SOUTH-SOUTH EXCHANGE
LESSONS LEARNT ON MODELS OF INTEGRATION
8th APRIL 2022
ZOOM

PRESENTER: Kesaobaka Dikgole
SRH/HIV Linkages Coordinator,
UNFPA
COUNTRY: Botswana
Why the need for Integration

High HIV Burden

- Most HIV infections sexually transmitted or associated with pregnancy, childbirth, and breastfeeding
- Lack of access to information and services, poverty, harmful gender and cultural norms, & marginalization of key populations.
- Vertical approach as extensive international donor support focused on the HIV epidemic.

Health programs and services related to HIV and SRHR became siloed due to the siloed nature of services, clients would need to see multiple HCWs on different days, waiting in different queues for registration, consultation, blood work, pharmacy, etc. For e.g., even though service providers are trained to provide comprehensive services, HFs were often oriented to provide FP, maternal child health, STI treatment, HIV testing, and HIV Rx services in different rooms by different providers.
Why the need for Integration

2008: Rapid assessment of bi-directional linkages between SRHR and HIV services at the policy, systems, and service delivery levels to identify gaps and develop measures.

Integration identified as a key strategy to address major challenges related to high EUP, HIV transmission, SGBV and maternal mortality.

• Stressed the opportunities to build on strong existing PHC system and enabling policy environment as well as existing integrative initiatives.

• Highlighted the need to leverage resources and re-allocate funding for impact as Botswana transitioned to a MIC and would likely receive less donor support.

• Strongly recommended strengthening of bi-directional linkages between SRHR and HIV.

• 2011 – 2015: Piloting of integrated services through the Linkages Project: UNFPA TA for pilot implementation; UNAIDS M&E.
### Models of Integration

<table>
<thead>
<tr>
<th>Model</th>
<th>Description</th>
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</table>
| **Kiosk Model**| • Health Posts  
• "One-stop-shop" with multiple services provided by one health care provider in the same room  
• Few intra-facility referrals, with referrals generally to larger facilities |
| **Supermarket Model**| • Clinics with or without maternity  
• Similar to the Kiosk Model, but multiple rooms are used as a "one-stop-shop" for integrated service provision  
• Intra-facility and inter-facility referrals for specialized services |
| **Mall Model**  | • Hospitals  
• Specialized services are offered in different rooms within the facilities by different care providers  
• Intra-facility referrals are inevitable  
• Services are internally disaggregated, and referrals are expected and routinised to support service integration |
| **Community Model** | • Community  
• A minimum package of services are delivered by trained health workers and volunteers who spend a substantial part of their working time outside a health facility  
• Services provided at the individual, family, and community level and linking clients with facilities for continuity of care. |
2gether 4 SRHR Programme 2018 – 2022

Phase I: Scale up to 13 Districts
Goal: to institutionalize linkages and integration of client-centered SRHR, HIV, GBV, and other services, as a national approach to synergistically address health challenges within the context of a primary health care approach.
Steps Towards Integration

Botswana Roll Out Steps for SRHR/HIV/SGBV Services integrated with MNCAH/TB

Preparation for Transitioning

- Build District Integration Team
- Develop Integration Transition Plan and Implement (Including all below)
- Orientate District Health Management
- Train at district level (including CSOs)
- Define integration entry points and Models for Facilities
- Undertake HCW Skills Inventory & Rationalize Staff Allocation
- Rationalize Equip., Commodities, Supplies, Transport, Drugs according to services
- Sensitize District Leadership, Sectors and Structures
- Undertake Community Dialogues on Integration

Implementation

- Build Facility Level Team
- Rationalize & Re-allocate Space
- Define patient flow to optimize comprehensive service offer
- Have clear Signage
- Establish and build partnerships
- Implement transition plan
- Deliver integrated services
- Collect Data, interpret and Report
- Use Quality Improvement and Comprehensive Delivery tools including Task Sharing, Block Booking, Linkage to Care
- Institute and maintain Learning sessions to improve competency or Identify Training needs

