NIGER

RAPID ASSESSMENT
OF SEXUAL AND
REPRODUCTIVE HEALTH
AND HIV LINKAGES

IPPF International Planned Parenthood Federation
UNFPA
World Health Organization
UNAIDS JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

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 Niger[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?

Strategy and planning:

The assessment recommended:

- Advocating with the authorities and all the SRH and HIV stakeholders to make SRH and HIV integration a national priority.
- Developing a reference guide or a handbook to describe which SRH and HIV services to integrate, the beneficiaries, required capacities, and the equipment, materials and commodities needed for each type of service integration.

Partnerships:

- Identifying a national coordination structure for SRH and HIV integration.
- Establishing a technical work group on SRH and HIV integration, comprising experts from the Ministry of Public Health on design, implementation and monitoring and evaluation, as well as experts in SRH and HIV; development partners; and civil society organizations active in SRH and HIV.

Staffing, human resources and capacity building:

- Revising HIV counselling and testing standards and procedures, including by introducing provider-initiated testing and counselling (PITC), couples counselling and testing, partner HIV counselling, and testing of pregnant women in prevention of mother-to-child transmission (PMTCT) settings.
- Introducing PITC into the training curricula for SRH health care workers (both pre- and in-service training).
- Training health care workers on PITC.
- Training maternal and child health (MCH) providers (family planning/FP, antenatal care, delivery and postpartum care, and paediatric care) in HIV counselling and testing.

Monitoring and evaluation:

- Agreeing on indicators to measure SRH and HIV integration.
- Revising monitoring and evaluation tools for SRH and HIV integration.
- Including SRH and HIV integration indicators in the National Directory of Medical Statistics.

Provision of integrated SRH and HIV services:

- Ensuring that the necessary infrastructure, equipment and commodities are available for SRH and HIV service integration
- Intensifying efforts to promote male and female condoms for dual protection against HIV and unintended pregnancies.
- Organizing public awareness campaigns on the benefits of and need for SRH and HIV service integration for health care providers and clients in service delivery settings.
- Sensitizing the general population and, in particular, the clients of SRH and HIV services on laws pertaining to SRH and HIV.
- Developing an implementation plan for these recommendations over the period 2011–2015.

1. This summary is based upon: *Rapport : Évaluation Rapide de l'Integration du VIH et de la Santé Sexuelle et de la Reproduction au Niger*, Kouadio Kapet Guillaume, Consultant, UNFPA, December 2010.

PROCESS

1. Who managed and coordinated the assessment?

- The Ministry of Public Health managed and coordinated the rapid assessment.

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

- The rapid assessment was undertaken by Kouadio Kapet Guillaume, Consultant, under the supervision of UNFPA Niger, which supported the process financially. For data collection, eight teams were formed, each made up of one male and one female.

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

Yes. The policy documents reviewed included:

- National Strategic Framework for the Fight against Sexually Transmitted Infections (STIs)/HIV/AIDS (2008–2012)
- National Multisectoral Plan for the Fight against STIs/HIV/AIDS (2008–2012)
- National Reproductive Health Plan (2005–2009)
- Roadmap to Accelerate the Reduction of Maternal and Neonatal Mortality in Niger (2006–2015)
- National Reproductive Health Information, Education and Communication Strategy (2007)
- Reproductive Health Standards and Procedures (revised version, April 2002)
- Trainers Handbook: Module on training health care providers in Family Planning (revised August 2010)
- National Strategy for the Prevention of Mother-to-Child Transmission (2011–2015).

4. Was the assessment process gender-balanced?

- A male consultant undertook the rapid assessment. For the data collection process, eight teams were formed, each made up of one male and one female.

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

- The methodology for the evaluation was based on that described in the 2009 *Rapid Assessment Tool for Sexual and Reproductive Health and HIV Linkages: A Generic Guide*, providing both qualitative and quantitative data. In order to facilitate the interview process, three questionnaires were developed for group discussions, service providers and clients exiting services.

