

A close-up portrait of a Black woman with her hair styled in a bun, looking directly at the camera. She is wearing a white top with a dark collar. The background is slightly blurred, showing an outdoor setting with a building and other people.

# LINKING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS AND HIV IN SOUTHERN AFRICA

Demonstration projects in seven Southern African countries have scaled up effective models for strengthening integrated SRH and HIV policies, systems, and service delivery mechanisms



Photo credit: © UNFPA Namibia

Cover photo credit: © UNFPA Namibia/Samson Mulugeta

A woman is pleased to receive integrated services in Namibia.

# Foreword

---

One of the key concepts in health at present is 'integration.' UNAIDS and UNFPA believe that integrating sexual and reproductive health (SRH) and HIV services can better ensure universal access to the information and services every person needs to make healthy choices.

Whilst it is clear that the integration of SRH and HIV services makes good 'people sense,' however, the 'how to' of linking and integrating these services at policy, system, and service delivery level is less widely known and practiced. The joint UNAIDS/UNFPA project on linking sexual and reproductive health and rights (SRHR) and HIV in seven Southern African countries, which began in 2011, was designed to try out and demonstrate how this can be done. With funds from the European Union and the Governments of Sweden and Norway, the selected countries were

supported in reviewing policies and reorganizing and restructuring systems and services in order to develop a model for the provision of integrated SRH and HIV services tailored for country contexts.

Led by the Governments of Botswana, Lesotho, Malawi, Namibia, Swaziland, Zambia, and Zimbabwe, the joint project is beginning to demonstrate stories of change. Despite challenges, it further highlights lessons for implementation of SRH and HIV linkages and service integration.

We hope that reading these stories will inspire you and urge you to accelerate the pace in the remaining days of the Millennium Development Goals (MDGs). Let us continue to support a unified response to end HIV and fulfil the promise of universal access to sexual and reproductive health and rights.

---

## **Prof. Sheila Tlou**

Director  
*UNAIDS Regional Support Team for Eastern and Southern Africa*

## **Dr. Julitta Onabanjo**

Regional Director  
*UNFPA East and Southern Africa*

# Preventing HIV and Addressing Maternal and Reproductive Health

---

Globally, significant progress has been made in reducing both the spread of HIV and the number of maternal deaths. Maternal mortality worldwide has dropped by almost 50 per cent between 1990 and 2013. The annual number of new HIV infections has steadily declined. Efforts to increase access to antiretroviral treatment (ART) are working. A remarkable increase in the number of people gaining access to life-saving HIV treatment—including provision of ART to prevent mother-to-child transmission—has contributed to a reduction in the number of AIDS-related deaths.

Considerable work remains, however. Despite these impressive gains, HIV and maternal mortality are still two primary causes of death in women of reproductive age worldwide. The impact of these two epidemics is felt greatest in sub-Saharan Africa, where the highest number of people living with HIV live and maternal mortality remains unacceptably high (more than half of maternal deaths globally occur in the region). Moreover, maternal mortality not only affects women, but significantly increases adverse outcomes for their children.

Evidence from a number of countries suggests that through rapid scale up of specific, targeted interventions that integrate sexual and reproductive health (SRH) and HIV services, it is possible to:

- promote the health, well-being, and rights of women and children
- reduce maternal mortality
- prevent new HIV infections
- eliminate AIDS-related deaths

# SRH and HIV in Southern Africa: Context and Rationale

---

Although HIV treatment programs have expanded rapidly within the region, Southern Africa remains particularly affected by the HIV epidemic. Nine countries in this region have the highest HIV prevalence in the world (Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia, and Zimbabwe), with HIV resulting in the single sharpest reversal in human development in the region. The region also continues to experience high rates of preventable maternal mortality, teenage pregnancy, and gender-based violence.

In recent years, there has been strong international consensus on the benefits of providing integrated SRH and HIV services, particularly as a strategy to increase the effectiveness of the HIV response. SRH services can provide a platform for reaching individuals, especially women and children, with HIV prevention, care, and treatment interventions. At the same time, HIV services can provide an effective entry point for key SRH services, such as family planning, cervical cancer screening, and antenatal care.

