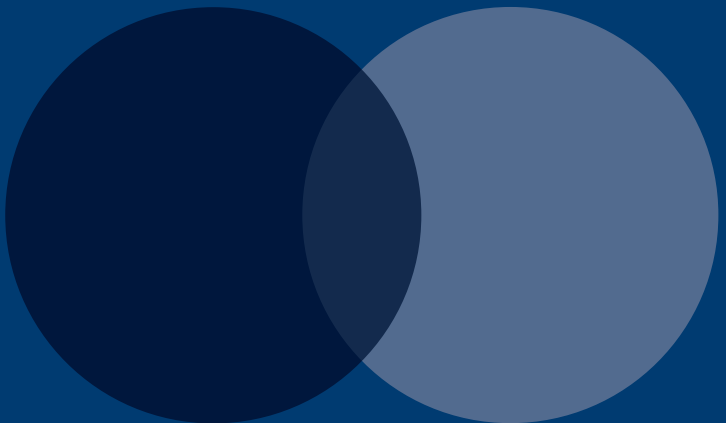


SWAZILAND



RAPID ASSESSMENT OF SEXUAL AND REPRODUCTIVE HEALTH AND HIV LINKAGES



This summary highlights the experiences, results and actions from the implementation of the *Rapid Assessment Tool for Sexual and Reproductive Health and HIV Linkages in Swaziland*¹. The tool – developed by IPPF, UNFPA, WHO, UNAIDS, GNP+, ICW and Young Positives in 2009 – supports national assessments of the bi-directional linkages between sexual and reproductive health (SRH) and HIV at the policy, systems and services levels. Each country that has rolled out the tool has gathered and generated information that will help to determine priorities and shape national plans and frameworks for scaling up and intensifying linkages. Country experiences and best practices will also inform regional and global agendas.

RECOMMENDATIONS

What recommendations did the assessment produce?

Policy:

- As the SRH and HIV programmes in Swaziland were being scaled up, the assessment came at an opportune time to include integrated approaches in the design and review of policies, procedures, guidelines and other strategic documents.
- There is a need to develop policies and procedures that will foster realistic joint planning and programming of SRH and HIV to maximize bi-directional linkages and use of resources.
- Government and donors should make SRH and HIV integration and linkages a policy priority.
- There should be improved government and donor coordination to develop SRH and HIV policies and plans for the health sector as a whole – thereby strengthening the capacity of the Ministry of Health (MOH) to lead the planning, prioritization, management and implementation of SRH/HIV activities. This will allow systematic pooling of resources and their effective use according to needs and priorities, as opposed to being donor driven.

- There is a need to review the draft SRH policy to incorporate integration and linkages with HIV, with an accompanying action plan (activities, outcomes, targets, timelines etc.) to monitor and evaluate progress.
- There is a need to purposely include reproductive health (RH) interventions in HIV programmes for especially vulnerable populations and men/women living with HIV – as part of comprehensive prevention, treatment, care and support services.

Systems:

- Based on needs, there should be planned – and systematically structured, monitored, evaluated and coordinated – continuing education for service providers to support them to effectively provide specific SRH and HIV services, such as paediatric HIV and youth-friendly services.
- Pre-service education institutions should do needs assessments to establish gaps and review the curricula in line with SRH and HIV linkages.
- There is an urgent need to develop and implement harmonized monitoring, evaluation and reporting systems in order to collectively define minimum packages of data and define indicators specifically for SRH and HIV linkages.

1. This summary is based upon: *Rapid Assessment for Sexual and Reproductive Health and HIV and AIDS Services Linkages in Swaziland*, Murnly D. Mathunjwa, Tengetile R. Mathunjwa-Dlamini and Sibongile N. Maseko, August 2010.

RECOMMENDATIONS CONTINUED

- Supervision guidelines and protocols should be developed and supervisors trained and appropriately supported to conduct supportive supervision.
- There is an urgent need for research to enhance programming for male involvement.

Funding and donor support:

- Additional finance for HIV programming presents an important opportunity to draw in staff and other resources for improved service delivery, such as with Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) funding for HIV work. This opportunity should be used maximally to implement harmonized and integrated SRH and HIV services, instead of the continued separation of programmes (which reduces the possibility of linkages).
- The Country Coordinating Mechanism (CCM) needs to prioritize maternal and sexual health as there is strong evidence of its contribution to HIV prevention.

