Zimbabwe

SYNERGIZING EFFORTS TO SCALE UP INTEGRATION NATIONWIDE

THE CHALLENGE:
Zimbabwe has an adult HIV prevalence of 15 per cent and high maternal, neonatal, and child mortality rates. The maternal mortality ratio (MMR), which showed signs of decline in the mid 2000s, increased significantly to 960 deaths per 100,000 live births in 2010/2011, but began to show signs of decline in 2014 (614 deaths per 100,000 live births). Sexual and reproductive health (SRH) outcomes are also poor, with high adolescent fertility (120 births per 1,000 women aged 15-19 years) and high teenage pregnancy rates (24 per cent). Despite these challenges, the government of Zimbabwe is supporting a number of large-scale initiatives to scale up integrated, high-impact SRH and HIV interventions and reinforce health systems strengthening for improved maternal, newborn, and child health.

THE CATALYST:
Leveraging existing country-level efforts in SRH and HIV integration has the potential to rapidly expand service delivery. 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, Zimbabwe’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. These initiatives have made significant contributions to health systems strengthening in Zimbabwe.

THE CHANGE:
The project’s work on promoting a coordinated and coherent response to national SRH and HIV priorities has enhanced more effective implementation of SRH and HIV linkages and strengthened integrated SRH, HIV, and gender-based violence (GBV) service provision across the country.

Nine national policies and strategic documents were reviewed and adapted to reflect linkages. National SRHR and HIV Linkages Service Guidelines were developed to guide delivery of standardized integrated SRH and HIV services. A training package for the SRHR and HIV Linkages Service Guidelines was developed, including trainers’ guides for health service managers, service providers, and community health workers. A total of 135 managers and 1,300 service providers have been trained on providing integrated SRH, HIV, and GBV services nationwide.

REFERENCES: