monitoring and evaluation structures capture results of integration in SRH programmes?</p> <p>Possible prompts: Access to services? Uptake of services? Quality? Client satisfaction? Client profile?</p>	
20b	<p>How do the monitoring and evaluation structures capture results of integration in HIV programmes?</p> <p>Possible prompts: (as above)</p>	
21a	<p>What indicators are being used to capture integration between SRH and HIV and are they adequate in HIV programmes?</p> <p>Possible prompts: HIV clients receiving SRH services? SRH clients receiving HIV services (e.g. % of FP clients offered HIV counselling and testing)? (e.g. % of HIV-positive clients who receive support to achieve their fertility choices or who receive support to address socio-economic challenges)?</p>	
21b	<p>What indicators are being used to capture integration between SRH and HIV and are they adequate in SRH programmes?</p> <p>Possible prompts: (as above)</p>	

ITEM #	QUESTION	RESPONSE/COMMENTS
22	<p>To what extent does supportive supervision at the health service-delivery level support effective integration?</p> <p>Possible prompt: Is there a tool for integrated supervision available (e.g. checklist)?</p>	
23	<p>Are data collected on SRH and HIV disaggregated by sex, age and HIV status?</p> <p>Possible prompts: What are the respective ages for a) females and b) males with respect to:</p> <ul style="list-style-type: none">i) Age of majority age at first sexual intercourse?ii) Legal age of marriage?iii) Other demographic categories?	



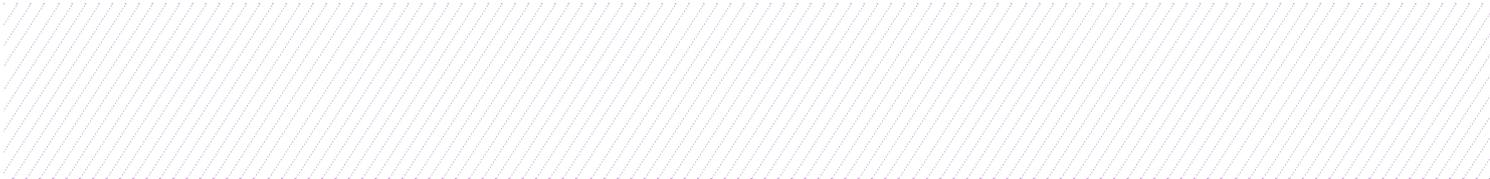
III. CLINICAL SERVICE DELIVERY¹⁶

OVERALL QUESTION: TO WHAT EXTENT ARE HIV SERVICES INTEGRATED INTO SRH SERVICES AND SRH SERVICES INTEGRATED INTO HIV SERVICES?

16. Services refer to clinical care, including health education within clinical care.

Suggested methodology for answering questions:

Visit a selection of at least 15 service delivery sites. Include a balance of SRH and HIV services. Include sites run by MOH, AIDS organizations, FBO, NGO and the private sector. Balance sites providing services to women and to men.



Preliminary Questionnaire Information

1a Province/Region

1b District

1c Facility/Ward

1d Interviewee number

1e Date of interview
DD/MM/YYYY

1f Type of sponsoring agency

1g Title and role of respondent

A. Provider Interview: (i) HIV integrated into SRH

ITEM #	QUESTION	RESPONSE/COMMENTS
2a	<p>Which of the following essential SRH services are offered at this facility?</p> <p>[Read all options. Tick all as appropriate]</p>	<p>1. Family planning <input type="checkbox"/></p> <p>2. Prevention and management of STIs <input type="checkbox"/></p> <p>3. Maternal and newborn care <input type="checkbox"/></p> <p>4. Prevention and management of gender-based violence <input type="checkbox"/></p> <p>5. Prevention of unsafe abortion and management of post-abortion care <input type="checkbox"/></p> <p>6. Other (specify):</p> <hr/> <hr/> <p>7. None <input type="checkbox"/></p> <p>8. Unsure, don't know <input type="checkbox"/></p>

ITEM #	QUESTION	RESPONSE/COMMENTS
2b	<p>Which of the following essential HIV services are integrated with SRH services at this facility?</p> <p>[Read all options. Tick all as appropriate]</p>	<p>1. HIV counselling and testing <input type="checkbox"/></p> <p>(If yes)</p> <p>a. VCT (clients come to request HIV counselling and testing) <input type="checkbox"/></p> <p>b. Provider-initiated testing and counselling (clients are routinely offered HIV testing and counselling) <input type="checkbox"/></p> <p>2. Prophylaxis and treatment for PLHIV (OIs and HIV) <input type="checkbox"/></p> <p>3. Home-based care <input type="checkbox"/></p> <p>4. Psycho-social support <input type="checkbox"/></p> <p>5. Prevention for and by people living with HIV <input type="checkbox"/></p> <p>6. HIV prevention information and services for general population <input type="checkbox"/></p> <p>7. Condom provision <input type="checkbox"/></p> <p>8. PMTCT (four prongs) <input type="checkbox"/></p> <p>a. Prong 1: Prevention of HIV among women of childbearing age and partners <input type="checkbox"/></p> <p>b. Prong 2: Prevention of unintended pregnancies in HIV+ women <input type="checkbox"/></p> <p>c. Prong 3: Prevention of HIV transmission from an HIV+ woman to her child <input type="checkbox"/></p> <p>d. Prong 4: Care & support for the HIV+ mother and her family <input type="checkbox"/></p> <p>9. Specific HIV information and services for key populations <input type="checkbox"/></p> <p>a. IDUs (for example, harm reduction) <input type="checkbox"/></p> <p>b. MSM <input type="checkbox"/></p> <p>c. SWs <input type="checkbox"/></p> <p>d. Other key populations (specify) : _____</p> <p>10. Other services (specify): _____</p> <p>11. No integration <input type="checkbox"/></p> <p>12. Unsure, don't know <input type="checkbox"/></p>

ITEM #	QUESTION	RESPONSE/COMMENTS
3a	<p>Which of the following HIV services are included in family planning services?</p> <p>[Read all options. Tick all as appropriate]</p>	<p>1. HIV counselling and testing <input type="checkbox"/></p> <p>(If yes)</p> <p>a. VCT (clients come to request HIV counselling and testing) <input type="checkbox"/></p> <p>b. Provider-initiated testing and counselling (clients are routinely offered HIV testing and counselling) <input type="checkbox"/></p> <p>2. Prophylaxis and treatment for PLHIV (OIs and HIV) <input type="checkbox"/></p> <p>3. Home-based care <input type="checkbox"/></p> <p>4. Psycho-social support <input type="checkbox"/></p> <p>5. Prevention for and by people living with HIV <input type="checkbox"/></p> <p>6. HIV prevention information and services for general population <input type="checkbox"/></p> <p>7. Condom provision <input type="checkbox"/></p> <p>8. PMTCT (four prongs) <input type="checkbox"/></p> <p>a. Prong 1: Prevention of HIV among women of childbearing age and partners <input type="checkbox"/></p> <p>b. Prong 2: Prevention of unintended pregnancies in HIV+ women <input type="checkbox"/></p> <p>c. Prong 3: Prevention of HIV transmission from an HIV+ woman to her child <input type="checkbox"/></p> <p>d. Prong 4: Care & support for the HIV+ mother and her family <input type="checkbox"/></p> <p>9. Specific HIV information and services for key populations <input type="checkbox"/></p> <p>a. IDUs (for example, harm reduction) <input type="checkbox"/></p> <p>b. MSM <input type="checkbox"/></p> <p>c. SWs <input type="checkbox"/></p> <p>d. Other key populations (specify):</p> <hr/> <p>10. Other services (specify):</p> <hr/> <p>11. No integration (omit Q4a) <input type="checkbox"/></p> <p>12. Unsure, don't know <input type="checkbox"/></p>

