

Critical Need for Engendered Linked Response to HIV/AIDS and Reproductive Health

Experiences of ICOMP and
Partners in Uganda

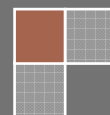
In collaboration with

Kyetume Community Based Healthcare Programme
Mukono Multipurpose Youth Organisation
St. Francis Healthcare Services
Uganda Young Positive
Uganda Youth Development Link

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Executive Summary

A renewed emphasis on HIV prevention is critically needed. There were an estimated 2.5 million new infections in 2007. If not reversed, this trend of new infections will prove an untenable burden on HIV treatment efforts that are even now struggling to reach all those in need. Intensifying HIV prevention requires, among other things promoting safer behaviours and sexual norms, increasing knowledge of HIV serostatus, preventing sexually transmitted infections (STIs), preventing mother-to-child transmission of HIV, protecting young people and linking treatment access to HIV prevention. In view of the feminization of the epidemic, UNAIDS argues that HIV prevention for women and girls needs to be a global priority.

The HIV epidemic in Uganda is generalized (UAC, 2007) with heterosexual transmissions remain the main mode of HIV infection in Uganda. 42% of HIV transmission incurred during marriage, 22% through commercial sex and 14% through casual sex (MOH, 2006). The transmission of HIV from mother-to-child is the second most common means of transmission of HIV (UAC, 2004-a). In view of the above, The National HIV & AIDS Strategic Plan 2007/8 – 2011/12 published by the Uganda AIDS Commission (UAC) lists several strategic actions that emphasize the links between HIV/AIDS and reproductive health (RH) programs and services.

Policy support for linked response to HIV/AIDS and RH is growing. The special session of the African Union Conference of Ministers of Health, in their Maputo meeting in September 2006 agreed, “*The mainstreaming of Sexual and Reproductive Health and Rights (SRHR) and its linking with HIV/AIDS in health care delivery is therefore, a logical approach to the achievements of MDGs. The overlap of interventions for SRHR and HIV/AIDS makes their linking a strategy for improving access to health care.*” However, despite the policy support and operational frameworks, the potential for closer collaboration between HIV/AIDS and RH programs for sustained and dual impact, to improve RH status and combat HIV/AIDS, remains grossly under-utilized.

ICOMP and its collaborating NGO partners have been implementing a pilot effort on linked response to HIV/AIDS and RH education and services and incorporating gender concerns in it. Over a period of three years (2005-2008), the partner NGOs in Mukono district strengthened their capacity, improved programs and service delivery, increased Community Involvement and strengthened collaboration with government and other stakeholders. The observed benefits of linked response are (a) changed behavior: increased condom/contraceptive use by men and women, including HIV+ persons, and increased male participation in HIV prevention; (b) changed attitude on gender and reduced stigma and discrimination of HIV+ persons; and (c) improved services: increased coverage for PMTCT, increased coverage for VCT, including couple counseling, and reduced unmet needs for sexual and reproductive health (SRH) for HIV+ persons.

Linked response had changed the way the partner NGOs work through mainstreaming linked response in the current programs and services, expanding the target audiences to include other groups, and introducing new services or expanding services through referral linkages. Closer collaboration between the NGOs and government departments and health facilities is important to further accelerate the initiative at a larger scale.

This experience base shows that progress towards many objectives of Uganda’s National HIV and AIDS Strategic plan can be accelerated by linked response to HIV/AIDS and RH. It provides a platform to scale up linked response and can be used as demonstration effect for advocacy and experience sharing. Scaling up linked response will require policy dialogue, sensitization of stakeholders on linked response to RH and HIV/AIDS, community sensitization programs, strengthening BCC activities with combined messages on gender, RH and HIV/AIDS, and capacity of health services to deliver linked services. These will need to be supported by coordination, facilitative supervision and administration. In conclusion, there is a critical need for scaling up linked response to HIV/AIDS and RH to contribute towards prevention of new HIV infections.

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CRITICAL NEED FOR ENGENDERED LINKED RESPONSE TO HIV/AIDS AND RH: EXPERIENCES OF ICOMP AND ITS PARTNERS IN UGANDA

1.0 INTORUDCTION

1.1 Critical Need for HIV Prevention

A renewed emphasis on HIV prevention is critically needed¹. There were an estimated 2.5 million new infections in 2007 and about 33.2 million people were estimated to be living with HIV (PLHIV) by the end of the year. If not reversed, this trend of new infections will prove an untenable burden on HIV treatment efforts that are even now struggling to reach all those in need.

Intensifying HIV prevention requires, among other things promoting safer behaviours and sexual norms, increasing knowledge of HIV serostatus, preventing sexually transmitted infections (STIs), preventing mother-to-child transmission of HIV, protecting young people and linking treatment access to HIV prevention².

1.2 Feminization of HIV/AIDS

A growing concern is the feminization of the AIDS epidemic with the increasing rate of HIV/AIDS prevalence amongst women. In 2007, half of the 30.8 million adults living with HIV/AIDS globally are women (UNAIDS and WHO, 2007). The most recent HIV data (Global Coalition of Women and AIDS, 2006) highlights an escalating epidemic amongst young women in sub-Saharan Africa:

- 76% of all HIV positive women live in sub-Saharan Africa, where women comprise 59% of adults living with HIV.
- 74% young people aged 15-24 years living with HIV in sub-Saharan Africa are women.

Promoting gender equality and empowering women as well as involving men are necessary to achieve equitable social, economic and political development, and more critically for improving RH and HIV/AIDS status:

“Experience and research show that reproductive health (RH) and HIV/AIDS programs are most effective when they take steps to improve the status of women (ICPD, 1994).”

The review by WHO (2003) finds that the effectiveness of HIV/AIDS programs and policies is greatly enhanced when gender-specific concerns and needs of women and men are addressed, and gender inequalities are reduced. In view of the feminization of the epidemic, UNAIDS argues that HIV prevention for women and girls needs to be a global priority.

1.3 HIV/AIDS Situation in Uganda

In the countries of East Africa, HIV prevalence has either decreased or remained stable in the past several years. Uganda's epidemic appears to have stabilized. In Uganda, which saw a steep decline in HIV prevalence during the mid- and late-1990s, adult HIV prevalence was an estimated 6.7% [5.7%-7.6%] in 2005.

The HIV epidemic in Uganda is generalized (UAC, 2007) with heterosexual transmissions remain the main mode of HIV infection in Uganda. 42% of HIV transmission incurred during marriage, 22%

¹ UNAIDS and WHO (2007), AIDS Epidemic Update December 2007

² UNAIDS 2007, 2006 Report on the Global AIDS Epidemic. Chapter 6.

through commercial sex and 14% through casual sex (MOH, 2006). Women face considerably higher risk of HIV infection than men across the age spectrum from birth to age 45-49 years with 60% for women versus 40% for men and the gender impact of the disease are significant (UAC, 2007). Women are often unable to negotiate for safer sex due to lower social and economic status and fear of violence. In addition, women bear the burden of caring for sick family members and are more likely to be rejected, expelled from the family home and denied treatment, care and basic human rights (UAC 2007).

The transmission of HIV from mother-to-child is the second most common means of transmission of HIV (UAC, 2004-a) due to high prevalence among pregnant women, which is at 7% (MOH, 2006). It is now estimated that over one million people (of which 100,000 are children under the age of 15) are currently infected and probably over a million have already died from HIV disease. Mother to child transmission (MTCT) contributes to 22% of new infections (MOH, 2006).

