

# SRHR and HIV integration – are we delivering?

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# Why does integrating SRHR and HIV matter?

- We want adolescents to get all the services they need in **one place, ideally in one visit, or through linkages and facilitated referrals**
- Adolescents have lots of health needs, which change over time – time of development, risk-taking, pleasure-seeking, identity, independence
- It is important that our work is **responsive to their individual needs and circumstances**
- We want adolescents to receive a comprehensive package of care



# Sounds logical and easy? Yes, but...

We sometimes have very specific expertise and focus, and we are set up and funded to deliver specific services and information

We also live in an environment that is comfortable with enabling access to some services and not others; and as individuals we are comfortable asking for and delivering some services and not others.

So we have to **push ourselves** to learn about new topics, to develop new skills, to advocate for issues that matter to individual adolescents we care about

# SRHR and HIV are closely linked

- Both are often about sex
- Pregnancy, childbirth and breastfeeding are life events when women need particular support for both SRHR and HIV
- Many people acquire HIV or have experiences of sexual and reproductive challenges (e.g. STIs, unplanned pregnancies) because of the same reasons: poverty, violence, stigma, poor access to services

**So working on both together makes sense**

# What does an integrated package of care look like?



## SRHR and HIV prevention

- HIV testing and counselling
- Condoms and negotiation skills
- Contraception
- STI screening and treatment
- Harm reduction services
- Antenatal care, safe delivery and postnatal care
- Cervical and breast cancer screening
- Post violence care, including post exposure prophylaxis
- Safe abortion and post-abortion care
- PrEP



## HIV and other treatment

- ART
- Viral load and CD4 monitoring
- Adherence support
- Managing side effects
- Prevention of vertical transmission services
- OI screening and treatment
- Hep B screening and vaccination
- Hep C screening and treatment

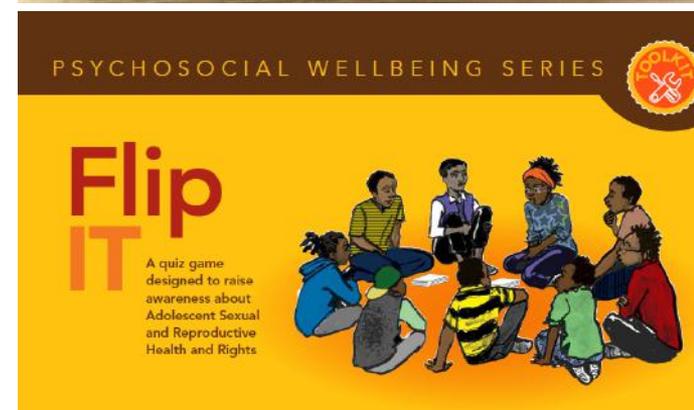


## Care and support

- Psychosocial support
- Mental health screening and management
- Disclosure support
- Support groups and networks of adolescents living with HIV
- Shelter and nutritional support
- Lifeskills development, vocational training and education
- Legal information and services
- Violence prevention and support
- Support for caregivers

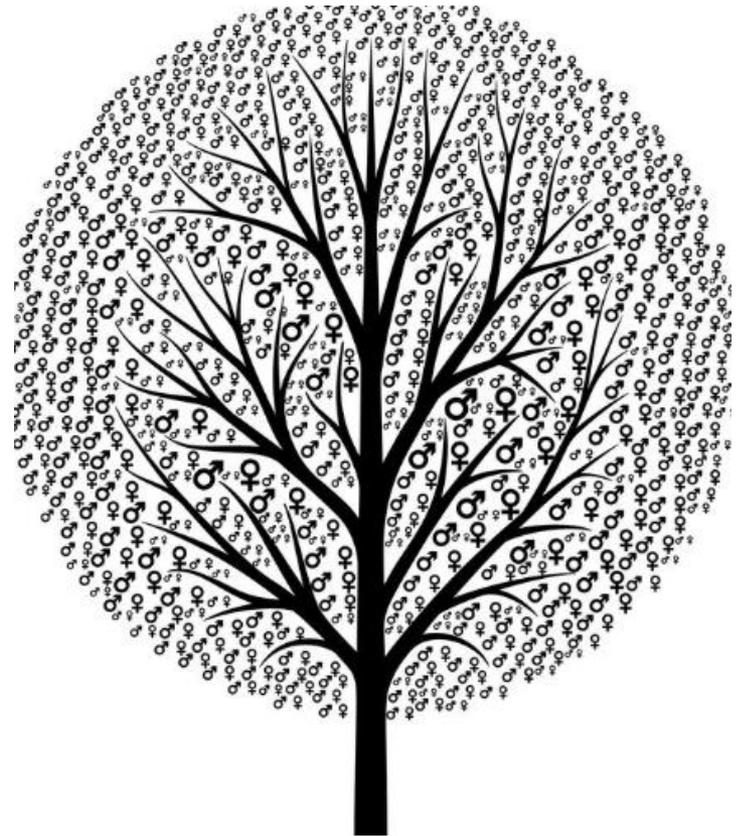
# What does this mean for a peer supporter?

