

REPUBLIC OF BOTSWANA



SRHR AND HIV LINKAGES INDICATOR BASELINE SURVEY REPORT



MINISTRY of HEALTH
REPUBLIC OF BOTSWANA



ACKNOWLEDGMENTS

This report presents findings of a SRHR and HIV Linkages Indicator Baseline Survey commissioned by the Government of Botswana (Ministry of Health) in collaboration with the United Nations Population Fund. The consultancy conducted by Tinaye S. Mmusi PhD – Founder/CEO of the Consortium of Leadership & Gender Experts (CLGE) was made possible by the cooperation of the authorities and focal persons at the various survey sites and health facilities where data was collected. At MoH, the National Coordinator –SRHR-HIV Linkages, and fellow colleagues managed and facilitated the consultancy work and gratitude is expressed for that. Thanks also go to the UNFPA officers who offered direction and oversight for the consultancy. We also thank the all those who participated in the survey, as it would not have been possible to complete the exercise without their input. Finally, thanks go to Thato Mmusi who collected and entered data.

ACRONYMS

ACRONYMS

FULL NAME

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Therapy Antiretroviral
ARV	Adolescent Sexual Reproductive Health
ASRH	African Union
AU	Botswana AIDS Impact Survey
BAIS	Civil Society Organization
CSO	Child Welfare Clinic
CWC	District AIDS Council
DHMT-	District Health Management Team
EU	European Union
FP	Family Planning
HIV	Human Immunodeficiency Virus
IDCC	Infectious Disease Control Centre
IEC	Information Education and Communication
IPMS	Integrated Patient Information Management System
IPPF	International Planned Parenthood Federation
M&E	Monitoring and Evaluation Maternal and Child
MCH	Health
MDGs	Millennium Development Goals
MOH	Ministry of Health
NACA	National AIDS Coordinating Agency

ACRONYMS

FULL NAME

NGO	Non governmental Organization
PIMS	Patient Information Management System
PLWHA	People Living With HIV and AIDS
PMTCT	Prevention of Mother-to-Child
PNC	Transmission
RC	Postnatal Care
RH	Reference Committee Reproductive Health
RHT	Routine HIV Testing
RTI	Reproductive Tract Infection
SMC	Safe Male Circumcision
SMI	Safe Motherhood Initiative
SRH	Sexual Reproductive Health
SRHR	Sexual Reproductive Health and Rights
STI	Sexually Transmitted Infection
TAC	Technical Advisory Committee
TB	Tuberculosis
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VCT	Voluntary Counseling and Testing
WR	Wasserman's Reaction
WHO	World Health Organization

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EXECUTIVE SUMMARY

Responding to global calls on national governments to intensify linkages between sexual and reproductive health and HIV at all levels the Africa region echoed similar sentiments through the 'Maputo Plan of Action' pleading with African states to "strengthen commitment towards achieving universal access to SRH services, including family planning. In pursuit of the same course, the African Union and Southern African Development Community adopted the plan of action in 2006 and 2010, respectively. The SADC region set itself a 50% target in reducing the new HIV infections by 2015. To achieve the target Botswana has enlisted the support of the European Union (EU), United Nations Population Fund (UNFPA) and United Nations Joint Programme on AIDS (UNAIDS) through instrumentation of the Ministry of Health (MoH) to conduct preliminary assessments on the linkages to inform plans in scaling up the linkages. This baseline survey was the second assessment that was conducted at national level, following a rapid assessment that sought to establish the national status of the service linkages. The survey was intended to determine the degree of attainment of indicators that were proposed for the implementation of envisaged SRHR and HIV linkages.

Survey findings revealed three main conclusions: i) Health facility records monitor 7 out of the 9 proposed SRHR-HIV indicators, ii) Data management systems exist at all health facilities and iii) Midwives and Registered Nurses are the backbone of Sexual and Reproductive Health and HIV/AIDS services. Variable linkages were shown to exist for the monitored 7 proposed indicators with strongest linear linkages (more HIV services in SRH services points than the reverse) suggested for the following indicators:

- *Percentage of ANC attendees who was tested for syphilis at first ANC visit*
- *Percentage of ANC attendees who tested positive for syphilis*
- *Percentage of HIV positive pregnant women who receive Anti-retroviral to reduce the risk of mother to child transmission*
- *Percentage of pregnant women who know their HIV status*

The two indicators that were either indirectly or not monitored at all are: i) Number of partners of HIV infected women provided with FP services and ii) Percentage of adults aged 15 – 49 who had more than one sexual partner in the past 12 months who reported the use of a condom during their last intercourse respectively.

It is recommended that the existing SRH and HIV/AIDS Monitoring and Evaluation tools be reviewed to fine tune, consolidate and standardize them across health facilities. Further, it is recommended that the proposed indicator for which no monitoring data was available should be dropped from the list of proposed indicators. Survey findings were constrained by the data coverage short span of time (June to August 2015) and terminology inconsistencies between proposed indicators and records that might have compromised data accuracy.

1.0 INTRODUCTION

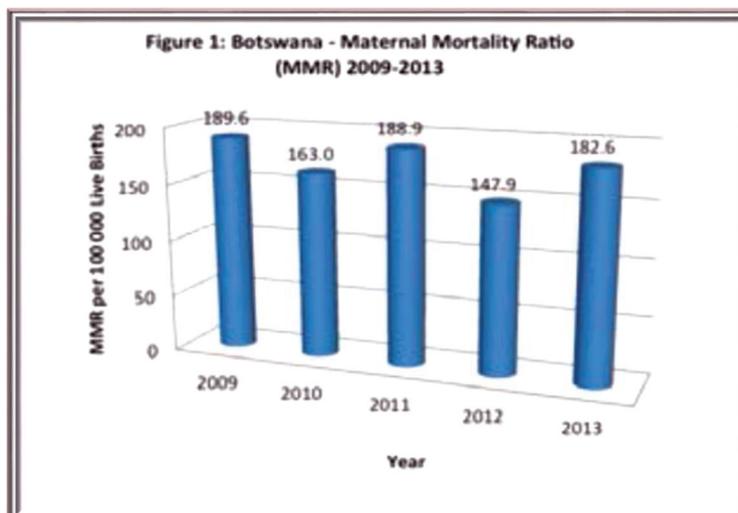
The baseline survey of the linkages and integration of SRHR and HIV was intended to establish an information platform for benchmarking in target setting and refining of indicators during envisaged design of a SRHR and HIV Linkages up-scaled national program. Such platform is essential to enhance quality, adequacy and efficiency of the new program plans. The survey is successive to previous several preliminary works that were embarked upon to inform and better coordinate national integrated SRH and HIV efforts. Some of the preparatory work towards SRH and HIV integration efforts conducted previously includes:

- *Implementation of a Rapid Assessment for Sexual and Reproductive Health HIV Linkages in Botswana (2008) – a tool supporting national assessments of the bi-directional linkages between SRH and HIV policy, systems and services.*
- *SRHR and HIV Linkages pilot in selected sites (Kgatleng, Mahalapye and Letlhakeng districts form 2012-2014 SRHR-HIV Linkages Pilot Project Baseline Study (2013)*
- *SRH and HIV & AIDS Linkages Integration Strategy and Implementation Plan (2012)*
- *SRHR and HIV Linkages Scale – up Two Year Plan of 2015*

Observations from preliminary appraisals mentioned earlier indicated that inconsistent integration efforts exist in some facilities informing a decision to formally assess the condition of implementation by examining the state of proposed indicators for the national rollout plan. The review of the monitoring of the indicators that are presented in figure 7 is the basis for the baseline survey.

