



Self-Assessment Checklist: Getting closer - Linking HIV and Sexual and Reproductive Health

The importance and benefit of creating linkages and synergies between HIV and sexual and reproductive health (SRH) – at a policy, programmatic and service delivery level, and in relation to advocacy initiatives – is now widely recognized. The 2004 New York *Call to Commitment: Linking HIV/AIDS and Sexual and Reproductive Health* best highlighted the fundamental link between HIV and sexual and reproductive health by noting that:

‘...the overwhelming majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth and breastfeeding; that both sexual and reproductive health initiatives and HIV/AIDS initiatives must be mutually reinforcing; that both HIV/AIDS and sexual and reproductive health are driven by many common root causes, including gender inequality, poverty and social marginalization of the most vulnerable populations’ (UNFPA, 2004:1).

The New York Call to Commitment suggested that making stronger linkages between SRH and HIV was not only feasible but could result in ‘more relevant and cost-effective programmes with greater impact’ (UNFPA, 2004:1). Joining together different kinds of SRH and HIV services or operational programmes, and making the necessary referrals between the two, can ensure enhanced collective outcomes including:

- improved access to, and uptake of key HIV and SRH services
- better access of people living with HIV (PLHIV) to SRH services tailored to their needs
- reduced HIV-related stigma and discrimination
- improved coverage of underserved, vulnerable and/or key populations by SRH services
- 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 legal and policy frameworks
- enhanced programme effectiveness and efficiency
- better utilization of scarce human resources¹

1. Source: IPPF, UNFPA, WHO, UNAIDS, GNP+, ICW, Young Positives, 2008. Rapid Assessment Tool for Sexual and Reproductive Health and HIV Linkages: a Generic Guide



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Importantly, the linkages between SRH and HIV need to be bi-directional; SRH-related policies and programmes need to be linked with HIV-related policies and programmes, and vice versa. The intention, however, to integrate SRH services into existing HIV programmes is not to overburden and thus compromise the quality of the existing services, but to improve the status of reproductive health. An appropriate level of integration will thus depend on the nature and capacity of an organisation and the costs and resources available to support and maintain integrated services, directly or through referrals.²



The key Code principle that is most relevant to linking sexual and reproductive health and HIV is:

- Our programmes are informed by evidence in order to respond to the needs of those most vulnerable to HIV and its consequences.

This self-assessment checklist will help you assess the degree to which your organisation is successfully implementing this principle. The questions are designed to be thinking points/guidelines to help you identify areas that are already at a 'good practice' level, and areas that need to be developed and strengthened.

author

This checklist was developed by the International Planned Parenthood Federation (IPPF). It was field tested by the Indonesia Planned Parenthood Association (IPPA); LigaSida in Columbia; the National Association of People Living with HIV and AIDS in Nepal (NAP+N); and Population Services International (PSI) in Swaziland.

2. Source: Family Health International publication Network (2004), Vol 23 (3): 5



Self-Assessment Checklist: Linking HIV and Sexual and Reproductive Health

Self-Assessment Instructions

This tool has been created specifically for organisations that have HIV-related activities as their core business or primary mandate. It aims to assist an organisation:

- to assess the extent to which SRH issues have been linked into the policies, programmes, outreach services and advocacy initiatives of the organisation, and
- to develop appropriate plans and mechanisms to improve and strengthen the linkages with SRH issues.

Ultimately, its purpose is to facilitate the implementation of organisational policies and services that ensure that each time a client accesses HIV-related information, clinical or counselling services, the organisation is able to address the broader SRH needs of that client and, where appropriate, his/her sexual partner(s).

We recommend your organisation completes the questionnaire in a collective manner so as to obtain the opinions and perceptions of a range of stakeholders associated with the organisation.

Please indicate your answer by marking the appropriate box:

- Y** Yes, we undertake this work/activity
- I** Insufficient, in preparation, or is not followed in practice
- N** No, we've not yet tackled this work/activity
- NR** Not relevant to our work

All organisations using this self-assessment checklist should answer all questions in Section A (Getting Closer at a Policy Level). However, not all questions in Section B (Getting Closer at a Programme and Service Delivery Level) will be applicable to the specific work of your organisation. Please answer the sets of questions that are relevant to your work.