Although the HIV epidemic is generalized, there are pockets of population that are vulnerable and at higher than average risk of HIV infection. These include commercial sex workers, fishing communities, internally displaced people, uniformed services, and people with disability.

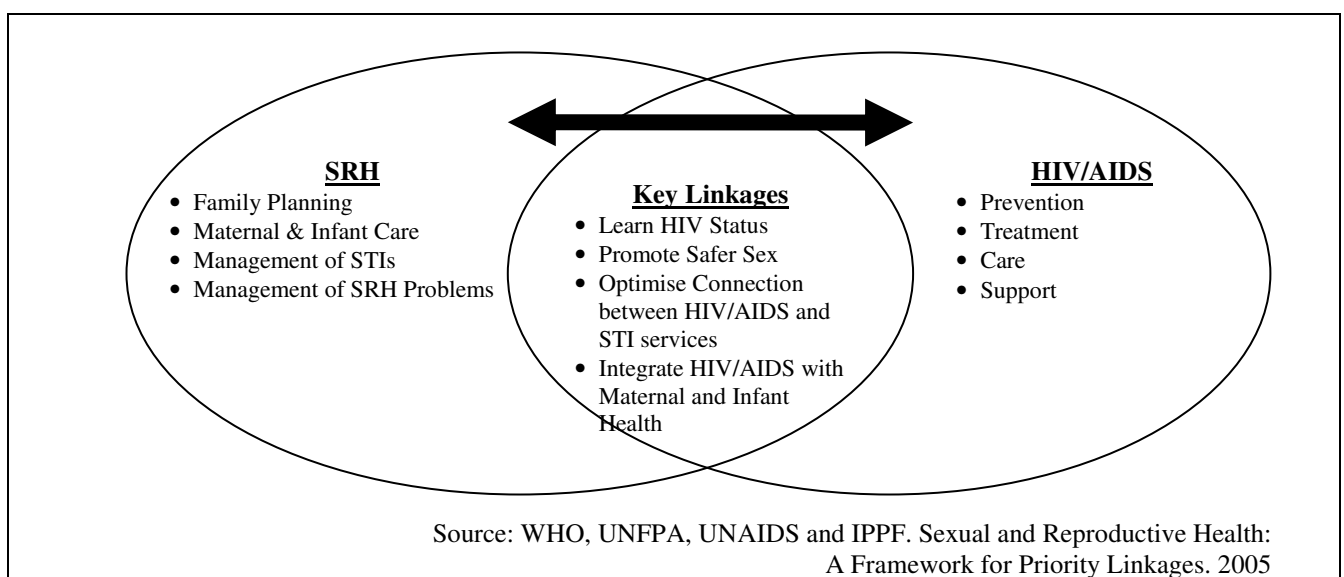
The National HIV & AIDS Strategic Plan 2007/8 – 2011/12 (NSF) published by the Uganda AIDS Commission (UAC) lists several strategic actions that emphasize the links between RH and HIV/AIDS programs and services (see table 1 for details).

2.0 ICOMP EXPERIENCES ON LINKED RESPONSE IN UGANDA

2.1 Framework for Linked Response to SRH and HIV/AIDS

WHO, UNFPA, UNAIDS and IPPF have developed a Framework for Linked Response (Figure 1) proposing a set of priority linkages between sexual and reproductive health (SRH) and HIV/AIDS programs - learn HIV status, promote safer sex, optimize connection between HIV/AIDS and STI, and integrate HIV/AIDS and maternal and infant health. These are also the key measures needed for intensifying HIV prevention and improve SRH leading to important public health benefits. Therefore, linked response to SRH and HIV/AIDS has significant potential for improving SRH and preventing HIV.

Figure 1:
Framework for Priority Linkages



Policy support for linked response is growing. The special session of the African Union Conference of Ministers of Health, in their Maputo meeting in September 2006 agreed, “*The mainstreaming of Sexual*

and Reproductive Health and Rights and its linking with HIV/AIDS in health care delivery is therefore, a logical approach to the achievements of MDGs. The overlap of interventions for SRHR and HIV/AIDS makes their linking a strategy for improving access to health care.” Some countries in Asia – China, Cambodia and India – have developed a national policy or operational frameworks that promote closer collaboration between SRH and HIV/AIDS programs and services.

However, despite the policy support and operational frameworks, the programmatic actions on linked response have lagged behind because of barriers at organizational, service provider and community level and separate funding streams for these programs at national and donor levels. The potential for closer collaboration between RH and HIV/AIDS programs for sustained and dual impact, to improve RH status and combat HIV/AIDS, remains grossly under-utilized.

2.2 ICOMP Experiences

ICOMP started linking RH and HIV/AIDS programs and services through a project on “Developing Institutional Capacity for Linked Response to RH and HIV/AIDS” funded by the World Bank. The 2-year project 2004-2005 was implemented in four countries – Ethiopia, Uganda, Tanzania and Zambia – in partnership with eight NGOs. The goal of this project was to create a sustained impact on sexual and reproductive health (SRH) and HIV/AIDS by increasing institutional capacity on linked response to RH and HIV/AIDS. The above framework (figure 1) was operationalized (see annex 1).

Two NGOs (a youth NGO and a community health provider) were selected and guided through a strategic planning process to identify priority areas for linked response to RH and HIV/AIDS intervention. The Uganda Youth Development Link (UYDEL), a youth NGO, was providing Behavioral Change Communication (BCC) combined messages to reduce teenage pregnancies and HIV infection among youth; and Kyetume Community-based Health Care Programs was providing the Prevention of Mother-to-Child Transmission (PMTCT) services to ante-natal care clients.

Building on the success of the first project, ICOMP expanded the innovations in linked response to RH and HIV/AIDS through a project on “Increasing Capacity of NGOs for Expanding Linked Response to RH and HIV/AIDS in Sub-Saharan Africa”. The project was implemented in Mukono district in 2006-2007 with five partners, including three new partners. They were the Uganda Young Positive (UYP), Mukono Multi-Purpose Youth Organisations (MUMYO) and St Francis Healthcare Services (ST.FCHS). The overall goal of the project was to increase NGO capacity on linked response to RH and HIV/AIDS for accelerating diffusion of and creating a momentum for this innovation to create sustained impact on RH and HIV/AIDS.

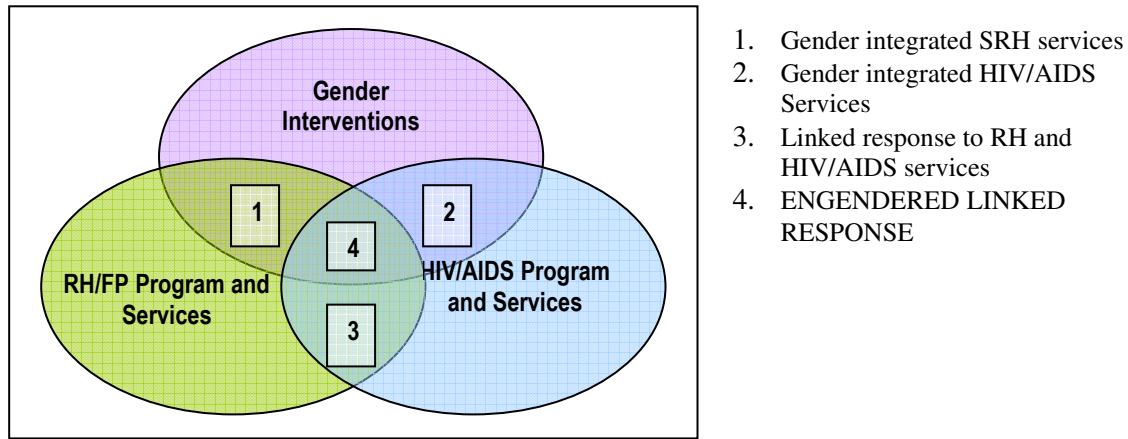
Due to feminization of HIV in Uganda, where women account for 60% of total infections, there is a great need to incorporate gender element into linked response interventions. The first and second projects assessment found that male involvement in RH (such as FP and MCH), and HIV/AIDS prevention (such as VCT) are very low. On the other hand, although the first and second projects were able to reach young girls and women with RH and HIV/AIDS information, their participation in RH and HIV/AIDS services, to some extent, remain low. This is due to the lack of participation among male partners, which impedes women from practicing their reproductive rights such as family planning and condom use or accessing services, thus increasing the risk of unwanted pregnancy and STI/HIV infections.

