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.

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
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<tbody>
<tr>
<td>Male and female clients accessing HTC</td>
<td>3,170</td>
<td>8,114</td>
</tr>
<tr>
<td>The number of female clients accessing ART increased from 917 in 2012 to 2390 in 2013.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The number of female clients screened for cervical cancer increased from 629 in 2012 to 877 in 2013.</td>
<td>917</td>
<td>629</td>
</tr>
<tr>
<td>The number of male and female family planning clients increased from 26,959 in 2012 to 29,303 in 2013.</td>
<td>29,303</td>
<td>26,959</td>
</tr>
</tbody>
</table>

REFERENCES:

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