

LINKED RESPONSE TO SEXUAL AND REPRODUCTIVE HEALTH & RIGHTS (SRHR) AND HIV/AIDS

The majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth and breastfeeding. More than 70 percent of infections world-wide occur as a result of sexual intercourse. Closer collaboration between Reproductive Health (RH) and HIV/AIDS services can address some missed opportunities in HIV prevention and care as well as in improving RH.

Linked response to RH and HIV/AIDS by RH and HIV/AIDS programmes has a potential for sustained impact on both; thereby accelerating progress towards MDGs. In addition, both programmes require and use similar medical/health skills and facilities.

“Integrating HIV prevention into Maternal and Child Health (MCH) and Family Planning (FP) programmes addressed missed opportunities to curb the HIV epidemic”.

The World Bank, 2003

However, institutional capacity is seriously lacking and needs to be developed to overcome organisational and macro-level barriers to realise the impact of linked response on RH and HIV/AIDS.

Linked response to RH and HIV/AIDS can assist in creating a more concerted, well-coordinated effort to ensure programme sustainability and efficiency, and to increase community involvement.

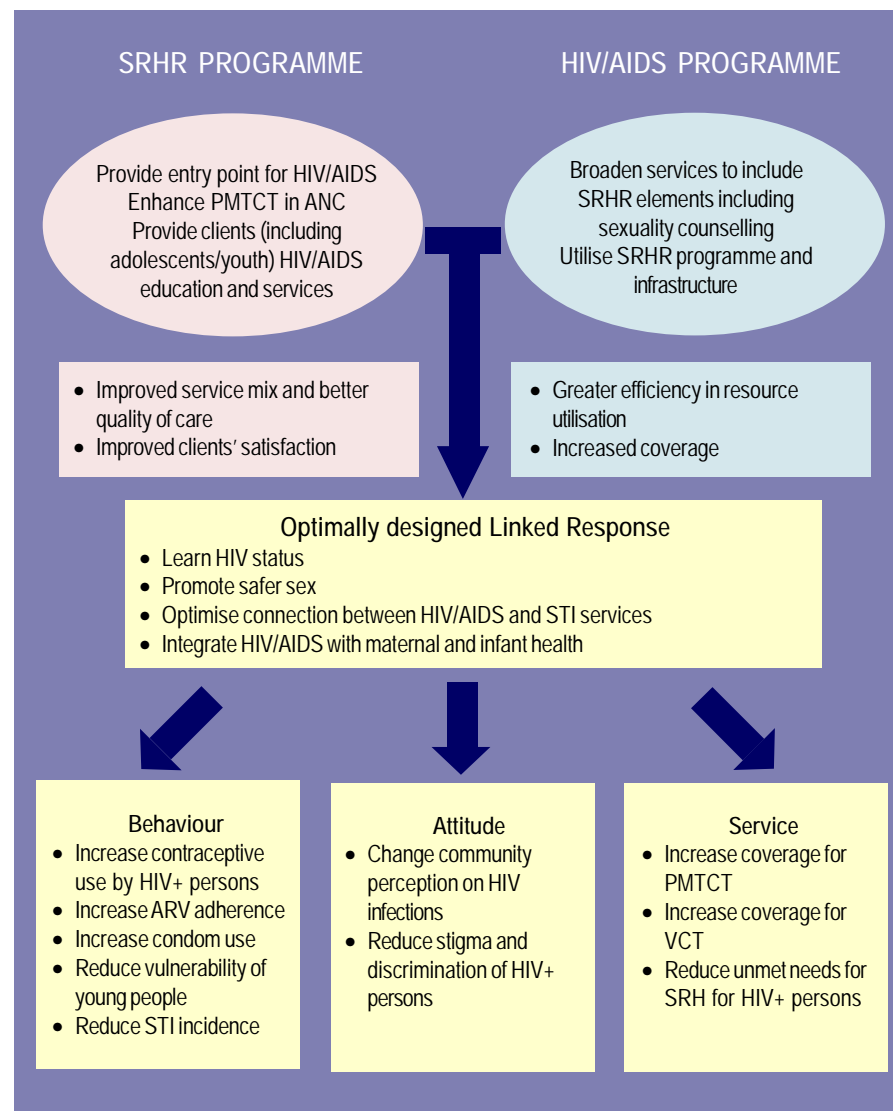
In summary, linked response is not an end in itself. It is a means of enabling the countries and stakeholders to achieve effectively both aims – to improve RH and combat HIV/AIDS. It is of importance that HIV/AIDS is seen as primarily a sexually transmitted disease whose defeat will require the full resources and capacities of not only the RH community but of all relevant sectors as a whole.