Male participation is vital to improve women’s access to RH and HIV/AIDS programs and services. This issue was addressed in the third project on “Increasing Capacity of NGOs for Engendering Linked Response to RH and HIV/AIDS in Sub-Saharan Africa” implemented in 2007-2008. ICOMP developed a framework for engendering linked response (Figure 2 and Annex 1). Engendered linked response can empower women and at the same time sensitize men on reproductive rights, change their behavior and increase their participation in RH and HIV/AIDS programs and services.

The partner NGOs began to incorporate gender components in their existing linked response programs and services. For example, couple counselling is being promoted in ANC service and VCT is offered to

male partners. In ART service, people living with HIV (PLHIV) will receive RH information including family planning and reproductive rights. The BCC messages also incorporate gender issues such as male responsibility in RH and HIV prevention, women’s reproductive rights, as well as addressing gender equity and equality in the society.

Figure 2: Framework for Linked Response (Engendered)



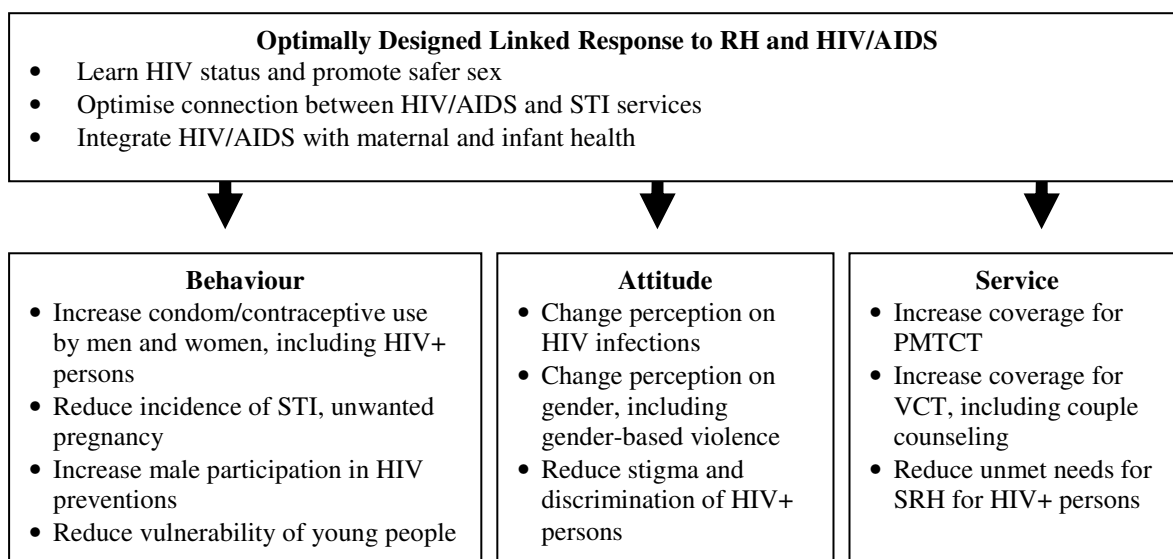
2.3 Advantages of Linked Response

The project demonstrated many advantages of linked response for clients, service providers, and community level. The clients have benefited from the improved service mix and better quality of care. For example, when a client came for STI diagnosis and treatment, he/she will get referral to VCT and also FP counselling and services. In addition, engendered linked response services can reduce financial and opportunity costs to the clients.

The service providers have been able to effectively and efficiently utilise their resources through better coordination, minimizing administrative duplication, facilities sharing, etc. Existing health personnel and RH services could be better utilized and funding from HIV/AIDS programs can be used for RH activities. Thus, duplication would be avoided and there is maximum utilisation of scarce resources (financial and personnel), with responsibilities of implementing activities being clear. Figure 3 illustrates the benefits of linked response.

The linked response has also improved community participation through community-level BCC interventions and clinical facilities. The intervention has created awareness among community members, which had increased demand for linked services. The BCC interventions also, to some extent, reduce stigma associated with HIV/AIDS, and increase awareness on gender roles in RH and HIV prevention.

Figure 3: Benefits of Linked Response to RH and HIV/AIDS



i. Change in Behavior

- ***Increased demand for condoms***

MUMYO, UYDEL and UYP distribute condoms for dual purposes – for prevention of unwanted pregnancy and prevention of sexually transmitted diseases and HIV infections. The distribution of condoms was made through youth-friendly RH and counseling centers as well as through condom promotion activities organized in the community. In societies where stigma attached to condom use is strong, the condoms were distributed in a closed environment such as youth-friendly counseling centers and healthcare facilities. The total number of condoms distributed by each partner NGO varies depending on the supply and demand of the condoms.

Although the partner NGOs reported that they have been distributing a large quantity of condoms due to increased demand of condoms in the society, it is, however, difficult to assess the impact of this activity on the prevention of unwanted pregnancy and prevention of sexually transmitted diseases and HIV, as partner NGOs do not have detailed information or profile of the users. Apart from the end-of-project assessment, no close monitoring or follow-up study has been conducted with the users to assess if condom has prevented them from unwanted pregnancy or being infected with sexually transmitted diseases and HIV. In addition, consistent use of condom among married couples remains low. A woman said “(we) can talk about it but (men) don’t accept, think condoms are for prostitutes or that you don’t trust him”. Men tend not to use condom with their wife “I do not use condom at home, only outside (when with another woman)”.

- ***Increased male participation in RH and HIV/AIDS prevention through engendered linked response***

The linked response interventions with gender component implemented by the partner NGOs have created awareness among the community members, including men, women, boys and girls on the importance of male involvement and participation in RH and HIV/AIDS programs.

Men tend to hold the decision on the number of children, although some women take the initiative to decide on their own, which has implications for couple communication and choices of family planning methods. According to a female FGD participant in Uganda “*men want children. It’s a tug of war. They don’t negotiate even infected ones.*” Although men hold the decision making power in the family, their participation remains low. “*Men’s involvement is low in FP and RH*”. However, through the sensitisation and awareness raising activities conducted in the community, their behaviours have begun to change. A male participant said “*most of the time I negotiate for sex with my wife, however, sometimes I forced.*” A male participant, however, agreed that reproductive health decision is the responsibility of both husband and wife. “*...we should negotiate on family planning, number of children and (take our wife to) ante-natal care*”. Another male said “*reproductive health and HIV prevention is not female responsibility alone, it is for both male and female.*”

Through Engendered Linked Response project, MUMYO, Kyetume, ST.FCHS and UYDEL reported an increased number of males accessing RH and HIV/AIDS services. MUMYO has recorded an increase number of men and couples coming forward for VCT as a direct result of its peer education programs. For the period of May to December 2007 MUMYO had counselled and tested 160 couples. The MCH/ANC section of St FCHS had counseled and tested 215 pregnant women for HIV, of which 53 were HIV positive. Through the gender-sensitive counseling approach, 85 male partners were tested compared to 12 partners who were tested in the previous linked response project.

ii. Change in Attitude

- ***Improved community members’ perception on HIV and reduce stigma and discrimination***
Efforts were taken by the partner NGOs to increase awareness and reduce stigma of STI and HIV/AIDS among the community members. They sensitized community members on RH and HIV/AIDS issues through various behavior change communication activities such as peer education, community outreach programs such as panel discussions, and edutainment through music and drama shows. These activities provide an opportunity to the community members to access RH and HIV/AIDS information. Some NGOs use these activities to provide access to RH and HIV/AIDS services such as family planning and voluntary counseling and testing for the community members.

In addition to the sensitization activities, a few partner NGOs also published IEC materials such as newsletter and brochures to promote specific RH and HIV/AIDS issues including risk reduction behavior for the prevention of unwanted pregnancy, HIV and sexually transmitted diseases; condom for dual protection; RH and family planning information for higher risk groups; and general RH and HIV/AIDS prevention, treatment, care and support information. MUMYO and UYDEL distributed IEC materials to more than 1000 persons in the community.

The IEC materials and BCC activities have helped to sensitize community members’ perception on HIV infections and reduce stigma and discrimination of people living with HIV.

- ***Changed perception on gender, including gender-based violence***
Through the intervention activities such as counselling and education, women and girls were empowered with information on reproductive rights. At the same time, men and boys were also sensitized on the importance of protecting women’s reproductive rights. The guarantee of women’s reproductive health rights is also critical to ensuring women’s rights to equal participation in the economic, social and political fields at all levels. A woman said “*men have more rights. Some men believe that they have to get children from different women*”.

However, through sensitisation activities more women are now aware of their rights “*even women have rights, no need to stay in the kitchen*”.

iii. Improved Services

- ***Increased access to and utilization of voluntary counseling and testing; access to anti-retroviral treatment; and coverage for the prevention of mother-to-child transmission***

Linked response has increased the access to and utilization of the voluntary counseling and testing among women, youth and sex workers. Since September 2006 to March 2008, more than 1000 women, youth and sex workers had accessed VCT services to know their sero-status. UYDEL has referred 390 youth who are sexually active for HIV testing as well as to family planning and STI services. ST.FCHS provides access to voluntary counseling and testing to all pregnant women attending the ante-natal care clinic. During the same period ST.FCHS has counselled and tested 605 pregnant women, in which 181 pregnant women were tested positive and referred to Jinja Health Centre IV for anti-retroviral prophylaxis for the prevention of mother-to-child transmission of HIV. In addition more than half of the positive women accepted family planning.

Kyetume also uses its ante-natal care clinic as an entry point for voluntary counseling and testing. During the same period Kyetume has counseled and tested 256 pregnant women and their spouses (145), in which 45 women were found to be HIV positive. The women were referred for the prevention of mother-to-child transmission to three government health facilities - Ntjeru Kojja Health Centre, Kwolo Hospital and Nsambya Hospital.

- ***Improved clients satisfaction***

The linked responses services offered by Kyetume and ST.FCHS addresses some missed opportunities by providing a broader outreach to underserved groups including young people and men. The partner NGOs said that by strengthening the linkages between RH and HIV/AIDS programs, it is likely to promote client satisfaction as the facilities are fully utilized to provide a broad range of preventive and clinical services at one visit, thus better meeting the needs of clients. They are using ANC, FP and STI services to educate, sensitize and refer clients for HIV testing and treatment. In addition, it will also improve efficiency and effectiveness by reducing duplication of services.

- ***Improved access to comprehensive care for PLHIV including that for meeting their SRHR needs.***

In order to meet the sexual and reproductive health and rights, PLHIV must be able to make informed decision about their SRHR and have access to comprehensive RH services.

UYP continues to provide guidance and counseling through outreach programs where 146 male and 205 female young positive were reached. UYP has also broadened their focus to include in-school youth where 600 youth from several schools were reached with messages on safe sexual behavior for HIV prevention.

Efforts by the partner NGOs in Zambia like NZP+ which offer psychosocial support for men and women as well as providing correct and adequate information on RH has encouraged PLHIV to practice safer sexual behavior including abstinence, be faithful to one sexual partner or use condom to reduce the risk of infection and/or re-infections of HIV as well as prevent unwanted pregnancy.

2.4 Strategies Used for Implementing Linked Response to RH and HIV/AIDS

Linked response had changed the way the partner NGOs work, either through mainstreaming linked response in the current programs and services, expansion the target audiences to include other groups, introduction of new services or expansion of services through referral linkages. Linked response services requires closer collaboration between a partner NGO with other RH and HIV/AIDS providers in order to provide better quality of comprehensive linked services.

ICOMP and the partner NGOs used the following strategies to accelerate linked response to RH and HIV/AIDS:

1. *Strengthened their Institutional Capacity* for linking RH and HIV/AIDS as well as gender in programs and services through providing training on linked response programs and services and getting a better gender balance in their staff;
2. *Improved Programs and Service Delivery* through reaching men with programs activities, addressing gender norms in counselling and other health services, addressing RH and HIV/AIDS issues together, including socio-cultural norms when reaching young people, creating awareness of reproductive rights among men and women and creating or using IEC/BCC with combined messages;
3. *Increased Community Involvement* through community based participatory approaches to address the linkages between RH and HIV/AIDS including gender norms and roles; and
4. *Strengthened Collaboration with Government and Other Stakeholders* by strengthening referral linkages and advocating for engendered linked response.

Below we discuss these actions in detail.

i. Strengthening Institutional Capacity of Partner NGOs

- ***Linking RH and HIV/AIDS as well as gender in programs and services***

Most of the partner's programs and services operate two vertical programs and services with limited linkage between the two. As an example, before the implementation of linked response intervention, UYDEL was addressing both RH and HIV/AIDS issues separately. Through implementation of linked response, equal information is now given with investment in RH information for young people. The HIV prevention program is used as an entry point for family planning services, including contraceptive supply. UYDEL also highlights the important links between sexual behavior and HIV and STI to the young people and community at large. At both the drop-in and outreach centers, the staff and peer educators provide comprehensive information, services and referrals for HIV/AIDS and RH.

The partner NGOs mentioned that gender is integrated within their existing programs (by empowering women with information on RH and HIV/AIDS). However, the partner NGOs acknowledge that men have been left behind in most of their programs, citing that most men in their communities have low interest on RH and HIV/AIDS issues. The engendered linked response therefore, has changed the perspective of partner NGOs on gender as it addresses both issues - women's empowerment and men's participation in RH and HIV/AIDS programs and services.

A programs manager of Kyetume said "*we have now understood that gender is not about women alone. It involves men also. Our previous programs and services, while focusing on women, is neglecting men. We have to give equal attention on women's empowerment and men's participation*".

According to ST.FCHS senior staff "*gender is now internalized in our services. In each of our services, we will ensure whether it will empower women and encourage male participation.*"

- ***Provide training on linked response programs and services***

Sensitising and orienting staff and volunteers to enable them to educate and empowering the clients and communities is important. Thus, all partner NGOs had an orientation workshop organized for their staff and volunteers to increase their awareness, knowledge and skills on linked response concept and interventions.