Emerging evidence demonstrates that integrating comprehensive SRH and HIV services provides an opportunity to increase access to and uptake of quality HIV, maternal, and reproductive health services and improve programme efficiencies and effectiveness.

# Linking Sexual and Reproductive Health and Rights (SRHR) and HIV

## Uniting around a Common Agenda

In 2010, the Southern African Development Community acknowledged the need to better link SRH and HIV interventions as a critical strategy in efforts to achieve its target of a 50 per cent reduction in new HIV infections by 2015. Building on this commitment and the work already underway in the region, UNAIDS and UNFPA are supporting seven countries in Southern Africa to strengthen linkages between SRHR and HIV. The **SRHR and HIV Linkages Project** is an ambitious five-year initiative (2011-2015), funded by the European Union and the Governments of Sweden and Norway, to promote efficient and effective linkages between SRHR and HIV policies, systems, and services in Botswana, Lesotho, Malawi, Namibia, Swaziland, Zambia, and Zimbabwe. The overarching goal is to contribute to decreased maternal mortality, reduced HIV transmission, and improved sexual and reproductive health and rights in the region.

## Integration Matters and Saves Lives

As the first large-scale project of its kind in the region, this joint initiative focuses on scaling up catalytic action in the seven selected pilot countries. The diverse range of national contexts and capacity among the selected countries has provided the project with a broad platform from which to pilot different models and packages of integration. Emerging results from the seven countries indicate that these various models of SRH and HIV service integration have allowed countries to:

- leverage existing opportunities to make SRH interventions a stronger component of HIV programmes
- integrate HIV services—such as ART—into maternal, newborn, and child health (MNCH) services
- reduce stigma and discrimination among people living with HIV accessing SRH services
- improve efficiencies in integrated service delivery

Increasing the synergies between SRH and HIV services provides countries with the opportunity to address the multiple, interlinked health needs of clients. This includes addressing not only the unmet need for family planning among women of reproductive age, preventing unintended pregnancies among women living with HIV, and expanding antenatal care, but also scaling up life-saving ART treatment and preventing new HIV infections.

These efforts ultimately translate into improved health outcomes for men, women, and children.

Health care providers report increased job satisfaction due to the integrated approach to service provision (Malawi).



# From Evidence to Action: Scaling up SRHR and HIV Integration

---

## Creating a Roadmap to Integration

While the roadmap to achieving improved linkages between SRH and HIV policies, systems, and services is unique to each country, catalytic funding from the project has enabled all seven countries to address key challenges strategically, improve practices, and effectively scale up prioritized SRH and HIV interventions.

### **Evidence-informed programming is critical for new initiatives.**

Rapid assessments (RAs) conducted in each country helped to assess SRH and HIV linkages and identify country-level priorities. Findings from the assessments provided evidence for countries as they scaled up project activities.

**Collaborative partnerships reinforce integration of SRH and HIV services.** Regular technical consultations with key stakeholders—including government, civil society, and other partners—were held in each country to develop context-specific strategies and a consolidated package of actions for scaling up integrated programmes and linkages.

**Aligning national health policies and strategies can improve coordination and delivery of services across the continuum of care.** All seven countries mapped their national policies, strategies, plans, and protocols in order to identify opportunities, challenges, and priority linkages. The mapping and reviewing process was critical in informing the development of national SRH and HIV linkages policies, strategies, and minimum standards.

**SRH and HIV integration must address the diverse range of SRH and HIV needs.** Integrated approaches were modelled

and scaled up through pilot sites in each country based on existing progress, health system capacity—including human resources, infrastructure, and monitoring and evaluation (M&E) systems—and the specific needs of key populations (people living with HIV, adolescents and youth, etc.). Monitoring and evaluating mechanisms established in each country supported partners to improve measures to track changes and the quality of integration. Lessons learned and good practices captured throughout implementation have highlighted the evidence of implementation success, as well as the range of experiences and models in effectively delivering critical SRH and HIV services.

