Good/Promising practice for Botswana: Provision of SRH services to People living with HIV

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Country: Ministry of Health, Botswana
• HIV prevalence in Botswana is 17.6% (BAIS III 2008)
• 30.4% in pregnant women, aged 15–49 Sentinel survey 2011).
• Botswana continues to roll out provision of ante–retroviral services (ARV) to men, women and children living with HIV through IDCCs (these centers have an adherence rate of over 90%).
• 2011 Sentinel Surveillance (SS) on pregnant women aged 15–49 showed that 55.6% of HIV–infected pregnant women had unplanned pregnancies.
SRH/HIV linkages project is piloted in 3 health districts in Botswana and these include an IDCC and Youth center.

IDCCs provide HIV and TB services daily and these are provided by general nurses and doctors.

- HIV–infected men and women access SRH services from the SRH wing, which is largely staffed by midwives.

- HIV–infected men and women repeatedly visit health facilities to access verticalized SRH and HIV services and this has time, cost implications on both the patients/clients and the health system.
Introduction of SRH specifically FP and cervical cancer screening services in IDCC.

- Increase access to FP services
- Reduce unplanned pregnancies amongst PLWH
- Reduce their frequent visits and costs
- Reduce missed opportunities for cervical cancer screening

- Midwives allocated to IDCC to strengthen provision of SRH services (FP and screening for cervical cancer)
- Strengthen FP skills amongst the Registered nurses
- Education to Clients within IDCC on benefits & availability of integrated SRH/HIV services
Findings on selected indicators

- Percentage of HIV infected women accessing Dual FP services from IDCC (Mahalapye District)
  - July 2012 Baseline – 0%
  - July 2013 – 34.5%

- Percentage of HIV positive women screened for cancer of the cervix in IDCC clients (Mahalapye District)
  - July 2012 Baseline – 0%
  - July 2013 – 53.3%
Lessons Learnt

• Continuous education to clients and patients is pivotal in provision of SRH services in IDCC— it is important to empower clients and patients to understand their rights; hence demand the package of services
• Positive attitude of nurses and midwives towards provision of integrated SRH/HIV services is critical (they are the make and break of care provision)
• Provision of SRH services in IDCC as a “one-stop shop”:
  – Allows people living with HIV to access both HIV and SRH services under the same roof or in the same facility increasing the opportunities for a continuity of care without being externally referred
  – De-stigmatizes the IDCC— it becomes a center for provision of integrated SRH and HIV care
  – De-congests the health care facilities – “due to provision of integrated SRH/HIV services, this facility is not as congested as it used to be because when people come, we offer them a package of SRH and HIV services; we even have time to do other things which we never used to do like reading” – Otse Health Post Midwife
• Provision of critical SRH services within the IDCCs will not only increase access to SRH services by men and women living with HIV, but will also reduce the unmet FP need among this population as well as increase CPR.
Challenges

- Vertical programming at national level
- Staff attitudes towards SRH/HIV linkages—bringing more work
- Mobilization of HIV infected clients to access SRH (especially FP) services within IDCC
- M & E—multiple registers
  - Harmonize registers
  - Scale up e-registers
- Long turnaround time of Pap Smear results
  - Automation machine
  - Outsourcing
  - Scale up—See and Treat
Next steps

- Scale up of SRH/HIV Linkages countrywide
- Studies in future may indicate:
  - Reduced unmet need of FP
  - Increase in CPR
  - A reduction in the number of unplanned pregnancies among women living with HIV
  - Improved client satisfaction with services.
THANK YOU

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