Interviews with staff and volunteers of the partner NGOs found that (i) their awareness, knowledge and skills have been enhanced to incorporate gender elements in RH and HIV/AIDS programs and services, and (ii) increased their confidence to incorporate gender issues and challenge gender norms in RH and HIV/AIDS information and counselling services.

A senior staff of Kyetume said *“our staff and volunteers are now capacitated with knowledge and skills to address gender issue in RH and HIV/AIDS programs and services. It is now their task to transfer the knowledge and skills to our clients.”*

In counseling service, most counselors said that there is no proper counseling guideline that incorporates all three issues – gender, RH and HIV/AIDS. The counselors use counseling guide in RH/FP setting and/or VCT counseling guide as the basic guide for their counseling sessions. Gender is informally integrated in the counseling service. Kyetume counselor said *“before the training on gender, we do not look the issues discussed from gender perspective. However, the training provided us with knowledge and skills. When we talk to our clients we talk about gender also”*.

MUMYO drama members said *“the orientation was good. We now talk about role of men and women in family planning. We sensitize men on HIV/AIDS prevention”*.

- ***Employ equal number of female and male staff and volunteers***

Most partner NGOs has imbalance in number of volunteers, where women or girls form the majority. Men or boys are not interested to be volunteers as the remuneration for volunteers is very low and they have to work to support their families. As using a man to reach their peers is more effective in community outreach activities unequal number of volunteers is a drawback. *“You need a man to reach another man”* according to a volunteer of UYP. UYP is currently intensifying their membership drive, especially among young boys, by recruiting more boys as peer educators. *“Men responded actively if the discussion is lead by male peer educator”* said the coordinator. MUMYO also has more female peer educators and drama group members and need to recruit more male peer educators. *“Currently we have 10 girl peer educators, and we want to recruit more male peer educators. We are lucky if we can have five males”*. Equal number of male and female staff in health facilities (Kyetume and ST.FCHS), however, was not addressed as it was not feasible. Given the limited resources, the health facilities are trying their best to address gender imbalances among their staff.

ii. Improved Programs and Service Delivery

- ***Reach men with programs activities***

ST.FCHS organized a number of workshops to reach-out to men with RH and HIV/AIDS information. The approach used by ST.FCHS was to go to places where men congregate such as market, landing site, etc.

ST.FCHS nurse said *“If you wait at the clinic (hoping a man will come to you) you will not get them. In this society, it is a taboo for a man to go to health centre. This is why we have to go as far as Wakisi and Kikondo landing site to reach out to men with information and*

services. Once they are aware of their roles in HIV prevention, these men will start asking for services and spread the words among their peers.”

UYDEL health worker said *“we have seen young people repeatedly come to our centre for STI treatment. Thus, we encourage them to come together with their partners for treatment, as we realised if we do not treat them together, we will not be able to solve the problem.”*

- ***Address gender norms in counselling and other health services***

The counselors will provide counselling that includes a gender perspective to clients (both male and female) about their lives and their relationships.

A provider from Kyetume CBHC explained how they incorporate gender into their counseling and services *“usually a woman will come alone for family planning services. During the counseling session I will ask her if her spouse knows that she is using family planning contraception. I will also ask her what will be the reaction of her spouse if he finds out (that she is practicing family planning). I talk to her about women’s reproductive rights and how to negotiate for safer sex. At the same time, I will also explain the role of men in reproductive health and encourage her to bring her spouse for counselling.”*

Addressing gender norms in counseling and other health services can empower women and at the same time can increase men’s participation in RH and HIV/AIDS services.

- ***Address RH and HIV/AIDS issues together, including socio-cultural norms when reaching young people***

A peer educator from UYDEL explains how slum girls are empowered *“majority of girls at our centre came from the slum area (within Mukono Town Council). They face lots of problems such as (victim of) sexual abuse, poverty, unemployed or could not complete their education due to poverty. At our centre we provide them with vocational skills such as hair dressing, sewing and tailoring. At the same time, we provide them with information on reproductive health and HIV/AIDS prevention through interactive BCC activities. The girls have been empowered with vocational skills and equipped with RH and HIV/AIDS information, which has helped to increase their self-esteem. We also provide family planning counselling and services, STI screening, distribute condom, as well as referral services for higher risk of youth.”*

Thus, it is important for providers to address RH and HIV/AIDS issues together when reaching young people.

- ***Create awareness of reproductive rights among men and women***

Partner NGOs realised the need to educate both men and women about reproductive rights, as this can break down the barriers to access and utilisation of RH and HIV/AIDS. The partner NGOs also noted that as awareness of rights increases, the gender roles are changing.

UYDEL is creating awareness of reproductive rights and promoting mutual respect among young people. *“A boy who has some knowledge about reproductive rights will usually respect their female partner. On the other hand, a girl who knows her reproductive rights can protect herself from unsafe sex or sexual abuse”* said UYDEL peer educator.

- ***Create or use IEC/BCC with combined messages***

Partner NGOs are now promoting the linkages between RH and HIV/AIDS, including gender to the community through combined IEC/BCC messages. As an example, a drama shows will not talk about RH or HIV/AIDS issues alone, but both issues were discussed throughout the show.

UYP coordinator said “we are empowering our members with RH information. It is important for them to practice safe sexual behavior including using condom even within marriage”.

iii. Increase Community Involvement

- ***Use community based participatory approaches to address the linkages between RH and HIV/AIDS including gender norms and roles***

Kyetume uses its Community Owned Resource Persons (CORPs) to sensitize community members on the linkages between RH and HIV/AIDS, including gender norms and roles. CORPs members were selected from local communities and most of them are well known or respected persons in the community. CORPs members will go from home to home to talk to both husband and wife on the issues and at the same time mobilize them for services such as family planning and VCT.

UYDEL and MUMYO used drama and music activities to reach out to general population, including women and men, and it is usually performed in a community. “The drama is a good medium of communication. We can talk all issues that are affecting them in our drama. It reflects directly on the community. They (the community members) like it. It is a good avenue to promote our VCT service, which is available at Nggalamma Hospital”. The drama compositions also tell the community members to talk to partners and be open on HIV test results.

iv. Strengthen Collaboration with Government and Other Stakeholders

- ***Strengthen referral linkages***

MUMYO has strong referral linkages with St FCHS Nggalamma Hospital as its counseling centre is situated within the hospital. MUMYO also received clients for HIV counseling and testing from the hospital. “We counseled and test clients for MCH and STI in outpatient clinic. Sometimes there are clients who came on their own”. UYDEL also has strong referral linkages with a government health centre III in Mukono.

- ***Advocate for engendered linked response***

The partner NGOs consistently advocate other stakeholders in building a stronger foundation for engendered linked response. The advocacy was for accelerating diffusion of and creating a momentum for engendered to create sustained impact on RH and HIV/AIDS. A closer relationship was established by ICOMP and the partner NGOs with the Mukono District Directorate of Health Services through a series of meetings.

3.0 HOW ENGENDERED LINKED RESPONSE CAN CONTRIBUTE TO THE ACHIEVEMENT OF OBJECTIVES OUTLINED IN THE UGANDA NATIONAL HIV & AIDS STRATEGIC PLAN 2007/8 – 2011/12

It is clear that the linked response intervention strategies described above can contribute to the achievement of the objectives of the Uganda National HIV & AIDS Strategic Plan 2007/8 – 2011/2 (NSF). Experiences of ICOMP’s partner NGOs can accelerate HIV prevention programs at community level through the integration of both RH and HIV/AIDS programs and services. Table 2 below illustrates the linkages between the linked response interventions and the NSF objectives.

