Integrating Sexual and Reproductive Health (SRH) and HIV Services in Botswana

O TSE, Botswana – For Mpopi, 33, travelling 80 km every month to reach the nearest clinic providing access to antiretroviral treatment (ART) was nearly impossible. “We don’t have any [public] transport here,” says Mpopi, who lives in Otse—a village approximately 200 km northeast of Botswana’s capital city, Gaborone.

With no ready means of transport, regularly accessing antiretroviral treatment and adhering to this life-saving treatment took a back seat to the more pressing daily needs of Mpopi’s life—such as taking care of her two young children and trying to make a living in a rural community with limited employment opportunities.

Access to sexual and reproductive health (SRH) and HIV services is challenging for many women in rural communities in Botswana. Women who are in need of these services often have to travel long distances and wait in long queues, only to receive HIV treatment. They then have to make the same journey again the next day or the next week to access SRH services.

Mpopi was diagnosed with HIV in 2007 and initiated on antiretroviral treatment in 2010 at Shoshong Clinic—80 km away from her home. “We would sleep at the health facility in Otse the night before to wait for a driver who would transport us to Shoshong in the morning,” Mpopi recounts. Upon reaching Shoshong, they would often endure long queues.

At times, the driver was unable to wait and bring them back and they would have to find their own way home.

Recently, things have changed. Since 2013, Mpopi has been accessing ART along with critical sexual reproductive health services, at the Otse Health Post.

This health post is one of nine pilot sites of the SRHR (Sexual and Reproductive Health and Rights) and HIV Linkages Project in Botswana, supported by the European Union, and the Governments of Sweden and Norway. Since 2011, with technical assistance from UNAIDS and UNFPA, the project has been working closely with the Ministry of Health to strengthen the capacity of health facilities across three districts in Botswana to deliver integrated SRH and HIV services.

Integrating these services is an important strategy to prevent not only unintended pregnancies, but also HIV and other sexually transmitted infections. It also minimizes missed opportunities for addressing the SRH needs of people living with HIV.

“You are being treated by one person for all the services,” Mpopi says. “I access ART and family planning.” For Mpopi, receiving integrated SRH and HIV services through a one-stop-shop, and by one person, has significant benefits. It has reduced the frequency of her trips to the clinic and she appreciates the opportunity to address multiple health needs in one visit.

They are saving our lives’
A One-Stop-Shop Model of Integration

All nine of the pilot sites supported by the SRHR and HIV Linkages Project in Botswana provide a number of integrated services to clients, including SRH (e.g. family planning, safe motherhood, cervical cancer screening, and sexually transmitted infections) and HIV (e.g. HIV testing and counselling, prevention of mother-to-child transmission, TB, and ART) services. The Otse Health Post uses a one-stop-shop model, which means that these services are provided in the same room by one health care provider.

“This integrated approach has been very positive,” says Gertrude Ganetsang, the Nurse/Midwife In-charge at Otse Health Post. “It is benefiting us because when you give a client an integrated package [of services], he or she won’t frequent here as often,” she says. According to Ganetsang, this decongestion of the health facility has led to improved satisfaction for both clients and health care providers.

Efforts to streamline client flow at the health post have proven particularly useful in reducing stigma and discrimination. Prior to integration, the health post had a separate on-site centre dedicated to the care of its clients living with HIV. Because services were delivered separately, clients accessing HIV services were easily identified. Now, all clients at Otse Health Post wait in one line for services, irrespective of their HIV status, thus reducing stigmatization.

Saving Lives

The integrated model implemented at Otse Health Post has increased the uptake of critical SRH and HIV services by the community and has also attracted clients from other neighbouring villages who wish to receive integrated SRH and HIV care. When asked about the single greatest benefit of the integrated services she receives at Otse Health Post, Mpopi replies: “They are saving our lives.”