ITEM #	QUESTION	RESPONSE/COMMENTS
3b	<p>Which of the following HIV services are included in prevention and management of STI services?</p> <p>[Read all options. Tick all as appropriate]</p>	<ul style="list-style-type: none"> 1. HIV counselling and testing <input type="checkbox"/> (If yes) <ul style="list-style-type: none"> a. VCT (clients come to request HIV counselling and testing) <input type="checkbox"/> b. Provider-initiated testing and counselling (clients are routinely offered HIV testing and counselling) <input type="checkbox"/> 2. Prophylaxis and treatment for PLHIV (OIs and HIV) <input type="checkbox"/> 3. Home-based care <input type="checkbox"/> 4. Psycho-social support <input type="checkbox"/> 5. Prevention for and by people living with HIV <input type="checkbox"/> 6. HIV prevention information and services for general population <input type="checkbox"/> 7. Condom provision <input type="checkbox"/> 8. PMTCT (four prongs) <ul style="list-style-type: none"> a. Prong 1: Prevention of HIV among women of childbearing age and partners <input type="checkbox"/> b. Prong 2: Prevention of unintended pregnancies in HIV+ women <input type="checkbox"/> c. Prong 3: Prevention of HIV transmission from an HIV+ woman to her child <input type="checkbox"/> d. Prong 4: Care & support for the HIV+ mother and her family <input type="checkbox"/> 9. Specific HIV information and services for key populations <ul style="list-style-type: none"> a. IDUs (for example, harm reduction) <input type="checkbox"/> b. MSM <input type="checkbox"/> c. SWs <input type="checkbox"/> d. Other key populations (specify): <hr/> 10. Other services (specify): <hr/> 11. No integration (omit Q4b) <input type="checkbox"/> 12. Unsure, don't know <input type="checkbox"/>

ITEM #	QUESTION	RESPONSE/COMMENTS
3c	<p>Which of the following HIV services are included in maternal and newborn care services?</p> <p>[Read all options. Tick all as appropriate]</p>	<p>1. HIV counselling and testing <input type="checkbox"/></p> <p>(If yes)</p> <p>a. VCT (clients come to request HIV counselling and testing) <input type="checkbox"/></p> <p>b. Provider-initiated testing and counselling (clients are routinely offered HIV testing and counselling) <input type="checkbox"/></p> <p>2. Prophylaxis and treatment for PLHIV (OIs and HIV) <input type="checkbox"/></p> <p>3. Home-based care <input type="checkbox"/></p> <p>4. Psycho-social support</p> <p>5. Prevention for and by people living with HIV <input type="checkbox"/></p> <p>6. HIV prevention information and services for general population <input type="checkbox"/></p> <p>7. Condom provision <input type="checkbox"/></p> <p>8. PMTCT (four prongs) <input type="checkbox"/></p> <p>a. Prong 1: Prevention of HIV among women of childbearing age and partners <input type="checkbox"/></p> <p>b. Prong 2: Prevention of unintended pregnancies in HIV+ women <input type="checkbox"/></p> <p>c. Prong 3: Prevention of HIV transmission from an HIV+ woman to her child <input type="checkbox"/></p> <p>d. Prong 4: Care & support for the HIV+ mother and her family <input type="checkbox"/></p> <p>9. Specific HIV information and services for key populations</p> <p>a. IDUs (for example, harm reduction) <input type="checkbox"/></p> <p>b. MSM <input type="checkbox"/></p> <p>c. SWs <input type="checkbox"/></p> <p>d. Other key populations (specify):</p> <hr/> <p>10. Other services (specify):</p> <hr/> <p>11. No integration (omit Q4c) <input type="checkbox"/></p> <p>12. Unsure, don't know <input type="checkbox"/></p>

ITEM #	QUESTION	RESPONSE/COMMENTS
3d	<p>Which of the following HIV services are included in the prevention and management of gender-based violence?</p> <p>[Read all options. Tick all as appropriate]</p>	<ul style="list-style-type: none"> 1. HIV counselling and testing <input type="checkbox"/> (If yes) <ul style="list-style-type: none"> a. VCT (clients come to request HIV counselling and testing) <input type="checkbox"/> b. Provider-initiated testing and counselling (clients are routinely offered HIV testing and counselling) <input type="checkbox"/> 2. Prophylaxis and treatment for PLHIV (OIs and HIV) <input type="checkbox"/> 3. Home-based care <input type="checkbox"/> 4. Psycho-social support <input type="checkbox"/> 5. Prevention for and by people living with HIV <input type="checkbox"/> 6. HIV prevention information and services for general population <input type="checkbox"/> 7. Condom provision <input type="checkbox"/> 8. PMTCT (four prongs) <input type="checkbox"/> <ul style="list-style-type: none"> a. 1: Prevention of HIV among women of childbearing age and partners <input type="checkbox"/> b. Prong 2: Prevention of unintended pregnancies in HIV+ women <input type="checkbox"/> c. Prong 3: Prevention of HIV transmission from an HIV+ woman to her child <input type="checkbox"/> d. Prong 4: Care & support for the HIV+ mother and her family <input type="checkbox"/> 9. Specific HIV information and services for key populations <input type="checkbox"/> <ul style="list-style-type: none"> a. IDUs (for example, harm reduction) <input type="checkbox"/> b. MSM <input type="checkbox"/> c. SWs <input type="checkbox"/> d. Other key populations (specify): <hr/> 10. Other services (specify): <hr/> 11. No integration (omit Q4d) <input type="checkbox"/> 12. Unsure, don't know <input type="checkbox"/>

ITEM #	QUESTION	RESPONSE/COMMENTS
3e	<p>Which of the following HIV services are included in prevention of unsafe abortion and management of post-abortion care services?</p> <p>[Read all options. Tick all as appropriate]</p>	<p>1. HIV counselling and testing <input type="checkbox"/></p> <p>(If yes)</p> <p>a. VCT (clients come to request HIV counselling and testing) <input type="checkbox"/></p> <p>b. Provider-initiated testing and counselling (clients are routinely offered HIV testing and counselling) <input type="checkbox"/></p> <p>2. Prophylaxis and treatment for PLHIV (OIs and HIV) <input type="checkbox"/></p> <p>3. Home-based care <input type="checkbox"/></p> <p>4. Psycho-social support <input type="checkbox"/></p> <p>5. Prevention for and by people living with HIV <input type="checkbox"/></p> <p>6. HIV prevention information and services for general population <input type="checkbox"/></p> <p>7. Condom provision <input type="checkbox"/></p> <p>8. PMTCT (four prongs) <input type="checkbox"/></p> <p>a. Prong 1: Prevention of HIV among women of childbearing age and partners <input type="checkbox"/></p> <p>b. Prong 2: Prevention of unintended pregnancies in HIV+ women <input type="checkbox"/></p> <p>c. Prong 3: Prevention of HIV transmission from an HIV+ woman to her child <input type="checkbox"/></p> <p>d. Prong 4: Care & support for the HIV+ mother and her family <input type="checkbox"/></p> <p>9. Specific HIV information and services for key populations <input type="checkbox"/></p> <p>a. IDUs (for example, harm reduction) <input type="checkbox"/></p> <p>b. MSM <input type="checkbox"/></p> <p>c. SWs <input type="checkbox"/></p> <p>d. Other key populations (specify): _____</p> <p>10. Other services (specify): _____</p> <p>11. No integration (omit Q4e) <input type="checkbox"/></p> <p>12. Unsure, don't know <input type="checkbox"/></p>