## Realizing the Opportunities and Benefits of Integration

Four years into the project, the seven pilot countries have made significant progress in linking SRH and HIV components and have learned a great deal about how to integrate SRH and HIV services in a number of varying contexts. Promising approaches and models that demonstrate results continue to emerge from project sites.

### **REACHING COMMUNITIES WITH CRITICAL SERVICES**

With support from the SRHR and HIV Linkages Project, Botswana and Swaziland have made significant progress in developing promising models of integrated service delivery and reaching communities with critical SRH and HIV services.

**Botswana** has taken great strides to scale up SRH and HIV integration and increase access to integrated SRH and HIV services in project sites. Joint programming and close consultation with the Ministry of Health from the start of the project resulted in the development of a national strategy and

implementation plan to integrate SRH and HIV services. This plan has provided strategic guidance towards development of the costed scale up of integration nationwide. The country's recent decision to simultaneously scale up SRH and HIV linkages with antiretroviral roll-out countrywide is clear evidence of the country's commitment to reach as many individuals as possible with comprehensive, integrated services. Training and technical support provided to the project's nine pilot sites, including enhancing nurses' roles through task-shifting and task-sharing, has expanded access to integrated SRH and HIV services—such as HIV testing; ART dispensing, prescribing, and initiation; dual contraception for prevention of unplanned pregnancy and sexually transmitted infections (STIs); and screening for cervical cancer.

These efforts have translated into measurable results. From 2012 to 2013, the number of female family planning clients accessing both HIV and family planning services increased by an astonishing 89 per cent across the pilot sites. The number of female clients at HIV service delivery points accessing both HIV and family planning services increased by 79 per cent. These results demonstrate that integrating SRH and HIV services has tremendous potential to increase services for those in

need. The 'one-stop-shop' model (i.e. when a provider offers both SRH and HIV services at the same place in one session or visit) in the project sites has emerged as a successful 'good practice' to deliver services to people living with and without HIV. Under this model, both stigma and discrimination and defaulter rates for ART have been reduced for people living with HIV. The model has also increased the opportunities for continuity of care for both SRH and HIV care services and decongested health facilities by reducing the number of client visits for different health care services. Strategic partnerships with non-governmental organizations (NGOs)—including the Botswana Family Welfare Association (BOFWA), the Botswana Network on Law and Ethics (BONELA), and Stepping Stones—have strengthened provision of youth-friendly services, mobilized communities around stigma reduction, and promoted male involvement and gender mainstreaming.

In **Swaziland**, the *Phila Uphepha Project* has increased demand for integrated SRH and HIV services through five Centres of Excellence (CoEs) created as models for integrated service delivery. With support from the project, each centre's capacity was enhanced to provide a comprehensive package of quality,

A nurse providing antenatal services to a rural mother in Zambia.

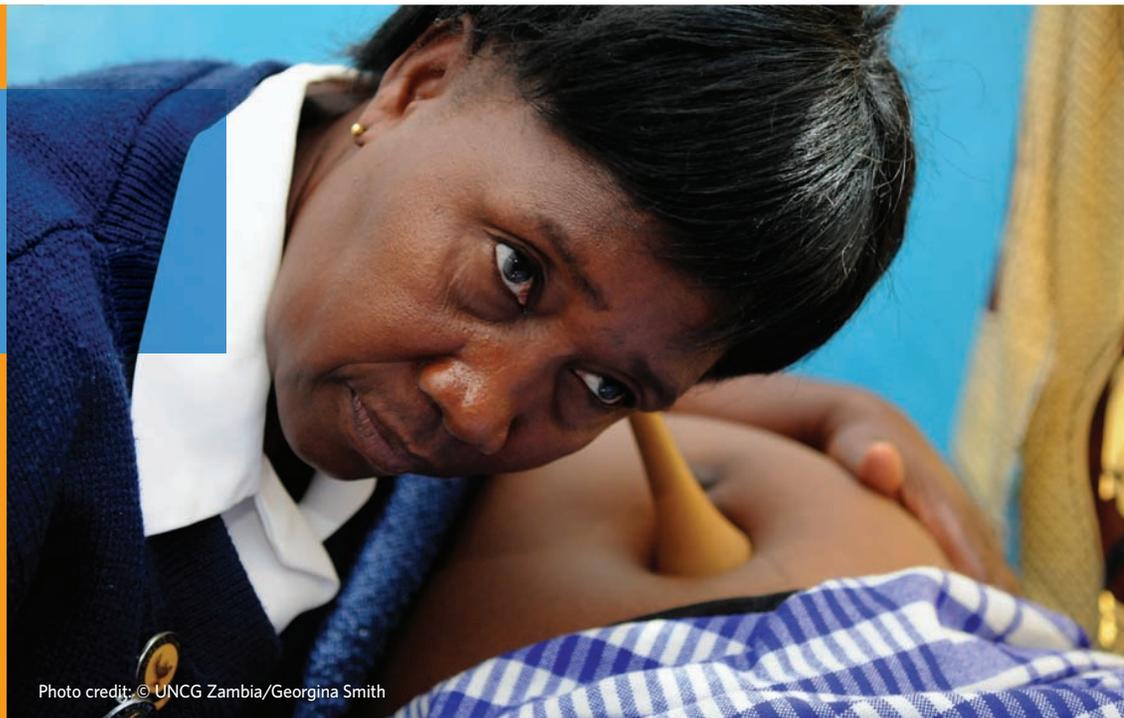


Photo credit: © UNCG Zambia/Georgina Smith

stigma-free, integrated SRH and HIV services to community clients. The centres were also supported to develop operational standards and procedures to train and mentor staff. The peer mentorship component implemented by the project has generated positive results in improving the quality of client care and enhancing service provision at all levels. Specifically, it has provided a valuable opportunity for mentors to observe the clinical skills of health care workers, identify knowledge gaps, and review service registers and reporting tools.

This has led to improvements in the quality of health care provided by facilities and improved health outcomes for clients. Evidence from one site revealed that from 2011 to 2013, the number of women tested for HIV during an antenatal care (ANC) visit increased from 87 per cent to 100 per cent, while the number of pregnant women living with HIV given medication to prevent mother-to-child transmission increased from 16 per cent to 75 per cent during the same time period.

A Patient and Provider Satisfaction Survey conducted in 2013 has shown positive results and provided the project with valuable feedback on the quality of care received by clients. Findings from the study revealed that the vast majority of clients preferred a 'one-stop shop' model of integration, in which SRH and HIV services are received at the same time, by the same provider, in the same facility. Clients reported that the SRH and HIV integration model yielded several benefits, including reduced number of trips to health facilities, increased service efficiency, and reduced overall expenditure on health services. The survey also revealed that while providers believed that the integrated model was beneficial for the client, longer queues, staff shortages, and an increased workload made staff less effective. These findings emphasize the need to address staffing levels, staff incentives, and supplies in the CoEs at the same time. The results of the study will be instrumental in informing infrastructure development and training of health workers as this model is scaled up to other facilities in the country.

#### ENHANCING INTEGRATED SERVICE DELIVERY

Despite the challenges of limited staff capacity, high staff turnover, and other weaknesses in the health delivery system, **Namibia** has identified an integrated model of care that has demonstrated the potential to improve programme efficacy and

effectiveness. Health workers from the project's pilot sites have benefited from training on integration of SRH and HIV and were actively involved in the process of re-organizing services to be both more efficient and conducive to integration.

A time-motion study on integration of SRH and HIV services conducted in the pilot sites suggests that improvements in infrastructure, patient flow, and capacity building have the potential to improve efficiencies and the overall quality of care provided to clients. The study analyzed the four dimensions of integration: who (provider) does what (service), where (setting) and when (time). It concluded that the organization of services using the 'one nurse, one patient, one room' model has the potential to improve nurse productivity 2.5 times, reduce patient waiting times by half, and reduce stigma and discrimination. Evidence from the project has reinforced political commitment, leading the country's Permanent Secretary of Health to state that "the Primary Health Care model (one nurse, one patient, one room) in an integrated manner should be the way forward for the Ministry of Health."

