

Lesotho

CREATING STRONGER PARTNERSHIPS TO ENGAGE VULNERABLE POPULATIONS

THE CHALLENGE:

Lesotho has the third highest adult HIV prevalence in the world, at 23 per cent. The country also has a high maternal mortality ratio (MMR) of 490 deaths per 100,000 live births and a significant percentage of maternal deaths are attributed to AIDS-related illnesses. Both the unmet need for family planning (23 per cent) and the teenage pregnancy rate (19

per cent) also remain high. Despite numerous gaps and challenges in the health sector, the Government of Lesotho has demonstrated its commitment to strengthening the capacity of service providers to ensure stronger sexual and reproductive health (SRH) and HIV linkages.

THE CATALYST:

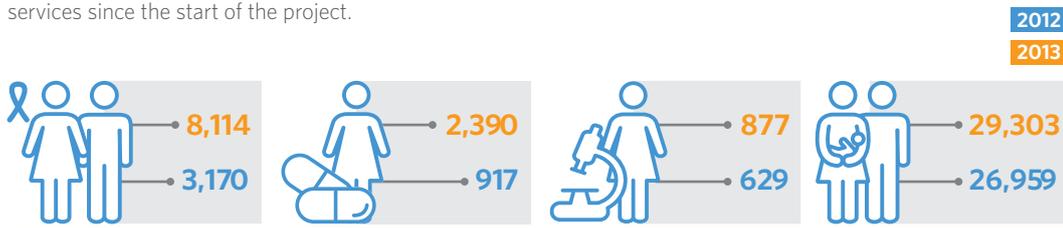
Civil society organizations can serve as critical agents of change—creating demand for services, accessing hard-to-reach populations, and disseminating information to communities. With support from the SRHR (Sexual and Reproductive Health and Rights) and HIV Linkages Project funded by the European Union, and the Governments of Sweden and Norway, Lesotho has forged critical partnerships with a range of civil society organizations. These partnerships have boosted access to integrated services for highly vulnerable populations and 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 gender-based violence, sex workers, and people living with HIV. The range of integrated services offered by the clinic (family planning, treatment for sexually transmitted infections (STIs), HIV testing and counselling (HTC), antiretroviral treatment (ART), voluntary medical male circumcision (VMMC), cervical cancer screening, and adolescent sexual 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 has effectively built community-driven demand for provision of SRH services for people living with HIV and strategically targeted men to support women to access SRH and HIV services.

THE CHANGE:

Data from the LPPA clinic in Lesotho has shown an increase in the uptake of key SRH and HIV services since the start of the project.



The number of male and female clients accessing HTC increased from 3170 in 2012 to 8114 in 2013.

The number of female clients accessing ART increased from 917 in 2012 to 2390 in 2013.

The number of female clients screened for cervical cancer increased from 629 in 2012 to 877 in 2013.

The number of male and female family planning clients increased from 26,959 in 2012 to 29,303 in 2013.

Rationale and Benefits of SRH and HIV Integration

Given that most HIV infections are sexually transmitted—or are associated with pregnancy, childbirth, and breastfeeding—and the presence of certain sexually transmitted infections (STIs) further increases the risk of HIV transmission, linking SRH and HIV services simply makes sense.

The benefits of integrated services are multifold. SRH services can provide a platform for reaching clients with crucial HIV prevention, care, and treatment interventions—helping them to understand their risks for HIV and make informed decisions about their sexual and reproductive health. At the same time, HIV services can provide an effective entry point for addressing the unmet family planning needs of female clients living with HIV and can increase access to and uptake of key SRH services, such as cervical cancer screening and antenatal care.

REFERENCES:

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UNFPA

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

Websites:
www.integrainitiative.org
www.srhhivlinkages.org