Please be honest in completing this checklist. It is expected that your scoring will vary between modules, depending on your area of expertise.

There is no formalized scoring process for this assessment. Instead, we suggest that you look at the questions that you answered 'no' or 'insufficient' to, and then select areas that are most relevant for your organisation to improve upon in the short-term and create an Action Plan.

the Code

The Code of Good Practice for NGOs Responding to HIV/AIDS (the 'Code') was created by a broad consortium of NGOs to provide a shared vision of good practice to which NGOs can commit and be held accountable.

The Code outlines principles and practices that are informed by evidence and underscore successful NGO responses to HIV. It identifies a series of areas that are key to HIV programming and articulates fundamental principles that should be applied to HIV programmes in each of these areas.

These principles are aspirational, setting out examples of good practice that NGOs can work towards over time.

For more information on the Code, go to www.hivcode.org



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Developing an Action Plan

Once the questionnaire has been completed, the facilitator(s) of the process needs to consider the results across all sections. In doing this it would probably be best to:

- first, consider each section individually and reflect on the general or overall extent of the integration of SRH in relation to the issue focused on in that section. This can be done by reviewing the ratings assigned to each question and the comments made by the interviewees at the end of each section,
- second, based on the above and bearing in mind the way in which the organisation is structured and how decisions and plans are made, develop a list of recommendations of how the linkages between current practice and SRH might be strengthened and/or improved, and
- third, develop an action plan for how the areas requiring more attention might be managed.

The Action Plan should highlight examples of HOW you will improve your work over the next six months. You can use the Action Plan template provided at the end of this module or create your own.

There are ten Key Questions highlighted in the checklist in red. These questions address fundamental issues that you need to consider first when assessing how well your organisation has linked SRH and HIV. As you develop your Action Plan, keep these questions in mind. If you have answered 'no' to any of them, addressing these issues is a good starting point for improving your programmes.

How to save the Action Plan:

Complete the self-assessment module and Action Plan electronically, save the file and submit it to the Code Secretariat by email. The Secretariat will credit all NGOs that submit Action Plans as 'Implementing' NGOs and full signatories of the Code. After the period of six months, we will ask you to measure your progress against your Action Plan.

Some notes about the questions:

Definitions of the some of the key terms that are used in the questionnaire, many of which are used in the context of SRH, have been provided at the end of this document. If you require any additional clarification, please refer to IPPF's Glossary (www.ippf.org/en/Resources/Glossary.htm).

There is a place for comments at the end of each sub-section. This is intended to alert you to record some of the more qualitative responses. These could include an idea about how to increase the linkages between HIV and SRH, or why something is not sufficiently implemented.



Checklist

Please indicate your answer by marking the appropriate box.

Y Yes, we undertake this work/activity

I Insufficient, in preparation, or being considered

N No, we've not yet tackled this work/activity

NR Not relevant to our work

A Getting Closer at a Policy Level

A.1 Institutional commitment

Within the organisation:

<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	1. Has there been a demonstrable commitment by the organisation's leaders to support the linking of SRH within its HIV-related policies, programmes and services?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	2. Has a review been done of how the organisation can optimize the synergies between its HIV-related policies, programmes, services and advocacy initiatives and its SRH policies and programmes?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	3. Has the organisation allocated sufficient human resources to review and develop a strategy for optimizing the linkages between HIV and SRH?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	4. Has the organisation allocated sufficient financial resources to review and develop a strategy for optimizing the linkages between HIV and SRH?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	5. Is there documentation (for example, a protocol or a set of guidelines) that supports integrated service delivery?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	6. Are all relevant staff members trained: <ul style="list-style-type: none"> • to incorporate appropriate aspects of SRH into the organisation's HIV-related policies, programmes and services? • to make, where necessary, the appropriate referral to an agency offering comprehensive SRH services? • to meet the SRH needs of PLHIV (including young people, men who have sex with men, lesbian, gay, bisexual and transgendered people)?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	7. Does the organisation's HIV workplace policy include core SRH components? <p>For example, family planning, prevention and management of gender-based violence, maternal and child health.</p>



Checklist

Y I N NR

8. Does your organisation allocate a proportion of its budget to SRH services and commodities (such as female and male condoms, other contraceptives, lubricants, and post-abortion care services)?

