

Stories on Integration of SRH, HIV and SGBV in South Africa



General Overview

In 2018, with funding from 2gether 4 SRHR, UNFPA supported the integration of sexual and reproductive health (SRH), sexual and gender-based violence (SGBV) and HIV in five pilot health facilities in the uThukela District in KwaZulu-Natal, South Africa. The district was selected as the focus of this documentation exercise since it was the district where the model was initially piloted and documented for effectiveness.

In 2018, UNFPA brought on board Optidel, as a service provider and scaled up the SRH, HIV and SGBV model from five to 53 facilities across three districts (uThukela, eThekweni and Ugu) in KwaZulu-Natal. The implementation involved the use of the Plan Do Study Act (PDSA) cycle, a quality improvement methodology, which includes the training of health-care workers (HCWs) to equip them with skills to integrate SRH, HIV and SGBV services. This was followed by ongoing mentoring and supervision with the overall aim of ensuring the sustainability and institutionalization of the model across 53 facilities. The following documented human-interest stories reflect project implementation realities.

DISCLAIMER:

Some of the names used throughout the human-interest stories are pseudonyms or not real images of the participants.

Lerato's Life and Passion Reignited

Lerato is a 29-year-old who always dreamt of becoming a nurse. Her aim was to care for people and ensure they maintained good health and did not get sick. This dream was cut short in 2011 when she became pregnant. In 2010, after completing her matriculation examination (National Senior Certificate examination written in Grade 12 in South Africa), she was excited and left home to study in Durban, in KwaZulu-Natal, South Africa. She fell in love shortly after starting her dream course, and she could not continue with her studies because her unplanned pregnancy changed her life. She said,

"It required me to be responsible and take care of not only myself, but also another human being growing inside of me"

Because of this incident, Lerato was thrown out of school and gave birth, but she could not continue with her education because of a lack of financial support to meet her additional financial needs. However, she has been attending and receiving health-care services from Wembezi Clinic for more than 20 years, and she described the services provided by the staff as excellent. In addition, she is quite impressed and satisfied with the way the clinic staff provides health education to the clients, specifically when discussing HIV counselling and testing, tuberculosis (TB) screening, SGBV, different family planning methods, as well as the benefits of having children when one is ready, without cutting your education short.



Subsequently, the clients attending and receiving care in the health facilities became more aware of the different family planning options, especially implants and Long-Acting Reversible Contraception (LARC), which were not as commonly opted for by the clients as compared to other methods. In 2019, while Lerato was attending one of the information sessions at the clinic, she opted for an implant as the most suitable family planning method for her, although the session also provided information about other methods such as injectables, pills, etc.

She stated that “I don’t need another baby now and I don’t want to come to the clinic frequently”. However, she experienced a slight headache initially when she had the implant inserted, but she is perfectly fine now.

.....

Although Lerato is not a nurse as she desired some years back, she is making her impact known based on her personal life experience. She registered a non-profit organization (NPO) and she works with her team to raise awareness in the community with a special focus on young people to guide them on how to address their challenges and prevent teenage pregnancy, sexual abuse, HIV, and COVID-19. She has written proposals to request funds to support her dream, and would like to collaborate with her ward counsellor, the Wembezi Clinic and Optidel in the future to assist with educating young people in her community.



Although Lerato’s life was changed because of her early and unintended pregnancy, she is determined to still achieve her goals in life.

Access to Health-Care Services Improved Zanele's Access to Reproductive Health Services

"In 2002, I was raped and I came to Wembezi Clinic for help. I was counseled and screened for STIs and HIV. I was also treated and referred to the police station for further counseling. The clinic staff members were very patient with me, they worked hard as a team to make everybody happy"

This is the testimony of Zanele, a mother of two girls, aged 9 and 14 years who has gone through a lot in life and who is currently receiving antiretroviral therapy (ART) in the clinic. Zanele has been working for the Community Work Programme (CWP) as a cleaner for six years.

Zanele will never forget the clinic for supporting her physically and psychologically through her traumatic experience. She praised the clinic for always being professional and maintaining

confidentiality. This simple act renewed her confidence in the health-care system without being hesitant to provide HCWs with the necessary information needed for them to provide good patient-centered care for their clients.

Zanele has been able to heal over the years because she was able to open up to HCWs, and because of the ongoing counseling she received from the clinic nurses and the lay counsellor.



She was quoted as saying: “The staff receives you with respect and a welcoming face, even if they are busy or in a meeting, they will inform you that they are busy and will be with you shortly”. She further stated that “if it wasn’t for the support and care I received from the clinic, I might have died or gone mad”.

