

**Access** to the programme must be assured, particularly for the target population. This includes physical, financial and cultural access and convenient service delivery times. For example, youth may not attend for VCT because they fear stigmatisation and so youth-friendly access points and times need to be in place. Where programmes are integrated into the general health services, access to the general health services has to be good. Unless access is ensured, the available resource will not be used.

**Availability** of key resources and **capacity** to conduct the program (such as infrastructure, staff and drugs) must be ensured for a programme to be operationalised. For example, to run the VCT component of the programme adequate, equipped counselling space must be available and there must be sufficient trained counsellors and professional nurses to do the counselling and testing. An uninterrupted supply of HIV test kits is necessary which requires a functional procurement system.

**Continuity of care** is a key issue in chronic conditions such as TB and HIV. Prevention and treatment interventions depend on adherence. If expensive tests are not followed up on they contribute nothing to client care and they are a waste of scarce resources.

**Quality of care** provided is a major element of the final effectiveness of the intervention. Standard protocols and procedures must be in place and they have to be followed. Record keeping is key to assessing quality.

**Integration of services** increases access across the HIV/TB/STI cluster and can be seen as part of a holistic approach to the client. This domain is ultimately an aspect of quality of care, but it is formulated as a separate domain in this framework to serve as an integration lens for managers seeking to integrate the services.