1.1 Overview: SRH and HIV Status in Botswana

Several human development indicators in Sexual and Reproductive Health (SRH) impacted by HIV/AIDS such as under-five and maternal mortality rates demonstrate a downward trend in progress. There was child health progress indicated by a 50% increase from 45 to 90 per 1000 deaths for the years 1990 and 2007. But, health outcomes were not congruent with the service improvement. The rate of under – five mortality increased during the period in question from 57 to 76 per 1000 live



births for the years 1990 and 2007 respectively. Unfavorable health outcomes are also indicated for maternal health. Maternal mortality was on an upward trend with fluctuations seen between 2009 and 2013. The Maternal Mortality Rate (MMR) in 2013 was reported as 182.6 per 100 000 live births compared to 189.6 in 2009. Lower rates were previously recorded in 2010 and 2012 at 163.0 and 147.9 respectively.

Serious challenges to achieve zero new infection status remain a pipe dream until drastic effective efforts are mounted. The Botswana AIDS Impact Survey IV reports a national prevalence and incidence (adjusted) rates of 18.5% and 1.35% respectively. Despite the significant drop in the incidence rate, the number of new infections at just below 10 000 every year remains a main source for concern.

Regarding progress on HIV prevention efforts, it is of concern that figures remain persistently higher among child bearing age groups. The prevalence rate was highest in the 35-39 age group at 43.7 percent in 2013, and 40.5% in the same age group in 2008 (BAIS III), indicating a slight increase in the prevalence rate. Further comparison, shows a gradual decline in the prevalence rate from the age of 40 years to 65+ years. However, these rates are still very high.

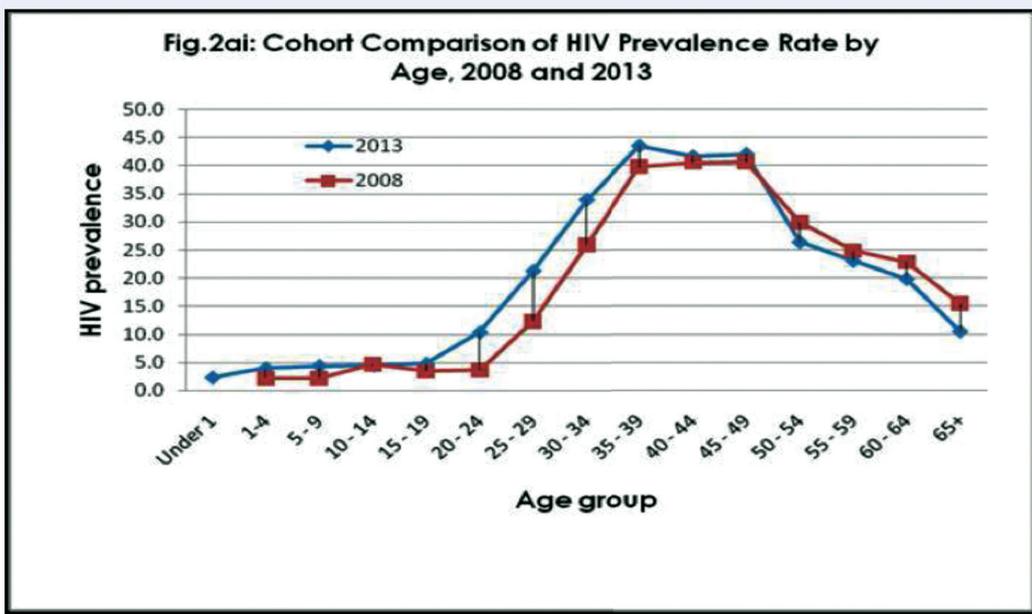


Figure 2: HIV Prevalence Rate by Age 2008 & 2013 (BAIS IV, 2013)

SRH and HIV/AIDS outcomes are largely determined by various structural factors that are underpinned by poverty, unemployment and other aspects of social inequity. The parallel approaches that are currently adopted to improve SRH outcomes and prevent the spread of HIV infection are signs of a reactive strategy that is constrained in curbing common root challenges that fuel both HIV transmission and poor SRH outcomes.

Recognizing such constraints provides a compelling argument for comprehensive and innovative strategies for integration/linkage of SRH and HIV/AIDS services. Concomitant to such efforts is identification of gaps in HIV and SRH services. Important gaps stretch to SRH requirements for men, youth and the aged population while for HIV and AIDS secondary analysis of available disaggregated data e.g. prevalence rate by age, geographic location, rural-urban, most infected groups etc should inform programming efforts on tailored programs for special population segments.

1.2 Service Integration Call: SRH and HIV Linkages

The international demands for re-examination of integration centered service for SRH and HIV to reverse and halt poor progress in both areas were long overdue. So, it was not long before the 'Maputo Plan of Action' to "strengthen commitment towards achieving universal access to SRH (including Family Planning); later adoption by the African Union in 2006; and formal recognition by the African Development Community in 2010 created an impetus for Botswana and other African countries to act. The SADC target achieved 50% reduction in new HIV infections by 2015 through efforts that strengthen Sexual and Reproductive Health and Rights and HIV linkages. Putting to use this scientifically undisputable health intervention is urgent since the timeline for the target has arrived while progress is only at preparatory stages. Of particular interest in SRHR and HIV linkages is the importance of linking and up-scaling intervention services relevant for the achievement of the Millennium Development Goals (MDGs) 4 (reducing Child Mortality); 5 (Improving Maternal Health); and 6 (Reducing new HIV Infections).

1.3 Botswana Takes Up the Challenge

Botswana, a State of both the AU and SADC, acceded to the Maputo Plan of Action and the SADC call and conducted a pilot on SRHR and HIV linkages. Regional benchmarking was constrained as there were no standard global indicators on SRHR and HIV linkages to compare African states. A compendium of indicators on SRHR and HIV linkages was developed regionally for countries to adopt. Botswana adopted these indicators for the Monitoring of both services. The adopted indicators became part of the pilot SRHR and HIV Linkages Project. In addition, through the support of the EU, UNPFA and UNAIDS, the Ministry of Health conducted a rapid assessment of SRHR and HIV/AIDS linkages.

In pursuit of the benefits derived from SRHR and HIV linkages, the above mentioned partners have supported seven countries in the SADC region including Botswana to strengthen the SRHR and HIV linkages services from 2011 to 2014. Subsequent to these efforts, the Botswana Government, the Ministry of Health as custodian in conjunction with the supporting Development Partners agreed on scaling up the SRHR/HIV linkages project to a national program. It is in this line that the survey seeks to establish the baseline status of service provision concerning SRHR and HIV linkages in reference to the proposed national indicators in non-pilot sites. Lessons learnt from the pilot project, rapid assessment and results of the baseline survey will inform the design of a national program and roll out.

2.0 Methodology

The survey is mainly descriptive, combining record review with qualitative questions on facility profile and perceptions of service providers on SRH and HIV linkages services. The main aim of the survey was to establish the baseline status of the SRHR and HIV Linkages Project proposed indicators in 15 selected districts.

2.1 Survey Goals

The survey pursued two salient sub-goals:

- *Establishing the status of implementation of the proposed national indicators and extracting lessons learnt in the districts about the applicability of the indicators at the various service levels.*
- *Setting an evidence based platform to benchmark target setting and indicator refinement for the envisaged SRHR and HIV Linkages national program.*

2.1.1 Specific Objectives

- *Assessing and describing the status of each proposed indicator for data quality (completeness and/or record adequacy); user-friendliness/feasibility (of data sources) and statistics.*
- *Assessing and profiling of each selected health facility (disaggregate workers by cadre and facility)*
- *Stating recommendations to strengthen (close identified gaps and weaknesses) the design of the M&E strategy for the national program*

2.2 Data Collection

Data was collected by a Research Assistant in all the selected health facilities in five health districts. The breakdown of sites and facilities where data was collected are in figure 3.

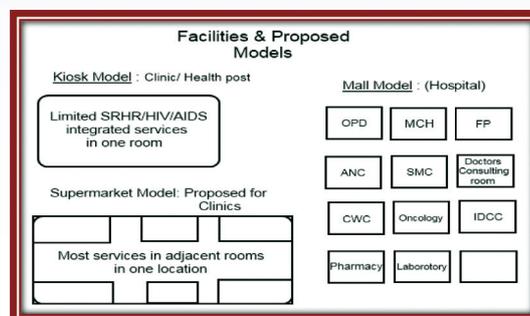


Figure 3: Linkages Model

2.2.1 Sites and Health Facilities

The fifteen national health districts were used as the sampling frame to select the survey districts. These included; Francistown, Ngami and Chobe; Palapye, Selibe-Phikwe, Letlhakane and Serowe; (Hukunsi, Ghanzi, Mabutsane and Tsabong; Kanye, Lobatse, South East and Goodhope.

In view of resource constraints and the anticipated time frame for the survey, a sample of five districts (Francistown, Ngami, Boteti, Lobatse and Tsabong) was selected purposively with expert guidance of the MoH officials. Each region in the country and level of health facility was ensured representation in the sample. In consideration of the SRHR/HIV linkages proposed implementation model (kiosk, mall and supermarket) reflected in figure 3, varying levels of hospitals (referral and primary), clinics (with and without maternity) and health posts were all included in the survey sample. Specific sites where data was collected from each district are outlined in figure 4.

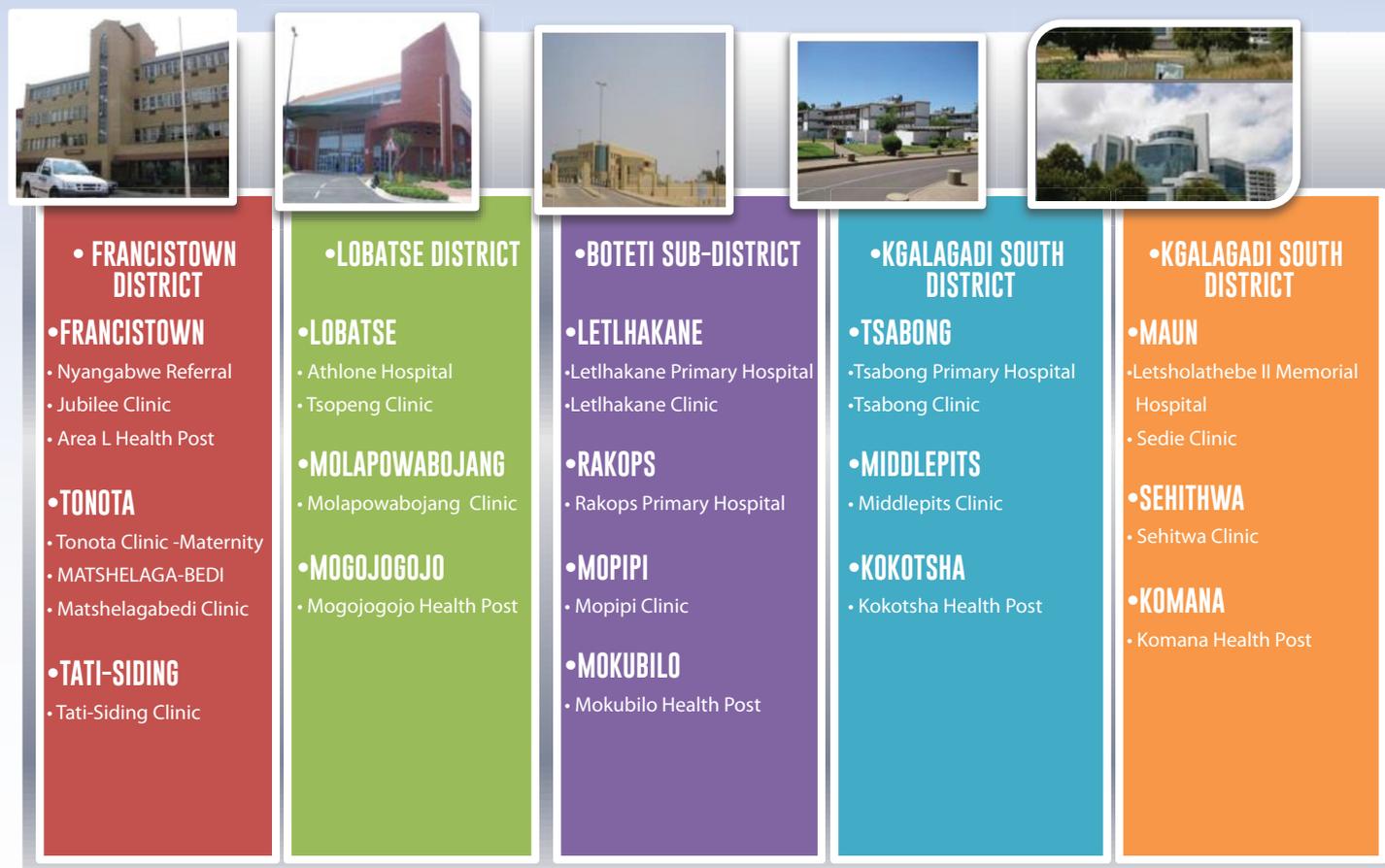


Figure 4: Survey Sites and Health Facilities

In summary, data was collected from twenty three health facilities in five health districts. Figure 5 depicts the facility breakdown in each district.

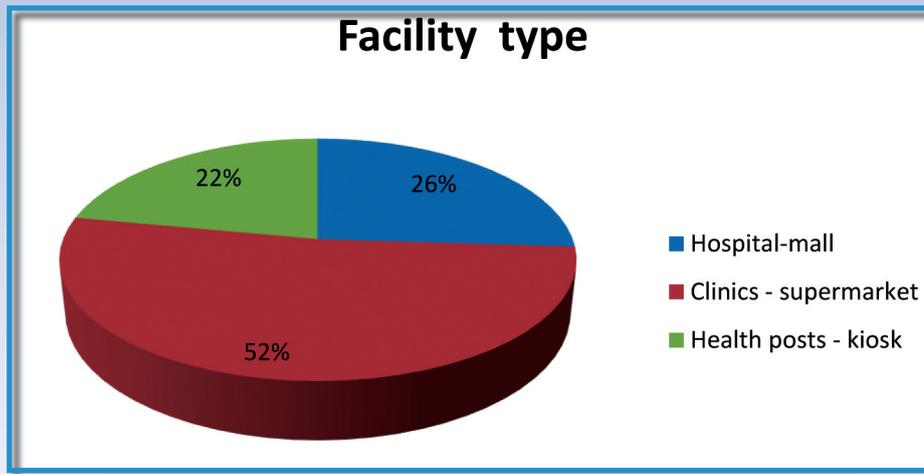


Figure 5: Sites and health facility distribution

2.2.2 Proposed Indicators and SRH-HIV Linkage Areas

Observations were made on proposed indicators as per the minimum package (SRH, HIV and other services). The grouping of the nine indicators is reflected in figure 6 below.