ITEM #	QUESTION	RESPONSE/COMMENTS
4a	<p>How does your facility offer HIV services within family planning? (Read all options. Tick all as appropriate)</p>	<ul style="list-style-type: none"> 1. Located in the same service site with the same provider <input type="checkbox"/> 1a. Offered on the same day? <input type="checkbox"/> 2. Located within the same service site with a different provider <input type="checkbox"/> 2a. Offered on the same day? <input type="checkbox"/> 3. Referred to a different service site within the facility <input type="checkbox"/> 3a. Offered on the same day? <input type="checkbox"/> 4. Referred to another facility <input type="checkbox"/> 5. Other (specify): _____
4b	<p>How does your facility offer HIV services within prevention and management of STI services? (Read all options. Tick all as appropriate)</p>	<ul style="list-style-type: none"> 1. Located in the same service site with the same provider <input type="checkbox"/> 1a. Offered on the same day? <input type="checkbox"/> 2. Located within the same service site with a different provider <input type="checkbox"/> 2a. Offered on the same day? <input type="checkbox"/> 3. Referred to a different service site within the facility <input type="checkbox"/> 3a. Offered on the same day? <input type="checkbox"/> 4. Referred to another facility <input type="checkbox"/> 5. Other (specify): _____

ITEM #	QUESTION	RESPONSE/COMMENTS
4c	<p>How does your facility offer HIV services within maternal and newborn care services? (Read all options. Tick all as appropriate)</p>	<p>1. Located in the same service site with the same provider <input type="checkbox"/></p> <p>1a. Offered on the same day? <input type="checkbox"/></p> <p>2. Located within the same service site with a different provider <input type="checkbox"/></p> <p>2a. Offered on the same day? <input type="checkbox"/></p> <p>3. Referred to a different service site within the facility <input type="checkbox"/></p> <p>3a. Offered on the same day? <input type="checkbox"/></p> <p>4. Referred to another facility <input type="checkbox"/></p> <p>5. Other (specify): _____</p>
4d	<p>How does your facility offer HIV services within management of gender-based violence services? (Read all options. Tick all as appropriate)</p>	<p>1. Located in the same service site with the same provider <input type="checkbox"/></p> <p>1a. Offered on the same day? <input type="checkbox"/></p> <p>2. Located within the same service site with a different provider <input type="checkbox"/></p> <p>2a. Offered on the same day? <input type="checkbox"/></p> <p>3. Referred to a different service site within the facility <input type="checkbox"/></p> <p>3a. Offered on the same day? <input type="checkbox"/></p> <p>4. Referred to another facility <input type="checkbox"/></p> <p>5. Other (specify): _____</p>

ITEM #	QUESTION	RESPONSE/COMMENTS
4e	<p>How does your facility offer HIV services within prevention of unsafe abortion and management of post-abortion care services?</p> <p>(Read all options. Tick all as appropriate)</p>	<ul style="list-style-type: none"> 1. Located in the same service site with the same provider <input type="checkbox"/> 1a. Offered on the same day? <input type="checkbox"/> 2. Located within the same service site with a different provider <input type="checkbox"/> 2a. Offered on the same day? <input type="checkbox"/> 3. Referred to a different service site within the facility <input type="checkbox"/> 3a. Offered on the same day? <input type="checkbox"/> 4. Referred to another facility <input type="checkbox"/> 5. Other (specify): <input type="checkbox"/> <hr/>
5a	<p>In this facility, is there any follow-up to see whether clients act on referrals?</p>	<ul style="list-style-type: none"> 1. Yes (→Q5b) <input type="checkbox"/> 2. No (→Q5c) <input type="checkbox"/> 3. Don't know <input type="checkbox"/>
5b	<p>(If yes) How is follow-up carried out?</p>	
5c	<p>(If no) Why not?</p>	<ul style="list-style-type: none"> 1. Too busy <input type="checkbox"/> 2. Not necessary <input type="checkbox"/> 3. Clients usually return on their own <input type="checkbox"/> 4. Don't know <input type="checkbox"/> 5. Other (specify): <input type="checkbox"/> <hr/>

ITEM #	QUESTION	RESPONSE/COMMENTS
--------	----------	-------------------

6	<p>How have SRH services been re-oriented to accommodate clients living with HIV or vulnerable to HIV?</p>	
---	--	--

Possible prompts:

Links with networks of PLHIV?

Capacity building?

Support groups?

Staff training with regards to attitudes?

7	<p>Is there any structural collaboration (formal arrangement) with a community-based HIV organization?</p>	
---	--	--

Possible prompts:

Monthly meetings

Memorandum of understanding

(ii) SRH integrated into HIV

ITEM #	QUESTION	RESPONSE/COMMENTS
8	<p>Which of the following essential HIV services are offered at this facility?</p> <p>[Read all options. Tick all as appropriate]</p>	<ul style="list-style-type: none"> 1. HIV counselling and testing <input type="checkbox"/> (If yes) a. VCT (clients come to request HIV counselling and testing) <input type="checkbox"/> b. Provider-initiated testing and counselling (clients are routinely offered HIV testing and counselling) <input type="checkbox"/> 2. Prophylaxis and treatment for PLHIV (OIs and HIV) <input type="checkbox"/> 3. Home-based care <input type="checkbox"/> 4. Psycho-social support 5. Prevention for and by people living with HIV <input type="checkbox"/> 6. HIV prevention, information and services for general population <input type="checkbox"/> 7. Condom provision <input type="checkbox"/> 8. PMTCT (four prongs) <input type="checkbox"/> a. Prong 1: Prevention of HIV among women of childbearing age and partners <input type="checkbox"/> b. Prong 2: Prevention of unintended pregnancies in HIV+ women <input type="checkbox"/> c. Prong 3: Prevention of HIV transmission from an HIV+ woman to her child <input type="checkbox"/> d. Prong 4: Care & support for the HIV+ mother and her family <input type="checkbox"/> 9. Specific HIV information and services for key populations <input type="checkbox"/> a. IDUs (for example, harm reduction) <input type="checkbox"/> b. MSM <input type="checkbox"/> c. SWs <input type="checkbox"/> d. Other key populations (specify): _____ 10. Other services (specify): _____ 11. Unsure, don't know <input type="checkbox"/> 12. None (→ Q16) <input type="checkbox"/>

