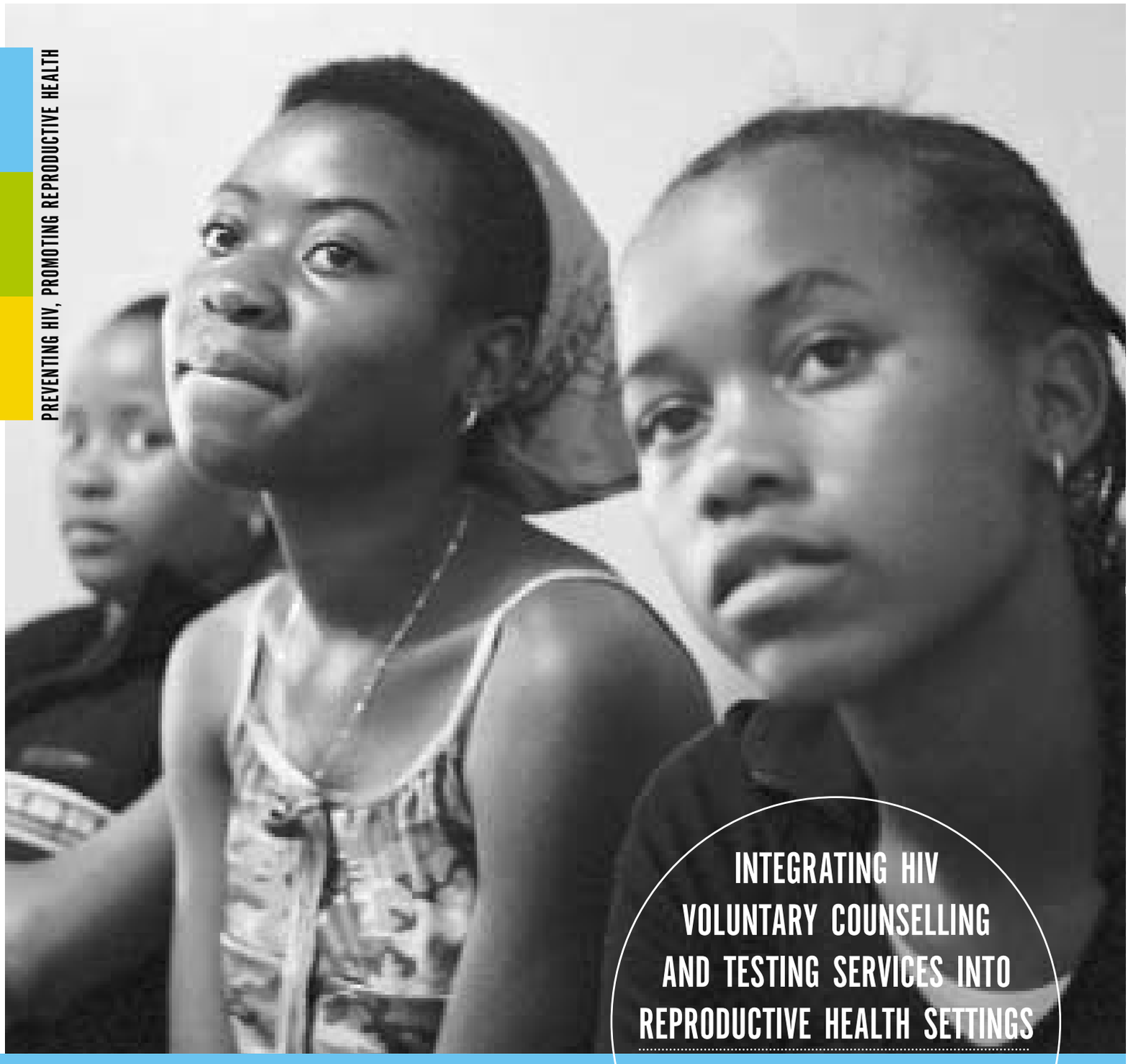
PREVENTING HIV, PROMOTING REPRODUCTIVE HEALTH



INTEGRATING HIV VOLUNTARY COUNSELLING AND TESTING SERVICES INTO REPRODUCTIVE HEALTH SETTINGS

STEPWISE GUIDELINES FOR PROGRAMME PLANNERS, MANAGERS AND SERVICE PROVIDERS

UNFPA

IPPF

Cover image: Courtesy of PPASA

Please note: Use of photographs in this document is not an indication of the HIV status of those portrayed, nor does it imply any information regarding the individual's sexual and reproductive health status or participation in the programme.

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Joint publication of IPPF South Asia Regional Office and UNFPA

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UNFPA and IPPF are very grateful to the numerous people who have contributed to the development of these guidelines.

Much of the document is based on the experiences of four project sites who piloted the integration of voluntary counselling and testing (VCT) into their existing reproductive health services. These were the Lucknow Branch Family Planning Association of India, the Chhatrapati Shivaji Maharaj Hospital in Kalwa, India, and the Abobo and Youpougon clinics of Association Ivoirienne pour le Bien-Etre Familial (AIBEF) in the Ivory Coast. We would like to thank all the clients of the VCT services, as well as all the staff involved in the project at the four sites. Without their hard work these guidelines would not have been possible. We are also grateful to the IPPF member associations in Kenya, Rwanda and Ethiopia who also shared their experiences in integrating VCT.

