

Announcement: Dr Wasim Zaman, new Executive Director of ICOMP

ICOMP would like to welcome Dr Wasim Zaman as the new Executive Director effective from January 2009, as Prof Jay Satia, the current executive Director is retiring.



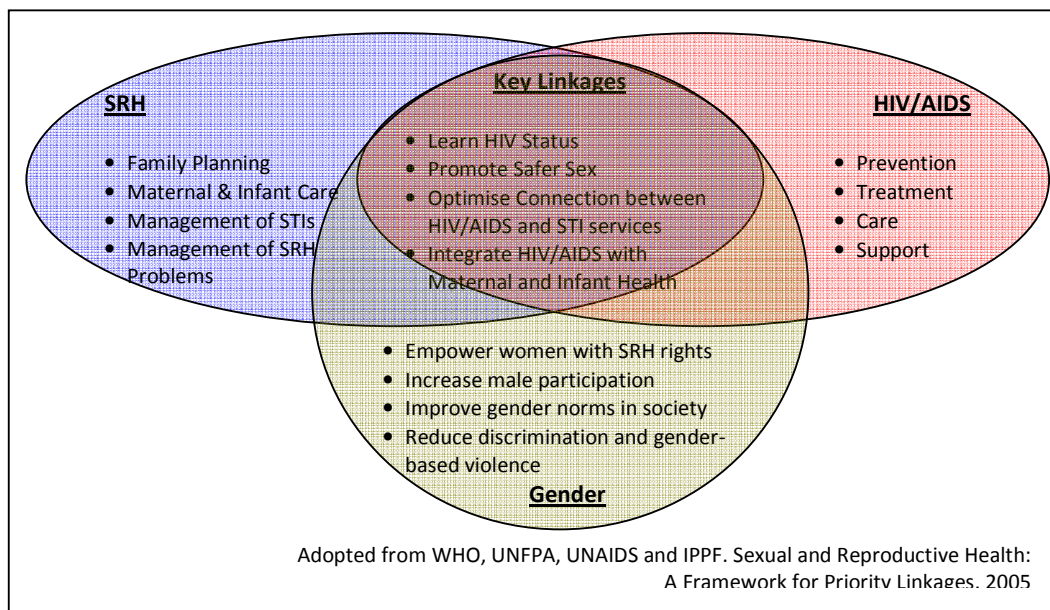
PERSPECTIVE : Linking Reproductive Health with HIV/AIDS for HIV Prevention

According to the UNAIDS 2008 Report on the global AIDS epidemic there have been significant gains in preventing new HIV infections in a number of heavily affected countries due to changes in sexual behaviour, consistent condom use and improved coverage for PMTCT. The new infections declined from 3 millions in 2001 to 2.7 millions in 2007. Although the prevalence of people infected with HIV has leveled off, the total number of people living with HIV has increased to 33 million people globally with nearly 7,500 new infections each day. 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.

Growing evidence from innovative projects demonstrated that linking reproductive health and HIV/AIDS programmes and services can accelerate HIV prevention efforts as it increase knowledge of HIV serostatus, promotes safer behaviours and sexual norms, optimise connection between HIV/AIDS and sexually transmitted infections (STIs) services, and integrate HIV/AIDS with maternal 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.

Male participation is vital to improve women's access to RH and HIV/AIDS programs and services. However, due to the lack of participation of male partners, women are impeded from practicing their reproductive rights such as family planning and condom use or accessing services, thus increasing the risk of unwanted pregnancy as well as STI and HIV infections. Incorporating gender in linked response interventions 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 (see Figure 1). In addition, engendered linked response can also change the community perception on gender issues which can lead to improve gender norms in the society as well as reduce discrimination and gender-based violence.

Figure 1: Framework for Priority Linkages



ICOMP EXPERIENCES

ICOMP in partnership with NGOs in Ethiopia, Uganda, Tanzania and Zambia has been promoting linked response to RH and HIV/AIDS programmes and services since 2005. It began with a project on “Developing Institutional Capacity for Linked Response to RH and HIV/AIDS”. 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”.

An assessment conducted after the second project 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 these 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 due to some socio-cultural factors. Thus, in 2007, ICOMP initiated a project that incorporate gender element into linked response interventions to empower women and at the same time sensitise men on reproductive rights, change their behavior and increase their participation in RH and HIV/AIDS programmes and services.

