Sexual & Reproductive Health & Rights (SRHR) and HIV Integration at Community Level

A Handout for Community Health Workers (CHWs)

May 2014
Acknowledgements
<table>
<thead>
<tr>
<th>ACRONYMS</th>
<th>Definition</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
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<td>ANC</td>
<td>Antenatal Care</td>
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<tr>
<td>ASRHR</td>
<td>Adolescent Sexual and Reproductive Health</td>
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<tr>
<td>ART</td>
<td>Antiretroviral Treatment</td>
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<tr>
<td>CHW</td>
<td>Community Health Worker</td>
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<tr>
<td>FP</td>
<td>Family Planning</td>
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<tr>
<td>HTC</td>
<td>HIV Testing &amp; Counseling</td>
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<td>HIV</td>
<td>Human Immuno-deficiency Virus</td>
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<td>IDU</td>
<td>Injecting Drug User</td>
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<tr>
<td>MNCH</td>
<td>Maternal Newborn and Child Health</td>
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<td>MOHCC</td>
<td>Ministry of Health and Child Care</td>
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<td>OI</td>
<td>Opportunistic Infection</td>
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<td>PHC</td>
<td>Primary Health Care</td>
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<tr>
<td>PLHIV</td>
<td>People Living with HIV</td>
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<tr>
<td>PNC</td>
<td>Postnatal Care</td>
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<tr>
<td>PMTCT</td>
<td>Prevention of Mother to Child Transmission</td>
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<td>RTI</td>
<td>Reproductive Tract Infection</td>
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<td>SGBV</td>
<td>Sexual and Gender Based Violence</td>
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<td>SRHR</td>
<td>Sexual and Reproductive Health and Rights</td>
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<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<tr>
<td>VCT</td>
<td>Voluntary Counseling and Testing</td>
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<tr>
<td>VMMMC</td>
<td>Voluntary Medical Male Circumcision</td>
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ABOUT THIS HANDOUT

This handout is designed to provide an up-to-date quick reference on Sexual and Reproductive Health and Rights (SRHR) and HIV integration for community health workers (CHWs). It aims at clarifying what integration is all about with a view to raising awareness among CHWs and pave the way of implementing the integrated SRHR and HIV service delivery at community level.

This handout will be used as a reference both for the participants and the trainers during SRHR and HIV integration trainings targeting CHWs. The manual contains information that is consistent with the training course objectives and it therefore it becomes an integral part of the training discussions and exercises.
1. INTRODUCTION TO SRHR AND HIV INTEGRATION AT COMMUNITY LEVEL

1.1 What does SRHR and HIV integration mean?
Integration is the combination of different kinds of SRHR and HIV services or operational programmes to ensure and perhaps maximize collective outcomes. It is based on the need to offer comprehensive and integrated services to the target audiences. At community level this would include providing a combination of SRHR and HIV services and information to clients and the community. Messages on HIV will include information on SRHR and vice versa messages on SRHR will also include information on HIV and AIDS. This will enable clients or the community to receive both SRHR and HIV services in one contact.

1.2 Other key terms important to SRHR and HIV integration
1.2.1 Bi-directionality: This refers to both integrating SRHR with HIV-related services and programmes and integrating HIV with SRHR-related services and programmes.

Figure 1: Examples of bi-directionality of integration

![Diagram showing bi-directionality of integration](image)

Integration of HIV information / services into SRHR information / services
Integration of SRHR information / services into HIV information / services

1.2.2 Dual protection: A strategy that prevents both unintended pregnancy and sexually transmitted infections (STIs) including HIV, through the use of condoms alone, or combined with other methods (dual method use).

1.2.3 HIV and AIDS programmes: Includes the complete range of prevention, treatment, care and support activities. The main programmes related to HIV and AIDS include:

- HIV testing and counselling (HTC)
- Prophylaxis and treatment for people living with HIV (opportunistic infections (OIs) and antiretroviral therapy (ART))
- Home-based care and psycho-social support
- Prevention for and by people living with HIV
- HIV prevention for the general population through behaviour change communication (BCC)
- Male and female condom provision
- Prevention of mother-to-child transmission (PMTCT) of HIV
- Specific services for key populations

1.2.4. **Key populations**: Key populations are distinct from vulnerable populations that are subject to societal pressures or social circumstances, which may make them more vulnerable to exposure to infections, including HIV. They are both key to the epidemic’s dynamics and key to the response, implying that HIV epidemics can be limited by concentrating prevention efforts among key populations and they can play a key role in responding to HIV. Key populations vary in different places depending on the context and nature of the local epidemic, but in most places, they include sex workers (SWs) and their clients, injecting drug users (IDUs) etc.