Monitoring & Support

- Mentor and Coach at all levels
- Ensure adherence to integration Standards and program standards & protocols
- Monitor Data Collection and Reporting (Monitor Integrated Service Utilization)
- Identify Gaps/Challenges & Facilitate remedial Action
- Document innovations
- Hold Reflection and Review Meetings
- Continuously Plan, budget and implement jointly -pool resources

Steps include:
- Concept of integration
- Link to Botswana Strategic Frameworks (Vision 2036, NDPs, Health Policy and Integrated Health Service Plan, PHC)
- Botswana Service Packages Models (Community, Kiosk, Supermarket, Mall)
- Illustrations on effecting integration in service delivery by some National Program Managers
- Integration Standards
- Rollout Steps + M&E
- Reference/Guidance Material

Training of district focal points

Republic Of Botswana
Ministry Of Health And Wellness
**Impact/ Lessons Learnt**

- **Increased access to SRH services** including FP, maternal health, STI including HIV and SGBV services and information and linkages to other services

- **Removal of parallel programing within facilities**: re-oriented the IDCC to a general clinic for all clients, regardless of HIV status, HIV clients seen in the IDCC offered an expanded range of services within a single consulting room, such as FP, cervical cancer screening, TB screening, STI treatment, meds etc

- **Decentralization of pharmacy services**: Medications generally managed through a central pharmacy within a facility, with patients from all units queuing together to receive drug seed to queue at the pharmacy for other medications.

- **Tightening Referral Systems and task sharing**: referrals are inevitable and an important part of the health system - innovation included briefing the client on who they were being referred to and ensuring that the receiving officer was alerted to and expecting the referral.

- **Proactive identification of Clients for Social Services**: Social worker trained staff to on the recognition and referral of clients experiencing SGBV, malnutrition, stress, and other conditions in need of social services.

- **Block Booking to Manage Patient Load**: The delivery of comprehensive, integrated services will increase the amount of Typically, clients arrive at health facilities early in the morning and wait to be seen for services.

- **Same-day Services for Youth**: actively prioritize ensuring that youth were provided with a comprehensive set of services whenever they present at the facility to ensure same-day service.

- **Prioritizing Outreach Support to Schools**: Ensuring that schools were part of the integration effort was important - ensuring that outreach services tailored to youth are available at schools helps meet the needs of this underserved group.

- **Empowering Support Staff to be an Active Part of the Health System**: support staff empowered e.g.. orienting security guards at the front gate to direct clients efficiently; training guards to distribute condoms to ease client access; and having cleaners support patient referrals and collect supplies.
Impact/ Lessons Learnt

**LLs**

- **The phased, scaleup approach to integration**: effective at affording districts and facilities the opportunity to increase services in a manner that did not overwhelm the health system in terms of human or financial resources.

- The implementation of integrated SHRH, HIV, and SGBV services involves multiple ministries, multiple units within the MOHW, and numerous development partners and non-governmental institutions.

- While governance structures are in place to guide implementation - there is a continued need to ensure there is a well-coordinated and coherent approach to integration from the national level.

- Any reform initiative, re-orienting to integrated service delivery should be leader driven at all health levels of the health system.
SRH Integration Model

National Research Institute for Family Planning (NRIFP)

Kaiyan PEI
National Research Institute for Family Planning (NRIFP), the only one directly affiliated institute to National Population and Family Planning Commission of China (NPFPC), was established in 1979 for comprehensive and multi-disciplinary researches in human reproduction, family planning and reproductive health in both basic and applied fields. Ever since 1991, it has been designated by WHO as a collaborating center for research in human reproduction. As a non-profitable institution serving for public interest, NRIFP has long been conducting scientific researches, providing technical supports and health services to meet the government’s need.
2018年全国卫生计生工作会在京召开

1月4日，2018年全国卫生计生工作会在京召开。李克强总理作重要批示，指出，党的十八大以来
全国卫生计生系统团结进取，开拓创新，深化医改取得重大阶段性成效，疾病防控和公共卫生服务能力显著
增强，妇幼健康水平持续提升，健康素养明显提升，重大疾病防控和医疗救治水平明显提高。要认真
贯彻习近平总书记关于卫生计生工作的重要指示精神，加快推动卫生计生事业改革发展，为
打造生育全程基本医疗保健服务链条