Service delivery:

- Interventions that successfully implement training of service providers in knowledge and attitudes lead to better SRH and HIV service provision. As such, adequate staffing and training should be provided to effectively implement linkages and provide good quality services.
- Other resources – such as working space, equipment and supplies – should also be considered a priority when planning for the implementation of linkages.

- Appropriate guidelines, protocols and procedures should be made available to health care providers to improve service delivery.
- Monitoring and evaluation (M&E) systems should be harmonized and decentralized to facilitate understanding and evidence-based planning and implementation at the lower/facility level.
- Service providers should be properly trained and oriented in the provision of services for special populations, such as men who have sex with men (MSM), sex workers, factory workers, mobile populations, people that use drugs, and young people.

Client perspective:

- Integrated and linked service provision was considered by most clients to be convenient and affordable, promote confidentiality and rapport with health care providers, and reduce stigma and discrimination. As such, the provision of SRH and HIV integrated services needs to be strengthened following different models of integration that are working successfully.
- Strong and measurable referral and follow-up systems should be put in place and supported for the convenience of the client, the health worker and the community.
- There is a need to develop programmes promoting the greater involvement of men in facility-based services as well as taking services closer to where men are (e.g. community outreach services and workplace services).

PROCESS

1. Who managed and coordinated the assessment?

- The assessment was managed by the MOH and supported by the International Planned Parenthood Federation (IPPF) through its Member Association, the Family Life Association of Swaziland (FLAS). The coordination of the assessment was carried out by the MOH under the leadership of the Public Health Senior Medical Officer.
- Permission to conduct the study was obtained from the MOH's Research and Ethics Committee, with attention to issues such as informed consent and confidentiality.
- The assessment was guided by a Technical Working Group (TWG), with members from SRH and HIV programmes, networks of people living with HIV (PLHIV), donors and development partners.

2. Who was in the team that implemented the assessment?

- The assessment team was made up of three local consultants. They developed the tool (with extensive inputs from the TWG) and then conducted the interviews.
- The team included SRH and HIV experts who are knowledgeable and experienced in both fields. The team leaders were the consultants, with nursing and public health backgrounds in academia, programme management and M&E.
- The data collectors consisted of individuals with strong data collection skills, some of them also being health care workers.

3. Did the desk review cover documents relating to *both* SRH and HIV?

- The desk review covered 14 background documents, including national policies, guidelines, strategic plans and legislation relating to SRH and HIV.

4. Was the assessment process gender-balanced?

- The management team had a good balance of men and women. The consultants were all women and the rest of the assessment team were male and female.
- While aspects of the assessment aimed to achieve gender balance, in practice scope for this was limited. For example, while aiming to have a male/female balance of client interviews, in fact 82 per cent were female – due to the fact that male involvement in SRH services is still low.
- The assessment addressed some issues specifically relating to men/boys (such as male circumcision and their involvement in SRH services), as well as women/girls.

5. What parts of the Rapid Assessment Tool did the assessment use?

- The assessment used four data collection tools to address policy, systems, service delivery and clients. It gathered information through a combination of document review, interviews and questionnaires.
- A pre-assessment TWG consultation reviewed the objectives and process (including the data collection tools), selected key informants and planned the follow-up process. A complementary meeting was held with a team of researchers under the IPPF-led INTEGRA project to provide insight into some facility assessments that had been carried out by INTEGRA on specific integration areas such as postnatal care.

6. What was the scope of the assessment?

- The assessment aimed to: gain an understanding of the current situation of SRH and HIV integration at policy, system and service levels; identify critical gaps in the policy and programmatic environments for integration; and contribute to the development of a country-level action plan to address gaps, opportunities and challenges relating to linkages.
- The sample size for the assessment was 210, comprising: policy-makers (17), programme managers (10), service providers (73) and clients (110). The service providers and clients were sampled from all four regions of the country and from all different levels of health facilities.
- The assessment targeted: health facilities (government and non-governmental organization – NGO – hospitals, health centres and public health units); health clinics (with/without antiretroviral therapy – ART, with/without maternity services); and other institutions (non-health government sectors, NGOs, faith-based organizations – FBOs); and donors. These included organizations focused on youth, PLHIV and gender-based violence – GBV).

