

Have You Integrated STI/HIV Prevention Into Your Sexual and Reproductive Health Services?

Use IPPF/WHR's STI/HIV Integration Checklist to find out.



Using the IPPF/WHR STI/HIV Integration Checklist

STI/HIV Integration in Theory

Participants at the 1994 International Conference on Population and Development (ICPD) in Cairo called for the global increase in the availability of a broad range of sexual and reproductive health (SRH) services for women, men and young people. This call reflected a continuing shift away from the narrow family planning model of service provision that shaped the field in its early years toward a more encompassing practice of sexual and reproductive health care. Rather than focusing on the provision of contraception for controlling pregnancy, the SRH model frames the contraceptive choices available to women within a larger paradigm of women's health: their health rights, needs, concerns and constraints.

In theory, SRH care incorporates the prevention, detection and treatment of sexually transmitted infections (STIs) – including and perhaps most pressingly, HIV – into other SRH services. In practice, however, many organizations that work in SRH service provision fail to incorporate STI/HIV prevention or treatment into their roster of services and programs, or they provide these services separately from other SRH services. Therefore, making explicit the connection between sexuality, contraceptive choice and STI/HIV prevention and harnessing the inherent synergy between preventing unwanted pregnancy and preventing STI/HIV remain fertile areas for action. In support of this effort, IPPF/WHR has developed this self-administered checklist to be used by organizations to explore their degree of integration.

STI/HIV Integration in Practice

Integration is a flexible course of action that can be shaped by the mission, clientele, local context and referral options of the SRH organization undertaking the integration process. In simple terms, integration means incorporating STI/HIV information and services into all aspects of SRH service and program delivery. For example, contraceptive counseling would not only address the pros and cons of certain methods, but would also consider method efficacy with respect to STI/HIV prevention and how these issues relate to the sexual life and reproductive decision-making of the client. Similarly, an integrated gender-based violence prevention program would also address and respond to the STI/HIV exposure and prevention issues that can be an aspect of gender-based violence.

In approaching how to integrate services, an organization has to first identify which STI/HIV services it has the capacity to provide and then work on incorporating them into existing SRH services and programs. For example, a project that works with youth on issues related to sexuality can easily integrate an STI/HIV awareness and prevention component with little additional cost. Programs that involve the promotion of the male and/or female condom as a contraceptive method can easily focus on the dual advantage of condoms as protection against pregnancy and disease and can therefore logically integrate STI/HIV information and prevention action.

An organization that does not meet all of its clients' SRH needs with its existing services can actively participate in a referral network in order to increase service coverage. In addition, this allows the organization to integrate into the local SRH community, a natural extension of the process of

internal service integration. Involvement in referral networks can also attract new clients and, by offering a wider range of services to existing clients, increase their satisfaction.

Integration has implications that go beyond the practical aspects of service provision. When an organization questions why it segregates its HIV services (or doesn't offer them at all), it is forced to examine the various barriers that prevent some poor and other vulnerable people (the very people who are often most at-risk for STI/HIV) from accessing services. By integrating and condensing services, an organization can address a wider array of SRH needs and reach out to those groups that exist at the margins. Therefore, integration is one way that SRH organizations can "normalize" STI/HIV prevention and in turn chip away at the stigma that prevents individuals from seeking help.

By administering the STI/HIV Integration Checklist, an organization will be able to identify:

- programmatic components necessary to achieve STI/HIV integration into SRH;
- institutional areas in need of strengthening;
- resources and materials needed for integration;
- staff training and sensitization needs; and
- institutional role with respect to STI/HIV service delivery.

The checklist is a user-friendly evaluation instrument that can initially be applied to evaluate the degree of STI/HIV integration and then used as a tool to monitor progress towards achieving integration.

Assess the Extent to Which Your Services Have Integrated STI/HIV Prevention

HIV STRATEGY	YES	NO
Has your organization developed an HIV prevention strategy?		
Has the strategy been disseminated to key managers and all providers?		
Is the strategy currently being implemented in all clinics?		
Is the strategy currently being implemented only in the main clinic?		

PROTOCOL/NORMS/GUIDELINES FOR SCREENING AND CARE	YES	NO
Is staff given STI/HIV norms/guidelines for counseling?		
Is staff given STI/HIV norms/guidelines for testing?		
Is staff given STI/HIV norms/guidelines for treatment/care?		
Are clients routinely asked questions that enable them to determine their current risk of STI/HIV infection?		
Are clients routinely asked whether they are currently at risk of gender-based violence?		
Have the health care providers been trained/prepared to follow the norms/guidelines?		
Have the health care providers been sensitized to provide counseling on STI/HIV prevention to all clients, regardless of their perceived risk?		
Are clients routinely asked about their sexual practices, preferences, and orientation?		
Are providers trained in addressing GBV risks associated with partner notification?		
Have health care providers been trained in pre- and post-test counseling?		
Are returning clients assessed for risk?		
Are women who return with repeat STI symptoms screened for GBV?		