- Sharing information that relates to both HIV and SRHR so there is greater awareness and encouragement to access services
- One-to-one support, via groups (information sessions, group counselling, support groups, safe spaces) or via community outreach
- Distributing condoms and lubricants
- Supporting peers' access to services (accompaniment)



# For a community facilitator

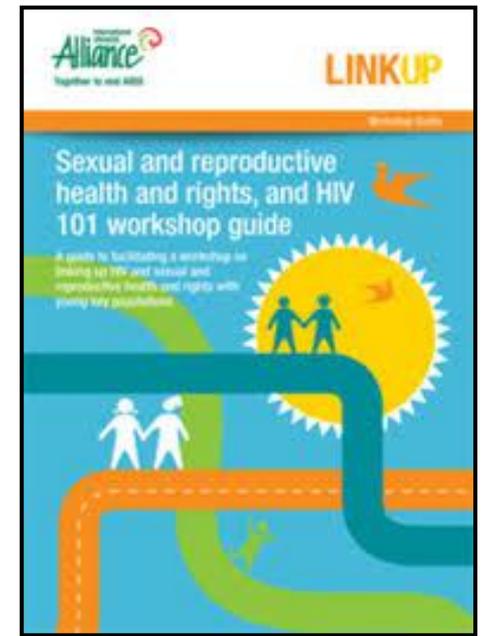
- Addressing social norms, cultural practices and beliefs in our communities – such as harmful social and gender norms – that can either hinder or help us to enjoy good SRHR
- Achieved via community education on HIV and SRHR; use of drama and radio training and sensitising influential people and opinion leaders



# For a health provider

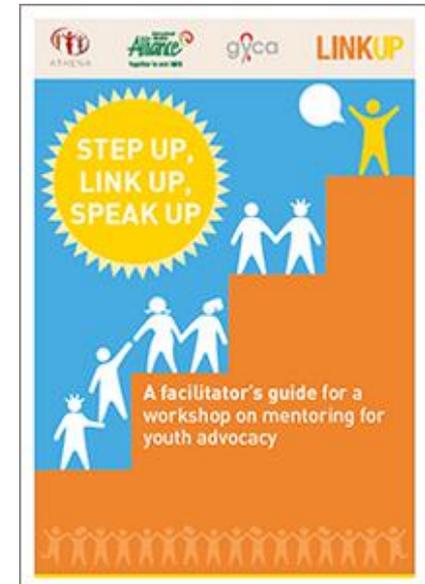
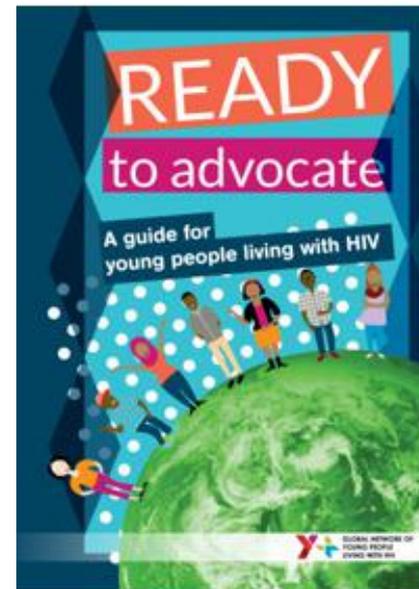


- Improve access to, and use of high-quality, welcoming and comprehensive SRHR and HIV services
- Extend scope of work through training to enable shared tasks and roles
- Try different service delivery models to expand access to services
- Establish clear mechanisms and pathways of linkages and referrals