As a result of what she went through, she decided to opt for a family planning method that can help her to have the desired number of children, space them accordingly and have them when she is ready. At Wembezi Clinic, one of the facilities supported by UNFPA, this is a key focus area. One of the objectives of the project was to provide capacity building and technical support to HCWs on contraception and family planning. The mandate of Optidel was to support the integration of SRH, HIV and SGBV services in 53 selected facilities across three districts (uThukela, eThekweni and Ugu) in KwaZulu-Natal.

To make the training more efficient and to target the right participants, a training needs assessment was conducted by Optidel to address the capacity needs of HCWs. Thereafter, champions were identified for each clinic to play a critical role in enhancing sustainability and monitoring its implementation.

Zanele is happy because the clinic staff explained the different types of family planning methods available to her and gave her the opportunity to choose a method that she is happy with.

Thus, she decided to go with one of the injectables (Depo-Provera) because it is convenient for her, as she only needs to take one shot every three months, and does not have to go to the clinic frequently. Zanele is happy with her Depo-Provera injectable because it is working for her, and it prevents her from getting pregnant, especially now as she is not ready. Because Zanele has benefitted from the services offered by the Wembezi Clinic, such as HIV, SGBV and family planning services, including pap smears, she attests that the clinic is doing better each day and that they provide quality services to the community. She will therefore not hesitate to recommend this clinic to anybody because of the excellent service delivery they offer.

The professionalism of HCWs and how they maintain confidentiality renewed Zanele’s confidence in the health-care system.

Thabo's Future Plans Secured by Information Received During Facility Health Talks

Thabo is a young man who is passionate about the young people in his community. He works for a health non-governmental organization

(NGO) as a youth leader. His role involves working as a social change agent in his community, advocating for positive behaviour change among young people with a special focus on the prevention of HIV and teenage pregnancy.

Thabo has been attending and receiving health-care services at the Wembezi Clinic for more than 20 years, and he commended the great work done by the clinic staff in providing excellent service to the community and because they offer 24-hour health services to cater for medical emergencies.

He will never forget the health education offered at the Wembezi Clinic to all attending clients. This saved him from a significant incident that occurred and made him realize that attending the information sessions in the clinic empowers clients to be aware of strategies that can be used to prevent HIV, TB, teenage pregnancy, etc.



Having worked at the clinic, he observed that the health talk sessions conducted in the clinic have improved within the past two years and HCWs are more knowledgeable and comfortable in providing SRH, HIV and SGBV services. Thabo attested to the importance of health talks in the clinic because he believes that what he learned during the health education session saved him from an eventuality he was not prepared for. About eight months ago (July 2021), he experienced a condom break while having sex with his partner, and he was so worried because he could not go to the clinic on the same day. However, he remembered that he needed to be provided with post-exposure prophylaxis (PEP) within 72 hours.

He professed, “the clinic provided us with an educational talk on STIs, HIV and many other things about prevention, including PEP and PrEP”

Thabo could not wait for daybreak, he went to the clinic the following day and received pre- and post-counselling for HIV testing, before he was tested for HIV.

He was also offered PEP and the nurse had a demonstration session on how to wear the condom correctly to prevent condom breaks in the future. Thereafter, he was booked for a follow-up appointment. Thabo will never forget this experience and he stated that,

“If not for the service provided by the clinic, this would have had a bad effect on my life because I can have HIV and I am not financially ready to have a baby”

Because of Thabo’s experience and coupled with his training as a groundBREAKER, he is actively involved in the clinic’s male-focused initiative. This programme assists men to take accountability for their health and improve their awareness and access to health-care services in the clinic. This forum also provides information on SGBV, which has broadened the knowledge of men and enabled them to better understand sexual and gender-based abuse.

Thabo continues to engage other men to discuss different issues affecting them, sharing his experience, encouraging them to know their HIV status, and to access prevention services offered by the clinic. He is a committed youth leader and wants to continue to impact lives positively in his community.

The integration of SRH, HIV and SGBV across 53 facilities in three districts (uThukela, eThekweni and Ugu) of KwaZulu-Natal, South Africa has been beneficial not only to the clients, but to the facilities, the districts and the community in so many ways. This statement was confirmed by one of the Department of Health (DOH) managers in the district.

As a clinic youth mentor, Thabo uses the knowledge gained from health education received at the clinic to prevent HIV infection and now supports his peers to do the same.

On the account of the DOH Manager, Optidel was contracted by UNFPA under the 2gether 4 SRHR Programme to support the implementation of this integration process starting with the initial pilot project in five facilities in September 2018 for seven months. The lessons learned from the pilot phase were then applied in 12 facilities from September 2020 to March 2021 for another seven months in uThukela District where the effectiveness of the SRH, HIV and SGBV model of integration was documented. Since the project was successfully implemented, Optidel was able to scale up the project to specifically integrate SRH, HIV and SGBV across 53 facilities in the three districts.