7. Did the assessment involve interviews with policy-makers from *both* SRH and HIV sectors?

- The assessment targeted decision-makers among the government (including the Director of Health, managers of clinical services, professional institutions and the armed forces); and donors and development partners (multilateral agencies, bilateral donors, and national and international NGOs).
- A total of 41 people responded to the policy questionnaire and 10 to the systems questionnaire.

8. Did the assessment involve interviews with service providers from *both* SRH and HIV services?

- The assessment reached 73 health care service delivery points for SRH and HIV, involving 78 health workers.
- The health workers included senior nurse managers, midwives, and general nurses including those who had special additional training either in SRH or HIV. About 67.1 per cent were from government, 15.1 per cent from mission organizations, 8.2 per cent from NGOs and 9.6 per cent from the private sector.

9. Did the assessment involve interviews with clients from *both* SRH and HIV services?

- The assessment involved 110 clients, 90 of whom (82 per cent) were female. Their ages ranged from 13 to 56 years.
- The clients were interviewed exiting from both SRH and HIV services relating to: management of HIV and opportunistic infections (30); child health (26); antenatal care (27); HIV counselling and testing (HCT) (12); family planning (FP) (8); postnatal care (3); diagnosis and treatment of sexually transmitted infections (STIs) (2); intrapartum care (2); and circumcision (1).

10. Did the assessment involve people living with HIV and key populations?

- Young people and PLHIV were involved in the assessment.

FINDINGS

1. Policy level

National policies, laws, plans and guidelines:

- The government coordinates the management and monitoring of the national response to HIV through the National Emergency Response Council on HIV/AIDS (NERCHA) and the Swaziland National AIDS Control Program (SNAP). NERCHA coordinates multisectoral interventions, while SNAP coordinates health sector HIV interventions. The Sexual and Reproductive Health Unit (SRHU) coordinates SRH/maternal health interventions. SNAP and SRHU are MOH programmes.
- The government demonstrates commitment to an integrated and collaborative approach through key national frameworks. Examples include: the National Health Policy (2007); the Sexual and Reproductive Health Strategic Plan (2008–2012); and the National Strategic Framework on HIV 2009–14. The latter promotes a holistic approach to the care and treatment of PLHIV, as well as collaboration between NERCHA, the MOH and other government departments, NGOs, FBOs, community groups and the traditional sector.
- Respondents expressed concern about the lack of specific national policies on SRH and HIV integration.
- While there is no specific policy for SRH, there is the SRH Strategic Plan (2008–2015). The country's SRH programme aims to establish and apply a comprehensively integrated and coordinated SRH package that promotes integration with HIV services.
- The Prevention of Mother to Child Transmission (PMTCT) Guidelines (2006) allude to integration with ART services and recognize HIV as a family issue (promoting PMTCT+ as an opportunity to provide comprehensive care to both partners and integrate attention to STIs within antenatal and postnatal care). The Guidelines also: encourage male involvement in PMTCT (to create a supportive environment and increase access/adherence to treatment); and emphasize the importance of making HCT available to antenatal, labour, delivery, postnatal, FP and STI clients.
- Key national policies promote rights-based approaches to SRH and HIV (with attention to rights relating to children, gender, PLHIV and reproduction).
- There are no national policies and laws against GBV. The Domestic Violence and Sexual Offences Bill is still pending in Parliament and has not been enacted into law.
- Protocols on male involvement in SRH and HIV are poorly defined. However, it is envisaged that strengthening the workplace programmes will go a long way towards improving male involvement – as this strategy takes services to where the majority of men are found.
- Overall, despite supportive policies, there is concern that commitment is not translated into the systematic operationalization of SRH and HIV integration in programmes and policy-level linkages. Different models of integration are seen at the service delivery levels.