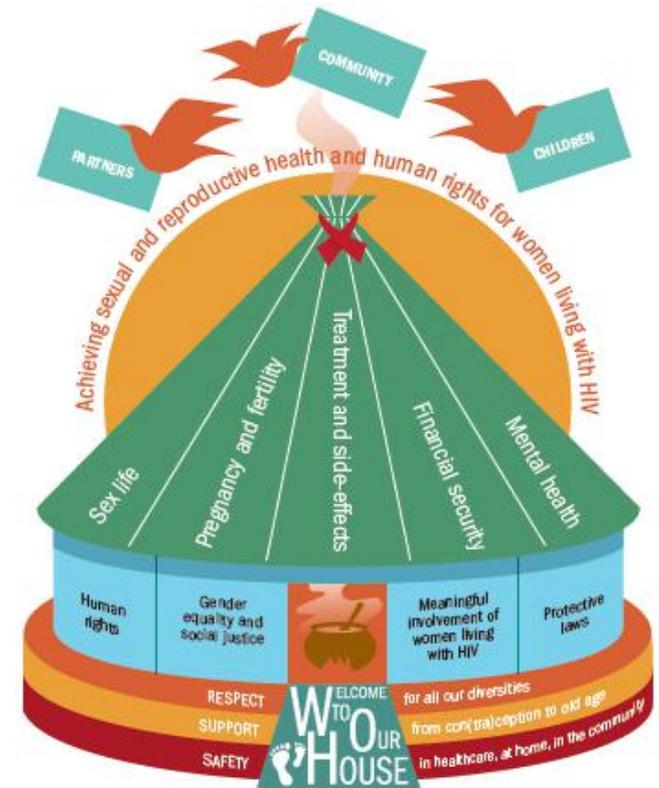
# For a youth advocate

- Youth consultations – what do young people need and want?
- Advocate for policies and guidelines that push for integration, gender equality and human rights
- Advocate for health spending on integrated SRHR and HIV services



# For a policymaker

- We need coordinated responses between relevant ministries charged with care of adolescents and young people living with HIV (e.g. MoE, MoH, Social Services)
- Implementation of policies and laws that promote integration
- Leadership of young people living with and most affected by HIV – they can help you innovate and prioritise!



# Why is integration a no-brainer?

- It will save adolescents and young people time – won't need multiple appointments
- Make life easier – don't have to navigate complex health systems
- Young people have limited resources – don't have to keep going to different places, long distances to reach services
- Reduce stigma, discrimination and gender based violence
- We meet the diverse and evolving needs of adolescents and young people!
- Also: better use of scarce human resources

# Adolescents and young people most marginalised

- We need to make services work and attractive to those least likely to access services
- Adolescents and young people who are selling sex, using drugs, identify as lesbian, gay, bisexual or transgender may:
  - Be subject to violence and exploitation
  - Have been rejected from home or society
  - Experience barriers to accessing services related to the local legal context
  - Experience self-stigma and associated mental health difficulties
  - Have overlapping complex vulnerabilities that require urgent attention

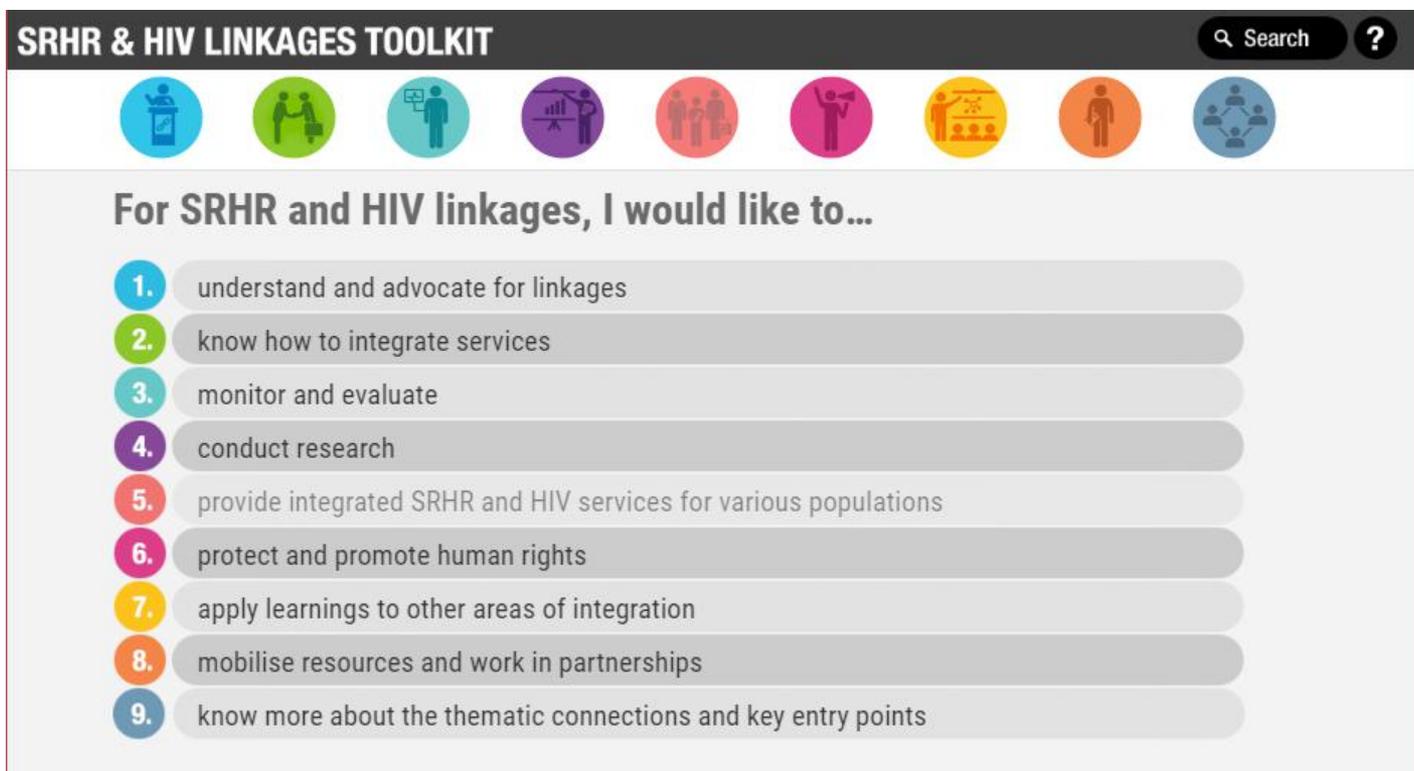
**It is crucial we are aware of our personal belief systems that may get in the way of providing adolescents and young people with the care they need.**

