



Sexual Reproductive Health and Rights(SRH&R), HIV/AIDS Linkages and Integration Study

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Outline



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Background



- HIV/AIDS and reproductive ill-health have common root causes which include;
- socio-cultural factors,
- low social and economic status of women and men
- structural factors that limit accessibility to health and other basic social services.

Background



- Uganda's HIV epidemic is generalized and heterogeneous.
- A total of 91,546 new infections are estimated to have occurred in Uganda in 2008.
- 43% of these infections occurred among heterosexual couples. High discordance levels of 54%
- A shift in the peak of the epidemic from young people 19-24 years to adults 30-38 years.
- Deteriorating sexual behaviours which include; increased multiple sexual partnerships, decrease in condom use, high risk sex among males and increase in number of young boys initiating sex before age 15.

Background Cont'



- High maternal mortality rates- 435/100,000LB
- High unmet need for family planning-42% with high TFR of 6.7%
- High teenage pregnancy rates -24%
- HIV prevalence among pregnant women attending antenatal clinics is about 6.5% and this translates to about 89,000 HIV +ve mothers annually

Rationale



- The rapid assessment conducted by Ministry of Health in 2005 on SRH/HIV highlighted the need for an RH/HIV Strategy for better stakeholder coordination and collaboration but it was limited in scope.
- In 2008 the global tool on assessing HIV/RH linkages and integration was introduced to the MOH as a more comprehensive tool beyond the Ministry of Health.



Objectives of the Assessment

1. To assess HIV and SRH bi-directional linkages
2. To identify gaps in HIV and SRH bi-directional linkages
3. To develop a National RH/HIV Strategy and Action plan to strengthen HIV & SRH bi-directional linkages

Key Levels of Assessment



1. Policy and planning
2. Systems
3. Service delivery
 - Facility
 - Community

Process



1. Gov't led multi disciplinary task force constituted.
2. UNFPA and WHO provided financial and technical support.
3. Consultants recruited
4. Generic rapid assessment tools adapted
 1. Legal areas were captured in the Doc Review (Legal)
 2. Community/ adolescent questions added
5. Technical meetings
6. Dissemination meetings

Methodology of assessment



1. Desk Review
2. Field data collection on service delivery in 4 districts Gulu, Mayuge, Soroti and Kampala
 - Facility audit and Provider interview
 - Client Interview
 - Workshops for Policy Makers, Development partners and DHMTs
3. Data Analysis-relevant statistical packages
4. Report writing and dissemination

Major Findings



Existing linkages

Policy and Planning

- Linkages exist in most policy documents but poorly used
- District stakeholder meetings coordinated by District Health Officer
- Joint Planning at district level

Systems

- Many partners exist at all levels for SRH/HIV
- CSO implement integrated SRH/HIV project to a certain extent
- PHA networks exist upto district level



Findings

Existing linkages

Service delivery

- The adolescent health program provides an opportunity for integration.
- The PMTCT programme is delivered within the RH service areas
- Integration in service delivery exists especially in lower facilities but not systematic
- Laboratory support is for both RH/HIV
- Some staff at HF level are trained to provide both HIV/RH services

Gaps



Policy and Planning

- No formal link between SRH and ACP in National policy formulation, programming and planning, reporting, monitoring and supervision
- Inequitable Program support(technical and financial) between SRH and ACP
- Inadequate dissemination of existing guidelines
- Poor linkages in the existing SRH and HIV standards

Gaps



Systems

- Structural positioning of RH Vs HIV Programs
- Poor coordination of RH/HIV partners
- Insufficient CSO networking and linkage with MOH
- Insufficient multisectoral approaches/linkages for the 2 programs
- Insufficient funding for RH

Gaps



Service Delivery

- No systematized linkage even when in same facility esp. hospitals
- Insufficient infrastructure space- HCT rooms, PNC rooms etc
- Delinked supply chain management for the 2 programmes
- Weak implementation of existing standards and guidelines
- Insufficient implementation of standards by the private sector
- Inadequacies(Numbers and skills) in training of service providers to provide integrated services

Proposed Priorities

Priority areas

- Advocacy for bidirectional linkages
- Advocacy for commitment of resources
- Strengthen linkages in SRH/ACP coordination, planning and supervision
- SRH/HIV commodity programming
- Capacity building for integrated service delivery
- Quality improvement, technical supervision and monitoring
- Service demand generation

Priority Services for integration

- Adolescent health services
- Condom promotion
- Focused ANC
- FP in HCT and PMTCT
- STI/STD
- Male partners involvement
- IEC/BCC
- Outreach programs(MARPS)
- Home Based Care

Conclusion



- The integrated tool was useful in providing additional information from the related ministries
- It had an important area of SGBV explored in more detail and that will be very useful in future planning
- The findings will be very useful in assisting Ministry of Health and partners to develop the strategy and action plan to improve SRH&R/HIV programming
- The tool can be adapted to address the specific needs of the country in RH/HIV (Adolescent health and community)

Acknowledgement



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- RH/HIV partners for commitment and direction
- The consultants for facilitating the entire process