Funding and budgetary support:

- Major donors and development partners are active in Swaziland, including the President's Emergency Plan for AIDS Relief (PEPFAR), GFATM, UNAIDS, UNFPA, WHO, UNICEF, European Union (EU) and the World Bank.
- While in principle the government and these partners support SRH and HIV integration, in practice their funding is largely vertical to each area – presenting a challenge to the actual implementation of such approaches.
- HIV funds are often earmarked for specific and narrowly defined programmes. HIV-related activities also receive substantial funds that are inflexible – creating parallel systems to those to support basic health services and other programmes.
- SRH programmes are also recipients of targeted funding that may not take HIV into account.

2. Systems level

Partnerships:

- The major stakeholders in SRH and HIV are the government (including NERCHA), UN agencies, PEPFAR, EU, Italian Cooperation, World Bank, NGOs and community groups.
- Technical Working Groups – which include most of these partners – exist mainly in relation to HIV, although many respondents reported the existence of one for integration. Such groups help to ensure a conducive environment for services collaboration.
- Civil society, including PLHIV, is reported to be involved in HIV-related planning, for example for programmes on PMTCT. However, the sector is only minimally involved in SRH efforts.

Planning:

- 67 per cent of respondents reported collaboration in the management of SRH and HIV programmes.
- Joint programming mainly takes place minimally through routine national (government) planning and budgeting, but appears lacking among donors. Overall, responses to SRH and HIV remain largely vertical – with separate planning, budgeting and implementation processes. With the establishment of the Sector-Wide Approach (SWAp) for the health sector, improvements are expected.

Human resources and capacity building:

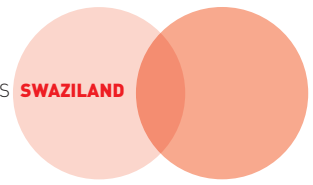
- For pre-service training, there are an SRH curriculum and training materials that include HIV, and vice versa. But there are questions as to whether the resources are up to date and utilized.
- The supervision system at the services level is reported to minimally promote integration.
- Priority training needs include: HIV-related care; maternal and child health (MCH); programme planning, budgeting, M&E; and youth programming (in HIV, SRH and life skills).

Logistics, supply and laboratory support:

- SRH and HIV commodities are managed separately. HIV commodities logistics are managed and monitored by the Central Medical Stores. SRH commodities – especially contraceptives – are managed by the SRHU. There is a need to harmonize the logistics management for both the SRH and HIV.
- Both SRH and HIV services use hospital laboratories for their tests.

Monitoring and evaluation:

- There are separate M&E systems for SRH and HIV programmes, with no forum to develop harmonized indicators and processes.



3. Services level

A. SERVICE PROVIDER PERSPECTIVES:

- Half of the respondents reported collaboration between SRH and HIV programmes, particularly in relation to home-based care.
- The lack of a comprehensive SRH policy is a hindrance to providing integrated services. However, protocols and guidelines (for example relating to HCT, ART, PMTCT, STIs and MCH) are used within service delivery to facilitate integration, although some are outdated.
- About half of the respondents felt that integration would improve the efficiency of service delivery. Many also said it would reduce stigma and discrimination. But there were concerns about increased costs for staff development and recruitment, space, equipment and supplies.
- Some of the challenges to SRH and HIV integration are seen as: shortage of staff training; inappropriate and insufficient staff supervision; low staff incentives and motivation; increased workload; and lack of structured training programmes. Of note, 77.5 per cent of the respondents reported that there is not enough time to offer integrated services.
- 88 per cent of the respondents said that SRH services are integrated into HIV services such as condom distribution, HCT, prophylactic treatment services and psychosocial support.
- 15.1 per cent of the respondents reported that they do not include condoms in FP services.
- PMTCT services were reported to be provided by most facilities, demonstrating significant potential for linkages with services such as FP, antenatal care, MCH and postnatal care.

- 61 per cent of respondents reported offering information and some services for key populations. But these mostly target young people, with very limited specific support for groups such as sex workers, MSM and people that use drugs.
- PLHIV-friendly services were reported to be facilitated by linkages with PLHIV networks, expert client services and training of staff on stigma and discrimination.
- Overall, the integration of SRH and HIV is limited by weak and unaligned systems for M&E, supervision and reporting.

