This summary highlights the experiences, results and actions from the implementation of the Rapid Assessment Tool for Sexual and Reproductive Health and HIV Linkages in Central African Republic.\(^1\) The tool – developed by IPPF, UNFPA, WHO, UNAIDS, GNP+, ICW and Young Positives in 2009 – supports national assessments of the bi-directional linkages between sexual and reproductive health (SRH) and HIV at the policy, systems and services levels. Each country that has rolled out the tool has gathered and generated information that will help to determine priorities and shape national plans and frameworks for scaling up and intensifying linkages. Country experiences and best practices will also inform regional and global agendas.

RECOMMENDATIONS

What recommendations did the assessment produce?

Policy:
- Improve decision-makers’ knowledge and understanding of SRH and HIV linkages. For example, sensitize decision-makers at the policy and programme levels on why, how and when to establish linkages between SRH and HIV interventions.
- Strengthen the political environment for SRH and HIV linkages in sector-based strategies and the Poverty Reduction Strategy.
- Establish a committee to coordinate SRH and HIV service integration in policies, programmes, strategies and standards, in order to strengthen leadership and support.
- Develop strategic priorities and integrated HIV, STI (sexually transmitted infection) and SRH programmes, and integrate SRH into the Poverty Reduction Strategy.
- Develop a plan of action for SRH and HIV service integration.
- Develop indicators for measuring SRH and HIV linkages.
- Advocate for SRH and HIV service integration as well as resource mobilization for implementation of programmes and action plans.
- Promote laws protecting against gender-based violence.

Systems:
- Reorganize and restructure health services with a view to ensuring that HIV services are integrated into SRH services and/or SRH services are integrated into HIV services. For example, HIV counselling and testing services are located in the same centre and are provided by the same health care worker on the same day.
- Develop and implement protocols and directives on SRH and HIV integration in order to improve the quality of both services.
- Improve the quality of SRH and HIV services through the ongoing and timely provision of commodities, the assignment of qualified personnel, and the provision of medicines free of charge.

Services:
- Improve the quality of human resources, for example, through:
  - Training in integrated SRH and HIV service provision.
  - Improving understanding and knowledge of the benefits of SRH and HIV linkages and integrated services.
  - Providing financial incentives, training and improved working conditions.
- Donors should respond to the needs of key populations, rather than to their own priorities.

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1. This summary is based upon: Rapport d’évaluation rapide des liens entre la santé sexuelle et reproductive et la VIH. UNFPA, March 2011.
1. Who managed and coordinated the assessment?

- The government of the Central African Republic, as part of its commitment to the UN Millennium Development Goals, decided with the support of UNFPA to undertake the rapid assessment in order to assist in the development of a national SRH and HIV service integration plan. Dr Dogore, UNFPA international consultant, led the evaluation process and directed the group discussions, while Dr Sobela oversaw the key informant interview process and drafted the report.

2. Who was in the team that implemented the assessment?

- In terms of the key informant interview process: after training 12 investigators, 3 teams were established. Each team was made up of 4 members, including a team supervisor (2 males, 1 female), who led this data collection process.

3. Did the desk review cover documents relating to both SRH and HIV?

- The literature review addressed both SRH and HIV. Most documents reviewed were national-level plans, strategies, guidelines or surveys. Documents reviewed include the Family Code (1997); Standards and clinical procedures of the Department of Reproductive Health (2003); National Reproductive Health Policy (2003); Voluntary Counselling and Testing Directive (2004); Health Plan (2005–2015); HIV Strategic Plan (2006–2010); National programme for adolescent and young people’s health (2008–2012); and Strategic Plan (2010–2012). The review also included laws relating to reproductive health (2006), to the protection of women against violence (2006) and to the rights and responsibilities of people living with HIV (2006). The review also covered international SRH and HIV integration documents. (It was noted that the new HIV Strategic Plan 2012–2016 is being finalized for final approval.)

4. Was the assessment process gender-balanced?

- It is not possible to make an overall assessment of the gender balance of the process.
- In terms of the 18 policy-makers and programme managers, 6 were female and 12 male;
- In terms of the 44 service providers, 24 provided SRH services and 20 provided HIV services. There is no information on the gender distribution of service providers.
- The gender distribution of the 110 client key informants was 20 men, 38 women, 15 adolescent boys and 37 adolescent girls.