Y I N NR

9. Is the organisation's logistics system set up in a way that is supportive of integrated HIV and SRH service delivery?

For example, is there a combined ordering mechanism for the purchase of supplies? Is there a combined system to monitor the distribution of commodities?

Y I N NR

10. In the event that the organisation does not provide SRH-related services to its clients, does a formal agreement exist with another organisation that enables clients to receive SRH services in an accessible and client-friendly manner?

Y I N NR

11. Are the organisation's monitoring and evaluation system and related mechanisms able to capture the progress that the organisation makes in linking SRH-related issues into its HIV-related activities?

Actions needed to support Section A.1:



Checklist

A.2 The organisation's strategic, programmatic & advocacy initiatives

Does the organisation advocate:

<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	1. For the realization of the sexual and reproductive health and rights of PLHIV?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	2. For the development of linked SRH and HIV policies that contain the required principles, strategies, protocols, guidelines and/or mechanisms that ensure the delivery of comprehensive, coherent and complementary SRH and HIV-related services?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	3. That all HIV-related strategic and operational plans incorporate linkages to core SRH services?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	4. That SRH partners and stakeholders are involved in the formulation of HIV policy and related strategic and operational plans, and in monitoring and evaluating their implementation?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	5. That SRH partners and stakeholders are appropriately represented on the national or local AIDS coordinating authority?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	6. That PLHIV, particularly women, are centrally involved in decision-making processes related to the formulation, implementation and evaluation of SRH policy and programmes at all levels?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	7. That public and private health services, non-governmental and community-based organisations demonstrate their commitment to health programming by operationalizing the delivery of integrated SRH and HIV services?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	8. That international donor financing of HIV-related programmes supports integrated SRH and HIV programmes and services, including the provision of SRH supplies?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	9. That drug and commodity procurement mechanisms for HIV and SRH are streamlined to prevent duplication and inefficient purchasing?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	10. For legislation that outlaws marriage for females and males under 18 years old?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	<ul style="list-style-type: none"> • Where child marriage still exists, does the organisation advocate for the enforcement of supportive legislation alongside working with key gate keepers to change social norms?



Checklist

Y I N NR

11. For the strengthening of political, legal and social frameworks to ensure that greater attention is given to survivors of sexual assault so as to ensure that the maximum steps are taken to prevent HIV, other sexually transmitted infections (STIs) and unintended pregnancy?

Y I N NR

12. For policy and legal reform so that adolescents can access comprehensive SRH services in a confidential and youth-friendly setting?

Y I N NR

13. For policy and legal reform so that the access, coverage and quality of SRH services to key populations is improved?

For example, advocating that the SRH needs of HIV-positive transgender people (such as hormone injections, sex reassignment surgery and castration) are taken into account in HIV-related policies and programmes?

Y I N NR

14. For the provision of harm reduction services?

This includes the specific needs of HIV-positive female injecting drugs users (such as ensuring that HIV-positive pregnant opioid injecting drug users should continue to receive pre-, during- and post-natal substitution therapy).

Y I N NR

15. Against proposed or existing laws and policies that criminalize HIV transmission?

Y I N NR

16. For informed debate about abortion and the creation of laws and policies that protect women's reproductive health rights in countries where abortion is not legal?

Y I N NR

17. That HIV-related training curricula provide trainee health professionals and community-based health workers with a thorough understanding of the linkages between HIV and SRH, and the necessary skills to design and deliver integrated policies, programmes and services?

Y I N NR

18. That sexual and reproductive health rights (SRHR) are linked into the principles, programmes and services of HIV workplace programmes?

Actions needed to support Section A.2:



Checklist

B

Getting Closer at a Programme & Service Delivery Level

Please answer all sets of questions that are applicable to the specific work of your organisation.