#### ENSURING YOUNG PEOPLE'S ACCESS TO SERVICES

Existing health services rarely meet the unique SRH needs of young people and adolescents, especially those affected by HIV. In **Zambia**, the project has played a key role in reaching adolescents and young people with critical SRH and HIV services through peer-to-peer mobilization, media campaigns, and existing community networks. In collaboration with UNICEF, UNESCO, UNAIDS, Planned Parenthood Zambia, and other stakeholders, the project successfully launched the *Love Life? Ziba HIV! HIV Testing and Counselling Campaign* targeting both in- and out-of-school youth in Lusaka province. This dynamic campaign, which utilized both traditional media and an SMS platform to share information and resources, reached an estimated 23,000 adolescents and youth from 20 high schools and 3,500 out-of-school youth with SRH and HIV information and services, including HIV testing and counselling and referrals for ART. Working with Planned Parenthood, the project developed a national integrated family planning scale up plan and is providing support to the Ministry of Education on the integration of comprehensive sexuality education within the national education curriculum.

## CREATING STRONGER, MORE DYNAMIC PARTNERSHIPS

Civil society organizations can serve as critical agents of change—creating demand for services, accessing hard-to-reach populations, and disseminating information to communities. In **Lesotho**, the project has forged critical partnerships with a range of civil society organizations. These partnerships have boosted access to integrated services for highly vulnerable populations and have strengthened demand for services within communities.

Through a partnership with the Lesotho Planned Parenthood Association (LPPA) clinic in Maseru, integrated SRH and HIV services have been scaled up with a focus on reaching key populations such as men, adolescents, survivors of violence, sex workers, and people living with HIV. The range of integrated services offered by the clinic (family planning, sexually transmitted infections treatment, HIV testing and counselling, ART, voluntary male circumcision, cervical cancer screening, and adolescent sexual and reproductive health) has provided an opportunity to promote new services to traditionally underserved groups and meet the SRH and HIV needs of a diverse clientele. Working with the Lesotho Network of People Living with HIV and AIDS (LENEPWHA), the project effectively built community-driven demand for provision of SRH services for people living with HIV and strategically targeted men to support women's access to SRH and HIV services.

## SYNERGIZING EFFORTS TO SCALE UP INTEGRATION

Leveraging existing country-level efforts in SRH and HIV integration has the potential to rapidly expand service delivery. In **Zimbabwe**, the project's 'upstream' work on developing national policies, service guidelines, and training tools has been catalytic and instrumental in supporting the country's ongoing 'downstream' work on linking SRH, HIV, and gender-based violence (GBV) services. Through the development of several national guidelines and tools—including the *SRHR and HIV Linkages Service Guidelines*, which guides the delivery of standardized integrated SRH and HIV services and a related training package—the project has provided a policy framework to support several other initiatives in the country operating concurrently.

These tools and guidelines have been leveraged to build the capacity of managers and service providers at facility and community levels through national large-scale projects such as the Health Transition Fund (HTF) and the Integrated Support Programme (ISP), both of which have significant SRH and HIV components and are supporting service delivery and training of service providers. To date, 135 managers and 1,300 service providers have been trained on providing integrated SRH, HIV, and GBV services nationwide. These initiatives together have made significant contributions to health systems strengthening in Zimbabwe.

## PLACING COMMUNITY ENGAGEMENT AT THE CENTRE

A community-led approach to health improvement can empower individuals to identify and address their health needs and strengthen the capacity of health care providers to respond to the unique health needs of community members. **Malawi** has effectively supported community-level integration interventions and empowered community members to take an active role in monitoring integration efforts. SRH-HIV integration committees—formed to support the project's 15 pilot sites—have fostered effective linkages between communities and health facilities and strengthened monitoring of integrated service provision. The integration committees are strategically placed to serve as a bridge between communities and facilities. They monitor how integration is being provided in the facilities, including client perceptions of service provision, and work hand in hand with local health facility advisory committees to ensure that identified issues and challenges have been addressed.