The Chain of the Basic Health Care for the Whole Course of Reproduction

Promoting health through the life-course

Global Strategy for Women's, Children's and Adolescent's Health 2016-2030

The Global Strategy (2016-2030) is a roadmap to achieve right
to the highest attainable standard of health for all women, children and adolescents - to transform the future and ensure
every newborn, mother and child not only survives, but thrives. The new Strategy - updatd through a process of collaboration
with stakeholders led by WHO - builds on the success of the 2010 Strategy and its Every Woman Every Child movement as a
platform to accelerate the health-related Millennium Development Goals and puts women, children and adolescents at the heart of the new UN Sustainable Development Goals.

Download the Global Strategy 2016-2030
Main task: health care

Goal: Reproductive health

Strategy: meeting the needs of various groups and the needs of citizens at the grass-roots level, and giving priority to prevention.

Integration in 2015
Reproductive health services

A. Education
   - Message provision

B. Clinical service
   - Following up

C. Training
   - Reproductive care

D. Contraceptive management
   - Birth defect prevention
Definition: integrated health services: health services that are managed and delivered so that people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease-management, rehabilitation and palliative care services, coordinated across the different levels and sites of care within and beyond the health sector, and according to their needs throughout the life course.

Framework on integrated, people-centred health services

Report by the Secretariat

Developing more integrated people-centred care systems has the potential to generate significant benefits to the health and health care of all people, including improved access to care, improved health and clinical outcomes, better health literacy and self-care, increased satisfaction with care, improved job satisfaction for health workers, improved efficiency of services, and reduced overall costs.
The integration of health services needs an operational guidance model in practice.

In 2013, Valentijn et al. based on the definition and contents of primary health care and integrated health services.
External Integration

- System integration
- Organizational integration
- Professional integration
- Service integration

Part One
External Integration

System integration

01

建立区域内生殖健康服务专科联盟或生殖健康服务联合体
Regional reproductive health service specialist alliance or reproductive health service consortium

02

建立片区管理中心和三级管理体系
Regional management center and three-level management system
External Integration

Organizational integration

建立生殖健康服务
共享平台
A reproductive health service sharing platform

医学检查结果互认
Mutual recognition of medical examination results

Appointment referral

Laboratory test results
Imaging results
External Integration

Professional integration

Vertical integration
Technical guidance and training

Horizontal integration
Sharing expert resource
External Integration

Service integration

01 形成转诊网络
Formation of referral network

02 常规宣传教育
Routine publicity and education

03 走基层服务
Grassroot service
Part One

Internal Integration

- System integration
- Organizational integration
- Professional integration
- Service integration
Internal Integration

01. 明确各科室功能定位和职责
   Clarifying department functions

02. 临床科室布局合理设置
   Rational layout of clinical departments

03. 设置医疗和保健服务转介流程，形成一条龙服务链
   Medical and healthcare referrals

04. 预备-妊娠-分娩-产后-儿童
   Preconception - Gestation - Delivery - Postpartum - Childhood
Internal Integration

Organizational integration

建立网络信息平台
Establish network information platform

实时预约转诊
Real time appointment referral

信息推送
Personalized information Push Service
Internal Integration

Professional integration

- Technical guidance and training

A: Off-job education
B: Academic lectures
C: Consultation of doctors
D: Case discussion
Internal Integration

Service integration

Formation of internal referral network

Integrating services and opportunities
A family planning programme for young and unmarried people also has been conducted to improve their access to information, advice, and services about contraception and to reduce unintended pregnancies and repeated induced abortion.
Referral between clinical and healthcare department

- 免疫 Immune
- 营养 Nutrition
- 心理 Psychology
- 康复 Recovery
- 中医 Chinese medicine

Gynecology
Obstetrics
Family Planning
Integrating services and opportunities

- 婴幼儿/儿童期  Infant / childhood
- 青少年期 Adolescence
- 育龄期 Childbearing age
- 更老年期 Older age
以人为本
People-centred service

全生命周期服务
Full life cycle services
Thank you
SOUTH-SOUTH EXCHANGE
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8th APRIL

PRESENTERS: Dr. Chris Ebong & Dr. Enid Sylvia Ntegeka
COUNTRY: Uganda
Why Integration?