B.1 HIV prevention, education & condoms³

In general, when providing HIV-related education and counselling does the organisation:

<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	1. Provide information on the sexual and reproductive health rights (SRHR) and choices of individuals?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	2. Enable and promote the access of young people, especially young women and girls, to comprehensive SRH education and the provision of SRH commodities?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	3. Provide a supportive environment in which young people's SRH experiences, needs and desires can be discussed in a sensitive, non-judgemental and inclusive manner?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	4. Provide a supportive environment in which the SRH experiences, needs and desires of key populations are discussed in a sensitive, non-judgmental and inclusive manner?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	5. Provide a supportive environment in which the SRH experiences, needs and desires of lesbian, gay, bisexual and transgender clients can be discussed in a sensitive, non-judgmental and inclusive manner?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	6. Target information at men regarding family planning options, and encourage them to share responsibility for family planning with their female partners?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	7. Provide information on the legal, medical and counselling support services available to women in the event of sexual and gender-based violence?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	8. Provide information about the harmful consequences that female genital mutilation/cutting has on the sexual and reproductive health and rights of women?

3. The assumption being made here is that that the organisation would offer this through a range of activities such as educational programmes (workshops, peer education groups, PLHIV support groups and general outreach activities), within the organisation's IEC materials and within the clinical and counselling sessions with clients.



Checklist

In promoting safer sex practices specifically, does the organisation:

Y I N NR

9. Provide information that acknowledges the positive aspects of sexuality, including aspects of safer sex that focus on attaining sexual pleasure and satisfaction?

Y I N NR

10. Provide positive prevention strategies so that PLHIV are provided with the necessary information and support to make informed decisions about their sexual health and that of their sexual partner(s)?

Y I N NR

11. Provide information and counselling on the reproductive rights and choices of PLHIV and their partners?

Y I N NR

12. Provide PLHIV with information and counselling on fertility options – including information on infertility services, advice on planning a pregnancy for sero- discordant and sero-concordant HIV-positive couples, and contraception?

In promoting the use of condoms as a protective mechanism against HIV, does the organisation:

Y I N NR

13. Promote and provide clients with access to the female condom?

Y I N NR

14. Provide information on the contraceptive qualities of condoms and the importance of dual protection?

Y I N NR

15. Provide clients with information and access (either directly or via a referral to another agency) to other contraceptive methods such as hormonal and injectable contraceptives, a diaphragm or an IUD?

Actions needed to support Section B.1:



Checklist

B.2 HIV voluntary counselling & testing (VCT)

In general, does the organisation's VCT programme:

Y I N NR

1. Provide a youth-friendly environment?

Y I N NR

2. Promote SRH information and commodities to young people when they access VCT?

Y I N NR

3. Provide accessible support to the survivors of sexual assault by:

Y I N NR

- having the necessary counselling support available?

Y I N NR

- having an appropriate referral system in place to refer clients to the police, and/or agencies that are able to provide legal advice?

Y I N NR

- providing antiretrovirals for post-exposure prophylaxis (PEP), together with emergency contraception and the management of STIs?

Y I N NR

4. Encourage sexual partner(s) of the client to also access VCT?

Do counsellors, either in the pre- or post-HIV test counselling sessions:

Y I N NR

5. Facilitate a discussion on the client's current contraceptive method(s), and the importance of dual protection against unintended pregnancy, STIs & HIV transmission?

Y I N NR

6. Facilitate a discussion on the client's reproductive rights, needs and aspirations?

Y I N NR

7. Provide clients with, or facilitate access to, contraceptive commodities such as the male and the female condom, lubricants and, where appropriate, other contraceptives such as an IUD or an oral or injectable contraceptives?

Y I N NR

8. Provide clients with an appropriate referral for other sexual and reproductive health concerns?

This can include sexual dysfunction, the prevention and management of gender-based violence, emergency contraception and abortion-related services.



Checklist

Y I N NR

9. Refer clients who report having symptoms of a sexually transmitted infection (STI), or who are assessed to be at high risk of an STI, for an immediate appointment with a health worker so as to receive appropriate counselling, testing and/or treatment for STIs?