ITEM #	QUESTION	RESPONSE/COMMENTS
9	<p>Which of the following essential SRH services are integrated with HIV services at this facility?</p> <p>[Read all options. Tick all as appropriate]</p>	<p>1. Family planning <input type="checkbox"/></p> <p>2. Prevention and management of STIs <input type="checkbox"/></p> <p>3. Maternal and newborn care <input type="checkbox"/></p> <p>4. Prevention and management of gender-based violence <input type="checkbox"/></p> <p>5. Prevention of unsafe abortion and management of post-abortion care <input type="checkbox"/></p> <p>6. Other (specify):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>7. None (→ Q16) <input type="checkbox"/></p> <p>8. Unsure, don't know <input type="checkbox"/></p>
10a	<p>Which of the following SRH services are included in HIV counselling and testing services?</p> <p>[Read all options. Tick all as appropriate]</p>	<p>1. Family planning <input type="checkbox"/></p> <p>2. Prevention and management of STIs <input type="checkbox"/></p> <p>3. Maternal and newborn care <input type="checkbox"/></p> <p>4. Prevention and management of gender-based violence <input type="checkbox"/></p> <p>5. Prevention of unsafe abortion and management of post-abortion care <input type="checkbox"/></p> <p>6. Other (specify):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>7. None <input type="checkbox"/></p> <p>8. Unsure, don't know <input type="checkbox"/></p>

ITEM #	QUESTION	RESPONSE/COMMENTS
10b	<p>Which of the following SRH services are included in prophylaxis and treatment (OI and HIV) services?</p> <p>[Read all options. Tick all as appropriate]</p>	<p>1. Family planning <input type="checkbox"/></p> <p>2. Prevention and management of STIs <input type="checkbox"/></p> <p>3. Maternal and newborn care <input type="checkbox"/></p> <p>4. Prevention and management of gender-based violence <input type="checkbox"/></p> <p>5. Prevention of unsafe abortion and management of post-abortion care <input type="checkbox"/></p> <p>6. Other (specify):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>7. None <input type="checkbox"/></p> <p>8. Unsure, don't know <input type="checkbox"/></p>
10c	<p>Which of the following SRH services are included in home-based care services?</p> <p>[Read all options. Tick all as appropriate]</p>	<p>1. Family planning <input type="checkbox"/></p> <p>2. Prevention and management of STIs <input type="checkbox"/></p> <p>3. Maternal and newborn care <input type="checkbox"/></p> <p>4. Prevention and management of gender-based violence <input type="checkbox"/></p> <p>5. Prevention of unsafe abortion and management of post-abortion care <input type="checkbox"/></p> <p>6. Other (specify):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>7. None <input type="checkbox"/></p> <p>8. Unsure, don't know <input type="checkbox"/></p>

ITEM #	QUESTION	RESPONSE/COMMENTS
10d	<p>Which of the following SRH services are included in psycho-social support services?</p> <p>[Read all options. Tick all as appropriate]</p>	<p>1. Family planning <input type="checkbox"/></p> <p>2. Prevention and management of STIs <input type="checkbox"/></p> <p>3. Maternal and newborn care <input type="checkbox"/></p> <p>4. Prevention and management of gender-based violence <input type="checkbox"/></p> <p>5. Prevention of unsafe abortion and management of post-abortion care <input type="checkbox"/></p> <p>6. Other (specify):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>7. None <input type="checkbox"/></p> <p>8. Unsure, don't know <input type="checkbox"/></p>
10e	<p>Which of the following SRH services are included in services for prevention for and by people living with HIV?</p> <p>[Read all options. Tick all as appropriate]</p>	<p>1. Family planning <input type="checkbox"/></p> <p>2. Prevention and management of STIs <input type="checkbox"/></p> <p>3. Maternal and newborn care <input type="checkbox"/></p> <p>4. Prevention and management of gender-based violence <input type="checkbox"/></p> <p>5. Prevention of unsafe abortion and management of post-abortion care <input type="checkbox"/></p> <p>6. Other (specify):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>7. None <input type="checkbox"/></p> <p>8. Unsure, don't know <input type="checkbox"/></p>

ITEM #	QUESTION	RESPONSE/COMMENTS
10f	<p>Which of the following SRH services are included in HIV prevention and information services for general population?</p> <p>[Read all options. Tick all as appropriate]</p>	<p>1. Family planning <input type="checkbox"/></p> <p>2. Prevention and management of STIs <input type="checkbox"/></p> <p>3. Maternal and newborn care <input type="checkbox"/></p> <p>4. Prevention and management of gender-based violence <input type="checkbox"/></p> <p>5. Prevention of unsafe abortion and management of post-abortion care <input type="checkbox"/></p> <p>6. Other (specify):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>7. None <input type="checkbox"/></p> <p>8. Unsure, don't know <input type="checkbox"/></p>
10g	<p>Which of the following SRH services are included in condom provision services?</p> <p>[Read all options. Tick all as appropriate]</p>	<p>1. Family planning <input type="checkbox"/></p> <p>2. Prevention and management of STIs <input type="checkbox"/></p> <p>3. Maternal and newborn care <input type="checkbox"/></p> <p>4. Prevention and management of gender-based violence <input type="checkbox"/></p> <p>5. Prevention of unsafe abortion and management of post-abortion care <input type="checkbox"/></p> <p>6. Other (specify):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>7. None <input type="checkbox"/></p> <p>8. Unsure, don't know <input type="checkbox"/></p>

ITEM #	QUESTION	RESPONSE/COMMENTS
10h	<p>Which of the following SRH services are included in PMTCT services?</p> <p>[Read all options. Tick all as appropriate]</p>	<p>1. Family planning <input type="checkbox"/></p> <p>2. Prevention and management of STIs <input type="checkbox"/></p> <p>3. Maternal and newborn care <input type="checkbox"/></p> <p>4. Prevention and management of gender-based violence <input type="checkbox"/></p> <p>5. Prevention of unsafe abortion and management of post-abortion care <input type="checkbox"/></p> <p>6. Other (specify):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>7. None <input type="checkbox"/></p> <p>8. Unsure, don't know <input type="checkbox"/></p>
10i	<p>Which of the following SRH services are included in specific services for key populations?</p> <p>[Read all options. Tick all as appropriate]</p>	<p>1. Family planning <input type="checkbox"/></p> <p>2. Prevention and management of STIs <input type="checkbox"/></p> <p>3. Maternal and newborn care <input type="checkbox"/></p> <p>4. Prevention and management of gender-based violence <input type="checkbox"/></p> <p>5. Prevention of unsafe abortion and management of post-abortion care <input type="checkbox"/></p> <p>6. Other (specify):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>7. None <input type="checkbox"/></p> <p>8. Unsure, don't know <input type="checkbox"/></p>

ITEM #	QUESTION	RESPONSE/COMMENTS
11a	<p>How does your facility offer SRH services within HIV counselling and testing services?</p> <p>[Read all options. Tick all as appropriate]</p>	<ul style="list-style-type: none"> 1. Located in the same service site with the same provider <input type="checkbox"/> 1a. Offered on the same day? <input type="checkbox"/> 2. Located within the same service site with a different provider <input type="checkbox"/> 2a. Offered on the same day? <input type="checkbox"/> 3. Referred to a different service site within the facility <input type="checkbox"/> 3a. Offered on the same day? <input type="checkbox"/> 4. Referred to another facility <input type="checkbox"/> 5. Other (specify): _____ _____ _____
11b	<p>How does your facility offer SRH services within services for prophylaxis and treatment for PLHIV (OIs and HIV)?</p> <p>[Read all options. Tick all as appropriate]</p>	<ul style="list-style-type: none"> 1. Located in the same service site with the same provider <input type="checkbox"/> 1a. Offered on the same day? <input type="checkbox"/> 2. Located within the same service site with a different provider <input type="checkbox"/> 2a. Offered on the same day? <input type="checkbox"/> 3. Referred to a different service site within the facility <input type="checkbox"/> 3a. Offered on the same day? <input type="checkbox"/> 4. Referred to another facility <input type="checkbox"/> 5. Other (specify): _____ _____ _____