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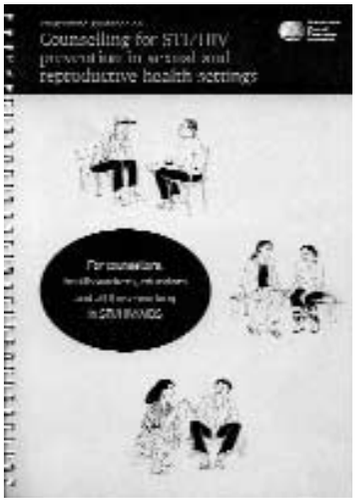
FOREWORD

What is the purpose of this guide?

This guide aims to provide sexual and reproductive health (SRH) programme planners, managers, and providers with the information necessary to integrate voluntary counselling and testing (VCT) for HIV/AIDS within their services. VCT has been shown to be an effective strategy to facilitate behaviour change for HIV prevention. It offers an entry point for early care and support for those infected with HIV and prevention of mother to child transmission. VCT also plays a role in reducing stigma and discrimination. The cost of establishing VCT services within existing SRH settings is lower than establishing them in freestanding sites.

In particular, the guide considers integration within the context of family planning (FP) service provision. FP and VCT service provision have similar aims of reaching sexually active people and promoting safe and healthy sexuality, including the prevention of HIV, sexually transmitted infections (STIs), and unwanted pregnancy. FP settings offer specific opportunities for reaching women with VCT.



There is a continuum of possibilities for integrating VCT services in SRH settings, and this guide supports those considering integration to determine the appropriate VCT components to integrate, and to plan, implement, monitor and evaluate an integrated service. In conjunction with IPPF's UNFPA-supported publication, Programme Guidance on Counselling for STI/HIV Prevention in Sexual and Reproductive Health Settings, this guide supports those overseeing the management of FP, maternal and child health (MCH) or STI services who are considering VCT within their current service provision, as a move toward developing more holistic SRH services. The guide is relevant for both public sector and NGO sector service providers.

Four sites – two in the Ivory Coast and two in India – were involved in piloting the integration of VCT in their setting. Of these, three sites operate as NGO SRH clinics, while one site is based within a large public sector hospital. Their experiences, as well as those of three further IPPF member associations in Kenya, Rwanda, and Ethiopia with experience in integrating VCT in SRH settings and youth programmes have been used to inform this guide. In addition to these experiences, the guide draws on international literature of best practice in developing VCT services, and in integrating HIV services in SRH settings. For ease of reading, references to this literature are not include in the text, but are provided in the reference section.

How is this guide organised?

This guide provides a 'stepwise' approach for the integration of VCT.

Section 1 gives an introduction to VCT and its components and outlines the rationale for integrating VCT in SRH settings.

Section 2 details an assessment process, which assists those seeking to integrate services to determine how to integrate VCT services. This section will be useful for planners and managers.

Section 3 describes factors to consider when planning the integrated service. It is organised around the components of a VCT service including community education and mobilisation, counselling, testing, care and support, and resource needs. This

section will be useful for programme planners and managers.

Section 4 covers specific implementation issues related to the components of an integrated VCT service. This section will be useful to planners, managers and implementers.

Section 5 focuses on monitoring and evaluation. Although monitoring and evaluation are covered in this section, they are integral parts of planning and implementation. This section will be useful for planners, managers and implementers.

The Appendices contain checklists, sample monitoring tools, and further reference material to support the information in sections 1 to 5. Users of this guide are encouraged to adapt the checklists and tools to make them relevant for their site.

References to key documents are included. Most of these references are available through the internet.

ACRONYMS

ANC	Antenatal Care
AIBEF	Association Ivoirienne pour le Bien-Etre Familial
ARBEF	Association Rwandaise pour le Bien-Etre Familial
AIDS	Acquired Immunodeficiency Syndrome
ARV	Anti-Retroviral
CBD	Community Based Distributor
ELISA	Enzyme Linked Immunosorbent Assay
FGAE	Family Guidance Association of Ethiopia
FP	Family Planning
FPAI	Family Planning Association of India
FPAK	Family Planning Association of Kenya
IDU	Injecting Drug User
IEC	Information, Education, and Communication
IPPF	International Planned Parenthood Federation
MCH	Maternal and Child Health
MTCT	Mother to Child Transmission
NGO	Non-Governmental Organisation
OI	Opportunistic Infection
PLWHA	Person Living with HIV/AIDS
PMTCT	Prevention of Mother To Child Transmission
QA	Quality Assurance
S/R	Simple/Rapid [HIV test]
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation

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Definitions

Community mobilisation: A community is said to be mobilised when community members become aware of a problem, share the concern, and decide to take action toward a common solution. In this guide, the term refers to education and outreach work in diverse community settings using community structures, leadership, partnership and participation to create awareness and change.

High/low HIV prevalence areas: WHO distinguishes between three different epidemic stages based on prevalence rates in subpopulations and the general population. Low prevalence areas are those where HIV prevalence is below 1% in the general population and below 5% in vulnerable groups. High prevalence areas are those where HIV prevalence is greater than 1% in the general population.
A 'concentrated' prevalence is described as one in which the epidemic is not well established in the general population (less than 1%), but has spread rapidly in specific subpopulations (over 5% in at least one vulnerable group).

Photo: IPPF/Chloe Hall/India

Re-infection: Re-infection refers to a person with HIV or a STI becoming infected again with HIV (either the same strain, a different strain, or a resistant strain) or another STI.

Safer sex: Safer sex is defined as any of the following sexual activities: using a condom (either a male or female condom) during sexual intercourse, having a monogamous relationship with an HIV-negative partner who has no other sexual partners, or having non-penetrative