Y I N NR

10. Provide clients with IEC materials that address both HIV and sexual and reproductive health related rights, needs and desires?

Actions needed to support Section B.2:



Checklist

B.3 Prevention of mother to child transmission (PMTCT)

Does the organisation:

<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	1. Provide information about and referrals to PMTCT services for women who wish to become pregnant and for women who are already pregnant?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	2. Provide and/or refer PLHIV clients, and where appropriate their partners, for counselling around their reproductive choices?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	3. Provide integrated antenatal syphilis screening and treatment into its services?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	4. Encourage men to attend PMTCT-related clinical and counselling visits to support their partners?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	5. Provide PMTCT clients with information about the risks and benefits of different modes of delivery, and inform them about their access to an elective caesarean section?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	6. Provide PMTCT clients, in countries where abortion is legal under a number of conditions, with:
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	<ul style="list-style-type: none"> • information about safe abortion services, what restrictions may apply to them, the abortion procedures being provided, the expected side effects and post-abortion care?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	<ul style="list-style-type: none"> • a referral to a safe abortion service?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	<ul style="list-style-type: none"> • information about the risks of undergoing unsafe abortions (those performed by unskilled providers and/or in unhygienic conditions) and, where available, how to access post-abortive care?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	7. Provide PMTCT clients with access on infant feeding counselling?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	8. Provide PMTCT clients with access to HIV care, treatment and support?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	9. Provide PMTCT clients with follow-up support in the post partum period?
	This includes safer sex counselling, family planning education and the provision of condoms (and/or in combination with other contraceptive commodities) so as to prevent any unintended pregnancies in the future.



Checklist

Actions needed to support Section B.3:



Checklist

B.4 Clinical Care: Management of sexually transmitted infections (STIs) and opportunistic infections (OIs), and the provision of antiretroviral therapy (ART)

In relation to the prevention and management of STIs, OIs and the provision of ART⁴, does the organisation:

<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	1. Facilitate a discussion on and, if appropriate, an assessment of a client's pregnancy status, her future reproductive desires and methods of safe conception?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	2. Provide information and advice about pregnancy testing?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	3. Provide information on the impact of STIs on fertility and on the fetus?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	4. Provide information on the range of contraception available and the importance of dual protection?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	5. Supply and/or arrange for the provision of a range of contraceptives (other than the male and female condom), such as hormonal and injectable contraceptives, a diaphragm or an IUD?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	6. Provide information on and access to emergency contraception and safe abortion services (including post-abortion care)?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	7. For rape survivors who arrive within 72 hours of the incident, does the organisation provide information on, and access or referral to, antiretrovirals for PEP, emergency contraception, and treatment or prophylaxis for STIs?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	8. Provide an assessment of the client's reported or potential vulnerability to sexual risk and gender-based violence, and if deemed appropriate, a referral to the necessary counselling or legal support services?
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	9. Provide an assessment on his or her current state of sexual health? For example, the presence of STI symptoms or experiences of sexual dysfunction as a result of HIV status or ARV treatment.
<input type="radio"/> Y <input type="radio"/> I <input type="radio"/> N <input type="radio"/> NR	10. Provide information on the importance of maintaining safer sex practices and, where appropriate, the issue of dual protection?

4. Again, the assumption here is that this would be delivered through a range of organisational activities such as the initial clinical assessment with a client, subsequent or on-going clinical consultations, counselling sessions and through the organisation's IEC materials.



Checklist

Y I N NR

11. Refer HIV-positive women for cervical cancer screening on a routine basis?

Y I N NR

12. Provide clients with information about HIV and hepatitis co-infection?

Y I N NR

13. Monitor HIV-positive clients for co-infection with the hepatitis C virus (HCV) and the hepatitis B virus (HBV), and provide treatment for HIV/HCV and HIV/HBV?

Actions needed to support Section B.4:



Checklist

B.5 Psychosocial & other support services for PLHIV and those affected

Does the organisation, through its facilitation of support groups for PLHIV:

Y I N NR

1. Provide members with information about, and the possibilities to advocate for, the realization of the sexual and reproductive health rights of PLHIV?