ITEM #	QUESTION	RESPONSE/COMMENTS
11c	<p>Does your facility offer SRH services within home-based care?</p> <p>(If yes) Please specify the model of outreach utilised</p> <p>Possible prompts: Community based provision of SRH commodities within home-based care? SRH outreach programmes? PLHIV peer educators conduct home visits?</p>	
11d	<p>How does your facility offer SRH services within psycho-social support?</p> <p>[Read all options. Tick all as appropriate]</p>	<p>1. Located in the same service site with the same provider <input type="checkbox"/></p> <p>1a. Offered on the same day? <input type="checkbox"/></p> <p>2. Located within the same service site with a different provider <input type="checkbox"/></p> <p>2a. Offered on the same day? <input type="checkbox"/></p> <p>3. Referred to a different service site within the facility <input type="checkbox"/></p> <p>3a. Offered on the same day? <input type="checkbox"/></p> <p>4. Referred to another facility <input type="checkbox"/></p> <p>5. Other (specify):</p> <p>_____</p> <p>_____</p> <p>_____</p>

ITEM #	QUESTION	RESPONSE/COMMENTS
11e	<p>How does your facility offer SRH services within services for prevention for and by people living with HIV?</p> <p>[Read all options. Tick all as appropriate]</p>	<p>1. Located in the same service site with the same provider <input type="checkbox"/></p> <p>1a. Offered on the same day? <input type="checkbox"/></p> <p>2. Located within the same service site with a different provider <input type="checkbox"/></p> <p>2a. Offered on the same day? <input type="checkbox"/></p> <p>3. Referred to a different service site within the facility <input type="checkbox"/></p> <p>3a. Offered on the same day? <input type="checkbox"/></p> <p>4. Referred to another facility <input type="checkbox"/></p> <p>5. Other (specify):</p> <p>_____</p> <p>_____</p> <p>_____</p>
11f	<p>How does your facility offer SRH services within HIV prevention and information services for general population?</p> <p>[Read all options. Tick all as appropriate]</p>	<p>1. Located in the same service site with the same provider <input type="checkbox"/></p> <p>1a. Offered on the same day? <input type="checkbox"/></p> <p>2. Located within the same service site with a different provider <input type="checkbox"/></p> <p>2a. Offered on the same day? <input type="checkbox"/></p> <p>3. Referred to a different service site within the facility <input type="checkbox"/></p> <p>3a. Offered on the same day? <input type="checkbox"/></p> <p>4. Referred to another facility <input type="checkbox"/></p> <p>5. Other (specify):</p> <p>_____</p> <p>_____</p> <p>_____</p>

ITEM #	QUESTION	RESPONSE/COMMENTS
11g	<p>How does your facility offer SRH services within condom provision services?</p> <p>[Read all options. Tick all as appropriate]</p>	<p>1. Located in the same service site with the same provider <input type="checkbox"/></p> <p>1a. Offered on the same day? <input type="checkbox"/></p> <p>2. Located within the same service site with a different provider <input type="checkbox"/></p> <p>2a. Offered on the same day? <input type="checkbox"/></p> <p>3. Referred to a different service site within the facility <input type="checkbox"/></p> <p>3a. Offered on the same day? <input type="checkbox"/></p> <p>4. Referred to another facility <input type="checkbox"/></p> <p>5. Other (specify):</p> <p>_____</p> <p>_____</p> <p>_____</p>
11h	<p>How does your facility offer SRH services within PMTCT services?</p> <p>[Read all options. Tick all as appropriate]</p>	<p>1. Located in the same service site with the same provider <input type="checkbox"/></p> <p>1a. Offered on the same day? <input type="checkbox"/></p> <p>2. Located within the same service site with a different provider <input type="checkbox"/></p> <p>2a. Offered on the same day? <input type="checkbox"/></p> <p>3. Referred to a different service site within the facility <input type="checkbox"/></p> <p>3a. Offered on the same day? <input type="checkbox"/></p> <p>4. Referred to another facility <input type="checkbox"/></p> <p>5. Other (specify):</p> <p>_____</p> <p>_____</p> <p>_____</p>

ITEM #	QUESTION	RESPONSE/COMMENTS
11i	<p>How does your facility offer SRH services within specific services for key populations?</p> <p>[Read all options. Tick all as appropriate]</p>	<ul style="list-style-type: none"> 1. Located in the same service site with the same provider <input type="checkbox"/> 1a. Offered on the same day? <input type="checkbox"/> 2. Located within the same service site with a different provider <input type="checkbox"/> 2a. Offered on the same day? <input type="checkbox"/> 3. Referred to a different service site within the facility <input type="checkbox"/> 3a. Offered on the same day? <input type="checkbox"/> 4. Referred to another facility <input type="checkbox"/> 5. Other (specify): _____ _____ _____
12a	<p>In this facility, is there any follow-up to see whether clients act on referrals?</p>	<ul style="list-style-type: none"> 1. Yes (→Q12b) <input type="checkbox"/> 2. No (→Q12c) <input type="checkbox"/> 3. Don't know <input type="checkbox"/>
12b	<p>(If yes) How is follow-up done?</p>	
12c	<p>(If no) Why not?</p>	<ul style="list-style-type: none"> 1. Too busy <input type="checkbox"/> 2. Not necessary <input type="checkbox"/> 3. Clients usually return on their own <input type="checkbox"/> 4. Don't know <input type="checkbox"/> 5. Other (specify): _____ _____

ITEM #	QUESTION	RESPONSE/COMMENTS
--------	----------	-------------------

13	<p>How have HIV services been assessed and reoriented to accommodate the SRH needs of clients living with HIV?</p> <p>Possible prompts: Prevention for and by people living with HIV? Discussions about reproductive rights and choices, and sexuality?</p>	
14	<p>Is there any structural collaboration (formal arrangement) with an SRH organization?</p> <p>Possible prompts: Monthly meetings Memorandum of understanding</p>	
15a	<p>Do you have protocols/ guidelines that support integrated service delivery?</p>	
15b	<p>(If yes) For which services?</p>	
15c	<p>(If yes) Are they used?</p>	

(iii) Overall Perspective on Linkages in SRH and HIV Services

ITEM #	QUESTION	RESPONSE/COMMENTS				
16	What do you believe are some of the policies and procedures in place that serve as the most important challenges and constraints to strengthening linkages between SRH and HIV services?					
17	Please rate each of the following as to how large a constraint it is to offering linked SRH and HIV services at this facility. Would you say it was not a constraint, a small, a medium, or a large constraint?	Not a Constraint	Small	Medium	Large	Don't Know
17a	Shortage of equipment for offering integrated services	1	2	3	4	5
17b	Shortage of space for offering private and confidential services	1	2	3	4	5
17c	Shortage of staff time	1	2	3	4	5
17d	Shortage of staff training	1	2	3	4	5
17e	Inappropriate/insufficient staff supervision	1	2	3	4	5
17f	Low staff motivation	1	2	3	4	5
17g	Some other constraint? (specify): _____	1	2	3	4	5

ITEM #	QUESTION	RESPONSE/COMMENTS			
18	What do you believe are some of the most important policies and procedures in place that facilitate the strengthening of linkages between SRH and HIV services?				
19	What do you think is or will be the likely impact of linking SRH and HIV services on the following service dimensions. Will they decrease, increase or not change the (read each dimension below)?	Decrease	No change	Increase	Don't know
19a	Costs of services (facility)	1	2	3	4
19b	Cost of services (client)	1	2	3	4
19c	Efficiency of services	1	2	3	4
19d	Stigmatization of HIV clients	1	2	3	4
19e	Stigmatization of SRH clients	1	2	3	4
19f	Workload for providers	1	2	3	4
19g	Time spent per client	1	2	3	4
19h	Space and privacy	1	2	3	4
19i	Need for equipment, supplies, and drugs	1	2	3	4
19j	Other (please specify) _____	1	2	3	4

Thank you very much for your time and assistance!