# Gender

- Need to explore the ways adolescence is experienced differently by girls and boys
- Harmful gender norms
- Decision-making and autonomy related to age and gender
- Gender-based violence, including sexual violence
- Sexual debut: when, where, how, with whom? For many girls, coercion?
- Perceptions and attitudes about sex and pleasure

# SRHR and HIV Linkages Toolkit

A simple to use toolkit that guides users to the most recent, relevant and important SRHR and HIV linkages resources



**SRHR & HIV LINKAGES TOOLKIT** Search ?

For SRHR and HIV linkages, I would like to...

1. understand and advocate for linkages
2. know how to integrate services
3. monitor and evaluate
4. conduct research
5. provide integrated SRHR and HIV services for various populations
6. protect and promote human rights
7. apply learnings to other areas of integration
8. mobilise resources and work in partnerships
9. know more about the thematic connections and key entry points

[toolkit.srhivlinkages.org](http://toolkit.srhivlinkages.org)

## Rapid Assessment Tool for Linkages at health systems, policy and service delivery levels

- Looks at HIV and SRH bi-directional linkages at the policy, systems, and service-delivery levels
- Identifies current critical gaps in policies and programmes
- Contributes to the development of country-specific action plans to forge and strengthen these linkages.
- Focuses primarily on the health sector.
- 50 countries completed



Source: *Rapid Assessment Tool for Sexual & Reproductive Health and HIV Linkages: A generic guide*, IPPF, UNFPA, WHO, UNAIDS, GNP+, ICW, Young Positives, 2009.

# HIV and SRHR Linkages Infographic Snapshots

Graphically provide an overview of national level data for more than 150 indicators covering the full scope of HIV and SRHR linkages including:

Enabling environment

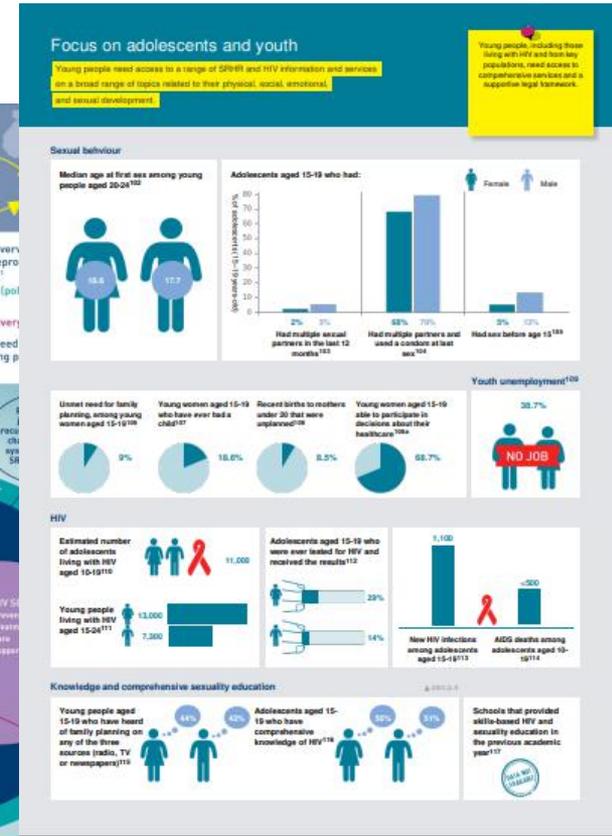
Health systems

Integrated service delivery

Adolescents and youth

Key populations

30 countries



# Key messages

1. Integrating SRHR and HIV information and services is important if we are to meet the diverse and full needs of adolescents
2. We can all push ourselves to do more and to do better
3. Work with and listen to young people
4. And meet the needs of adolescents and young people who are most marginalised
5. We are human – we can't be specialists in EVERYTHING – but we can know a bit about many things and know where to get more info/support
6. If we don't have the resources or know-how, reach out to partners

**WE CAN DO IT!!!!!!**

# THANK YOU