The scale-up project started in September 2021 with a lifespan of another seven months and ended in March 2022. This project involved training HCWs on cervical cancer screening and testing, condom communication strategy, and implementation of SRH policy and guidelines, including SGBV using the Listen, Inquire, Validate, Enhance Safety and Support (LIVES) training methodology.

Optidel's support of the SRH, HIV and SGBV integration project was well received by the district as confirmed by the DOH Manager who stated that the project has a record of achievements, which include, but are not limited to the following:

- i. Assisted clients to receive comprehensive 'all in one' service, because of the integrated services provided by the clinic,
- ii. For the facility: capacity building of HCWs was done, and this enabled them to learn more and be well-equipped to offer SRH, HIV and SGBV integration services to their clients. The HCWs were able to ask the right questions and provide the best care to clients. The quality of counselling offered to clients seeking family planning and contraceptive services also improved. They are also able to offer the expanded provision of other services that were not provided in the facility before, such as pre-exposure prophylaxis (PrEP) and SGBV. Integration of SRH, HIV and SGBV led to improved identification of SGBV cases, improved documentation and reporting, improved programme monitoring, and the use of data to identify gaps and implement activities that provide quick turnaround interventions, therefore improving programme performance.
- iii. Community: improved community awareness to demand SRH, HIV and SGBV services, especially among young people.

"The SRH, HIV and SGBV integration project has brought significant change to service provision across the facilities and districts where it is being implemented."

Improved SGBV Demand Creation and Service Delivery

A DOH Manager highlighted the following SGBV-specific experience of integration:

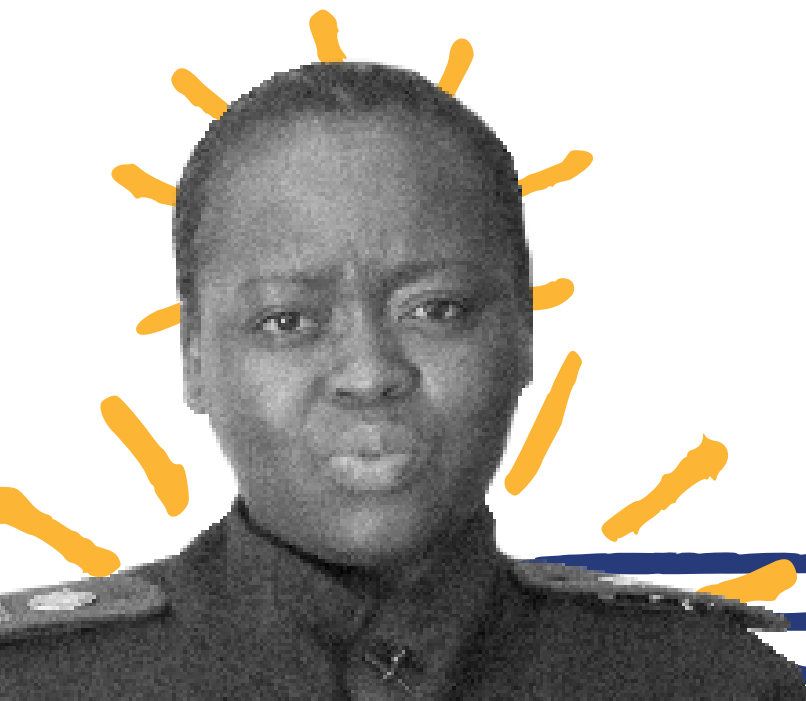
In recent times, SGBV in South Africa has been increasing at an alarming rate, and according to South Africa's President, 'the second pandemic' after COVID-19. Although different measures have been taken to curb this issue, such as the South African civil society demonstration in August 2018, the development of the National Strategic Plan, and the Presidential Summit against SGBV, the country still has a long way to go. One of the important measures to address this is by building the capacity of HCWs to ensure that they fully understand SGBV, so that they can create demand and provide high-quality SGBV

services to clients in a non-discriminatory manner, while maintaining confidentiality. HCWs should also know when and how to refer clients for follow-up management and be able to document and report appropriately.

Optidel used the LIVES training methodology to train and mentor HCWs to live up to their duty demands as the first line of SGBV contacts at the facility level, and to facilitate the introduction of SGBV screening and data collection tools.

The training and mentoring provided by the Optidel Technical Advisor improved the knowledge of HCWs about SGBV and made them more comfortable in providing SGBV services, this also improved demand creation for SGBV services and referral to the crisis center (Thuthuzela).

The Manager said, "The insights on SGBV have increased among the HCWs and patients and this has improved case management and our reporting".