Y I N NR

2. Provide a non-judgemental, supportive environment in which PLHIV can share in confidence their challenges experienced in SRH?

For example, in accessing SRH services that are sensitive to the specific SRH needs of PLHIV and, in terms of being in an HIV-discordant sexual relationship, deciding whether or not to have children?

Y I N NR

3. Provide members with information about safer sex practices based on the principles of positive prevention?

Y I N NR

4. Provide members with access to a range of contraceptives including hormonal and injectable contraceptives, a diaphragm or an IUD?

Y I N NR

5. Provide members with information on, and access to, emergency contraception and safe abortion services (including post-abortion care)?

Y I N NR

6. Provide members, in the event of sexual and gender-based violence, with referrals to the police, legal advice, medical and counselling support services?

Does the organisation, through its home-based care (HBC) and orphans and vulnerable children (OVC) outreach programmes:

Y I N NR

7. Enable staff (for example, health professionals and community-based health workers) to identify the potential SRH needs of clients and others in the household, and then facilitate their access to appropriate SRH services?

Y I N NR

8. Enable staff (for example, health professionals and community-based health workers) to recognize signs and symptoms of sexual, physical or emotional assault, and refer clients for further support and care appropriately?

Actions needed to support Section B.5:



Action Plan: Linking HIV and Sexual and Reproductive Health

In completing this self-assessment checklist, you are likely to have identified some areas that are in need of improvement and some that are already at a 'good practice' level.

Please complete the Action Plan table on the next page and highlight examples of how

you will improve your organisation's work on linking HIV and sexual and reproductive health over the next six months, thinking first about the Key Questions below. If you answer 'no' to any of these ten questions, it would be important for you to start here in improving your work!

Key Questions

1. Has a review been done of how the organisation can optimize the synergies between its HIV-related policies, programmes, services and advocacy initiatives and its SRH policies and programmes?
2. Is there documentation (for example, a protocol or a set of guidelines) that supports integrated service delivery?
3. Does the organisation's HIV workplace policy include core SRH components?
4. Does your organisation allocate a proportion of its budget to SRH services and commodities (such as female and male condoms, other contraceptives, lubricants, and post-abortion care services)?
5. In the event that the organisation does not provide SRH-related services to its clients, does a formal agreement exist with another organisation which enables clients to receive SRH services in an accessible and client-friendly manner?
6. Does the organisation advocate for the development of linked SRH and HIV policies that contain the required principles, strategies, protocols, guidelines and/or mechanisms that ensure the delivery of comprehensive, coherent and complementary SRH and HIV-related services?
7. Does the organisation advocate that SRH partners and stakeholders are involved in the formulation of HIV policy and related strategic and operational plans, and in monitoring and evaluating their implementation?
8. Does the organisation advocate that international donor financing of HIV-related programmes supports integrated SRH and HIV programmes and services, including the provision of SRH supplies?
9. Does the organisation advocate for informed debate about abortion and the creation of laws and policies that protect women's reproductive health rights in countries where abortion is not legal?
10. Does the organisation advocate that HIV-related training curricula provide trainee health professionals and community-based health workers with a thorough understanding of the linkages between HIV and SRH, and the necessary skills to design and deliver integrated policies, programmes and services?

Please remember to save your completed action plan and email it to **info@hivcode.org** or send it to **PO Box 372, 1211 Geneva 19, Switzerland.**

Name of Organisation	Contact Person	Email Address
Signed		Date



**Action Plan:
Linking HIV and Sexual and
Reproductive Health**

Expected Outcomes
(What do we want to achieve?)

Key Activities
(What do we need to do?)

Action Points
(What kind of support do we need to do it?)

Expected Outcomes
(What do we want to achieve?)

Timeframe
(When will we do it?)