Table 1. NSF Objectives, Strategic Actions and Linked Response Interventions by Partner NGOs,

NSF OBJECTIVES	STRATEGIC ACTIONS WITH SRH AND HIV/AIDS INTEGRATION	LINKED RESPONSE INTERVENTIONS APPROACH BY PARTNER NGOS
<p>Objective 1: To accelerate the prevention of sexual transmission of HIV through established as well as new and innovative strategies.</p>	<ul style="list-style-type: none"> • Promote ABC+ - which includes Abstinence, Being faithful (fidelity), and Condom use with risky sexual encounters, plus other strategies to reduce sexual risk • Ensure that all the youth in and out of school access life skills that integrate HIV prevention • Develop and implement effective IEC interventions for reduction of high-risk sex among all groups, especially the key risky behaviors, including: sex with non-marital, non-cohabiting partners; unprotected sex, sex with partners of unknown HIV status; cross-generational sex; transactional sex, and early sex; • Reduce HIV transmission among discordant couples and married people by couple counselling, testing and disclosure; • Promote abstinence among youths in and out of school 	<ul style="list-style-type: none"> • Partner NGOs have been promoting abstinence and be faithful to reduce risky sexual behavior, as well as promoting consistent use of condoms • UYDEL have been integrating life skills with HIV prevention to increase self esteem of youth • Partner NGOs have been using RH and HIV/AIDS combined messages in their IEC and BCC activities • Partner NGOs are promoting couple counselling and encourage disclosure among couples
<p>Objective 2: To reduce the HIV transmission from mother-to-child by 50% by 2012</p>	<ul style="list-style-type: none"> • Integrate SRH services, especially family planning and HIV/AIDS service delivery targeting both women and men; • Roll out PMTCT programs to all HC-IIIs; • Link mothers, fathers and babies to other prevention, care and treatment services; • Enhance targeted communication for PMTCT highlighting roles and benefits to girls, pregnant women and their partners, parents and communities as well as facilitating engagement of male partners to provide appropriate support 	<ul style="list-style-type: none"> • ST.FCHS and Kyetume are already integrating SRH services, including FP with VCT, PMTCT and ART. HIV positive mothers will be enrolled for PMTCT and after delivery they are encouraged to practice family planning. • ST.FCHS and Kyetume have rolled-out PMTCT in the community, where gender component was incorporated to increase support from male partners. As a result, the PMTCT coverage has been increased as HIV positive mothers are more open about their sero-status due to the support received from their partners.

NSF OBJECTIVES	STRATEGIC ACTIONS WITH SRH AND HIV/AIDS INTEGRATION	LINKED RESPONSE INTERVENTIONS APPROACH BY PARTNER NGOS
<p>Objective 4: To control sexually transmitted infections, increasing appropriate uptake to 70% by 2012</p>	<ul style="list-style-type: none"> Integrate HCT into management of STI patients; 	<ul style="list-style-type: none"> ST.FCHS has integrated syphilis screening with HIV testing through community outreach programs. ST.FCHS health workers and counselors will go to the community to sensitize them on STI, especially syphilis which is a common disease in the community, including the treatment option for syphilis. The counselors will explain to the clients that the blood drawn can also be used for HIV testing, in which they can opt not to do HIV test. This approach has shown some positive results, where clients who came for syphilis test are willing to take HIV test also.
<p>Objective 6: To increase equitable access to ART by those in need to reach 240,000 by 2012</p>	<ul style="list-style-type: none"> Promote health care seeking behavior among males Provide for increased coverage of ART treatment to mothers receiving PMTCT 	<ul style="list-style-type: none"> All partners are sensitising the community members on the roles and responsibilities of men in RH and HIV prevention The PMTCT programs by ST.FCHS and Kyetume has increased access to ART for HIV positive mothers and their spouses
<p>Objective 7: To increase access to prevention and treatment of opportunistic infections, including TB</p>	<ul style="list-style-type: none"> Integrate HIV and AIDS services and sexual and reproductive health 	<ul style="list-style-type: none"> ST.FCHS and Kyetume are providing access to prevention and treatment of opportunistic infection for PLHIV. The youth NGOs are providing referral linkages for high risk youth.
<p>Objective 9: To integrate prevention into all care and treatment services by 2012</p>	<ul style="list-style-type: none"> Ensure availability of prevention and reproductive health services and supplies including family planning services and supplies at HIV/AIDS care and treatment service delivery points Integrate family planning counselling into all phase of HIV care and treatment, including pre-test and post-test counseling and follow-up care 	<ul style="list-style-type: none"> Experience from ICOMP's partner in Zambia - the Network of Zambian People living with HIV/AIDS (NZP+) – shows that the availability of RH information and FP supplies at HIV/AIDS care and treatment service delivery points increases FP uptake among its members. Although in Uganda, none of our partner is implementing this type of interventions, ICOMP's

NSF OBJECTIVES	STRATEGIC ACTIONS WITH SRH AND HIV/AIDS INTEGRATION	LINKED RESPONSE INTERVENTIONS APPROACH BY PARTNER NGOS
		<p>experiences in Zambia can be replicated in Uganda.</p> <ul style="list-style-type: none"> • The partner NGOs in Uganda, however, have been integrating family planning counselling into all phase of HIV care and treatment, including pre-test and post-test counseling and follow-up care.
<p>Objective 10: To support and expand the provision of home based care and strengthen referral systems to other health facilities and complementary services</p>	<ul style="list-style-type: none"> • Specific action is needed to promote sexual and reproductive health among adolescents and to address the sexual and reproductive health needs of adolescent PHAs, as they are especially vulnerable 	<ul style="list-style-type: none"> • UYP is promoting for healthy lifestyle among young PLHIV including abstinence, be faithful and use condom to reduce the risk of infecting others. • UYDEL is also promoting sexual and reproductive health among adolescents and addresses the sexual and reproductive health needs of adolescent PHAs, as they are especially vulnerable. Most of UYDEL's beneficiaries are slum youth, in which some of them are engaged in commercial sex.

4.0 RECOMMENDATION TO JUMPSTART ENGENDERED LINKED RESPONSE

Engendered linked response needs to be up-scaled as it has considerable potential for contributing to the objectives of the National Strategy. Therefore, investment should be made to demonstrate efficacy of engendered linked response to HIV/AIDS and SRH interventions as basis for policy dialogue and advocacy to promote closer integration between RH and HIV/AIDS programs and services.

ICOMP's partner NGOs have some experience in linking SRH and HIV/AIDS programs and services and addressing gender issues in them. These experiences can form the base for scaling up successful interventions and adaptation to new areas to jumpstart engendered linked response.