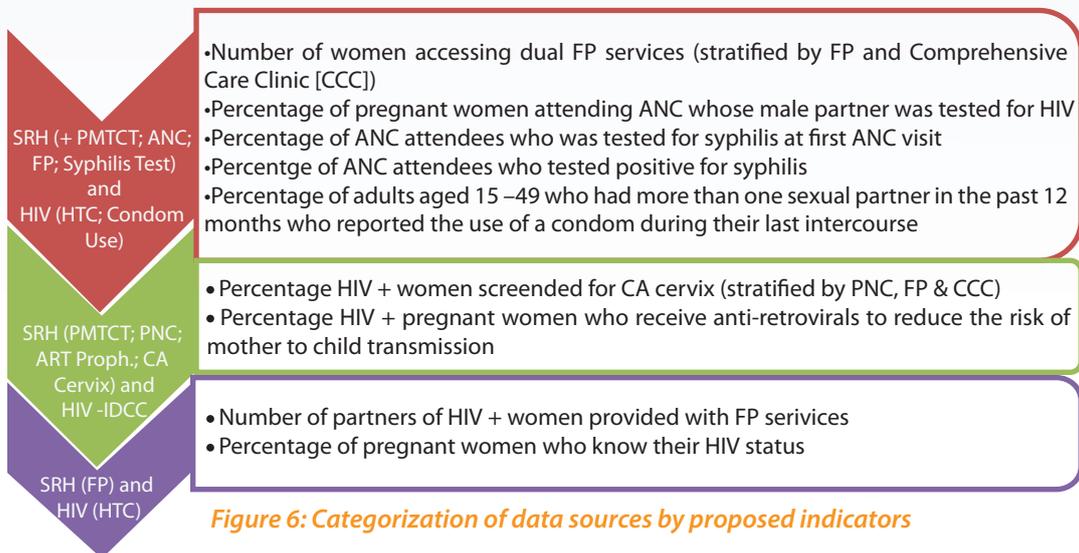


Figure 6: Categorization of data sources by proposed indicators

The SRH and HIV service packages were grouped for the baseline survey as follows:

- **SRH Service Package:** FP; ANC; PNC; Syphilis Test and Cervical CA Screening
- **HIV Service Package:** HTC, PMTCT and Condom Use

2.2.3 Data Collection Tools

Facility Profile: The facility profile guide was completed through the key informant interviews and observations. The guide captured data on staffing; coordination; availability of policy and procedure documents and protocols; procurement, reporting and data capturing systems. Validation of information provided by key informants was achieved through observation of reported documentation.

Record Review Guide: Registers and other available health facility records were reviewed to identify gaps. The record review guide was used as a checklist for the data collector. The guide provided room to note services offered in relation to the proposed SRHR/HIV linkage indicators referred to in figure 6. The services are summarized in figure 7 as follows:

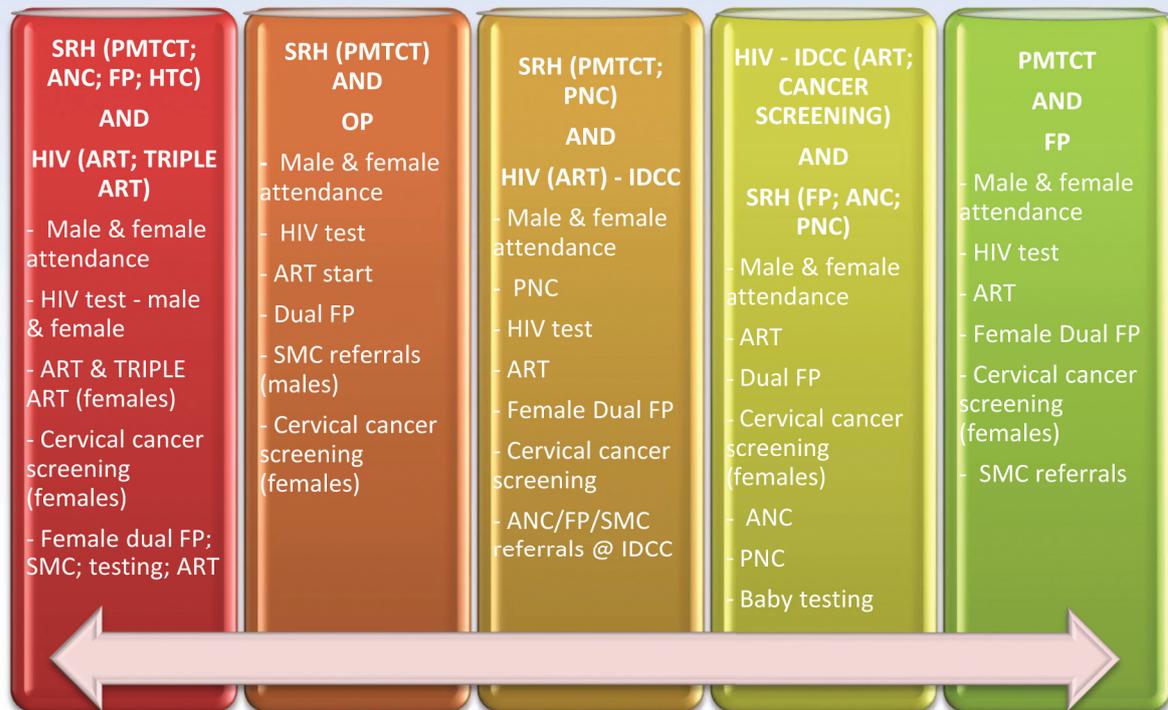


Figure 7: Specific Services under SRH-HIV Linkages

Descriptive analysis of data in particular bi-directional linkages was based on the following criteria:

- Data availability
- Data content/description
- Data quality (completeness/adequacy)
- Data collection source user friendliness/feasibility
- Facility Profile

Key Informant Interview: A key informant guide was developed for personnel in charge of units. The guide composed of mainly qualitative open ended questions on SRHR/HIV linkages in the health facilities, awareness of availability of linkage services, opinions about staff capacity to offer services, supervision of services, availability of service policies, protocols and guidelines, supplies, data capturing and record systems, and district planning mechanisms. Overall, it verified information from other data collection tools.

2.3 Data Analysis

Data from each of the three survey tools was analysed to inform the general conclusions that are made in this report. Findings from each aspect of data brought in evidence about the SRH/HIV linkages current implementation in health facilities reflected by the performance of the proposed indicators. Triangulation to determine consistency of findings was done.

Analysis involved computation of data from the records for the various health facilities within the districts to make conclusions about the performance of each indicator. The quality of data was assessed in terms of availability of information in all sections (completeness), adequacy of information to enhance comprehensiveness and or user friendliness or feasibility (ease with which to understand what to record) of records' use. In addition, observations of SRHR/HIV linkage services were made on existing bi-directional linkages in service provision between SRHR and HIV.

Facility profiling provided a description of health facilities in line with staffing, coordination, availability of policy and procedure documents and protocols, procurement, reporting and data capturing systems. Observations that were made and information provided by key informants complemented each other in profiling health facilities.

3.0 FINDINGS AND DISCUSSIONS

In each of the five districts included in the survey, records were available and demonstrated that seven out of the nine proposed indicators were being monitored. Only one indicator certainly did not have any records tracking it; *percentage of adults aged 15 – 49 who had more than one sexual partner in the past 12 months who reported the use of a condom during their last intercourse. It was reported that the indicator is not part of SRH-HIV indicators monitored at facility level. Records on the second indicator - number of partners of HIV infected women provided with FP service did not specify if all males provided with FP were partners of HIV infected pregnant women. Some might have been of non HIV infected pregnant women.*

All pregnant women who attended ante-natal care and tested HIV positive were aware of their HIV status. Also, all pregnant women who attended at ANC service points were tested for syphilis. There were variations on performance of the other monitored indicators as shown in the following presentation by district and facility. All the ANC attendees received an HIV test.

3.1 Status of SRHR-HIV Indicators

Findings on the performance of SRHR/HIV linkages proposed indicators are presented by district.

3.1.1 Boteti

Indicator 1: *Percentage of pregnant women attending ANC whose male partner was tested for HIV*

There were three health facilities where male partners of pregnant women attending ANC were tested for HIV between June and August 2015. The three health facilities are Letlhakane Clinic, Mopipi Clinic and Mokubilo Health Post. The next figure indicates male partner HIV testing for Letlhakane and Mopipi Clinics at 15% and 3% respectively while Mokubilo Health Post stood at 3%. No partner HIV tests were carried out at Rakops and Letlhakane Primary Hospitals.