1.2.5. **Prevention for and by people living with HIV**: This refers to a set of actions that help people living with HIV (PLHIV) to live longer and healthier lives. It encompasses a set of strategies that help PLHIV to:
- protect their own sexual and reproductive health and avoid other STIs
- delay HIV disease progression; and
- promote shared responsibility to reduce the risk of HIV transmission.

People living with HIV and those who are HIV negative both play an equal role in preventing new HIV infections. Key approaches for prevention for and by people living with HIV include individual health promotion, access to HIV and sexual and reproductive health services, community participation, advocacy and policy change.

1.2.6. **Sexual and reproductive health programmes**: Includes, but is not restricted to:
- Services for family planning
- Maternal and newborn health
- Prevention of unsafe abortion and post abortion care
- Sexually transmitted infections
- Reproductive tract infections
- Cervical, breast and prostate cancer screening
- Promotion of sexual health
- Prevention and management of gender based violence.
1.3 What is the rationale (reason) for integrating SRHR and HIV?
The majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth and breastfeeding. Target groups for HIV and SRHR services are generally the same. In addition, sexual and reproductive ill-health and HIV share root causes, including poverty, gender inequality and social marginalization of the most vulnerable populations. The international community agrees that the Millennium Development Goals (MDGs) will not be achieved without ensuring access to SRHR services and an effective response to HIV. Integration of SRHR and HIV is one of ensuring access to both SRHR and HIV services effectively.

1.4 What are the benefits of linking SRHR and HIV?
There are a number of potential benefits of linking SRHR and HIV:
- Improved access to and use of key HIV and SRHR services
- Better access of people living with HIV to SRHR services tailored to their needs
- Reduction in HIV–related stigma and discrimination
- Improved coverage of underserved/vulnerable/key populations
- Greater support for dual protection
- Decreased duplication of efforts and competition for scarce resources

1.5 Achieving integration of SRHR and HIV services at community level
The basic assumption at this level of care is that all CHWs are expected to provide integrated SRHR and HIV services and information to clients and community at all times. Messages on HIV need to include information on SRHR and vice versa.

Examples of integrated SRHR and HIV services at community level include: Condoms and FP pills; information, education and communication (IEC) on ART and FP, etc.

1.6 What are the key requirements for SRHR & HIV Integration at community level?
- Trained CHW with skills to offer both SRHR and HIV information and services
- Job aids that guide integrated approach
- Information packages / client materials
- Basic supplies that support the provision of SRHR and HIV services e.g. condoms (male and female), condom demonstration models, contraceptives, lubricants, etc.
- Tools for documenting the provision of integrated services (For example registers)
- Strong referral linkages and referral tools, where required, to ensure that clients are followed up if they receive services referred for
- Community based health care strategy that promotes integrated SRHR and HIV service delivery approach
- Supportive Ministry of Health policies, strategies, guidelines and leadership
- Effective facility-community linkages and sustained community mobilization
- Multidisciplinary coordination and supervision teams
2. MINIMUM PACKAGE OF INTEGRATED SRHR AND HIV SERVICES AT COMMUNITY LEVEL

The community based health care providers include Village Health Workers (VHWs), Community Based Distributors (CBDs), Behaviour Change Facilitators (BCF), Health Promoters, Care Facilitators, Secondary Care Givers etc. These various groups predominantly provide health promotion services and some preventive services at household level. Some of these provide limited curative services for minor ailments.

The basic assumption at this level of care is that all CHWs are expected to provide integrated SRHR and HIV services/information to clients and the community at all times. Messages on HIV need to include information on SRHR and vice versa.

Figure 2: Flow charts for SRHR & HIV service integration at community level

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**a) Minimum Level of Services to be incorporated**: This column describes the minimum level of information to be incorporated either related to SRHR or HIV depending on the main responsibilities of the community health worker (CHW).