B. Client Exit Interview

This interview is based on prior informed consent by the client (see Appendix 1 for a sample consent form)

1a	Province/Region _____	1f	Service from which client is exiting Family planning <input type="checkbox"/> Management of STIs <input type="checkbox"/> Maternal and newborn care <input type="checkbox"/> Prevention of unsafe abortion and management of post-abortion care <input type="checkbox"/> HIV counselling and testing <input type="checkbox"/> Management of OI or HIV infection <input type="checkbox"/> Other (specify): _____
1b	District _____		Don't know <input type="checkbox"/>
1c	Facility _____	1g	Sex of client Female <input type="checkbox"/> Male <input type="checkbox"/>
1d	Interview number _____	2	What is your age? _____
1e	Date of interview DD/MM/YYYY _____		

ITEM	QUESTION	RESPONSE/COMMENTS
3	<p>Please tell me what services you came for today?</p> <p>(Do not read. Listen and tick all that apply. Probe: Any others?)</p>	<ul style="list-style-type: none"> 1. Family planning <input type="checkbox"/> 2. Prevention and management of STIs <input type="checkbox"/> 3. Maternal and newborn care <input type="checkbox"/> 4. Prevention and management of gender-based violence <input type="checkbox"/> 5. Prevention of unsafe abortion and management of post-abortion care <input type="checkbox"/> 6. HIV counselling and testing <input type="checkbox"/> 7. Treatment preparedness <input type="checkbox"/> 8. HIV monitoring and/or treatment <input type="checkbox"/> 9. HIV prevention <input type="checkbox"/> 10. Condom services <input type="checkbox"/> 11. PMTCT <input type="checkbox"/> 12. Economic assistance <input type="checkbox"/> 13. Psycho-social support <input type="checkbox"/> 14. Nutrition support <input type="checkbox"/> 15. Routine gynaecological examination (including pap smear, breast exam, etc.) <input type="checkbox"/> 16. Don't know <input type="checkbox"/> 17. Other (specify): _____ _____ 18. Refused to answer <input type="checkbox"/>

ITEM	QUESTION	RESPONSE/COMMENTS
4	<p>What services did you receive today (excluding those provided outside the facility by referral)?</p> <p>(Do not read. Listen and tick all that apply. Probe: Any others?)</p>	<ul style="list-style-type: none"> 1. Family planning <input type="checkbox"/> 2. Prevention and management of STIs <input type="checkbox"/> 3. Maternal and newborn care <input type="checkbox"/> 4. Prevention and management of gender-based violence <input type="checkbox"/> 5. Prevention of unsafe abortion and management of post-abortion care <input type="checkbox"/> 6. HIV counselling and testing <input type="checkbox"/> 7. Treatment preparedness <input type="checkbox"/> 8. HIV monitoring and/or treatment <input type="checkbox"/> 9. HIV prevention <input type="checkbox"/> 10. Condom services <input type="checkbox"/> 11. PMTCT <input type="checkbox"/> 12. Economic assistance <input type="checkbox"/> 13. Psycho-social support <input type="checkbox"/> 14. Nutrition support <input type="checkbox"/> 15. Routine gynaecological examination (including pap smear, breast exam, etc.) <input type="checkbox"/> 16. Don't know <input type="checkbox"/> 17. Other (specify): _____ _____ 18. Refused to answer <input type="checkbox"/>

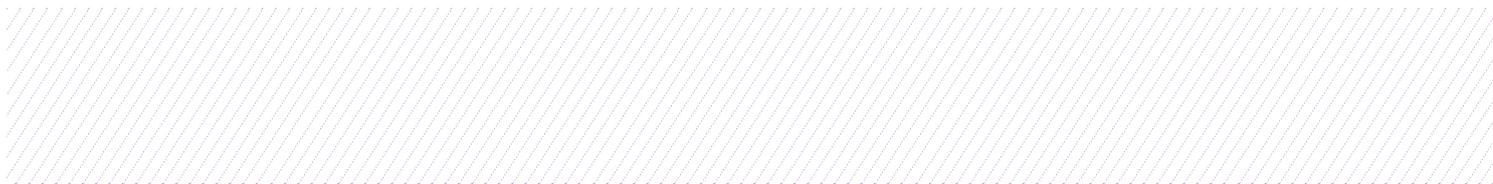
ITEM	QUESTION	RESPONSE/COMMENTS
5a	Were you referred to any other services than those for which you came?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
5b	Did you get all of the services you wanted today?	1. Yes <input type="checkbox"/> 2. No (→Q5c & Q5d) <input type="checkbox"/> 3. Not sure <input type="checkbox"/> 4. Other (specify): _____ _____
5c	(If no) What other services would you have liked to get from this facility today? <small>(Do not read. Listen and tick all that apply. Probe: Any others?)</small>	1. Family planning <input type="checkbox"/> 2. Prevention and management of STIs <input type="checkbox"/> 3. Maternal and newborn care <input type="checkbox"/> 4. Prevention and management of gender-based violence <input type="checkbox"/> 5. Prevention of unsafe abortion and management of post-abortion care <input type="checkbox"/> 6. HIV counselling and testing <input type="checkbox"/> 7. Treatment preparedness <input type="checkbox"/> 8. HIV monitoring and/or treatment <input type="checkbox"/> 9. HIV prevention <input type="checkbox"/> 10. Condom services <input type="checkbox"/> 11. PMTCT <input type="checkbox"/> 12. Economic assistance <input type="checkbox"/> 13. Psycho-social support <input type="checkbox"/> 14. Nutrition support <input type="checkbox"/> 15. Routine gynaecological examination (including pap smear, breast exam, etc.) <input type="checkbox"/> 16. Don't know <input type="checkbox"/> 17. Other (specify): _____ _____ 18. Refused to answer <input type="checkbox"/>