SENSITIZATION AND TRAINING	YES	NO
Has all the staff in all the institution's clinics been informed about the STI/HIV integration initiative?		
Has all the relevant staff in the institution participated in STI/HIV sensitization activities?		
Did the sensitization training include gender dimensions of STI/HIV (i.e. gender power differentials, condom negotiation skills)?		
Did the sensitization training include the topic of discrimination and reduction of stigma?		
Has all the relevant staff in the institution participated in strategic planning around STI/HIV integration?		
Has the relevant staff in all the institution's clinics involved in the project received appropriate training in STI/HIV? (<i>relevant staff = staff who will have direct contact with clients seeking STI/HIV services</i>)		
Has the relevant staff in all the institution's clinics involved in the project received sensitization and training in STI/HIV prevention and treatment?		
Is there a mechanism to provide sensitization and training to new staff members soon after they are hired?		
Is there a mechanism to identify the need for additional training concerning specific issues related to STI/HIV?		
Is there a mechanism for sharing educational information on STI/HIV (bulletins, memos, etc.) among staff?		

SERVICES	YES	NO
Does your organization do syndromic management for STIs?		
Does your organization do STI testing?		
Does your organization do HIV testing?		
Does your organization do pre-test counseling?		
Does your organization do post-test counseling for all clients (those with positive and negative test results)?		
Does your organization provide STI/HIV prevention counseling?		
Does your organization provide male condoms?		
Does your organization provide female condoms?		
Does your organization promote dual protection with all clients interested in family planning methods?		
Does your organization include condom negotiation skills in counseling sessions on STI/HIV prevention?		
Does your organization offer post-exposure-prophylaxis to women who have been assaulted and fear exposure to HIV?		

DOCUMENTING INFORMATION	YES	NO
Is there a system for documenting whether a client has been tested for STI/HIV in accordance with the norms/guidelines?		
Is there a confidential system (for example, a code or sticker) for documenting the results of an STI/HIV test?		
Is there a system for documenting whether a client has been treated for an STI/HIV in the past?		
Is there a system for following up with patients who have been treated for an STI (including HIV)?		
Is there a system in place to explore the issues related to partner notification in the event of a positive STI/HIV test (eg. risk for violence, inter-couple confidentiality and risk of discrimination)?		
Is there a system for analyzing data on STI/HIV-related services (i.e. number of clients screened, with positive STI/HIV diagnosis, treated, referred)?		
Is there a system for exploring why some clients may have recurrent STIs?		
Are clients who test positive for HIV referred to other organizations for HIV- related services?		
Are general SRH services provided to clients who are HIV positive?		

DIRECTORY OF ORGANIZATIONS	YES	NO
Does your Association have a directory of organizations that provide STI/HIV-related services?		
When was the directory last updated?		
Has it been distributed to all the health providers in all the clinics?		

FOLLOW-THROUGH ON REFERRALS AND COUNTER-REFERRALS	YES	NO
Is there a mechanism to verify if the client went to the referrals made for services within the organization?		
Is there a mechanism to verify if the client went to referrals made to services outside the organization?		
Is there a mechanism to determine the client's satisfaction with internal referrals?		
Is there a mechanism to determine the client's satisfaction with external referrals?		
Does your organization offer support groups for HIV positive clients?		
Is there a mechanism to verify if a client has been referred for STI/HIV services from another organization?		
Is there a mechanism to follow up clients with positive STI/HIV tests?		

ADVOCACY AND IEC MATERIALS	YES	NO
Is your organization collaborating with any other organizations on an STI/HIV prevention, diagnosis or treatment initiative?		
Is your institution part of a network of organizations that work in the area of STI/HIV?		
Does your institution have IEC materials about STI/HIV available for client distribution? If so, what issues do they cover? (Please attach examples.)		
1. STI/HIV transmission		
2. STI/HIV prevention		
3. Dual protection promotion		
4. Condom negotiation skills		
5. STI/HIV treatment		
6. STI/HIV services available within your institution		
7. STI/HIV services offered by other institutions		

LEGAL ISSUES	YES	NO
Are you aware of your country's legal situation regarding confidentiality, partner notification and access to diagnosis and treatment in regards to STI/HIV?		
Are there publications available to staff and/or clients informing them of these legal issues?		

LOCAL TECHNICAL ASSISTANCE	YES	NO
Are you aware of individuals and/or organizations in your country that can provide training/TA/support on STI/HIV prevention and treatment to your institution?		
Are you aware of individuals and/or organizations in your country to which you could refer clients for diagnosis and treatment of STI/HIV?		

ORGANIZATIONAL INTEGRATION/SUSTAINABILITY	YES	NO
Has your organization taken measures to assure the sustainability of your STI/HIV services (i.e. cost-recovery, cost-benefit analysis, cross-subsidization)?		
Do you distribute condoms at no charge?		
Do you sell condoms at cost?		
Do you sell condoms for a profit?		

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