5. What parts of the Rapid Assessment Tool did the assessment use?

- The Rapid Assessment Tool for Sexual & Reproductive Health and HIV Linkages, A General Guide was the basis for data collection. Following a workshop to consider and adapt the rapid assessment tool, four tools were adapted:
  1. The questionnaire relating to policies and systems for decision-makers and programme managers.
  2. The questionnaire for SRH and HIV counselling and testing service providers.
  3. The questionnaire for clients of services.
  4. The scope of the document review. Tools were slightly adapted to include general questions about service providers and facilities.

6. What was the scope of the assessment?

- The aim of the rapid assessment was to evaluate the bi-directional linkages between SRH and HIV at the policy, systems and services levels, and to make relevant recommendations for the development of a national SRH and HIV integration plan. The scope of the assessment was at:
  - Policy level: to assess the level and effectiveness of linkages between SRH and HIV policies, legislation, operational plans and directives.
  - Systems level: to assess to what degree systems support effective linkages between SRH and HIV.
Objective of the group discussion was to reach unanimous agreement on this question of SRH and HIV linkages.

- Services level: to assess to what degree bi-directional SRH and HIV service integration exists.
- The three teams carried out the data-gathering in Bangui on 13 December 2010, and in provinces between 16 and 25 December 2010. Twenty-three sites were visited and 154 questionnaires completed, including 24 by SRH service providers, 20 by HIV service providers and 110 by clients of services. A validation workshop was planned for August 2011.

7. Did the assessment involve interviews with policy-makers from both SRH and HIV sectors?
- A group discussion was held, with 18 representatives taking part. These came from ministries, UN multilateral and bilateral agencies; directors of programmes and hospitals; and representatives of local, district, national and international non-governmental organizations (NGOs). Both SRH and HIV decision-makers participated. (Note that the Director of the Ministry of Public Health, Population and the Fight against AIDS – Ministère de la santé publique de la population et de la lutte contre le SIDA – is the same person as the Director responsible for STIs, AIDS and tuberculosis/TB).

8. Did the assessment involve interviews with service providers from both SRH and HIV services?
- Yes. Twenty-three sites were visited, 14 SRH and 9 HIV. These included sites run by the Ministry of Health, the private sector, NGOs and AIDS service organizations.

9. Did the assessment involve interviews with clients from both SRH and HIV services?
- Client interviewees were undertaken with 110 people leaving services on the day of the site visit. In principle, a woman, a man, a boy and a girl exiting each site was to be interviewed. From the 23 sites, clients from both SRH (14 sites) and HIV (9 sites) services were interviewed, including 20 men, 38 women, 15 adolescent boys and 37 adolescent girls.

10. Did the assessment involve interviews with clients from both SRH and HIV services?
- Yes, a representative of the Central African Network of People Living with HIV (RECAPEV) took part in the discussion group. Key populations involved in the assessment were sex workers and people who use drugs.

FINDINGS

- At the policy, systems and services levels, the linkages between SRH and HIV are not well developed.
- The main strengths include: the existence of a national HIV strategic framework; a national reproductive health policy which includes some HIV-related activities such as behavioural change communication within the context of SRH services; prevention of mother-to-child transmission (PMTCT) activities integrated within maternal health; access to antiretroviral therapy, and a law protecting the rights of people living with HIV.
- Protective laws, including on the protection of women against violence (Loi N° 06 032 du 15 décembre 2006 relative à la protection de la femme contre les violences en République centrafricaine) and another one on protecting people living with HIV against discrimination (Loi N° 06 030 fixant les droits et obligations des personnes vivant avec le VIH/SIDA).

1. Policy level
Strengths:
- The existence of a national HIV Strategic Plan, Reproductive Health Policy and Youth Policy.
- The national SRH policy includes some HIV-related activities such as behavioural change communication within the context of SRH services; PMTCT integrated within maternal health; and access to antiretroviral therapy.

- At the policy, systems and services levels, the linkages between SRH and HIV are not well developed.
- The main strengths include: the existence of a national HIV strategic framework; a national reproductive health policy which includes some HIV-related activities such as behavioural change communication within the context of SRH services; prevention of mother-to-child transmission (PMTCT) activities integrated within maternal health; access to antiretroviral therapy, and a law protecting the rights of people living with HIV.
- The main weaknesses include: the lack of a national SRH and HIV integration policy, lack of trained staff able to provide SRH and HIV integrated services, lack of knowledge about SRH and HIV programme integration for a multisectoral response, and lack of budgetary support.
• Multiple donors who support SRH and HIV programmes.