- Exploit missed opportunities for beneficiaries to optimize every visit to the HF for better health outcomes and save household resources – more meaningful with Covid-19
- Eliminate vertical approaches, increase efficiencies in service delivery and optimize available resources
- Strengthen systems for sustainable delivery of acceptable, quality comprehensive services

Issues, challenges from reviews and assessments - 2017

- Weak oversight and accountability
- Weak Coordination between relevant MoH departments, across sectors and major funding streams
- Low Integration EFFORT at programming, systems levels and in practices
- Weak HR capacity both skills sets and numbers, outdated yet unmet staffing norms, high attrition
- Lack of integrated mentorship and support supervision approaches for SRHMCH and HIV
- Non-integrated service delivery tools - more disease/platform specific
- Lack of harmonized Commodity system - frequent Stock outs of RH and HIV commodities
- Weak M&E systems, lack of HMIS tools, DHIS2 not picking integration indicators, poor data quality, limited data utilization for decision making
- Weak community awareness about SRHR, lack of community competence to hold duty bearers accountable
- Generally, Health System More Curative as opposed to Preventive Health care
Enablers of Integration

- Supportive Policies, strategies and planning frameworks:
  - Establishment of coordination structures and platforms at National and Districts level
    - Multi-sectoral SRH/HIV/GBV Task Team under the National MCH cluster, National Multi-partner Steering Committee, district SRH/HIV/GBV quarterly coordination meetings.
- Establishment of an Integrated eLMIS for Ordering and reporting of SRH/HIV/TB & Lab supplies and commodities.
- Inclusion of Integration indicators in the HMIS & Data collection tools, introduction of simplified Data analysis and Use tools in the DHIS2 (since 2019), introduction of the EMR
- Piloting evidence-based Mentorship Model for integrated SRH/HIV/GBV activating the MoH mechanism
- Review of the National HR Strategy to enhance capacity of lower level HFs for integrated service delivery
- Institutionalization of a domestic financing model for HIV that can support SRH/GBV priority activities
- Results-Based Financing (RBF) for improved RMNCAH services
- Application of national, regional and global accountability tools – EAC Scorecard, SRHR Index
- MPDSR
Models of Integration

Guided by the National SRH/HIV/GBV Linkages and Integration Strategy

- A mix of Integration Models applied as found suitable for different levels of care.
  - Primary and Basic EmONC HFs- KIOSK model with a mixture of basic services
  - CeMONC (HC-IVs and General Hospitals) HFs - Supermarket Models
  - Specialised referral Facilities (RRH and NRH) - Mall Models

- Piloting the evidence-based HW Mentorship Model for integrated SRH/HIV/GBV
  - Hinged on the SRH/HIV/GBV integration scorecard to expose gaps, track improvements

- Continuous Quality Improvement models for Integrated Maternal Health services
  - MH tools; MNCH QOC standards and guidelines, Essential MNC guidelines,

- Innovations/approaches to enhance integrated maternal health Services.
  - Group ANC
  - Mother-Baby Care Points (MBCP)
  - Male engagement
  - Integrated Outreaches
Steps Towards Integration

Health Facility level

- Facility Assessment on capacity for delivery of Integrated services
- Orientation and action planning with the Facility HUMC and HWs.
- Definition of patient flow designs within contexts of HFs
- Quarterly application of the developed SRH/HIV/GBV scorecard
- Quarterly integrated mentorships and support supervision based on scorecard findings
- Development of action plans, addressing gaps utilizing resources from various sources
- Prioritizing focus on community engagements and linkages through VHTs, peers, YAPs, expert clients, beneficiary groups, community leaders, Barazas, etc
- Continuous Skills building through tailored training on MNH, FP, PAC, CaCX mgt, GBV, AYSRH, male engagement, and QI
- Continuous quality Improvement Initiatives to ensure integration of services
## Outcomes from scorecard application, Bududa Hospital
### July-Sept 2021