B. SERVICE USER PERSPECTIVES

- Among the 110 clients, almost all had received all the services they came for. Among those that had not, the services were antenatal care, HCT, PMTCT, FP services and nutrition. The reasons for not receiving these services included lack of money, non availability of the service and long queues.
- About a quarter (26 per cent) of the clients had been referred to other services.
- The majority of clients (78 per cent) said they preferred to receive services from the same facility and same provider for both SRH and HIV. Their reasons included: 'one stop' access; convenience; confidentiality; relationship building with providers; and reduced cost and time.
- The clients identified the weaknesses of SRH and HIV integrated services to include: non-availability of a particular service at a 'one stop' facility; and challenges with involving men.

LESSONS LEARNED & NEXT STEPS

1. What lessons were learned about how the assessment could have been done differently or better?

- An assessment requires adequate funding.
- An assessment can adapt and make good use of existing data and information (such as that from the INTEGRA project).
- The process of seeking ethical clearance can delay the research process.

2. What 'next steps' have been taken (or are planned) to follow up the assessment?

- Following its finalization, the report was presented to the TWG and, through the TWG, presented to the MOH programme managers.
- A national stakeholder consultation was held where the findings were presented and valuable inputs solicited. This led to the production of a follow-up plan on how to take the recommendations forward.
- The findings were also presented at the National Health and Research Conference in November 2010.
- The MOH needs to lead the process of developing a national action plan to implement the recommendations of the assessment.
- The MOH needs to further locate the implementation of these recommendations within the SRHU so that they are integrated in the annual work plan for the Unit, which will provide leadership on implementation and reporting on progress.

3. What are the priority actions that are being taken forward as a result of the assessment, at the:

- **policy level?**
- **systems level?**
- **services level?**

Policy level:

- The MOH plans to review the draft SRH policy which will serve as guidance for implementing linkages and integration.

Systems level:

- Within the European Commission (EC) project (see question 4) there will be

activities to support strengthening of health systems for SRH and HIV linkages and integration. This will include supporting human resource capacity development as well as developing strategy and protocols for SRH and HIV linkages. This is also being addressed within the health sector reforms.

Services level:

- Developing an information package for informing and promoting uptake of integrated SRH and HIV services as part of implementing the Essential Health Services Package.
- Supporting male involvement interventions/initiatives.
- Supporting promotion of condom use for dual protection within all maternal, newborn and child health (MNCH) programmes, including FP services and HIV prevention programmes.
- Supporting capacity strengthening through training of programme managers in government, civil society organizations and community-based organizations at national and sub-national levels to implement SRH and HIV integrated services.
- Supporting capacity strengthening for SRH and HIV logistics management.
- Strengthening pre- and in-service training for SRH and HIV integration.
- Developing plans to scale up FP activities in ART settings.

4. What are the funding opportunities for the follow-up and further linkages work?

- Swaziland has the opportunity to reprogramme GFATM Round 7 resources in support of PMTCT and to strengthen the link between SRH and HIV.
- The country has secured funding from an EC regional project which aims to support an improved *policy* environment that will enable full integration of SRH, HIV and STI interventions.
- The MOH has to make a deliberate move to merge the two programmes and other related programmes. For example, in some countries there is a Family Health Division which includes MCH, HIV, STIs and SRH to maximize and leverage resources.

Abbreviations

AIDS	acquired immune deficiency syndrome
ART	antiretroviral therapy
CCM	Country Coordinating Mechanism
EC	European Commission
EU	European Union
FBO	faith-based organization
FLAS	Family Life Association of Swaziland
FP	family planning
GBV	gender-based violence
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GNP+	Global Network of People Living with HIV
HCT	HIV counselling and testing
HIV	human immunodeficiency virus
ICW	International Community of Women Living with HIV/AIDS
IPPF	International Planned Parenthood Federation
M&E	monitoring and evaluation
MCH	maternal and child health
MOH	Ministry of Health
MSM	men who have sex with men
NERCHA	National Emergency Response Council on HIV/AIDS
NGO	non-governmental organization
PEPFAR	US President's Emergency Plan for AIDS Relief
PLHIV	people living with HIV
PMTCT	prevention of mother to child transmission
RH	reproductive health
SNAP	Swaziland National AIDS Control Program
SRH	sexual and reproductive health
SRHU	Sexual and Reproductive Health Unit
STI	sexually transmitted infection
SWAp	Sector-Wide Approach
TWG	Technical Working Group
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

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