



Creating Demand for Integrated HIV and SRH Services Through Community-based mobilisation: Experience from Swaziland

Integration for Impact Conference

Nairobi

Safari Hotel 12- 14 September 2012

Kristiana Bruneau

Zelda Nhlabatsi

Family Life Association of Swaziland



Background

- The 5 year project, Phila Uphephe (Strengthening Linkages between HIV and SRH in Swaziland)
 - funded by the EU
 - Implemented by Health Sector in Swaziland (MOH and partners)
- Goals
 - increase access and uptake of both SRH and HIV
 - better support people living with HIV (reduce stigma)
 - improve coverage, access and quality of care,
 - reduce unnecessary monetary expenditures
 - strengthen commodity controls and create a policy environment in Swaziland that ensures the sustainability of this integration.



Civil Society Mobilisation component

- Implemented by Family Life Association of Swaziland (FLAS)
- NGO working on SRH & HIV in Swaziland (IPPF MA)
- Implementer for civil society mobilisation component of the project



Key National SRH indicators

Maternal Mortality Rate	589/100 000
Infant mortality Rate	85/1000
Total Fertility Rate	3.8
Contraceptive Prevalence Rate	51%
Ante natal care Attendance	97%
Skilled Attendance at Birth	74%
Post natal attendance	25%
Unmet need for Family planning	24%
Teenage pregnancy	25% of ANC attendance
HIV prevalence among ANC Attendance	42%

Why Community Mobilisation for integrated services

- Need to sensitize consumers and partners on integration of HIV and SRH approach
- Create demand for service uptake



Methodology

Three prong approach:

- National Community Health Days
 - Dialogues involving leaders eg MP
 - SRH and HIV topics discussed and services provided
- Radio Programme Series
 - Interactive, call in with experts
- Civil Society Organization Sensitization Meetings
 - Sensitisation on project and subject matter (SRH and HIV integration)



Successes for impact



Community Health Days

- 11 community health days, 2906 people reached, 61% females.
- 1333 people accessed clinical SRH and HIV services (46% of the attendants).
- High and consistent participation of members of civil society
- Public, Private Partnerships in action
- Misconceptions & myths in communities addressed



Civil Society meetings

- 1 national and 4 regional meetings – about 80% CSO reached
- Identified needs:
 - increase resources and focus at community level
 - coordinating CSO SRH activities
 - capacity building on SRH & HIV integration for CSO – including on international/regional instruments
 - Continued efforts to address stigma and discrimination
 - creation of a CSO forum to facilitate linkages and integration.



National Radio Programs

- 11 radio programmes aired (includes 9 live call in shows)
- Notable impact evidenced by the degree that individuals called in and engaged with the topic; follow up visits to FLAS



Challenges

- Timing:
 - Implementation period(2months before December)
 - conflicts with other events
- Some key partners dropping off along the way



Lessons

- CSOs have a critical role in advancing SRH & HIV Integration and linkages. For areas such as:
 - Awareness raising and demand creation
 - Service delivery: increased coverage for impact
 - Addressing socio-cultural dynamics
- Government have a reliable partner in CSOs hence resources for their **capacity enhancement** is a good and valuable investment.
- Participation of leadership contributes to strengthening linkages



Acknowledgements

- Ministry of Health
- European Union
- UN family (UNFPA, UNAIDS, WHO)
- Phila Uphephe team
- Staff at Family Life Association of Swaziland
- Communities