NGO CODE OF GOOD PRACTICE

ANNEX 1: Working definitions of selected terms

Bi-directionality	Refers to both linking SRH with HIV-related policies and programmes and HIV with SRH-related policies and programmes. ⁵
Dual protection	Many sexually active people need dual protection: protection against unintended pregnancy and against STIs, including HIV. Those contraceptives that offer the best pregnancy prevention do not protect against STIs. Thus, simultaneous condom use for disease prevention is recommended. Condoms used alone can also prevent both STIs and pregnancy if used correctly and consistently, but are associated with higher pregnancy rates than condoms used together with another contraceptive method. ⁶
Elective caesarean section	Also known as planned caesarean section. Usually carried out after 39 weeks of pregnancy, it is a way of delivering the baby through a cut in the lower abdomen, known as 'bikini line' incision. ⁷
Integration	Refers to different kinds of sexual and reproductive health and HIV services or operational programmes that can be joined together to ensure collective outcomes. This would include referrals from one service to another. It is based on the need to offer comprehensive services. ⁸
Key populations	Key populations are those where risk and vulnerability converge. HIV epidemics can be limited by concentrating prevention efforts among key populations. The concept of key populations also recognized that they can play 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 men who have sex with men (MSM), sex workers and their clients and injecting drug users (IDUs). ⁹
Linkages	The policy, programmatic, services and advocacy synergies between sexual and reproductive health and HIV. ¹⁰
Positive Prevention	Positive prevention encompasses a set of actions that help PLHIV protect their sexual health, avoid other STIs, delay HIV disease progression, and avoid passing HIV infection on to others. PLHIV play an essential role in preventing new HIV infections. Strategies for prevention for and with PLHIV include individual health promotion, scaling-up of HIV and SRH services, community participation, and advocacy and policy change. ¹¹
Sero-discordant couple	Has one HIV-positive partner and one HIV-negative partner.
Sero-concordant couple	One where both partners have the same HIV status - they are both negative or both positive.
Sex reassignment surgery	Genital alteration surgery that transsexuals sometimes undergo to change their physical body to match their gender identity. This is sometimes referred to as a "sex-change operation."

5. GNP+, ICW, IPPF, UNAIDS, UNFPA, UNAIDS, WHO, Young Positives, 2008. Rapid Assessment Tool for Sexual and Reproductive Health and HIV Linkages: a Generic Guide.

6. GNP+, ICW, IPPF, UNAIDS, UNFPA, UNAIDS, WHO, Young Positives, 2008. Rapid Assessment Tool for Sexual and Reproductive Health and HIV Linkages: a Generic Guide.

7. For further information see: http://www.suht.nhs.uk/media/pdf/0/e/Elective_Caesarean_Section_-_Patient_Information_Jun-06_PS.pdf

8. Source: IPPF, UNFPA, WHO, UNAIDS, 2008. Gateways to Integration: A case study series.

9. GNP+, ICW, IPPF, UNAIDS, UNFPA, UNAIDS, WHO, Young Positives, 2008. Rapid Assessment Tool for Sexual and Reproductive Health and HIV Linkages: a Generic Guide.

10. Source: IPPF, UNFPA, WHO, UNAIDS, 2008. Gateways to Integration: A case study series.

11. Adapted from: WHO, UNFPA, UNAIDS, IPPF, 2005. Sexual and Reproductive Health and HIV/AIDS: A Framework for Priority Linkages.



ANNEX 1: Working definitions of selected terms

Sexual dysfunction

Sexual dysfunction disorders are generally classified into 4 categories: sexual desire disorders, sexual arousal disorders, orgasm disorders, and sexual pain disorders.¹²

Sexual and reproductive health (SRH) programmes and policies

For the purposes of this tool core SRH programmes and policies relate to an include family planning (FP), maternal and child health (MCH), the prevention and management of sexually transmitted infections (STIs), reproductive tract infections (RTIs), the promotion of sexual health, prevention and management of gender-based violence, and the prevention of unsafe abortion and the provision of post-abortion care.¹³

Sexual and reproductive health and rights (SRHR)

The right to sexual and reproductive health implies that people are able to enjoy a mutually satisfying and safe relationship, free from coercion or violence and without fear of infection or pregnancy, and that they are able to regulate their fertility without adverse or dangerous consequences. Sexual and reproductive rights provide the framework in which sexual and reproductive well-being can be achieved.¹⁴

SRH commodities

SRH commodities include a range of commodities such as:

- contraceptives (the male and female condom and water-based lubricants, hormonal contraceptives, IUD, diaphragm, and emergency contraception);
- medicines, medical & surgical instruments, equipment and laboratory tests required for the administration of PEP; for the management of RTIs and STIs; for female and male sterilization, for the diagnosis of pregnancy, for safe abortion and post-abortion care, and for pregnancy, childbirth, postpartum and newborn care, and those associated with HIV (HIV testing, ART, MTCT, and opportunistic infections);
- IEC materials associated with the above, and
- commodities used for infection prevention and control.