For identifying ways for successful scaling up, a number of meetings were held with officials from the Mukono District Directorate of Health Services, representative of the Local Council, partner NGOs and community leaders including UNFPA to identify strategies to accelerate this initiative and strengthen the linkages between RH and HIV/AIDS, including the gender component. Below are the recommendations for scaling up linked response interventions suggested by the stakeholders:

- i. Policy dialogue
 - Advocacy to increase political commitment at various levels.
 - Provide evidence-based advocacy.
 - Appropriate policies and strategies that promote closer collaboration between RH and HIV/AIDS should be in place.
- ii. Sensitize stakeholders on linked response to RH and HIV/AIDS including:
 - Other NGOs in the district that are currently providing RH and/or HIV/AIDS services
 - Existing RH and HIV/AIDS service providers in government and private/NGOs facilities such as hospitals, HC III and IV
 - Political wing including Directorates in sub-counties (gender, community, health services), Desk for AIDS/MCH/FP and Resident Commission
 - Village Health Teams (VHTs)
 - Community Resource People such as peer educators
 - Family Social Support Group for PLHIV
- iii. Community sensitization programs
 - Strengthen BCC activities with combined messages on gender, RH and HIV/AIDS.
 - Use community participatory approach
- iv. Strengthen capacity of health services
 - Investing in organisations that are already providing linked response services is necessary to create evidence on the utility of linked response
 - Mapping of services available in health facilities in the district
 - Strengthen capacity of service providers through (i) training in specific interventions, (ii) supplies and (iii) equipment/infrastructure
 - Develop protocols that link RH and HIV services and integrate gender
 - Strengthen referrals linkages within organisation and between organisations
- v. Coordination, facilitative supervision and administration
 - The initiative should be coordinated for efficiency and efficacy of recourse utilisation.

- Coordinated planning and management strategies that will institutionalize the linkage of the two services are also needed.

Successful linked response can only be achieved when supported by political commitment to genuine institutional collaboration rather than through attempts to simply expand and link vertical programs. In conclusion, to accelerate progress towards intensifying prevention of new HIV infections, it is necessary to not only strengthen HIV/AIDS program but also SRH and gender programs and build stronger linkages between them. This is the way forward.

References

MoH and ORC Macro (2006) Uganda HIV/AIDS Sero-Behavioural Survey 2004/2005 (UHSBS)

Report of the International Conference on Population and Development (1994)

UAC (2007), Moving Toward Universal Access: National HIV & Aids Strategic Plan 2007/08-2011/12. Uganda AIDS Commission, Republic of Uganda

UNAIDS 2007, 2006 Report on the Global AIDS Epidemic. Chapter 6

UNAIDS and WHO (2007), AIDS Epidemic Update December 2007

Gender Sensitive Linked Response Interventions by Different Types of Programs

	SERVICE DELIVERY AREAS	LINKED RESPONSE INTERVENTIONS				
		BY RH PROGRAM	BY HIV/AIDS PROGRAM	BY YOUTH / COMMUNITY / FAITH-BASED ORGANIZATIONS	GENDER SENSITIVE APPROACHES	
P R E V E N T I O N	Behavioral Change Communication– Mass Media and Community Outreach Program	Provision of HIV/AIDS messages combined with RH and FP information, education, communication (IEC) materials broadcasted or distributed (radio & TV programs / newspapers)	Provision of RH & FP messages combined with HIV/AIDS information, education, communication (IEC) materials broadcasted or distributed (radio & TV programs / newspapers)	Provision of combined RH/FP and HIV/AIDS information, education, communication (IEC) materials broadcasted or distributed (radio & TV programs / newspapers)	Avoid stereotype of femininity and masculinity Identify and use information channels and networks to which men, women, boys and girls have access	
		Provision of HIV related information and risk reduction education/BCC	Provision of information on RH (e.g. FP, safe sex, pregnancy and risk, men’s health, ARH)	Provision of information on RH, FP, HIV/AIDS, STI for specific target groups such as young people (15 – 24), IUDs, sex workers, MSM	Support critical examination and transformation of gender norms in RH/FP and HIV-prevention and education programs	
				Face to face communication, such as counseling and peer-education, to address deeply rooted behaviors and also reduce stigma and discrimination		Responding to the different gender norms and inequalities that affect women and men’s ability to adopt ABC strategies
				Combined education and entertainment to engage target groups, e.g. incorporate information on HIV/AIDS and RH into existing folklores for BCC or increasing young men’s participation in RH through soccer camps.		Develop approaches that reach different vulnerable groups with needed information and services Enhance capacity of clients to address gender, sexuality, and power dynamics in their relationship

SERVICE DELIVERY AREAS	LINKED RESPONSE INTERVENTIONS			
	BY RH PROGRAM	BY HIV/AIDS PROGRAM	BY YOUTH / COMMUNITY / FAITH-BASED ORGANIZATIONS	GENDER SENSITIVE APPROACHES
Family Planning and Contraception (FP)	Provision of on-site STI and HIV/AIDS counselling, testing and treatment to all FP clients including their partners or off-site through referral linkages and to ensure the completion of referral	Provision of FP services including information and counselling on FP and contraception to HIV-positive persons and their partners		Promoting correct, consistent use and improve access to contraception for family planning to both men and women Promotion of family planning and contraception must include an assessment of potential harmful consequences (gender based violence) due to power relations Develop approaches that reach men with needed RH, STI, HIV/AIDS information and services
	Provision of FP services to high risk/vulnerable groups such as commercial sex workers, youth, MSM, etc	Provision of FP services to high risk/vulnerable groups such as commercial sex workers, youth, MSM, etc		
Condom promotion and distribution	Provision of condom	Provision of condom	Provision of condom	Promoting correct and consistent condom use with regular partners
	Condom promotion and distribution for dual protection / promote condom in broader terms – in all aspects of sexual risk reduction, HIV and pregnancy	Condom promotion and distribution for dual protection / promote condom in broader terms – in all aspects of sexual risk reduction, HIV and pregnancy	Condom promotion and distribution for dual protection / promote condom in broader terms – in all aspects of sexual risk reduction, HIV and pregnancy	Promoting the use of and improve access to the female condom, including assuring that it is included as part of HIV-prevention and contraceptive options made available to women
	Referral linkages and follow-up systems through BCC partners with complete package of 4C (condom, counselling, compliance, contact tracing)	Referral linkages and follow-up systems through BCC partners with complete package of 4C (condom, counselling, compliance, contact tracing)	Referral linkages and follow-up systems through BCC partners with complete package of 4C (condom, counselling, compliance, contact tracing)	Condom promotion for dual protection must include an assessment of potential harmful consequences (gender based violence) due to power relations

SERVICE DELIVERY AREAS	LINKED RESPONSE INTERVENTIONS			
	BY RH PROGRAM	BY HIV/AIDS PROGRAM	BY YOUTH / COMMUNITY / FAITH-BASED ORGANIZATIONS	GENDER SENSITIVE APPROACHES
Testing and Counselling	Provision of STI and HIV/AIDS counselling to all FP and MCH clients including their partners	Provision of RH/FP counselling, and wherever feasible, some FP services	Referral linkages for HIV testing / VCT service	<p>Avoid the stereotype that women as vectors of HIV infection</p> <p>Recognize and develop protocols that address the potential negative and often harsher consequences for women following testing or disclosure of HIV-positive status such as GBV and abandonment</p> <p>Include full assessments of potential risks to learning one's HIV-positive status</p> <p>Develop models to promote involvement of men in HIV testing and counselling</p>
PMTCT & MTCT	HIV+ pregnant women referred to VCT, ART and PMTCT	HIV+ pregnant women referred to VCT, ART and PMTCT	Provision of counselling on infant feeding option for PMTCT	Assure fully informed consent and support women's right to decide whether or not to test; and whether and when to disclose their status to partners and family members
	Provision of counselling on infant feeding option for PMTCT	Provision of counselling on infant feeding option for PMTCT	Provision of counselling on infant feeding option for PMTCT	