% Male Partner HIV Test

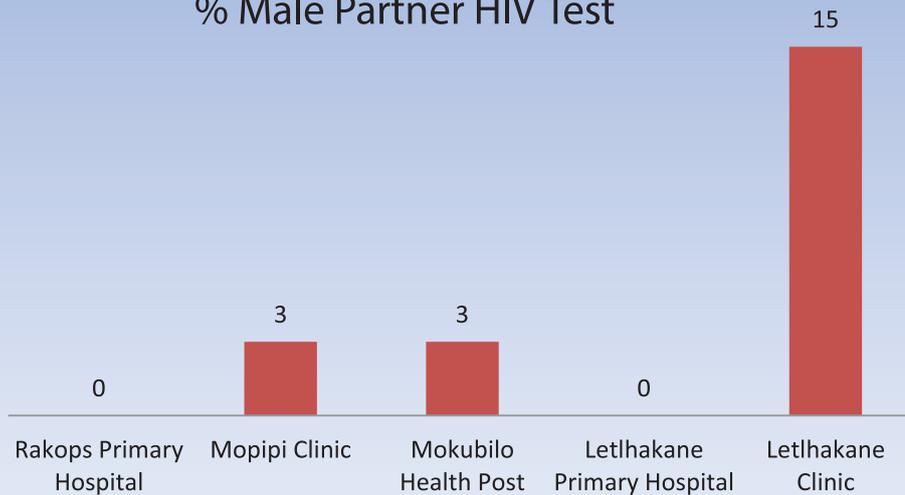


Figure 8: Male Partner HIV Test

Indicator 2: Number of women accessing dual FP services (stratified FP and Comprehensive Care Clinic [CCC]/IDCC)

Findings indicated that there were no women accessing dual FP services during the survey period except only at Letlhakane Primary Hospital through both IDCC and FP service points. All the women (100%) who attended FP services at Mopipi Clinic accessed dual FP while about 3% at the same facility were offered dual FP at IDCC. Mokubilo Health Post registered 87% and 35% at IDCC and FP service points respectively for dual FP access. At Rakops Primary Hospital, women who accessed dual FP were those who attended IDCC at 19%.

% Dual FP by Service Point

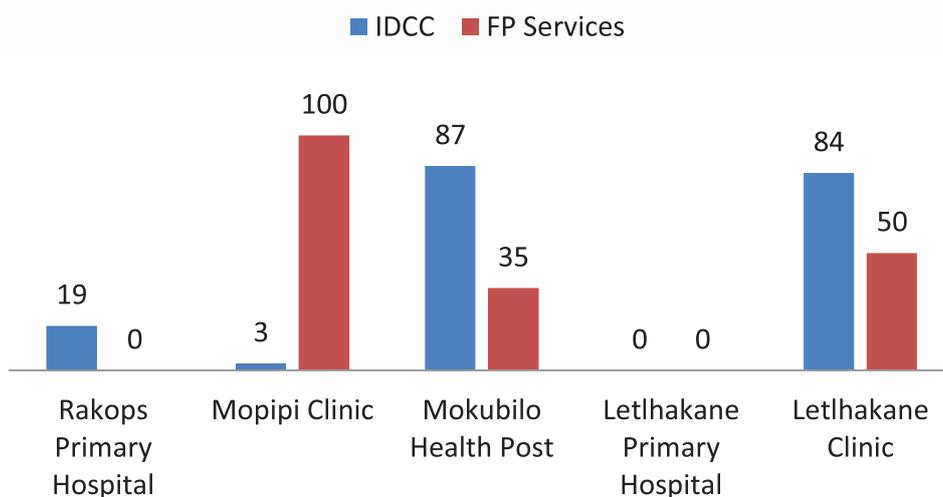


Figure 9: Dual FP

Indicator 3: *Percentage of ANC attendees who was tested for syphilis at first ANC visit*
 All health facilities in Boteti tested pregnant women for syphilis on their first ANC visit. Data was not available at Letlhakane Primary Hospital which was reported as not offering ANC services. All the facilities offered 100% syphilis tests to first ANC comers as reflected below.

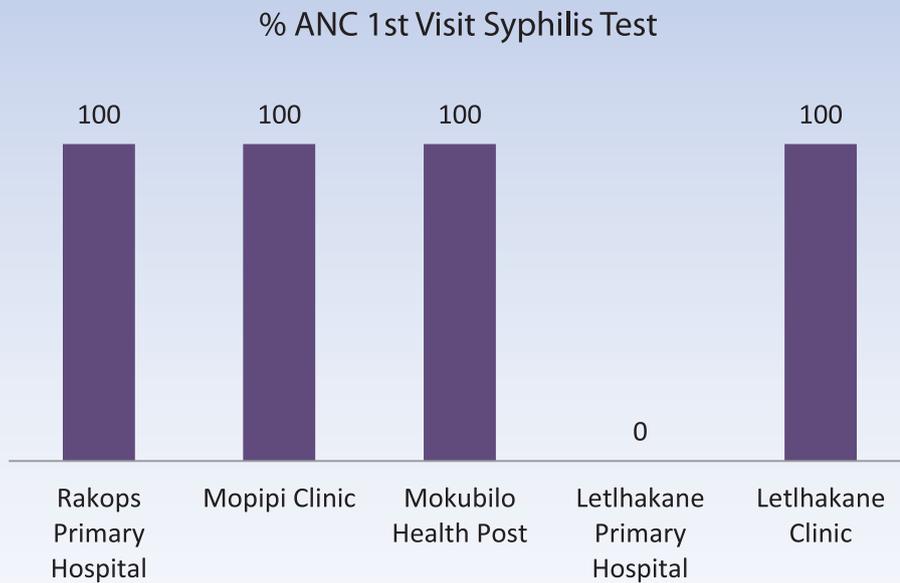


Figure 10: Syphilis test

Indicator 4: *Percentage of ANC attendees who tested positive for syphilis*
 The percentage of positive syphilis test results for the pregnant women who took the test on their first ANC visit ranged from 7% to 25% across health facilities. Rakops Primary Hospital recorded the highest figure of 25% while Letlhakane Clinic recorded 7%. The results are shown in figure 11.

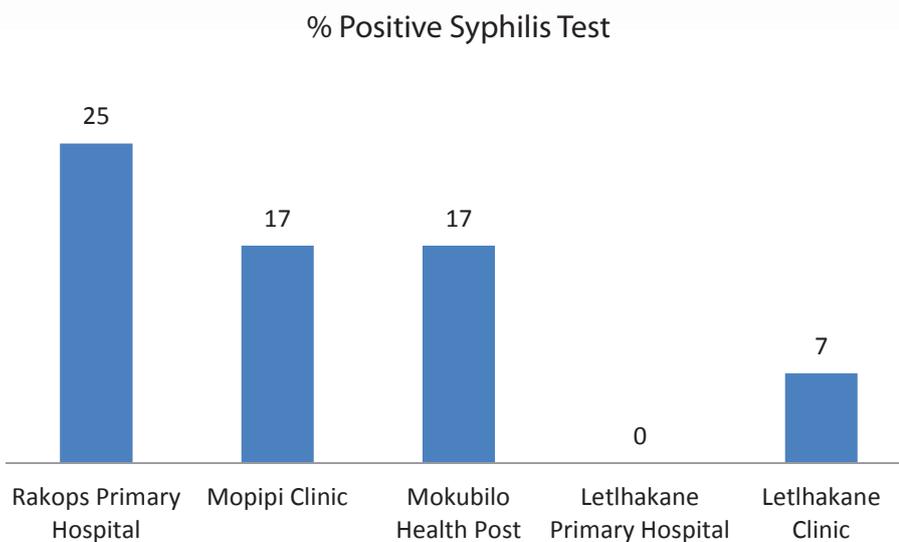


Figure 11: HIV positive test results

Indicator 5: Percentage of HIV positive women screened for cancer of the cervix (stratified by PNC, FP & IDCC)

In Boteti, only Letlhakane Primary Hospital, did not report cancer screening by any stratification. Mokubilo Health Post recorded the highest percentage in cancer screening by both IDCC (35%) and FP service points (22%). Across health facilities in the district, cancer screening for FP clients was least carried out at PNC services with only Letlhakane recording 4%. Findings on cancer screening are reflected in figure 12.