**b) Basic Health System Requirements**: This column describes the specific health system requirements to fulfill implementation of the proposed minimum packages by the respective CHW. Health managers and policy makers at all levels has the responsibility to fulfill the provision of these.
**Village Health Workers (VHWs)**

The role of VHWs is mainly health promotion and prevention, including providing health information, education and community mobilization; treatment of minor ailments; and collection of data for the health system. Village health workers are also trained to provide SRHR and HIV related information and services, even though the integrated service delivery approach was not standardised.

<table>
<thead>
<tr>
<th>Type of Integrated Service</th>
<th>Minimum level of services to be incorporated</th>
<th>Basic Health Systems Requirements</th>
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</thead>
<tbody>
<tr>
<td><strong>Sexual and Reproductive Health and Rights (SRHR) and HIV Services</strong></td>
<td></td>
<td></td>
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<tr>
<td>HIV prevention education, counselling and referral for testing</td>
<td><strong>Service Delivery:</strong></td>
<td></td>
</tr>
<tr>
<td>Information on maternal new born and child care and prevention of mother to child transmission (HTC, prophylaxis, safe delivery, ART, infant feeding, early infant diagnosis, etc.), including early referral of pregnant mothers for antenatal care</td>
<td>- Develop/adapt job aids to guide integrated approach</td>
<td></td>
</tr>
<tr>
<td>Condom promotion and distribution, including promotion of condoms for dual protection</td>
<td>- Develop/adapt information pack/client materials that include information on: prevention of mother to child transmission; voluntary medical male circumcision; maternal new born and child care; family planning; sexually transmitted infection; TB; Male involvement in sexual and reproductive health and rights; Cervical, breast and prostate cancer; and comprehensive post rape care</td>
<td></td>
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<tr>
<td>Information on voluntary medical male circumcision (VMMC)</td>
<td><strong>Health Workforce:</strong></td>
<td></td>
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<tr>
<td>Psychosocial support, including adherence support for people living with HIV on opportunistic infection/ART</td>
<td>- Develop / revise a training curriculum that integrates minimum levels of sexual and reproductive health and rights and HIV services</td>
<td></td>
</tr>
<tr>
<td>Family planning information, counseling and distribution of contraceptives based on the national guidelines, including referrals</td>
<td>- Train VHWs using the new curriculum</td>
<td></td>
</tr>
<tr>
<td>Information on sexually transmitted infections and TB</td>
<td>- Train VHWs on integrated data collection tools based on new guide on harmonized tools for community health workers.</td>
<td></td>
</tr>
<tr>
<td>Information and referral for post rape care</td>
<td><strong>Medical Products and Technologies:</strong></td>
<td></td>
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<tr>
<td>Information on cervical, prostate and breast cancer</td>
<td>Avail the required sexual and reproductive health and rights and HIV products and technologies such as male and female condoms, condom demonstration models, contraceptives, lubricants</td>
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Community Based Distributors (CBDs)

Community based distributors are FP/RH cadres who provide FP/RH information, education, counselling, contraceptive distribution and referral at community level. In some districts CBDs have been trained in integration of HIV information, education and counselling and referral, though the integrated service delivery approach was not standardised.

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</tr>
</thead>
<tbody>
<tr>
<td>Sexual and reproductive health and rights (SRHR) and HIV integrated services</td>
<td>- HIV prevention education, counseling and referral for testing</td>
<td>Service delivery:</td>
</tr>
<tr>
<td></td>
<td>- Information on prevention of mother to child transmission (HTC, prophylaxis, safe delivery, ART, infant feeding, early infant diagnosis, etc.), including early referral of pregnant mothers for antenatal care</td>
<td>▪ Develop/adapt job aids that guide integrated approach</td>
</tr>
<tr>
<td></td>
<td>- Promotion of condom for dual protection</td>
<td>▪ Develop/adapt information pack/client materials that include information on: prevention of mother to child transmission (PMTCT); voluntary medical male circumcision (VMMC); sexually transmitted infections; Tuberculosis (TB); Male involvement in sexual and reproductive health and rights; Cervical, breast and prostate cancer; and comprehensive post rape care</td>
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<tr>
<td></td>
<td>- Information on voluntary medical male circumcision</td>
<td>Health workforce:</td>
</tr>
<tr>
<td></td>
<td>- Psychosocial support, including adherence support for PLHIV on OI/ART</td>
<td>▪ Develop/revise a training curriculum that integrates minimum levels of sexual and reproductive health and rights and HIV services</td>
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<tr>
<td></td>
<td>- Information on STIs and TB</td>
<td>▪ Train CBDs using the new curriculum</td>
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<tr>
<td></td>
<td>- Information and referral for post rape care</td>
<td>▪ Train CBDs on integrated data collection tools based on new guidance on harmonized tools for community health workers</td>
</tr>
<tr>
<td></td>
<td>- Information on cervical, prostate and breast cancer</td>
<td>Medical products and technologies:</td>
</tr>
<tr>
<td></td>
<td>- Information on male involvement in SRHRR</td>
<td>Avail the required sexual and reproductive health and rights and HIV products and technologies like condoms, condoms demonstration models, contraceptives, lubricants</td>
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Secondary Caregivers