For more information on linked response please contact
International Council on Management of Population Programmes
534, Jalan Lima, Taman Ampang Utama
68000 Ampang, Selangor, Malaysia

Tel No : (603) 42573234/ 42562358 Fax No: (603) 42560029
Email: icomp@icomp.org.my
Visit our website: www.icomp.org.my

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Increasing Institutional Capacity for Linked Response – ICOMP’s Experience

With the support from the World Bank, ICOMP partnered with eight NGOs in Ethiopia, Tanzania, Uganda and Zambia on a project to increase capacity on **Linked Response to Reproductive Health and HIV/AIDS**. Learning from ICOMP’s experience in implementing the project, positive changes have been observed in the eight partners:

- **Mindset change** – partners more consciously relate and link RH to HIV/AIDS and vice-versa in their work.
- **Structural changes** – linkages between different units/departments of RH and HIV/AIDS have been formed.
- **Partnership and networking** – linkages between different RH and HIV/AIDS organisations, and government institutions have been formed.

Success Stories

HIWOT, Ethiopia. *Referral Linkages on FP and VCT.* Linked response has triggered new ideas among young boys in Ethiopia. Hiwot formed a model group called “males for females”, where young boys were trained to be at the forefront to fight gender violence that affects both sexes. They are also advocating for shared responsibilities in caring for and advocating for women’s and girls SRH.

Pro Pride, Ethiopia. *Linking FP, VCT and PMTCT Services.* Linked response has created a holistic perspective of individual’s RH needs, as interconnected with HIV/AIDS and vice-versa. Linked response is mainstreamed in Pro Pride’s programmes and services. Pro Pride is also able to provide better services through referral linkages with government hospitals.

KYETUME, Uganda. *Linking ANC, VCT and PMTCT Services.* Through linked response, VCT and PMTCT are offered to all ANC attendees (and their partners) for HIV prevention and safe delivery. The government has also recognised Keytume as a PMTCT unit, therefore Keytume is able to bring services closer to the community, including HIV+ mothers.

UYDEL, Uganda. *Linked Services for Young People.* Linked response approach is included in the development of IEC materials. HIV/AIDS program is used as an entry point for FP, by highlighting the difference and links between FP, HIV, RTI and STI to young people and community at large. At drop-in center and the outreach centers, staff and peer educators are able to provide comprehensive information, services and referrals for HIV/AIDS and RH.

St Lucia’s Nursing Home, Tanzania. *BCC/IEC with Combined Message.* St Lucia realised that linked response is important to all target groups, not just those infected or affected with HIV/AIDS. After learning through the project, St Lucia is now focusing on education and condom promotion for protection against HIV/AIDS, STI and unwanted pregnancy in the general population, regardless of HIV status.

CHAWAKUA, Tanzania. *Linked Service for Young People.* Linked response has increased the young people’s access to information related to RH and HIV/AIDS. SRH and links between STI and HIV/AIDS were introduced through enter-educate activities. They also promote condom use for dual protection to young people and the entire community.

ICOZ, Zambia. *Provide Referral Linkages and Mobilise Community for Linked Response.* ICOZ began implementing linked response by sensitising the community members on PMTCT. The initiative has received positive response, thus, ICOZ began to set up referral linkage with Network of Zambian People Living with HIV/AIDS (NZP+) and the District Health Clinic (DHC) for PMTCT. For example HIV+ mothers will be referred to DHC for PMTCT, and to NZP+ for care and support.

NZP+ Zambia. *Linking RH Needs of HIV+ People.* Linked response concept served as a guide in drafting NZP+ strategic plan. RH aspects are now reflected in their programs and services. NZP+ is no longer limiting its activities to PLWHA, but to include other community members, regardless of their HIV status. This is thought to be effective in reducing stigma and discrimination against PLWHA.

The success stories demonstrate many advantages of linked response:

- Increase awareness and reduce stigma of STI and HIV/AIDS
- Increase satisfaction of clients
- Draw in a new range of new clients
- Improve quality of care