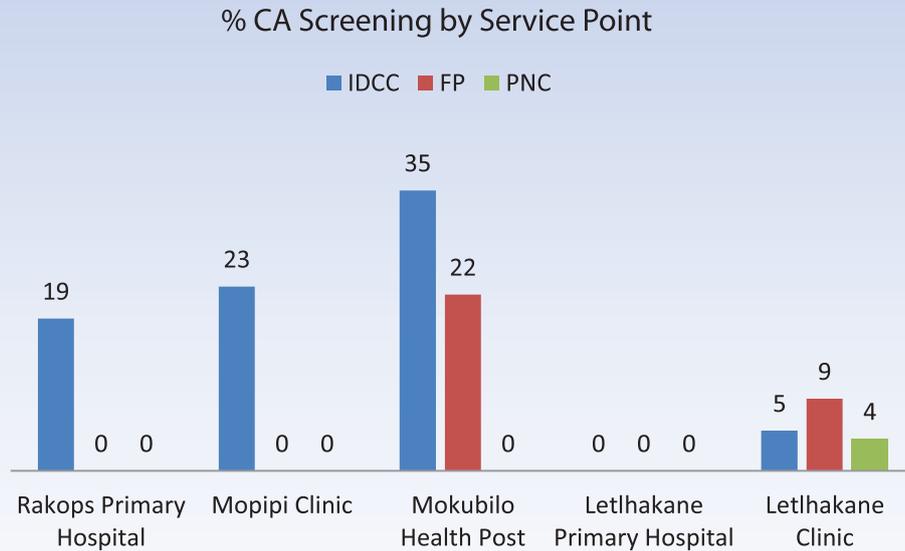


Figure 12: Cancer screening

Indicator 6: Percentage HIV positive women who receive anti-retroviral therapy to reduce the risk of mother to child transmission

Findings reveal that all health facilities in the Boteti district were offering ARVs to pregnant women who tested HIV positive, except in Letlhakane Primary Hospital. The percentage of women who received ARVs between June and August 2015 in the Boteti health facilities is presented in figure 13.

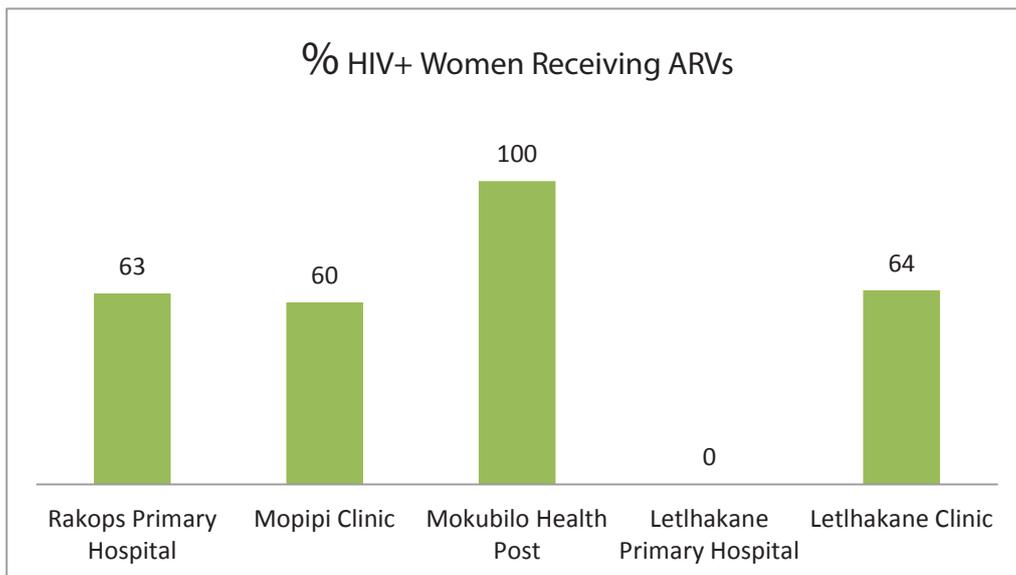


Figure 13: ARVs

3.1.2 Francistown

Indicator 1: *Percentage of pregnant women attending ANC whose male partner was tested for HIV*

In the Francistown district, all clinics except Jubilee, recorded HIV testing of male partners to pregnant women for the survey period. Tonota Clinic tested the highest number (73%) while Tati-Siding Clinic offered the least (19%) HIV tests in this period. Figure 14 shows the figures.

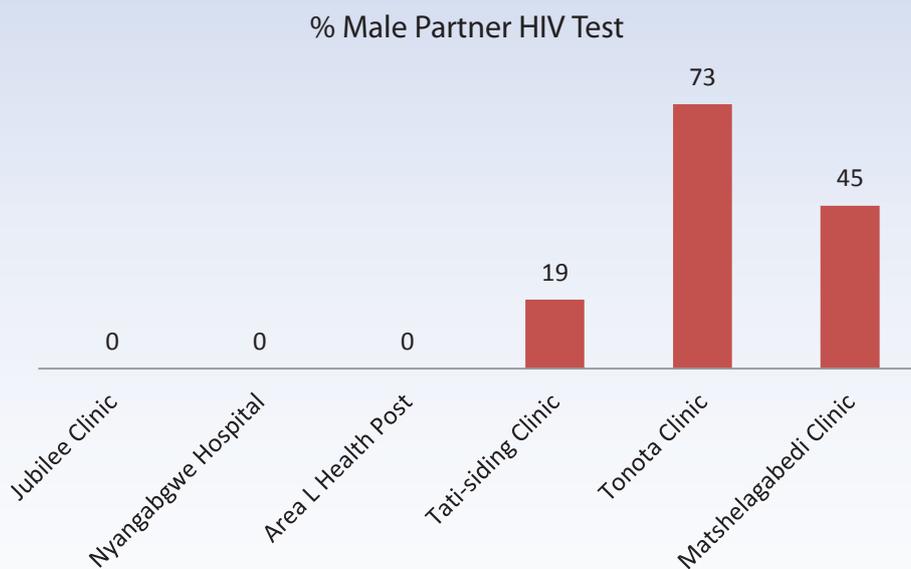


Figure 14: Male partner HIV test

Indicator 2: *Number of women accessing dual FP services (stratified FP and Comprehensive Care Clinic [CCC]/IDCC)*

In the Francistown district, dual FP accessed at FP services points was only recorded at two health facilities, Tati-siding Clinic (36%) and Area L Health Post (7%). The other facilities (Nyangabgwe Hospital, Jubilee, Tonota and Matshelagabedi Clinics) did not record any dual FP access for either IDCC or FP service points.

Indicator 3: *Percentage of ANC attendees who was tested for syphilis at first ANC visit*

Syphilis testing for women at first ANC visits was maximally accomplished by health facilities in the district of Francistown in exception of Nyangabgwe Hospital and Area L Health Post. The two facilities were reported to be in the cadre of facilities not providing ANC services. Figure 15 shows the syphilis test performance.

