Making good ‘people sense’

Linking and integrating Sexual Reproductive Health and Rights and HIV in Namibia

“Providing the right care in the right place – the organization and management of health services so that people get the care they need when they need it, in ways that are user friendly, achieve the desired results and provide value for money”. (Drawn from WHO’s Definition, 2005).
What are linkages and Integration in the context of SRH and HIV?

- **Linkages** are relationships and interactions between tasks, functions, departments, and organizations, that promote achievement of shared objectives for sexual and reproductive health and HIV/AIDS. They include policy, programmatic, services and advocacy synergies between sexual and reproductive health and HIV/AIDS. Linkages can happen between core HIV interventions and core SRH interventions. Linkages are also important in addressing the social and structural issues that make people vulnerable to sexual and reproductive ill-health and HIV. For example; gender inequality, poverty, stigma and discrimination and legal issues.

- **Integration** refers to a process of attaining close and seamless coordination of different kinds of sexual and reproductive health and HIV/AIDS interventions and services to enhance outcomes. This involves the organization of policies and programmes to operate as a single business unit to deliver comprehensive interventions which provide a continuum of care for HIV prevention, treatment and care as well as meeting people’s sexual and reproductive health needs.

- **Linkages and integration** can be achieved through SRHR components linked to or integrated into HIV programmes and/or HIV components linked to or integrated into SRHR programmes.

**Rationale for linking and/or integrating SRHR & HIV**: The majority of HIV infections are sexually transmitted, or associated with pregnancy, childbirth & breastfeeding. Sexual and reproductive ill health and HIV also share common root causes including poverty, harmful gender/cultural norms, rights violations, inequality and social marginalization. Thus, SRHR service delivery settings offer a platform for implementation of HIV interventions and vice versa.

**Benefits of linkages and integration of SRHR and HIV**
- Improved access to and uptake of key HIV and SRH services
- Better access of PLHIV to SRH services tailored to their needs
- Reduction in HIV–related stigma and discrimination
- Improved coverage of underserved/vulnerable/key populations
- Greater support for dual protection
- Improved quality of care
- Decreased duplication of efforts and competition for scarce resources
- Better understanding and protection of individuals’ rights
- Mutually reinforcing complementarities in legal and policy frameworks
- Enhanced programme effectiveness and efficiency and
- Better utilization of scarce human resources for health

**What SRH Providers Can Do**
- Provide HIV prevention information and services, including for people living with HIV
- Provide information to prevent unintended pregnancies and HIV/STIs (dual protection) through correct and consistent condom use; provide male and female condoms
- Provide non-directive, non-judgmental and confidential counselling on SRH for people living with HIV
- Deliver comprehensive package of PMTCT services (including Prongs 1 & 2)
- Integrate HIV counselling and testing including ART when indicated
- Provide information on Male Circumcision and referrals when appropriate
- Strengthen maternal and child health services by including elements of prevention of mother-to-child transmission of HIV services
- Address the SRH needs of key populations, including those sexually abused, men who have sex with men, people who use drugs, sex workers and their clients
- Implement appropriate policies, guidelines, tools & competencies to promote the sexual and reproductive health and rights of people living with HIV

**What HIV Providers Can Do**

- Provide high quality SRH to women living with HIV
- Integrate SRH into ART centres or strengthen referrals
- Address sexual and reproductive health of people living with HIV
- Prevent, diagnose and treat sexually transmitted infections other than HIV such as syphilis
- Refer for prenatal care and high quality obstetrical services
- Provide screening of cervical cancers (Pap Smear)
- Provide counselling on fertility desires and provide related services and commodities
- Better understand and respond to the SRH needs of key populations, including those sexually abused, men who have sex with men, people who use drugs, and sex workers and their clients
- Provide family planning counselling and services to clients seeking HIV services
- Screen and treatment for syphilis and other STIs
- Implement appropriate guidelines, tools & competencies to promote the sexual and reproductive health and rights of people living with HIV

**How to integrate SRHR and HIV**

There are many ways of integrating SRHR and HIV. Different models of integration include:

A. Same Room, same provider (1 room, 1 provider, 1 patient)
B. Same building, different rooms, different providers, 1 patient (internal referrals)
C. Same facility, different building and different provider, 1 patient (external referral)
### Linking and integrating Sexual Reproductive Health and Rights and HIV in Namibia

#### PATIENT COMES TO YOU FOR:

- HIV Testing and Counselling
- Voluntary Male Circumcision promotion, counselling & referral
- STI screening and management
- Condom promotion and Distribution
- Behaviour Change Communication
- Cervical cancer screening & referral to treatment
- Gender Based Violence information and counselling
- Linkages to ART services through referral
- Male Reproductive cancers screening & referral to treatment
- Screening and provision of TT Vaccination

#### REMEMBER TO PROVIDE OR REFER TO:

- Behaviour Change and Communication
- Condom Promotion and Distribution
- Promotion, Information, Counselling and Referral if necessary for the following services:
  - STI management
  - Cervical cancer
  - Family Planning
  - Voluntary Male Circumcision
  - Male Reproductive Cancers
  - TB
  - Gender Based Violence
  - Screening and Referral for TT Vaccination

### Note:

- Promotion, Information, Counselling and Referral if necessary for:
  - STI management
  - Cervical cancer
  - Family Planning
  - Voluntary Male Circumcision
  - Male Reproductive Cancers
  - TB
  - Gender Based Violence
  - Screening and Referral for TT Vaccination

---

**HCT**: HIV Counselling and Testing; **VMMC**: Voluntary Medical Male Circumcision; **STI**: Sexually Transmitted Infections; **GBV**: Gender Based Violence; **KP**: key populations; **FP**: Family Planning; **BCC**: Behaviour Change Communication; **ART**: Antiretroviral Therapy