To date, 30 integration committees have been formed, comprising 300 members—including youth, traditional leaders, and other community members. The project has also worked closely with other community-level partners, including the Family Planning Association of Malawi (FPAM) on integrating services for key populations such as adolescents living with HIV and sex workers, and the Malawi Interfaith AIDS Association, as they play a pivotal role in coordinating and facilitating HIV programmes.

# Progress and Future Efforts

---

As the first large-scale project in Southern Africa of this nature, the SRHR and HIV Linkages Project has promoted and supported integration of SRH and HIV services within the broader national integration agenda of countries and has showcased the benefits, lessons learned, and challenges of implementing integration of services using a range of service delivery models. The project has achieved several key successes and has shown significant potential for replication and scale up to other countries and regions:

At the **policy level**, the project has supported the development of several policies and programme delivery instruments—including standard operating guidelines, national SRH strategies, and training tools—to guide national-level SRH and HIV integration. In Swaziland, Zimbabwe, Botswana, Lesotho, and Zambia these instruments have supported the implementation, testing, and scale up of a wide range of integrated services and have incorporated priority issues such as youth-friendly health services, basic emergency obstetric and neonatal care, cervical cancer screening, ART, and prevention of mother-to-child transmission. Malawi is currently in the process of developing a National Strategy for SRH and HIV Integration.

At the **systems level**, the project has developed measurable indicators to generate information on project performance. For example, two new integration indicators have been approved globally for use following the pilot testing, and countries are encouraged to mainstream these indicators within their broader national monitoring and evaluation systems. The project has also improved joint programming between UN agencies and government. In Zambia, the project is working with the Ministry of Education to develop detailed linkages between the country's comprehensive sexuality education curriculum and integrated service delivery activities. Moreover, the capacity building of managers and service providers—through training, technical

assistance, and supportive mentorship—has enhanced service provision at all levels, helping to identify gaps and promoting peer support and knowledge sharing.

At the **service delivery level**, appropriate evidence on the uptake of critical SRH and HIV services, efficiencies in service delivery, and experiences of reduced stigma and discrimination have already been generated. Due to the successful strategies implemented in Botswana and Swaziland, for example, both governments have pledged to scale up integration of SRH and HIV linkages nationally. In Lesotho, the project was extended from three to twelve project sites, covering all ten districts in the country.

With strong support from country-level coordination mechanisms and key stakeholders, all seven countries have expanded their efforts and piloted innovative models of integrated service delivery, with positive results. The project has also demonstrated that national scale up of SRH and HIV integration is possible, with commitments in place in two of the countries. Further support for the next two to five years would make this a reality in all of the pilot countries, as well as assist in expanding these experiences and practices beyond the seven project countries.

Global momentum for integration has already been generated. An investment to accelerate this pace in the region and on the continent would offer value for money. The post-2015 development agenda requires a robust, unified response to end HIV and fulfil the promise of universal access to sexual and reproductive health. This project has demonstrated that linking and integrating SRH and HIV at all levels has the potential to increase the reach of critical services and improve the quality of interventions—both of which are key steps on the road towards this goal.



Photo credit: © UNCG Zambia/Georgina Smith

A young couple in Zambia receives a counseling session before an HIV test.

# Contact

**UNFPA - United Nations Population Fund**  
East and Southern Africa Regional Office  
9 Simba Rd, Sunninghill,  
Johannesburg, 2157, South Africa

**Tel:** + 27 11 6035300

**Fax:** + 27 11 6035382

**Email:** [esaro.info@unfpa.org](mailto:esaro.info@unfpa.org)

**Websites:**

[www.integrainitiative.org](http://www.integrainitiative.org)

[www.srhhivlinkages.org](http://www.srhhivlinkages.org)

<http://esaro.unfpa.org>

[www.unfpa.org](http://www.unfpa.org)

[www.unaids.org](http://www.unaids.org)



*This publication has been produced with the assistance of the European Union and the Governments of Sweden and Norway. The contents of this publication are the sole responsibility of UNAIDS and UNFPA and can in no way be taken to reflect the views of the European Union or the Governments of Sweden and Norway.*