**Weaknesses/challenges:**
• There is no national policy on SRH and HIV integration with an associated plan of action and funding support.
• The lack of inclusion of SRH and HIV integration in national policies and strategies, laws, protocols and directives:
  • The National HIV Strategic Plan does not include SRH components such as family planning as part of PMTCT, reproductive and fertility choices for people living with HIV, and dual protection.
  • The national SRH policy does not include HIV components such as voluntary counselling and testing (VCT) as part of family planning.
• There are no service protocols on or policy directives to improve SRH and HIV linkages.
• There is no SRH operational plan to increase access to quality SRH services for the general population, key populations or people living with HIV.
• There are no specific policies on confidentiality and disclosure for HIV-related services and SRH and HIV programmes.
• Insufficient knowledge of SRH and HIV programmatic integration from a multisectoral perspective.

• Regarding laws:
  • There is insufficient enforcement of the law prohibiting violence against women, principally due to a failure to promote the law with the public.
  • There is a lack of respect and enforcement of age of consent laws. For example, some men marry 13- to 16-year old girls without being punished.

**3. Systems level**

**Strengths:**
• The existence of several partners who finance SRH and HIV programmes.
• The strong presence of organizations of people living with HIV and young people active in the HIV response.
• The Office for Population responsible for STIs, HIV and tuberculosis provides a basis for developing integrated SRH and HIV policies and programmes.
• Joint planning for SRH and HIV programmes exists.

• Collaboration between SRH and HIV programmes (management and implementation) under the auspices of the MOH through the Office for Population responsible for STIs, HIV and tuberculosis.
• Available human resources include all categories.
• There is a single procurement system for both SRH- and HIV-related commodities.
• Laboratory services meet both SRH- and HIV-related service needs.

**Weaknesses/challenges:**
• SRH and HIV programmes are managed vertically.
• Few partners support SRH and HIV linkages at the policy level and financially.
• There is no multi-sectoral technical group working on SRH and HIV linkages.
• There are no organizations of key populations – for example, sex workers, men who have sex with men, and people who use drugs – involved in SRH and HIV.
• There are very few institutions providing integrated SRH and HIV services.
• Insufficient staff with basic training in SRH and HIV service integration. Currently, of 714 health care workers of all types who can provide SRH services, only 35.7% have been trained in SRH, 54.6% in HIV, and 28.4% have been trained in both SRH and HIV.
• Weak documentation and training programmes on integration of SRH and HIV services. For example, there is no training handbook for SRH and HIV service integration.
• A lack of monitoring and evaluation (M&E) indicators and tools for measuring SRH and HIV integration.

**SERVICE USER PERSPECTIVES**

The majority of clients accessed services for maternal child health, HIV counselling and testing, and family planning. Rarely did clients seek services for psychosocial support, HIV prevention and gender-based violence. When clients are referred to other services, this is often for laboratory services, HIV counselling and testing, and family planning.

Client interviews:
• In 90% of cases, clients affirmed that they received the services sought at the site.
• When asked for suggestions of how to reduce HIV-related stigma, more than
half of the clients proposed counselling and HIV prevention, and, to a lesser extent, increasing contact between HIV-positive and HIV-negative people.

- For clients, the three main advantages of receiving services from the same person at the same time were a reduction in the number of visits, a reduction in transport costs, and a reduction in HIV-related stigma. The principal disadvantages were that the person is too busy, long waiting times, and reduced quality of services.
- The majority of clients prefer to access SRH and HIV services in the same setting.

Strengths
- The integration of certain HIV services – in particular counselling and testing, prevention, treatment and PMTCT – in SRH services.
- The integration of maternal and child health, prevention and STI management, and family planning.
- There is a follow-up system for clients who are referred to other services.
- The existence of protocols and directives for certain HIV and SRH services.