6. What was the scope of the assessment?

- The assessment aimed to review the status of bi-directional linkages of HIV and SRH at the policy, planning and implementation levels, and to contribute to their improvement at all levels.

7. Did the assessment involve interviews with policy-makers from *both* SRH and HIV sectors?

- Yes. The sample of decision-makers, programme managers and partners consisted of those who replied to the invitation from the Ministry of Health, and included both the SRH and HIV sectors.

8. Did the assessment involve interviews with service providers from *both* SRH and HIV services?

- Yes. In each of the 16 sites (eight providing SRH services and another eight providing HIV services), two service providers were interviewed, in total 30 people. Two sites had only one service provider. In general, the head of the service and another SRH service provider (e.g. family planning, youth counsellor, or antenatal, postnatal or delivery) or HIV service provider (e.g. voluntary counselling and testing/VCT, PMTCT or antiretroviral therapy/ART) were interviewed.

9. Did the assessment involve interviews with clients from *both* SRH and HIV services?

- Yes. Client interviewees were chosen on the basis that they were attending the clinic for services on the day that the interviewers came to the clinic. In total, 364 clients were interviewed from both HIV and SRH services.

10. Did the assessment involve people living with HIV and key populations?

- The assessment included people living with HIV, who were reached through networks of people living with HIV, as well as through people attending services. Key populations, including men who have sex with men, people that use drugs, and sex workers, were not involved in the assessment.

FINDINGS

1. Policy level

National policies, laws, plans and guidelines:

Strengths

- The following reproductive health policies which include HIV are:
  - National Reproductive Health Plan (2005–2009)
  - Roadmap to Accelerate the Reduction of Maternal and Neonatal Mortality in Niger (2006–2015)
  - National Reproductive Health Information, Education and Communication Strategy (2007)
  - Reproductive Health Standards and Procedures (revised version, April 2002)
  - Trainers Handbook: Module on Training Health Care Providers in Family Planning (revised August 2010).
- The following HIV policies which include reproductive health linkages are:
  - National Strategic Framework for the Fight against STIs/HIV/AIDS (2008–2012);
  - National Strategy for the Prevention of Mother-to-Child Transmission (2011–2015).
- The Law on Prevention, Responsibility and the Control of the Human Immunodeficiency Virus (Law No. 2007-08 of 30 April 2007), which protects people living with HIV. However the law currently criminalizes knowingly transmitting HIV and is currently under revision.
- The Law on the Promotion of Reproductive Health in Niger (Law No. 2006-16 of 21 June 2006).
- The existence of cooperation agreements on both SRH and HIV.

Weaknesses

- The lack of a law on SRH and HIV integration.
- SRH and HIV services are available to the entire population, to people of all ages, particularly young people. However, for young people under 18 years old, parental consent is required for HIV counselling and testing.

2. Systems level

Strengths

- The existence of programmes coordinating SRH activities.
- Programmes coordinating HIV activities.
- A network of non-governmental organizations (NGOs) working on SRH issues.
- A network of NGOs working on HIV issues.
- Qualified health workforce (doctors, pharmacists, laboratory technicians, district pharmacy managers, nurses, traditional birth attendants, and social workers).
- Programmes targeted at young people and adolescents.
- Documented norms and standards for reproductive health.
- A health information system and both SRH and HIV monitoring tools.

Weaknesses and gaps

- The lack of a manual or reference guide on SRH HIV integration, describing what services can be integrated, the roles of service providers, and the required skills, equipment, materials and commodities for each form of integration, etc.
- Lack of guidelines on SRH HIV integration for key populations, including sex workers, men who have sex with men, and injecting drug users.
- Lack of directives on VCT.
- Weak coverage of settings offering integrated SRH HIV services.
- Lack of qualified staff and staff mobility, due to unsatisfactory deployment of staff, lack of motivation and follow-up of activities, and workload.
- Inadequate management tools for SRH HIV integration.
- Inadequate infrastructure and equipment for providing integrated SRH HIV services.
- Inability to determine the level of SRH HIV integration from existing SRH and HIV indicators used for the 2009 National Directory of Medical Statistics.