As youth continues to be vulnerable to STI and HIV infections due to risky behaviour, ICOMP initiated a project to strengthen the institutional capacity of youth NGOs as well as the health service providers utilized by them to provide youth friendly engendered linked response services. The youth-friendly engendered linked response interventions can improve access to and utilization of RH and HIV/AIDS services among youth. All four projects were supported by the Population and Reproductive Health Capacity Building Program of the World Bank.

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

- Strengthened their institutional capacity for linking RH, HIV/AIDS and gender in programs and services;
- Improved programmes and service delivery;
- Increased community involvement through community based participatory approaches to address the linkages between RH and HIV/AIDS including gender norms and roles; and
- Strengthened collaboration with government and other stakeholders by strengthening referral linkages and advocating for engendered linked response.



Orientation Workshop organized by ICOZ in Zambia

The observed benefits of engendered 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.

Engendered linked response interventions had changed the way the partners work through mainstreaming linked response in the current programmes 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.

The engendered linked response interventions helped to address the challenges encountered in providing HIV counseling and testing especially for women, as most of them are reluctant to take up the service without the consent of their partners.

Digafe Feleke, Propride, Ethiopia

PROFILE OF PARTNER NGOS

St Francis Health Care Services, Uganda

St. Francis Health Care Services (St. FCHS) has been accredited as a Health Centre III, to provide Ministry of Health Minimum Health Care Package as stipulated in the Uganda Health Sector Strategic Plan II (HSSPII). Prior to the introduction of engendered linked response interventions, services such as ANC, VCT and PMTCT were offered to women, but there were no linkages between these services. Through engendered linked response intervention, St. FCHS uses MCH/ANC service as an entry point to provide services such as VCT, PMTCT and FP to pregnant women. Women clients are provided with information on gender and reproductive rights as well as negotiation skills and St. FCHS broadened its services to include partners of the women by encouraging men to participate in RH and HIV/AIDS services. The engendered linked response has



St. FCHS health workers sensitising ANC clients on reproductive rights and the importance of male participation in health services

created demand from both male and female clients for services and more men are seen in the clinic accompanying their spouses for ANC, where couple counseling, VCT and FP are also being offered to them. Since September 2006 to March 2008 ST. FCHS has counseled and tested more than 600 pregnant women, in which 30 percent of them were tested positive. St. FCHS also counseled and tested more than 150 male partners, in which more than 30 percent are HIV positive. More than half of the positive women accepted post-natal family planning.

Eshet Children and Youths Unity Association, Ethiopia

Eshet Children and Youths Unity Association Ethiopia is a non governmental organization that was established for the alleviation of the prevailing hazardous social, economic and health situation of young Ethiopians. ECYUA uses education-entertainment approach to reach to young people where RH, HIV/AIDS and gender issues are combined and discussed together throughout the programme. In addition to the education-entertainment programmes, counselling service for young people and youth with higher risky sexual behaviour are referred to health facilities for relevant services. Formal referral linkages have been established with a number of service providers such as African Service Committee, Marie Stopes, Family Guidance Association of Ethiopia and Yeka sub-city health administration office. In response to gender imbalances which makes young girls vulnerable to HIV and STIs infections, ECYUA has incorporated gender elements into their programmes and services such as counseling, peer education and BCC activities to increase self esteem and negotiation skills among girls as well as to sensitize boys on their roles in RH and HIV/AIDS prevention. Since 2006, ECYUA has reached more than 5000 boys and girls with combined messages on RH, HIV/AIDS and gender and referred more than 200 boys and girls for RH and HIV/AIDS services.