With the advent of ART the Secondary Caregiver’s role has evolved to include other aspects of disease prevention, as fewer clients now require more intense care such as bed baths, feeding and turning. Community and Home Based Care (C&HBC) has become one of the key entry points for ART, and provides a supportive environment for those on ART. The secondary caregiver has an important role in helping communities become aware of the importance of Testing and Counseling (T&C). They provide individuals with support, both before and after the test. Secondary caregivers engage in information giving and supportive discussions on difficult subjects such as sex and sexuality and other reproductive health issues with clients. They also provide adherence support to clients who would have been commenced on OI prophylaxis, TB treatment (DOTS) and ART. ART is a lifetime commitment which requires support to prevent unwarranted loss of life that occurs with those who would have defaulted.

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<th>Type of integrated service</th>
<th>Minimum level of services to be incorporated</th>
<th>Basic Health Systems Requirements</th>
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</thead>
</table>
| Sexual and reproductive health and rights (SRHR) and HIV integrated services | - Information on prevention of mother to child transmission  
- Condom promotion and distribution, including promotion of condom for dual protection  
- Information on voluntary male circumcision  
- Family planning information and referral  
- Information on safe motherhood  
- Information on sexually transmitted infections  
- Information and referral for post rape care  
- Information on cervical, prostate and breast cancer  
- Information on male involvement in SRHRR | **Service delivery:**  
- Develop/adapt job aids that guide integrated approach  
- Develop/adapt information pack/client materials that include information on: prevention of mother to child transmission; voluntary male circumcision; family planning; safe motherhood; sexually transmitted infections (STIs); Male involvement in SRHR; Cervical, breast and prostate cancer; and comprehensive post rape care  
- Revise a training curriculum that integrates in-depth knowledge on sexual and reproductive health and rights, prevention of mother to child transmission and TB.  
**Medical Products and technologies:**  
Avail the required sexual and reproductive health and rights and HIV products and technologies like male and female condoms, condom demonstration models and contraceptives |
**Behavior Change Facilitators**

Behavior change facilitators (BCF) are a cadre coordinated by National AIDS Council in mobilizing communities for uptake of HIV, SRHR and GBV services. They work within the 62 districts nationwide and are a key conduit between communities and health care facilities.

As these cadres are basically trained to provide integrated SRHR and HIV information, the proposed minimum level of services are based on their mandates.

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<thead>
<tr>
<th>Type of integrated service</th>
<th>Minimum level of services</th>
<th>Basic Health Systems Requirements</th>
</tr>
</thead>
</table>
| Sexual and reproductive health and rights (SRHR) and HIV integrated services | HIV prevention education, counseling and referral for testing  
Sexuality education  
Information on prevention of mother to child transmission/early infant diagnosis  
Referral of pregnant mothers for antenatal care  
Promotion of male and female condoms for dual protection  
Information on voluntary medical male circumcision  
Information on sexually transmitted infections and TB  
Advocacy with community leaders to create an enabling environment supportive of uptake of HIV and SRHR services and against sexual and gender based violence  
Information on sexual and gender based violence referral for post rape and legal support services  
Information on cervical, prostate and breast cancer  
Information on male involvement in sexual and reproductive health and rights | Service delivery:  
- Develop/adapt job aids that guide integrated approach  
Health workforce:  
- Train BCF on the integrated approach on sexual and reproductive health and rights, HIV and sexual and gender based violence services.  
- Train BCF on integrated data collection tools based on new guidance on harmonized tools for community health workers  
Medical products and technologies:  
Avail the required sexual and reproductive health and rights and HIV products and technologies like male and female condoms, male and female condom demonstration models |