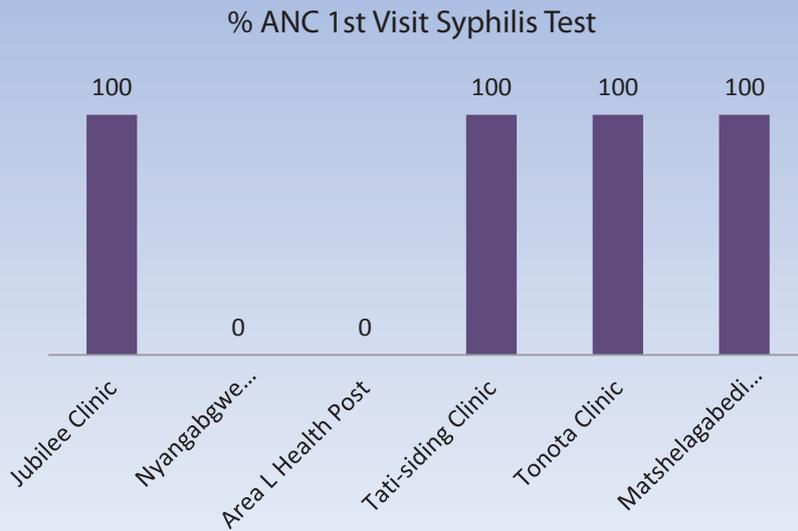


Figure 15: Syphilis test

Indicator 4: Percentage of ANC attendees who tested positive for syphilis

Out of 25 pregnant women who received a syphilis test at Jubilee Clinic at their first ANC visit, the facility recorded the highest percentage (20%) of women with positive results. Tonota and Matshelagabedi Clinics came in second recording 14% positivity each with 12 out of 88 women and 5 out of 35 women respectively. Tati-Siding Clinic recorded the lowest figures for the period as reflected in figure 16.

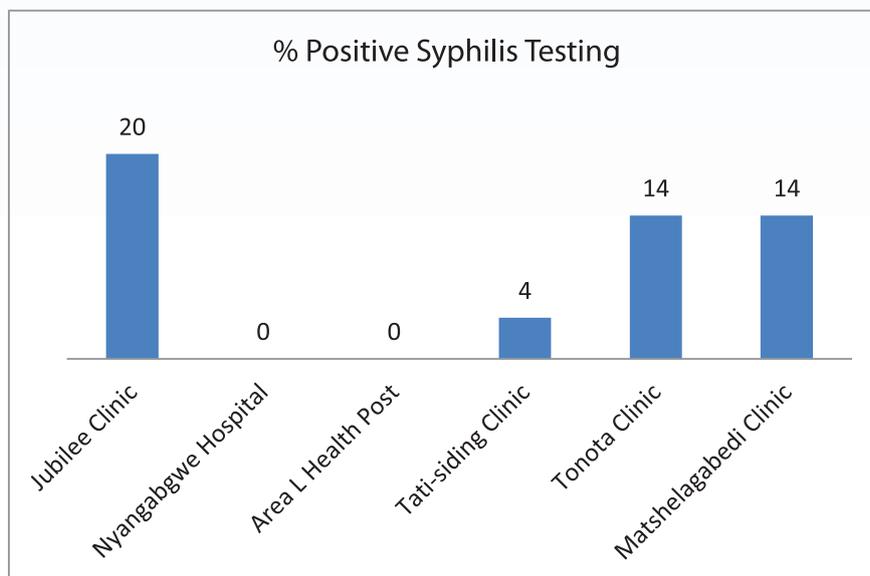


Figure 16: Syphilis test results

Indicator 5: *Percentage of HIV positive women screened for cancer of the cervix (stratified by PNC, FP & CCC/IDCC)*

Tati-siding and Jubilee Clinics recorded 38% and 10% respectively for cancer screening provided to HIV positive women through IDCC (CCC) and FP service points respectively. The other health facilities in the district did not record any provision of dual FP by any category for the duration covered by the survey.

Indicator 6: *Percentage HIV positive women who receive anti-retroviral therapy to reduce the risk of mother to child transmission*

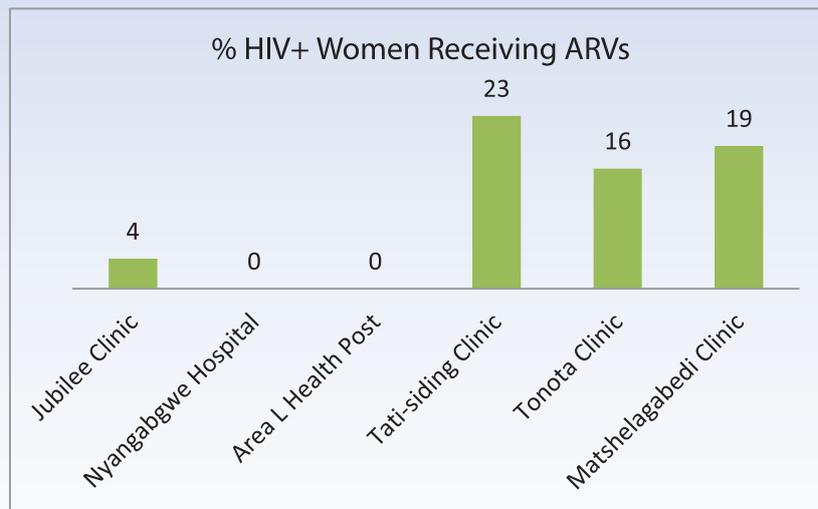


Figure 17: ARV provision

Findings show that Tati-siding (23%), Matshelagabedi (19%), Tonota (16%) and Jubilee (4%) Clinics commenced HIV + women on ARV therapy to reduce the risk of Mother to Child Transmission of HIV for the period covered by the survey. Data was not available for Nyangabgwe Hospital and Area L Health Post. Refer to figure 17 above.

Indicator 7: *Number of partners of HIV infected women provided with FP services*

The survey reveals Tati-siding Clinic as the only health facility in the Francistown district that recorded eight partners of HIV infected women clients provided with of FP services.

3.1.3 Ngamiland

Indicator 1: *Percentage of pregnant women attending ANC whose male partner was tested for HIV*

Sedie Clinic and Komana Health Post conducted male partner HIV testing for women attending ANC from June to August 2015, 23% and recording 71% respectively. No data was available for Letsholathebe Hospital while Sehithwa Clinic did not record any testing as per figure 18 below.

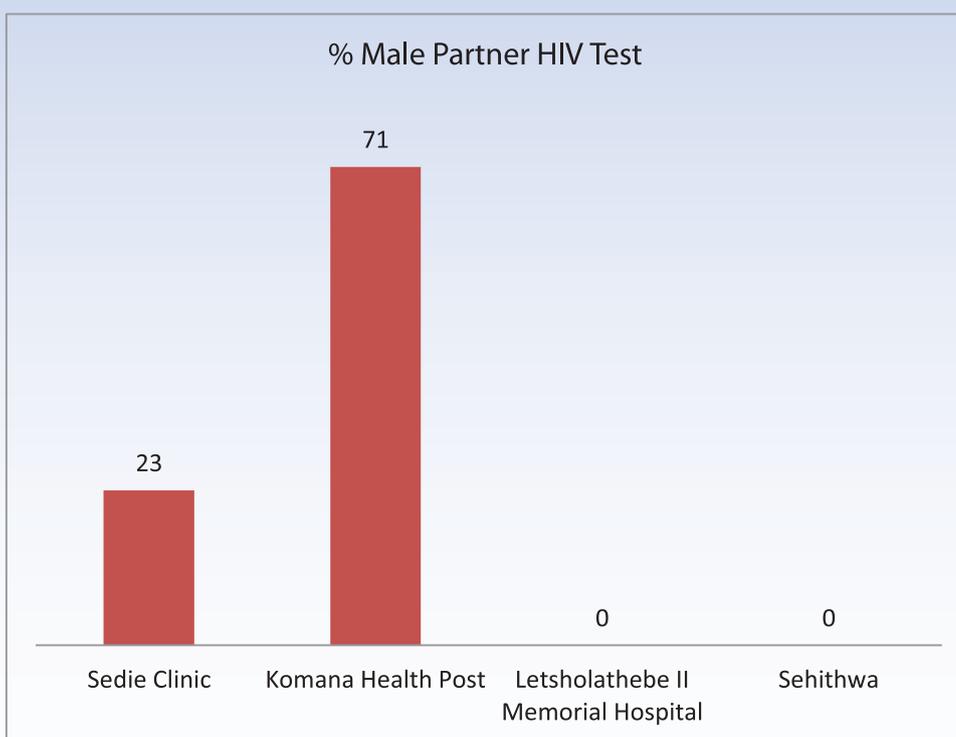


Figure 18: Male partner testing

Indicator 2: *Number of women accessing dual FP services (stratified FP and Comprehensive Care Clinic [CCC]/IDCC)*

The survey revealed that Komana Health Post was the only facility that recorded 100% women accessing dual FP services stratified by FP service point, while all the other health facilities in the Ngamiland district did not record any figures by IDCC or FP services.

