

## Integrating Sexual and Reproductive Health and Rights, HIV/AIDS, Sexual and Gender Based Violence programmes: The case of Uganda

### Key facts

**78%** of all new HIV infections in Uganda are sexually transmitted



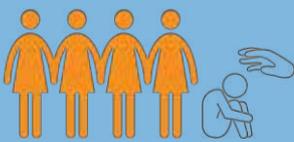
Mother to child HIV transmission rate is **2.9%**

**360**

New HIV infections every week among adolescent girls and young women



**1 in 4** girls is either pregnant or has given birth



**1 in 5** women have experienced sexual violence



## Background

HIV infection, sexual and reproductive ill health and Gender Based Violence (GBV) are major public health concerns for Uganda, linked together in a complex cycle of causes and consequences. The majority of HIV infections in Uganda (78%) are sexually transmitted or are or associated with

pregnancy, childbirth and breastfeeding and with sexually transmitted infections that increase the risk of HIV infection. Reducing mother to child transmission of HIV is still a significant concern with three in every 100 HIV-positive mothers passing on the virus to their babies. In addition, a high national HIV prevalence of 6.2% , and approximately 1,400,000 people living with HIV, AIDS -related deaths are a significant contributor to Uganda's high maternal mortality rate of 336 per 100,000 live births.

Uganda also experiences high rates of teenage pregnancy with one in four young girls either pregnant or having given birth by age 19 . More than one in five women age 15-49 (22 percent) report that they have experienced sexual violence at some point in time while three hundred and sixty new HIV infections occur every week among Ugandan

adolescent girls and young women. Violence and the threat of violence increases women and girls' vulnerability to HIV by making it difficult to negotiate for equal decision making within relationships.

All these challenges happen within the context of a rapidly growing reproductive age population, which makes the cost of delivering quality reproductive health and HIV services increasingly high.

To better address these complex issues and to meet the Sexual and Reproductive Health and Rights (SRHR) and HIV prevention needs of Ugandans it is important to prioritise innovative service delivery solutions. Integration of SRH/HIV services is one such approach.

## SRHR /HIV and SGBV integration: The evidence

Integration refers to the process of bringing together different types of Sexual and Reproductive Health and Rights (SRHR), HIV and Sexual and Gender Based Violence (SGBV) interventions or operational programmes to ensure access to comprehensive services in an efficient and effective manner .

Reproductive health problems, HIV and SGBV share common root causes such as poverty, inequity in access to services, gender inequality and social marginalization of vulnerable groups. As a result, in recent years, there has been strong international consensus on the benefits of providing integrated services.

SRHR and SGBV services can provide a platform for reaching individuals, especially women and children, with HIV preven-

tion, care, and treatment interventions. At the same time, HIV services can provide an effective entry point for key SRHR and SGBV services such as family planning, cervical cancer screening, antenatal, delivery, postnatal care and clinical management of rape.

Evidence demonstrates that integrating comprehensive SRHR/HIV and SGBV services provides an opportunity to increase access to and uptake of quality HIV, maternal, child and reproductive health services and improve programme efficiencies and effectiveness .

Integration also enables health systems to address the multiple and interlinked health needs of clients.

### Integration models

- *Kiosk model*: Services are fully integrated enabling clients to receive medical attention in one room
- *Supermarket model*: services are partially integrated e.g. in larger clinics/hospitals with several rooms. Clients can be referred to different service points within the facility
- *Mall (referral) model*: Clients are referred to other facilities to access required services.

## Uganda's progress in integration

With support from UNFPA, UNAIDS, UNICEF and WHO, the Ministry of Health has been spearheading initiatives to ensure integrated SRHR/HIV programming. Significant progress has been made:

### Creating an enabling environment

- In 2012, the National SRHR/HIV Integration and Linkages Strategy was developed and endorsed to guide integrated programming and resource mobilization.
- To support coordination, promote adherence to standards and facilitate learning, a number of forums have been established. These include the Integration Technical Core Team comprising of membership from the AIDS Control Programme and Reproductive Health Units of Ministry of Health and UN agencies (UNFPA, WHO and UNICEF and UNAIDS); National SRHR/HIV Task Team and the National SRHR/HIV Stakeholder's Forum.
- Several assessments and studies have been conducted including the National SRHR/HIV Linkages and Integration Rapid Assessment; a facility assessment on SRHR/HIV integration and an assessment on SRHR/HIV integration in Global Fund programming. Results of these assessments are

being used to inform resource mobilization efforts, revision of the national SRHR/HIV Integration and Linkages Strategy and development of standard tools and job aides to support service delivery.