<table>
<thead>
<tr>
<th>Overall Indicator trend scores (%) per Intervention category</th>
<th>July_Sept 2020</th>
<th>April_June 2021</th>
<th>July_Sept 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUMC Functionality</td>
<td>50%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Client flow Design</td>
<td>33%</td>
<td>67%</td>
<td>67%</td>
</tr>
<tr>
<td>Signpost and directions Available</td>
<td>67%</td>
<td>67%</td>
<td>67%</td>
</tr>
<tr>
<td>Staff_trained/Oriented on Integartion</td>
<td>50%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Staff with Multiple Skills in the Focus areas</td>
<td>100%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>QI initiatives on SRH/HIV/GBV integration</td>
<td>80%</td>
<td>60%</td>
<td>100%</td>
</tr>
<tr>
<td>Community Linkage for Demand generation</td>
<td>100%</td>
<td>75%</td>
<td>100%</td>
</tr>
<tr>
<td>Data review and Utilization</td>
<td>25%</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td>Appropriate Facility Reporting</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Logistic Management systems</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Availability_HMIS tools.</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Availability_commodities.</td>
<td>0%</td>
<td>76%</td>
<td>100%</td>
</tr>
<tr>
<td>Overall Average score</td>
<td>64%</td>
<td>75%</td>
<td>84%</td>
</tr>
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Achievements of SRH Service integration in Bududa Hospital

Trends in Integrated service Utilisation

- **ANC - % Male partners screened for STI (Syphilis)**
  - 2019: 22.7%
  - 2020: 23.8%
  - Jan-June 2021: 10.1%

- **ANC - % Pregnant Women screened for STI (Syphilis) in ANC**
  - 2019: 22.4%
  - 2020: 18.3%
  - Jan-June 2021: 65%

- **ANC - % of pregnant women with partners tested for HIV**
  - 2019: 23%
  - 2020: 19.9%
  - Jan-June 2021: 19.1%

- **ANC - % ANC clients tested for HIV**
  - 2019: 65%
  - 2020: 69.5%
  - Jan-June 2021: 86.6%

Trends in Integrated service Utilisation

- **PNC - % of PNC Clients screened for Cervical Cancer**
  - 2019: 0%
  - 2020: 7.1%
  - Jan-June 2021: 71.4%

- **FP - % FP clients that tested for HIV**
  - 2019: 0%
  - 2020: 5.6%
  - Jan-June 2021: 38.2%

- **FP - % of FP clients accessing screened for cervical cancer**
  - 2019: 0%
  - 2020: 0.3%
  - Jan-June 2021: 62.8%

- **FP - % FP clients that were screened for STI**
  - 2019: 0%
  - 2020: 1.7%
  - Jan-June 2021: 19.9%

- **FP - % of mothers who received family planning in postpartum(Timing)**
  - 2019: 0%
  - 2020: 0.3%
  - Jan-June 2021: 21.9%

- **FP - % FP clients that tested for HIV**
  - 2019: 0%
  - 2020: 19.1%
  - Jan-June 2021: 32.1%
Some outcomes

**FAMILY PLANNING UTILIZATION**

- **2019**
  - Oral contraceptives: 647
  - Injectable contraceptives: 9221
  - IUDs: 176
  - Implants: 3801
  - BTL: 25
  - Vasectomy: 3

- **2020**
  - Oral contraceptives: 872
  - Injectable contraceptives: 9327
  - IUDs: 151
  - Implants: 6334
  - BTL: 43
  - Vasectomy: 2

- **2021**
  - Oral contraceptives: 620
  - Injectable contraceptives: 11257
  - IUDs: 318
  - Implants: 15920
  - BTL: 22
  - Vasectomy: 2

**GBV AND ITS EFFECTS**

- STIs due to GBV: 220, 253, 181
- Injuries due to GBV: 1525, 1965
- Abortions due to GBV: 3, 7, 18
- Anxiety disorder due to GBV: 22, 88

**DELIVERIES AND POST NATAL**

- Facility deliveries: 2019, 2020, 2021
- Postnatal 6DAYS: 2019, 2020, 2021
- Postnatal 6WKS: 2019, 2020, 2021
Impact/ Lessons Learnt