3. Services level

Strengths

- The integration of HIV counselling and testing in maternal and child health (including family planning, antenatal care, delivery and postpartum care, and paediatric care) and STI services.
- The integration of ART in some maternal and child health services.

Weaknesses and gaps

- The reticence of some clients to use integrated SRH and HIV services.
- The lack of understanding among some clients of the benefits of linked SRH and HIV services.
- The lack of awareness of laws relating to SRH and HIV among the population in general, and in particular among SRH and HIV service users.
- The lack of guidelines for partners and other family members on HIV counselling and testing for women testing HIV-positive in PMTCT settings.
- The lack of a joint monitoring mechanism for integrated SRH and HIV interventions.

LESSONS LEARNED & NEXT STEPS

1. What lessons were learned about how the assessment could have been done differently or better?

Non-inclusion of people at higher risk: these could have been involved in the assessment from the beginning.

2. What 'next steps' have been taken (or are planned) to follow up the assessment?

The results of this assessment are expected to guide programme development. A programme on SRH and HIV linkages has been developed and funding secured from the European Union..

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?**

- Advocacy with policy-makers for strengthening SRH and HIV programme linkages.
- Coordination capacity strengthening.
- Development of SRH and HIV service provision guidelines.
- Revision of M&E tools to enable collection of indicators on SRH and HIV integration.
- Capacity building for management and service providers on SRH and HIV linkages.

4. What are the funding opportunities for the follow-up and further linkages work?

The National AIDS Trust Fund had been used to fund SRH- and HIV-related activities, including procurement of HIV and syphilis test kits. Some Youth Friendly Centres (normally established to provide ASRH services) have been constructed through support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). GFATM Round 8 provided funding for integrating PMTCT into the National Behaviour Change Programme and FP/HIV integration through ZNFPC.

Due to the approach taken by some donors to fund programmes through CSOs and not the government, it was difficult to ensure that funds were used to provide integrated SRH and HIV services. Donors also hindered integration through conditionalities and a narrow focus on either SRH or HIV.

With the renewed global focus on maternal, new-born and child health (MNCH) towards the attainment of UN Millennium Development Goals nos. 4, 5 and 6, some donors have expressed interest in funding MNCH interventions. This is expected to present an opportunity for integrating HIV-relevant interventions into MNCH services.

Furthermore, donors have been promoting the inclusion of SRH-related issues in national GFATM proposals, for example, Round 10, which addressed strengthening aspects of SRH and HIV integration. SRH interventions included Provider-Initiated Testing and Counselling training for FP and MNCH service providers, integrated PMTCT and MNCH training, training of nurses and midwives in long-term FP methods, procurement of delivery kits, transport for integrated supportive supervision, integrated PMTCT and MNCH job aids, information, education and communication/behaviour change communication for PMTCT and MNCH, community capacity building on PMTCT and MNCH integration, and some M&E tools such as ANC registers were integrated to capture PMTCT data.

Interviews with both HIV and SRH stakeholders identified the GFATM as being more active in promoting integration of SRH into Rounds 8 and 10 applications. It was reported that GFATM funds can be used to procure RH commodities.

Abbreviations

AIDS	acquired immune deficiency syndrome
ART	antiretroviral therapy
FP	family planning
GBV	gender-based violence
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GNP+	Global Network of People Living with HIV
HIV	human immunodeficiency virus
ICW	International Community of Women Living with HIV
IPPF	International Planned Parenthood Federation
MCH	maternal and child health
NGO	non-governmental organization
PITC	provider-initiated testing and counselling
PMTCT	prevention of mother-to-child transmission
SOLTHIS	Solidarité Thérapeutique et Initiatives contre le SIDA
SRH	sexual and reproductive health
STI	sexually transmitted infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VCT	voluntary counselling and testing
WHO	World Health Organization

FOR FURTHER INFORMATION, PLEASE CONTACT:

Dr Abdou Aboubacar, HIV Programme Coordinator, UNFPA, Niamey, Niger
Tel. +227-90909815