### Benefits of SRH/HIV and SGBV integration

- Improves access to and uptake of key HIV/SRH and SGBV services
- Reduces HIV-related stigma and discrimination
- Promotes better utilization of scarce human resources for health
- Improves coverage of underserved/vulnerable/key populations
- Supports dual protection against unintended pregnancies and STIs including HIV
- Decreases duplication of effort and competition for scarce resources
- Improves quality of care
- Promotes better understanding and protection of individuals' rights
- Enhances programme effectiveness and efficiency

**Source:** Rapid Assessment Tool for Sexual & Reproductive Health and HIV Linkages: A Generic Guide  
[https://www.unfpa.org/sites/default/files/resource-pdf/rapid\\_assesment\\_2009.pdf](https://www.unfpa.org/sites/default/files/resource-pdf/rapid_assesment_2009.pdf)



### Integration in practice: Reaching women, men and young people

UNFPA has supported integration of SRHR/HIV and SGBV in programmes targeting young people such as the Empowerment and Livelihoods for Adolescents (ELA) program implemented in Karamoja and the Youth Enterprise Model (YEM) in central Uganda. Also In Karamoja, region, the Protect the Goal campaign uses football to reach young people with messages on SRHR/HIV and SGBV. Male Action Groups in Karamoja were established;

through which men sensitise their peers and encourage them to take action to prevent of HIV and Gender Based Violence.

Overall, about 430, 000 people have been reached with messages and linked to services.



8. ELA is designed to socially and financially empower adolescent girls from poor households to overcome the complex, interrelating factors that contribute to their vulnerability, and to become agents of change in their families and communities.  
 9. YEM targets young people in business environments and those in vocational training institutions with training on financial literacy that is integrated with SRH/HIV information to enable them make effective decisions about their health

## Innovation for integration

To reach out to even more young people, UNFPA has worked with young entrepreneurs to develop applications including SafePal, The Zone and GetIN that aim at scaling up access to SRHR/HIV and SGBV information and linkage to services. SafePal is a mobile platform that enables young people to confidentially report cases of sexual violence and get linked to service providers. The Zone is a web-based platform for

providing integrated information on SRHR/HIV and SGBV, has a clinic finder for easy referrals to health facilities as well as counsellors while GetIN is a mobile app aimed at strengthening the community follow-up system for the most-at-risk pregnant girls who are less likely to seek health care if no deliberate follow up system is in place. These innovations have been rolled out to selected districts across the country.

## Next steps

### UNFPA and its partners will continue supporting Government of Uganda efforts on integration by ensuring the following:

- Strengthening the policy environment with a focus on revision of the national SRHR/HIV Integration and Linkages Strategy
- Strengthening and institutionalizing coordination mechanisms for integrated SRHR/HIV programming at national level through regular SRHR/HIV Core Technical Team, Task Team and stakeholder meetings
- Documenting best practices for replication
- Strengthening the national monitoring and evaluation system by developing a comprehensive M&E framework, inclusion of more SRHR/HIV and SGBV indicators in the Health Management Information Systems and conducting periodic surveys and operations research
- Strengthening district level SRHR/HIV and SGBV coordination to build synergies and ensure sustainability of interventions
- Capacity building for health workers on SRHR/HIV and SGBV integration
- Provision of resources for integration (job aides, implementation guidelines, logistics and supplies, human resources) and community level accountability targeting mothers, adolescents, youth and key populations.
- Supporting the national scale up of SRHR/HIV and SGBV integration and resource mobilization to support scale up

### UNFPA acknowledges the generous financial support from:

- SIDA
- Irish AID
- KOICA
- David and Lucile Packard Foundation

### UNFPA also acknowledges its partners:

- Government of Uganda
- UN agencies (UNAIDS, WHO and UNICEF)
- AIDS Information Centre  
BRAC Uganda
- Straight Talk Foundation
- Reach a Hand Uganda
- Inter Religious Council of Uganda



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