Weaknesses/challenges
- An unequal distribution of reproductive health human resources means that there is a lack of personnel qualified to deliver some specific services.
- Health care workers providing HIV-related services have not been trained in SRH.
- Within the context of PMTCT, the failure to take into account the HIV prevention needs of women of reproductive age and the family planning needs of women living with HIV.
- Weak integration of primary prevention services for women of reproductive age in the context of PMTCT.
- Weak integration of information and services for HIV prevention for the general population.
- Weak integration of HIV information and services, specifically for key populations [e.g. men who have sex with men, and sex workers].
- Weak integration of family planning and services for people living with HIV.
- Failure to take into account the prevention needs of key populations as identified in the national HIV response.
- Few studies on SRH and HIV integration at the national and international levels.

Conclusions
Strategic directions and steps need to be taken to improve the linkages between SRH and HIV:
- SRH and HIV service linkages and integration must be done on a multi-sectoral basis, and not just by the health sector.
- Existing SRH services (such as antenatal care, family planning and STI management) and HIV services (such as counselling and testing, treatment and care, including antiretroviral therapy) need to be used in order to develop SRH and HIV linkages.
- Planning, financing, logistics systems and service-provider training in family planning/SRH and HIV need to be coordinated.
- Health systems constraints need to be addressed, such as the lack of health care workers, training needs, and the lack of youth-friendly services.
- Services need to be decentralized, with functional and effective systems for implementing laws and policies on SRH and HIV linkages.
- Public–private partnerships and the participation of young people and civil society need to be reinforced, in order to improve results-based follow-up and evaluation systems.
- Research needs to be undertaken in order to improve SRH and HIV services.
1. What lessons were learned about how the assessment could have been done differently or better?
   • It was necessary to adapt the generic tool, specifically the questionnaires, to the national context.
   • It was necessary to review the discussion groups to make them homogeneous (by type and by participant profile: donors, policy-makers, technical experts) and to have the necessary tools, e.g. a recorder to record the discussions.

2. What ‘next steps’ have been taken (or are planned) to follow up the assessment?
   The next stages are to:
   • Distribute the rapid assessment report.
   • Sensitize the decision-makers, SRH and HIV programme managers.
   • Develop a national plan for SRH and HIV integration.

3. What are the priority actions that are being taken forward as a result of the assessment, at the:
   • policy level?
   • systems level?
   • services level?
   The priority actions being taken forward are:

   **Policy level:**
   • Holding a workshop to provide information on and improve understanding of the linkages between SRH and HIV.

   **Systems level:**
   • Developing a national plan for SRH and HIV integration, covering policies and systems.
   • Organizing a resource mobilization meeting with stakeholders.

   **Services level:**
   • Developing norms and procedures for SRH and HIV service integration.

4. What are the funding opportunities for the follow-up and further linkages work in the country?
   • Currently, at the policy level, a number of donors support SRH and HIV programmes. Funding opportunities for the follow-up and further linkages work in the country include:
     • The processes for developing a national SRH programme, a national HIV strategic plan and a joint programme supported by the UN system, all of which are under way.
     • Multiple donors who support SRH and HIV programmes: ACAMS (Association Centrafricaine pour le Marketing Social), IPPF, ACABEF (Association Centrafricaine pour le Bien-Être Familial), UNAIDS, UNFPA and WHO.
## Abbreviations

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<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>ACABEF</td>
<td>Association Centrafricaine pour le Bien-Être Familial</td>
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<td>ACAMS</td>
<td>Association Centrafricaine pour le Marketing Social</td>
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<td>AIDS</td>
<td>acquired immune deficiency syndrome</td>
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<td>GNP+</td>
<td>Global Network of People Living with HIV</td>
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<td>HIV</td>
<td>human immunodeficiency virus</td>
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<td>ICW</td>
<td>International Community of Women Living with HIV/AIDS</td>
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<td>IPPF</td>
<td>International Planned Parenthood Federation</td>
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<td>M&amp;E</td>
<td>monitoring and evaluation</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<td>MNCH</td>
<td>mother, newborn and child health</td>
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<td>NGO</td>
<td>non-governmental organization</td>
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<td>PLHIV</td>
<td>people living with HIV</td>
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<td>PMTCT</td>
<td>prevention of mother-to-child transmission</td>
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<td>RECAPEV</td>
<td>Central African Network of People Living with HIV</td>
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<td>SRH</td>
<td>sexual and reproductive health</td>
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<td>STI</td>
<td>sexually transmitted infection</td>
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<td>TB</td>
<td>tuberculosis</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>VCT</td>
<td>voluntary counselling and testing</td>
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<td>WHO</td>
<td>World Health Organization</td>
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