Women are now aware of sensitive SGBV issues, for example, they now come forward to report their partners who would not grant them permission to honour their clinic appointments because the husband feels insecure.

There are also reports of men who instructed their partners not to take the medication given to them by the health provider because of their cultural beliefs, as well as partners who will not provide food for women at home.

In her statement, the DOH Manager recalled a client's suggestion for the need to improve awareness of SGBV in the community by collaborating with other partners and providing information that will empower the community (both men and women) to understand how to identify and prevent SGBV. Another client stated that,

“We need to engage more men on women’s issues. Most of the time the government concentrates on women’s empowerment neglecting the men, this needs to change.”

.....

A men’s forum in clinics can be an opportunity for men to discuss different issues relating to them and to empower them so that they can understand SGBV and sexual abuse, which may guide their actions towards their partners at home.

The role of men in reducing the incidence of SGBV is very important, they need to be empowered as ambassadors for SGBV, so that they can stand up and discourage violence and abuse against women in their community.



“Men are important in ending the SGBV against women.”

Dashboard Tool: A Unique Tool to Monitor Maternal, Newborn, Child and Women's Health Indicators

Optidel was contracted by UNFPA to support the implementation of SRH, HIV and SGBV integration in 53 facilities across three districts

(uThukela, eThekweni, and Ugu) of KwaZulu-Natal, South Africa. This project started with the initial pilot phase in five facilities and is now scaled up to three districts.

The project scale-up phase is important because it is a proven result of the work done during the pilot phase, and because it has been reflected in the documentation of the effectiveness of the model phases. The integration model thus came in handy especially with existing health system constraints in the facilities and restrictions because of the COVID-19 pandemic, which posed a major threat on the gains made with SRH and HIV programmes.

The DOH managers, the operation manager, and the clinician who is also an SRH champion illustrated that the dashboard tool was used during the nerve centre meetings and Technical Working Group (TWG) meetings to report programme performance and enhance



supervision. The graphic visualization also assists with developing action plans that can swiftly respond to the gaps identified. In addition, the tool is being used to monitor marker indicators, to rank facility performance, and to differentiate between the best and poorly performing facilities using colour codes.

Optidel was commended for these initiatives and the support provided to the DOH team and facilities, which led to the successful scale-up of SRH, HIV and SGBV integration services.

The dashboard also helps to provide monthly feedback on programme performance updates to the facility and as a district monthly reporting tool for the TWG and the KwaZulu-Natal Province.

The importance of using the dashboard tool was further attested to by one of the DOH managers, who stated that,

“We are encouraged by the monthly dashboard indicators that Optidel sends to us, it encourages our facilities to do well”.

.....



SRH, HIV and SGBV Integrated Project Successful, but NOT without Challenges

The following operational challenges have been shared by DOH respondents.

Shift work was one of the key factors that affected the implementation of the SRH, HIV and SGBV integration project. Some of the DOH staff that were trained during this project period were expected to work and provide SRH, HIV and SGBV services, but they were allocated to rotate through other departments and do shift work, which does not allow them to become more competent and implement what they have learned. Some even took long leave days and when they returned to work, they had forgotten what they had learned.

Another factor identified is high staff turnover. Staff keep looking for better opportunities for self-development academically and to improve their financial status. They move to areas where there are better rural allowances and to districts where they can earn better salaries and stay closer to their homes. This subsequently led to staff resigning from

their positions. Furthermore, staff attitude is a key factor, and this came up during the discussion as something that can hinder service delivery and discourage the clients from accessing health-care services.



Some clinicians believe that integrating SRH, HIV and SGBV is additional work for them and if they are not comfortable offering the services, they rather request that the clients should come back on another day for consultation. This leads to some of the clients not coming back to the facility and missing their appointment dates. On the other hand, some clinicians judge the clients, especially the young clients seeking family planning services, telling them that they are too young to opt for the service, or that offering this service is against the clinician's religion and cultural beliefs.

In addition, some of the managers interviewed were concerned about the Optidel project life span (seven months) and highlighted that this does not allow enough time to maximize the gains of the project. One of the managers stated,

“The period of project implementation is very short, usually six months. It will be good to have the project for at least 12 months. Most of the time, the first two months is dedicated to mastering the work plan, the third month is for implementing the plan with diligence, by the fourth month you start seeing improvement and thereafter you start wrapping up the project for closure”

Based on the feedback received, it is recommended that the project lifecycle be extended to a minimum of a full 12 months without disruption. This extension will provide adequate time for the project to progress through the four essential phases: initiation, planning, implementation and closure. Moreover, a longer duration will facilitate a smoother transition process and contribute to the overall sustainability of the project's outcomes.