12. For further information see: <http://www.nlm.nih.gov/medlineplus/ency/article/001951.htm>

13. Adapted from: GNP+, ICW, IPPF, UNAIDS, UNFPA, UNAIDS, WHO, Young Positives, 2008. Rapid Assessment Tool for Sexual and Reproductive Health and HIV Linkages: a Generic Guide.

14. IPPF, 1996. IPPF Charter on Sexual and Reproductive Rights.



ANNEX 2: Further Reading

Several reports, guidelines and tools, prepared by IPPF, UNFPA, UNAIDS, WHO, GNP+, ICW and Young Positives are available which offer guidance on how to link sexual and reproductive health with HIV. These include:

- Global Network of People Living with HIV/AIDS (GNP+), International Community of Women Living with HIV/AIDS (ICW), Young Positives. Consultation Report: Global Consultation on the Sexual and Reproductive Health and Rights (SRHR) of People Living with HIV and AIDS (PLHIV), 5 - 7 December 2007, Amsterdam, the Netherlands. Available from: www.gnpplus.net.
- GNP+, ICW, IPPF, UNAIDS, UNFPA, UNAIDS, WHO, Young Positives, 2008. Rapid Assessment Tool for Sexual and Reproductive Health and HIV Linkages: a Generic Guide. Available from: www.ippf.org
- Guttmacher Institute, UNAIDS, UNFPA, WHO, Engender Health, IPPF, ICW & GNP+, 2006. Meeting the Sexual and Reproductive Health Needs of People Living with HIV - policy brief. Available from: www.guttmacher.org/pubs/IB_HIV.html
- IPPF, 1997. IPPF Charter Guidelines on Sexual and Reproductive Health. Available from: www.ippf.org/en/Resources/Guides-toolkits/IPPF+Charter+Guidelines+on+Sexual+and+Reproductive+Rights.htm
- IPPF, UCSF, UNAIDS, UNFPA, WHO, 2008. Linking Sexual and Reproductive Health and HIV: Evidence Review and Recommendations. Available from: www.ippf.org
- IPPF, UNFPA, WHO, UNAIDS, 2008. Gateways to Integration: A case study series. Kenya available from: <http://www.ippf.org/en/Resources/Reports-reviews/Gateways+to+Integration+a+case+study+from+Kenya.htm>, Haiti available from: <http://www.ippf.org/en/Resources/Reports-reviews/Gateways+to+Integration+a+case+study+from+Haiti.htm>
- UNFPA & WHO, 2006. Sexual and Reproductive Health of Women Living with HIV/AIDS - guidelines on care, treatment, and support for women living with HIV/AIDS and their children in resource-constrained settings. Available from: www.who.int/reproductive-health/docs/srhwomen_hivaids/index.html
- WHO, UNFPA, UNAIDS, IPPF, 2005. Sexual and Reproductive Health and HIV/AIDS: A Framework for Priority Linkages. Available from: <http://www.ippf.org/en/Resources/Guides-toolkits/A+Framework+for+Priority+Linkages.htm>
- WHO, UNFPA, UNAIDS & IPPF, 2005. Linking Sexual and Reproductive Health and HIV/AIDS - an annotated inventory. Available from: <http://www.ippf.org/en/Resources/Guides-toolkits/Linkages+Inventory.htm>
- WHO, 2006. Reproductive Choices and Family Planning for People Living with HIV - Counselling Tool. Available from: http://www.who.int/reproductive-health/publications/fphiv_flipchart/index.htm