ITEM	QUESTION	RESPONSE/COMMENTS
5d	<p>(If no) Why did you not receive all the services you wanted?</p> <p>(Do not read. Listen and tick all that apply. Probe: Any others?)</p>	<p>1. Cost <input type="checkbox"/></p> <p>2. Not available <input type="checkbox"/></p> <p>3. I didn't have time <input type="checkbox"/></p> <p>4. The nurse/doctor didn't have time <input type="checkbox"/></p> <p>5. I didn't feel comfortable requesting the service <input type="checkbox"/></p> <p>6. I didn't know that that service was available to me <input type="checkbox"/></p> <p>7. Don't know <input type="checkbox"/></p> <p>8. Other (specify):</p> <p>_____</p> <p>_____</p> <p>9. Refused to answer <input type="checkbox"/></p>
6a	<p>Do you prefer sexual and reproductive health and HIV services at the same facility, or do you prefer different facilities?</p>	<p>1. Prefer same facility/site <input type="checkbox"/></p> <p>2. Prefer a different facility/site <input type="checkbox"/></p> <p>3. No preference <input type="checkbox"/></p> <p>4. Don't know <input type="checkbox"/></p> <p>5. Other (specify):</p> <p>_____</p> <p>_____</p>
6b	<p>Why?</p>	

ITEM	QUESTION	RESPONSE/COMMENTS
7a	<p>What do you think may be some of the possible benefits of receiving all these services from the <i>same facility</i> at one time?</p> <p>(Do not read. Listen and tick all that apply. Probe: Any others?)</p>	<p>1. Reduce number of trips to facility <input type="checkbox"/></p> <p>2. Improve efficiency of services <input type="checkbox"/></p> <p>3. Reduce transportation costs <input type="checkbox"/></p> <p>4. Reduce fees <input type="checkbox"/></p> <p>5. Reduce waiting time <input type="checkbox"/></p> <p>6. Good opportunity to access additional services <input type="checkbox"/></p> <p>7. Reduce stigma for HIV (If yes) Probe: In what way? <input type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>8. Don't know <input type="checkbox"/></p> <p>9. Other (specify):</p> <p>_____</p> <p>_____</p>
7b	<p>What do you think may be some of the possible disadvantages of receiving all these services from the <i>same facility</i> at one time?</p> <p>(Do not read. Listen and tick all that apply. Probe: Any others?)</p>	<p>1. Fear of stigma and discrimination <input type="checkbox"/></p> <p>2. Fear of less confidentiality <input type="checkbox"/></p> <p>3. Embarrassment to talk about HIV with provider of same village/ neighbourhood <input type="checkbox"/></p> <p>4. Increase client waiting time <input type="checkbox"/></p> <p>5. Provider will be too busy <input type="checkbox"/></p> <p>6. Decrease quality of services <input type="checkbox"/></p> <p>7. Don't know <input type="checkbox"/></p> <p>8. Other (specify):</p> <p>_____</p> <p>_____</p> <p>_____</p>

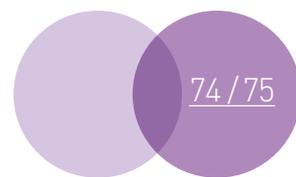
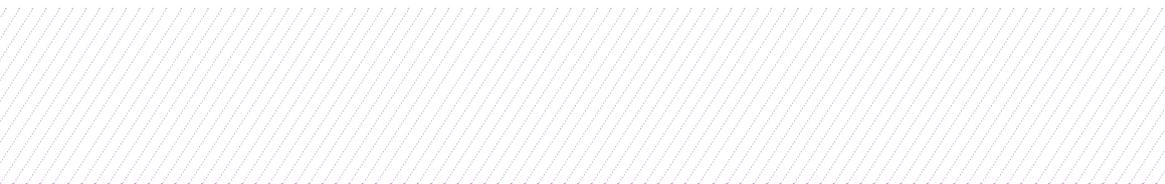
ITEM	QUESTION	RESPONSE/COMMENTS
8a	<p>Do you prefer sexual and reproductive health and HIV services from the same provider or do you prefer referral to another provider?</p>	<p>1. Prefer same provider <input type="checkbox"/></p> <p>2. Prefer referral to another provider <input type="checkbox"/></p> <p>3. No preference <input type="checkbox"/></p> <p>4. Don't know <input type="checkbox"/></p> <p>5. Other (specify): _____</p>
8b	<p>Why?</p>	
9	<p>What do you think may be some of the possible benefits of receiving all these services from the same provider at one time?</p> <p>(Do not read. Listen and tick all that apply. Probe: Any others?)</p>	<p>1. Reduce number of trips to facility <input type="checkbox"/></p> <p>2. Improve efficiency of services <input type="checkbox"/></p> <p>3. Reduce transportation costs <input type="checkbox"/></p> <p>4. Reduce fees <input type="checkbox"/></p> <p>5. Reduce waiting time <input type="checkbox"/></p> <p>6. Good opportunity to access additional services <input type="checkbox"/></p> <p>7. Reduce HIV-related stigma (If yes) Probe: In what way? <input type="checkbox"/></p> <p>_____</p> <p>8. Don't know <input type="checkbox"/></p> <p>9. Other (specify): _____</p>

ITEM	QUESTION	RESPONSE/COMMENTS
10	<p>What do you think may be some of the possible disadvantages of receiving all these services from the same provider at one time?</p> <p>[Do not read. Listen and tick all that apply. Probe: Any others?]</p>	<ul style="list-style-type: none"> 1. Fear of stigma and discrimination <input type="checkbox"/> 2. Fear of less confidentiality <input type="checkbox"/> 3. Embarrassment to talk about HIV with provider of same village/neighbourhood <input type="checkbox"/> 4. Increase client waiting time <input type="checkbox"/> 5. Provider will be too busy <input type="checkbox"/> 6. Decrease quality of services <input type="checkbox"/> 7. Don't know <input type="checkbox"/> 8. Other (specify): _____
11	<p>Please tell me which of the following your provider mentioned today?</p> <p>[Read and tick all that apply.]</p>	<ul style="list-style-type: none"> 1. Family planning <input type="checkbox"/> 2. Use of condoms to prevent unintended pregnancy <input type="checkbox"/> 3. Use of condoms to prevent HIV/STI <input type="checkbox"/> 4. Use of female condoms <input type="checkbox"/> 5. STI management <input type="checkbox"/> 6. HIV prevention <input type="checkbox"/> 7. Relationships <input type="checkbox"/> 8. Sexuality <input type="checkbox"/> 9. Counselling and testing for HIV <input type="checkbox"/> 10. Preventing transmission of HIV to your "baby" <input type="checkbox"/> 11. Breast cancer screening <input type="checkbox"/> 12. Cervical cancer screening <input type="checkbox"/> 13. HIV is treatable with ART <input type="checkbox"/> 14. Care and support for PLHIV <input type="checkbox"/> 15. Child health services <input type="checkbox"/> 16. Vaccination <input type="checkbox"/> 17. Labour and delivery <input type="checkbox"/> 18. Domestic or other violence <input type="checkbox"/>



ITEM	QUESTION	RESPONSE/COMMENTS
		19. Women's rights <input type="checkbox"/> 20. Men's health <input type="checkbox"/> 21. Health needs of young people <input type="checkbox"/> 22. Anything else that interested you (specify): _____ _____
12	If you could make only one suggestion for improving services at this facility, what would you suggest?	
13	Do you have any suggestions about the integration of sexual and reproductive health and HIV services?	
14a	How satisfied are you with the services you received today?	1. Very dissatisfied <input type="checkbox"/> 2. Somewhat dissatisfied <input type="checkbox"/> 3. Mostly satisfied <input type="checkbox"/> 4. Very satisfied <input type="checkbox"/> 5. Don't know <input type="checkbox"/> 6. Does not wish to answer <input type="checkbox"/>
14b	What might have helped you to be more satisfied with the services you received today?	