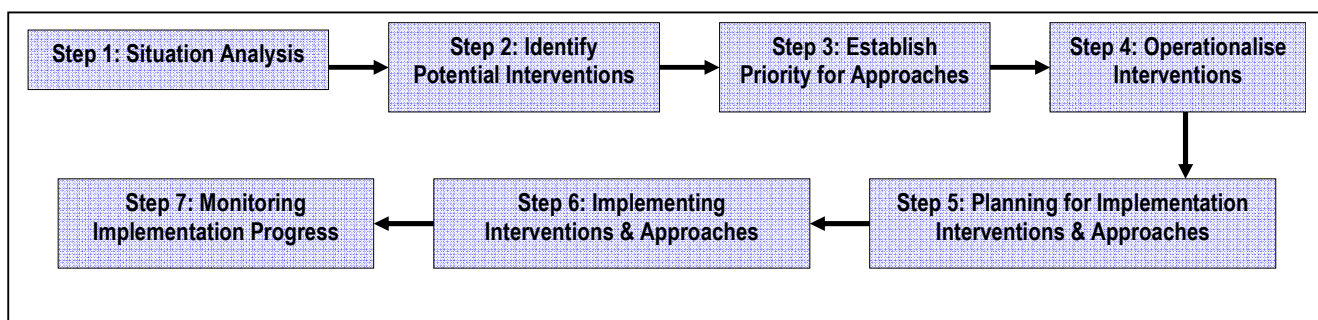
Lusaka District Chapter of Network of Zambian People Living with HIV/AIDS, Zambia

The Lusaka District Chapter of NZP+ was established to improve the quality of life of people living with HIV by actively pursuing three issues – communication, support and representation of people living with HIV in issues affecting them. In order to meet the sexual and reproductive health and rights, PLHIV must be able to make informed decision about their sexual reproductive health and reproductive rights as well as access to comprehensive RH services. The organisation realised the importance of providing RH and gender information to its members. They use government facilities that are providing ART in Lusaka district as an entry point to provide psychosocial support for men and women as well as providing correct and adequate information on family planning, reproductive health and gender. The psycho-social counsellors encouraged PLHIV to practice safer sexual behaviour 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. The intervention has given an opportunity to its members to understand the issues affecting RH and its relationship with HIV prevention.

RESOURCES : Strategic Planning for Engendered Linked Response to Reproductive Health and HIV/AIDS

Strategic planning for engendered linked response to RH and HIV/AIDS is an important process of identifying potential interventions and make decision to operationalise the intervention including resource allocation and monitoring the implementation progress. During the strategic planning process, an organisation can make decision whether to develop intervention based on its current programmes and services or introducing new programmes and services or expanding the programme and services through referral linkages to fulfill the unmet needs.

ICOMP has developed a 7-step strategic planning framework which analyses various factors that influence strategies and options for engendered linked response interventions.



Step 1: Situation Analysis - As a prelude to strategic planning, gathering of necessary information such as (i) policies, strategies, operational guidelines (ii) facilities and services available (iii) general information on gender, RH and HIV/AIDS situation is very important, as it helps in informed decision making, avoiding past mistakes, and minimizing risk.

Step 2: Identify Potential Interventions for engendered linked response. In this step, the team will brainstorm to identify the current RH programmes and services that can be linked with HIV/AIDS programmes and services, vice versa, as well as to incorporate gender elements in the linked response programmes and services. As an example, a family planning service can be linked with VCT and STI services, or ART clinic can provide family planning counseling and services to PLHIV.

Step 3: Establish Priority for Approaches based on factors such as (i) magnitude of the problem, (ii) urgency, (iii) community perceived needs, (iv) feasibility, and (v) potential impact.

Step 4: Operationalising a new intervention means actions to (i) create demand for the new programmes and services, (ii) organize its delivery, and (iii) mobilize necessary financial, human and infrastructure resources. The demand of new programmes and services can be created by sensitizing clients through the use of IEC materials, making the services convenient to use, cost to clients and provide good quality of care. The new programmes and services can be delivered at clinic level or through referral to other health facilities or a mix of these. Issues such as convenience, cost to clients and quality of services should be considered. To create demand and organise delivery for the new services, resources such as human, financial and infrastructure will be required.

Step 5: Planning for Implementation Interventions & Approaches. In this step, the team will describe major activities to be carried out in order to implement the interventions developed in Step 2 as well as to identify the outputs and outcomes expected from each activity. The team will also need to estimate the cost of implementing each activity and identify sources of financing.

Step 6: Implementing Intervention and Approaches. After completing Step 1-5, the team is now ready to implement the new engendered linked response interventions to RH and HIV/AIDS.

Step 7: Monitoring Implementation progress. In Step 7, the team will identify appropriate indicators that will be used to measure the progress of the implementation of the interventions. Copy of Strategic Planning for Engendered Linked Response to RH and HIV/AIDS is available at www.icomp.org.my.