- Systems change with more Integrated Funding programs (PEPFAR), Supply chain, Data and information management systems, integrated Capacity building.
- HF now maximizing opportunities to provide a range of RMNCH/HIV/GBV services
  - Improved focus on GBV at HF including improved screening and reporting, and management in maternal Health
  - Improved uptake of some services e.g. FP in the HIV clinic especially the long term methods, HIV services in ANC cascade improving,
  - Management, referrals within facility and out side facility of SRH/HIV/SGBV improved
- Involvement of community structures (VHTs, Champions, CDOs, CBOs, Police and politicians) has strengthened our community referral system and increased access to SRH/HIV/GBV services
- Consistent Internal & external Support supervision and Mentorship is key to internalization of GBV/SRH/HIV service guidelines at HF level.
- Community engagement and ownership is crucial for increased uptake of services; Radio talk shows, Community dialogues, peer movements, expert clients, etc.
- Political will is very important in driving the agenda of RMNCAH/HIV/GBV integration.
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Presenters:

Daisy Nyamukapa: Programme Analyst Health Systems Strengthening
Patricia Mujajati: Programme Associate Gender

COUNTRY: Zimbabwe
Country Profile

SRHR/GBV Context

- MMR: 462/100 000 live births. (MICS 2019)
- Skilled Attendance at delivery: 78%
- ANC visit during 1st trimester 39% (DHS 2015)
- ANC 4 Visits 76% (ZDHS 2015)
- HIV Prevalence 15-49 years 11.8% (2020)
- HIV incidence 15-49 years 0.45% (2020), 50% new infections among women in age group 10-24
- HIV causes 11% of maternal deaths (HMIS 2015)
- CPR 68% (2021, FP2020)
- Unmet Need for FP 10.4% (ZDHS 2015)
- Unmet need for FP among adolescents 12.6% (ZDHS 2015)
- Annually 2,270 women are diagnosed with Ca Cervix and 1,451 (4/day) die from the illness
- 35% of women age 15-49 experienced physical violence since age 15yrs (ZDHS 2015)
- 20% ever-married women experienced physical or sexual violence by intimate partner in the past 12 months (ZDHS 2015)
Humanitarian context

- Country characterized by climate change triggered crises, including drought, floods and the devastating cyclone Idai, which hit the eastern province of Manicaland in March 2019
- Natural disasters are compounded by economic instability, with high volatility of the local currency and high inflation in local currency
- Disease outbreaks such as cholera and typhoid cyclically affect urban and peri-urban high density areas of the country
- COVID19 further exacerbated the socio-economic impact of the pre-existing multi-hazard humanitarian context
Why the need for Integration

- SRH, HIV and GBV are public health concerns and severely affect individuals, especially the most vulnerable.
- Integration of SRH, HIV and GBV has the potential to address common challenges resulting in public health benefits and removal of access barriers of patients to essential services.
- Rapid assessments undertaken in 2011 and 2018 on the status of SRHR, HIV and GBV integration revealed the following:
  - Weak policy environment at the national level, not supportive of service integration
  - Fragmented coordination mechanisms within and between relevant line ministries mandated for SRH and GBV (Ministry of Health, Ministry of Women affairs, Ministry of social services, etc)
  - Absence of guidance/standard operating procedures to guide national SRH, HIV and GBV integration
  - Funding inadequate and inequitable; HIV reported to continue to receive more funding over time than SRH
  - Donor-specific interests in HIV or SRH, and conditionalities on use of funds for specific HIV or SRH interventions
  - Inadequate physical space in facilities to facilitate integrated SRHR, HIV and GBV service provision
Interventions between 2018 and 2021 to address gaps and strengthen enabling environment for integrated SRHR/GBV service provision:

- SRHR/HIV Integration Guidelines developed in 2013 revised to strengthen GBV and ASRH components
- Revision of Pre-service and Post-basic Nurse training curricula to mainstream SRHR, HIV and GBV integration
- Capacity strengthening of Nurses Tutors to facilitate delivering of instruction on SRHR, HIV and GBV including Clinical Management of SGBV
- Development and dissemination of GBV Referral pathways
- Sensitisation of GBV Multi-sectoral Committees on the intersection between SRHR and GBV and strengthening their role
- Strengthening capacity of family planning clinicians and community health workers to recognise, manage and possibly referral of GBV survivors to higher levels of care
- Family planning information and sensitisation on referral also provided to GBV service providers (shelter staff) for a strengthened referral system
Models of Integration

Mobile One Stop Centre service provision

- brings together mobile multi-sectoral service providers to offer a minimum package of Essential services, including health, psychosocial support, security and legal aid services through mobile outreach.
- Services provided include clinical management of Sexual violence including STI treatment medication, Emergency contraception, Pregnancy tests and Post exposure prophylaxis for HIV; specialized GBV counselling, police reporting and legal assistance; distribution of emergency supplies including Dignity kits and SRH supplies e.g. condoms.
- Referrals to higher level of care including to and from district hospitals, GBV community-based shelters, through a shuttle system which escorts the survivors to and from MOSCs to the required high level care services.

Service Integration Models at Health Facilities

1. On-site integrated SRHR, HIV and GBV service delivery model; uses 2 different approaches:
   - “One-stop shop”: Provides a comprehensive SRHR, HIV and GBV Services at a single location on the same day.
   - “Supermarket approach”: Integrated SRHR, HIV and GBV services offered by several service providers, usually located in different rooms in the same health facility during the same visit.

2. The mixed-model:
   - Some SRHR, HIV or GBV services initiated in one facility, and additional services provided at another; usually a higher level facility, through facilitated referral.

3. Off-site integrated SRHR, HIV and GBV services:
   - Services offered outside the facility through facilitated referral

Most common Integration Model used is the One-Stop Shop—used in 80.4% of the 1,600 health facilities - VMAHS- Q4 2021
Models of Integration

GBV community based surveillance and safe spaces

- GBV Community based surveillance is a mechanism to enhance community engagement on GBV prevention and risk mitigation, through community health workers, as well as to improve demand generation and timely referrals to integrated SRH/HIV/GBV services.
- Safe spaces are protected spaces for women and girls to access psychosocial support, socialise and rebuild their social networks, receive SRHR/HIV/GBV information that includes referral to health and specialised GBV services and acquire contextually relevant skills including livelihoods.

Integrated community engagement (S2S and PCC)

- The Sista2Sista (S2S) programme provides information on SRH, HIV prevention, GBV and capacitates girls and young women with life skills, problem solving strategies and communication. The intervention has been evaluated as effective in reducing fertility rates for girls, increasing uptake of family planning and reducing the risk of GBV for the participants.
- The Parent to Child Communication (PCC) programme targets adolescents (male and female) and their parents/guardians to increase their self-efficacy and comfort in SRHR communication. The overall goal is for young people to adopt safer sexual behaviours to ultimately reduce early marriages, teenage pregnancies, STI and HIV incidence and GBV.

Minimum Initial Service Package (MISP)

- The country (MOHCC, UNFPA, WHO, UNICEF) is in the process of adapting the global MISP Guidelines to the local context for integrated response to humanitarian situations and emergencies.
Impact/ Lessons Learnt

- **Community engagement:**
  - Sensitisation of GBV Case Community Workers and GBV Shelter staff on FP clarified misconceptions that hinder women from accessing family planning and capacitated the cadres to meaningfully engage community members and survivors of GBV from a sound knowledge base.
  - The training of SRHR CHW on GBV; and GBV Community Workers on FP and other SRHR issues facilitates provision of a broader SRHR package of services including referral to higher levels of care where this is required.

- **Disability inclusion:** leveraging on work under the UNPRPD and other programmes to promote disability inclusion in accessing SRHR information and GBV services.

- **Partnerships: Inter-sector integration of GBV and SRH response in emergencies**
  - Setting up mobile OSCs (integrating GBV and condom/FP supplies distribution) at food distribution points/community water points/IDPs camps.
  - Integrated SRH and food distribution was conducted during the Covid 19 pandemic as WFP was on the ground for food distribution. SRHR IEC material and condoms were distributed at food distribution points.