Thank you very much for your time and assistance!



Appendix 1.

Sample Consent Form

Informed Consent

Interviewer: Read the consent statement below to the interviewee prior to conducting the interview.

Hello! My name is

In coordination with (partners)

A working group is conducting an assessment on policies, systems, and services related to SRH and HIV linkages. This information may help to improve policies, programmes and services.

We would appreciate it if you could answer some questions. However, your participation in this study is voluntary and if you choose not to participate, you will not be penalized in any way. If you agree to participate and you change your mind later, you can also ask me to stop the interview whenever you want.

If you participate, you will not benefit directly from your participation. But your participation may result in improved future sexual and reproductive health and HIV policies and services.

Your opinions and the information you give during the interview will remain confidential. The questionnaire will not have your name. This way, no one will be able to know that I interviewed you or what you said.

Finally, if you have any questions about this study at a later time, you can call this phone number

May I continue with the questions? ____ Yes ____ No

Appendix 2. Conducting a Desk Review

A desk review is a process for collecting, reviewing and analyzing what is known about a subject (such as linkages between SRH and HIV) based on a broad review of published articles, surveys, research, plans and other written reports. It may also include “grey literature” such as unpublished trip reports and research studies from agencies working in the subject area. For the desk review of linkages, these documents include but are not limited to: HIV five-year national plans; national strategic frameworks; UNAIDS country reviews; MOH statistics; behaviour surveillance surveys; Demographic and Health Surveys; situation analysis studies of SRH services and/or service provider assessment reports; reproductive health surveys; sexual behaviour surveys, HIV and SRH training materials; and other documents.

It is important to have documents covering the legal environment impacting PLHIV, the rights and status of women and children, confidentiality of services, stigma and discrimination, and key groups such as MSM, SWs, and IDUs. Important also are documents from the MOH and other prominent service providers, such as FBOs and networks of PLHIV which include policy statements; guidelines for service delivery; protocols for delivery of services; etc. (It is crucial to remember the importance of bi-directionality in the desk review and to gather material that covers the HIV and the SRH programmes, agencies and services.)

A careful collection and review of this health and HIV programmatic and legal literature will provide overall introductory insights and facts on the state of linkages in SRH and HIV policies, systems and service delivery in the country of interest. Many of the questions on policies and systems in the rapid assessment tool can be tentatively answered through a review of these documents and these should be recorded in the tools. These tentative answers can be checked with knowledgeable persons during the individual interviews or group discussions with stakeholders and programme managers.

Appendix 2. Conducting a Desk Review

Some more specific guidance is provided below:

To what policies should the desk review attend?

- Constitution
- National laws
- Decentralized regional or provincial bylaws
- Decrees and local regulations
- International declarations, conventions, commitments, agreements, policy statements signed and/or issued by the government
- Sectoral policies and strategic plans
- Donor policies (and how governments interact with donor policies)
- Civil society policies/manifestos
- Decentralisation policies (depends from country to country)
- Private sector policies

What should be searched in the policies?

Explicit mention of key issues:

- Human rights as they relate to sexuality, including reproduction
- Key populations
- Stigma and discrimination
- Gender equality and issues
- Access to treatment
- Age of consent
- Informed consent
- Condoms/contraceptives/commodities
- Treatment

For all of the above

- When was the policy/statement created/voiced?
- How often?
- By whom?
- In what context?
- Written? Verbal?
- Opposition/ support?
- Plans/funds available for implementation? Costed?

In other words, for all the policies, whenever SRH is mentioned, check if HIV is mentioned. And vice versa, whenever HIV is mentioned check for SRH.

Accessibility statements

- Geographic
- Demographic
- Affordability

For each policy look at decentralisation strategies.

Lastly, it is important to document 'intangible' policies/practices (e.g. attitudes towards key populations, early marriage, and sexuality vs. reproduction).

Appendix 3. Budget Outline for Estimating Cost of Conducting a Two-Month Rapid Assessment

	TIME IN DAYS	EST. COST/DAY \$	ESTIMATED COST \$
1. Personnel			
i. National Consultant			
desk review			
arranging group discussions			
holding group discussions			
training interviewers			
supervising field interviews			
data analysis			
dissemination and next steps			
provide feedback to participants			
ii. Interviewers			
training			
field interviews			
iii. Data Entry persons			
input from approx. 30-48 providers and 60-96 clients			
2. Tool Adaption			
i. Stakeholders preparatory meeting			
venue hire			
per diems			
transport			

Appendix 3. Budget Outline for Estimating Cost of Conducting a Two-Month Rapid Assessment

	TIME IN DAYS	EST. COST/DAY \$	ESTIMATED COST \$
ii. Tool production			
translation			
printing			
dissemination			
3. Field implementation			
i. Per diem for field interviewing			
interviewer			
supervisor			
drivers			
ii. Vehicle rental and fuel			
4. Retreat expenses for group			
persons x nights x groups			
5. Misc (Tea, photocopy, etc.)			
6. Data Management (computers and software)			
7. Dissemination workshop and follow-up activities			
TOTAL			

Notes and Assumptions

Sites, Providers, Clients: Each field interviewer will visit 5-8 facilities for 1 full day each. Each will interview 10-16 providers/supervisors (2/facility), and 20-32 clients (4/facility).

Retreats: Group discussions can best be held in retreat so as to allow focus on the task without interruptions of competing appointments, telephone calls, etc.

Possible Efficiencies

- Per diem expenses can be reduced significantly by including urban facilities in the capital for one interviewer. Since public transport can be used, this saves on car rental and petrol costs for one car and per diem costs for one driver.
- The study can be implemented with only one vehicle if one team uses public transport in the city, and the two rural interviewers visit facilities that are relatively close together allowing one vehicle to deliver and pick up both interviewers.
- A MOH, HIV programme, WHO, or UNFPA vehicle may be available, potentially eliminating the cost of vehicle rental.

Appendix 5. List of Selected Possible Next Steps for Utilizing the Assessment Findings

- 1 Hold a dissemination workshop to discuss the findings and recommendations. Invite representatives from development partners (including donors) and from all systems (planning and administration, training, M&E, BCC, etc.) from the MOH, and other civil society institutions implementing health and/or HIV programmes, PLHIV and key populations, and from other relevant sectors. Provide attendees a copy of the report two weeks before the meeting.
- 2 Review gaps noted in policy issues in individual meetings with senior policy decision-makers in the SRH and HIV programmes, the Ministry of Justice, the Ministry of Education and other appropriate sector leaders.
- 3 Discuss implications of findings with personnel in charge of pre-service and in-service training for the health services and HIV programmes. Work with them to adjust curricula and methods to cover the importance of creating linkages between SRH and HIV policies, systems and services.
- 4 Jointly review findings with BCC staff from the HIV and SRH programmes identifying how linkages can be strengthened in mass communication and public education programmes.
- 5 If the initial study was exploratory, plan a larger study to further investigate linkages on a national scale.
- 6 Establish a National (or Regional) Task Force to monitor progress on strengthening linkages, for example. It is based on the need to offer comprehensive services.
- 7 Involve sectors outside of health such as education and social services – and explore how their programme activities can be linked with the SRH and HIV programmes. Where policies are not conducive to linkages, take steps to correct.

17 .

This appendix is illustrative and may be adapted in content and format as required.