SERVICE DELIVERY AREAS	LINKED RESPONSE INTERVENTIONS			
	BY RH PROGRAM	BY HIV/AIDS PROGRAM	BY YOUTH / COMMUNITY / FAITH-BASED ORGANIZATIONS	GENDER SENSITIVE APPROACHES
	HIV+ pregnant women receiving a complete course of antiretroviral prophylaxis to reduce the risk of MTCT	HIV+ pregnant women receiving a complete course of antiretroviral prophylaxis to reduce the risk of MTCT	Provision of counselling to reduce the risk of MTCT	Assure women's access to the full range of clinical maternal and reproductive health options Develop program to provide psychosocial support to HIV-positive women Account for stigma and discrimination as well as material constraints that affect women's breastfeeding options and choices
STI Diagnosis	Provision of appropriate STI diagnosis, treatment and counselling	Provision of appropriate STI diagnosis, treatment and counselling	Referral linkages to STI diagnosis, treatment and counselling	Develop protocols that provide assessment for HIV and STI risk as well as appropriate information and services to all clients Reach men with needed information (risk-reduction behavior change), as it is often the behavior of the male partners of female clients that places the client at risk
	Provision of simple diagnostic strategies e.g. syndromic diagnosis, non-invasive rapid diagnostic tests	Provision of laboratory services to support specialist off-site diagnoses for STIs & HIV/AIDS		
	Provision of syndromic management of STIs and opportunistic infections	Provision of syndromic management of STIs and opportunistic infections		
	Provision of invasive rapid diagnostic tests and simplified HIV treatments	Specialized management of complex opportunistic infections		
	Referral linkages for AIDS treatment and care	Provision of treatment with complex ART therapies		
	STI prevention (to avoid re-infection) and management	Referral linkages for family planning, and sterilization services for HIV+ men and women		

	SERVICE DELIVERY AREAS	LINKED RESPONSE INTERVENTIONS			
		BY RH PROGRAM	BY HIV/AIDS PROGRAM	BY YOUTH / COMMUNITY / FAITH-BASED ORGANIZATIONS	GENDER SENSITIVE APPROACHES
	Reproductive Health Services for People Living with HIV	Provision of HIV and STI screening and treatment among pregnant women	Provision of HIV and STI screening and treatment among pregnant women	Referral linkages / counselling on prevention of HIV infection among pregnant women	Reduce stigma and discrimination against HIV-positive women and couples for being sexually active and bearing children Assure reproductive health care for HIV-positive persons meets clinical standards and that providers are knowledgeable about the current treatments and interactions, especially for women (e.g. HIV-positive women have access to cervical cancer screening every six months)
		Provision of counselling on family planning and contraception	Provision of counseling on family planning and contraception	Referral linkages / counseling on family planning and contraception	
		Provision of VCT among partners	Provision of VCT among partners	Referral linkages to VCT among partners	
		Provision of condom for dual protection	Provision of condom for dual protection	Provision of condom for dual protection	
		Provision on ante-natal and post-natal care	Referral linkages to ante-natal and post-natal care	Referral linkages to ante-natal and post-natal care	
		Provision of counselling and ART to reduce risk of MTCT	Provision of counselling and ART to reduce risk of MTCT	Referral linkages to counselling and ART to reduce risk of MTCT	
T R E A T M E N T	Antiretroviral treatment and monitoring	Provision of advanced HIV/AIDS clinical care and counselling support services, including providing and monitoring ART	Provision of advanced HIV/AIDS clinical care and counselling support services, including providing and monitoring ART	Referral linkages to HIV/AIDS clinical care and counselling support services	Address gender inequities in access to and decision making about financing of treatment Develop strategies to address potential barriers to women equal access to treatment Assure meaningful involvement of women and men living with HIV/AIDS
		Community level mobilisation and support	Community level mobilisation and support		
		Provision of HAART (if it can be carried out by RH service providers)	Family care including services for orphans and vulnerable children (OVC)		
		Referral linkages for management of complicated side effects of ARTs	Referral linkages for care and support (such as post-natal care, post-abortion care) provided by RH service providers	Referral linkages for care and support (such as post-natal care, post-abortion care) provided by RH service providers	

	SERVICE DELIVERY AREAS	LINKED RESPONSE INTERVENTIONS			
		BY RH PROGRAM	BY HIV/AIDS PROGRAM	BY YOUTH / COMMUNITY / FAITH-BASED ORGANIZATIONS	GENDER SENSITIVE APPROACHES
		Referral linkages for HIV/AIDS care and support	Management of complicated side effects of ARTs		
	Prophylaxis and treatment for opportunistic infections	Provision of diagnosis and treatment for opportunistic infection among people living with HIV	Provision of diagnosis and treatment for opportunistic infection among people living with HIV	Referral linkages to diagnosis and treatment for opportunistic infection among people living with HIV	
C A R E	Safe Abortion	Provision of safe abortion for HIV positive women (as requested by the woman and where the law permits)	Referral linkages for safe abortion / safe abortion for HIV positive women (as requested by the woman and where the law permits)	Referral linkages for safe abortion	Assure that home-based care and other community programs account for the unpaid labor of women, and mitigate against worsening women's and girl's already unequal access to key resources
		Provision of post-abortion care and support	Referral linkages for post-abortion care and support	Provision of post-abortion care and support	
	Care and support for the chronically ill	Provision of support to people living with HIV and/or referral linkages to organizations providing care and support	Provision of support to people living with HIV and/or referral linkages to organizations providing care and support	Provision of family care to people living with HIV	Identify models for care and support that include income generation, food security, and other activities designed to mitigate the impact of women's unequal burden of care
	Support for orphans and vulnerable children	Provision of support to OVC and/or referral linkages to organizations providing care and support	Provision of support to OVC and/or referral linkages to organizations providing care and support	Provision of family care including services for orphans and vulnerable children (OVC)	Develop policies and/or programs that enable girls, along with orphans and vulnerable children, to maintain access to education
	Gender equality	Promotion of women's rights and gender equality	Promotion of women's rights and gender equality	Promotion of women's rights and gender equality	

	SERVICE DELIVERY AREAS	LINKED RESPONSE INTERVENTIONS			
		BY RH PROGRAM	BY HIV/AIDS PROGRAM	BY YOUTH / COMMUNITY / FAITH-BASED ORGANIZATIONS	GENDER SENSITIVE APPROACHES
		Promotion of the role of men in transmission of HIV	Promotion of the role of men in transmission of HIV	Promotion of the role of men in transmission of HIV	<p>Develop models to involve men and to promote community participation in order to enhance support for HIV-positive women</p> <p>Transform community gender norms related to care-taking responsibilities (e.g. participation of men and boys to share care-taking responsibilities)</p>
P O L I C Y	Policy Advocacy	Advocate for policy changes which support HIV/AIDS and RH programs coordination/ collaboration/integration	Advocate for policy changes which support HIV/AIDS and RH programs coordination/ collaboration/integration	Advocate for policy changes which support HIV/AIDS and RH programs coordination/ collaboration/integration	<p>Incorporate gender and human rights analysis into the development of policies and strategic plans</p> <p>Understand how gender affects RH status and HIV/AIDS vulnerability and impact</p> <p>Ensure the participation of affected groups in the policymaking process</p> <p>Allocate budget and technical resources for the development of engendering linked response interventions</p> <p>Enhance capacity of community to address gender, sexuality, and power dynamics in their relationship</p>

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