Indicator 3: *Percentage of ANC attendees who was tested for syphilis at first ANC visit*

The survey findings indicate that syphilis testing at ANC first visit was provided to pregnant women by Sedie and Sehithwa Clinics at 100% for both health facilities while Komana Health Post recorded no syphilis testing. Data was unavailable for the hospital while the health post did not record any syphilis testing services. See figure 19 below.

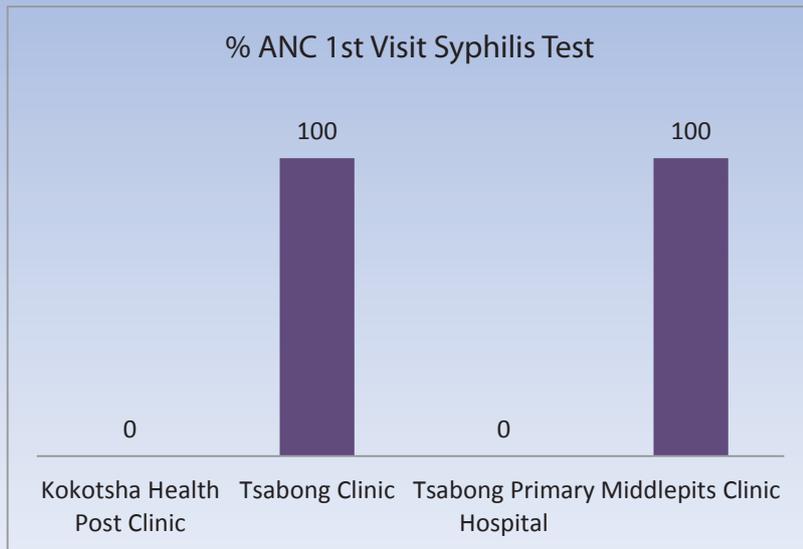


Figure 19: ANC syphilis testing

Indicator 4: Percentage of ANC attendees who tested positive for syphilis
 The syphilis positive results for Sedie and Sehithwa Clinics were almost the same, with 17% and 15% respectively, as shown in the figure below.

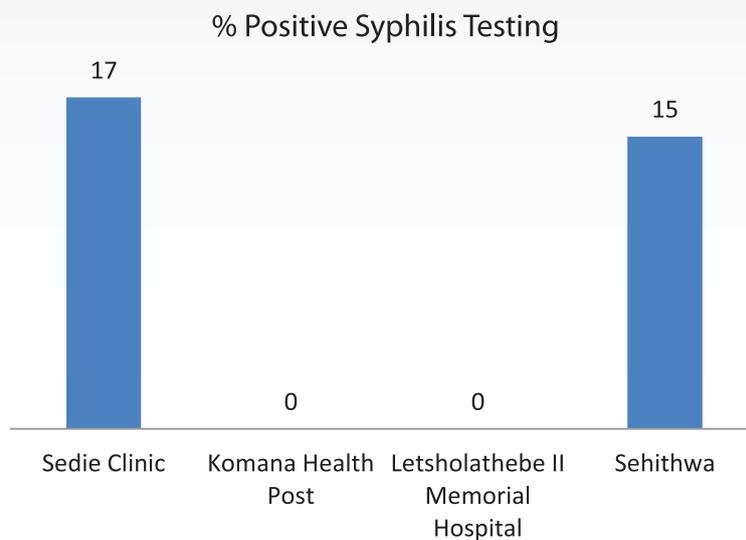


Figure 20: Syphilis Results

Indicator 5: Percentage of HIV positive women screened for cancer of the cervix (stratified by PNC, FP & CCC/IDCC)

According to the findings there were no records for HIV positive women who received cancer screening in all health facilities in the district by any strata.

Indicator 6: *Percentage HIV positive women who receive anti-retroviral therapy to reduce the risk of mother to child transmission*

Sedie and Sehithwa clinics recorded 79% and 10% respectively for women who received ART during the period covered by the survey. Both Komana health post and Letsholathebe II Memorial hospital recorded zero each.

Indicator 7: *Number of partners of HIV infected women provided with FP services*

Findings reveal that there were no partners of HIV infected women who were provided with FP services at the time of the survey (June to August 2015) in all health facilities in Ngamiland.

3.1.4 Lobatse

Indicator 1: *Percentage of pregnant women attending ANC whose male partner was tested for HIV*

For the period covered by the survey, Mogojojogojo Health Post recorded a 100% partner testing status. Molapowabojang Clinic is the only other facility in the district that recorded testing of ANC attending male partners during the same time, at 14%.

Indicator 2: *Number of women accessing dual FP services (stratified FP and Comprehensive Care Clinic [CCC]/IDCC)*

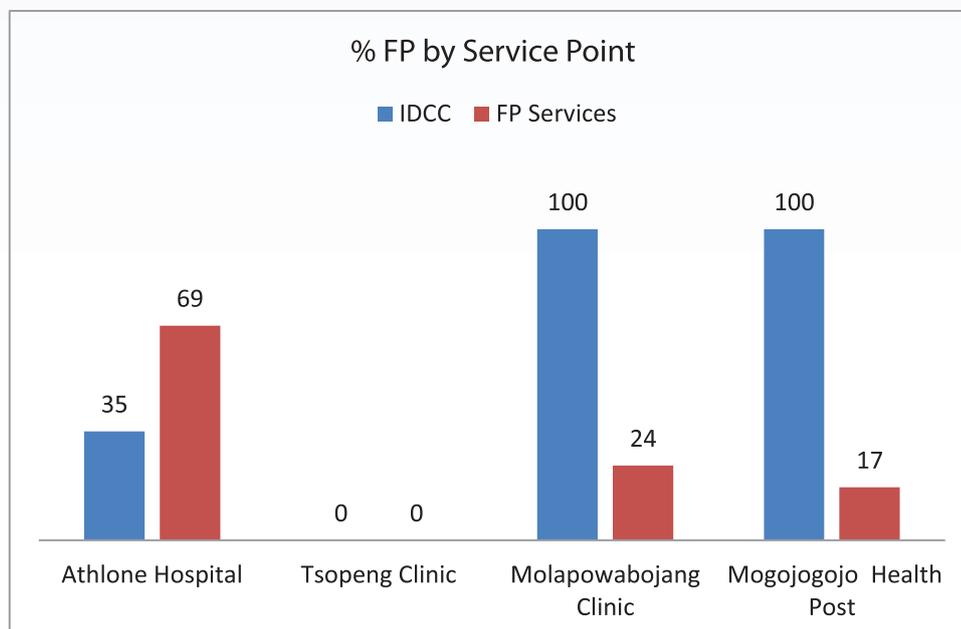


Figure 21: Dual FP Services

Survey findings show that dual FP services were mostly provided at FP service points by Molapowabojang Clinic and Mogojojogojo Health Post at 100% at the time of survey. During the Same period, Athlone Hospital recorded 69% attainment of provision of dual FP by IDCC (CCC) as reflected in figure 21.

Indicator 3: *Percentage of ANC attendees who was tested for syphilis at first ANC visit*

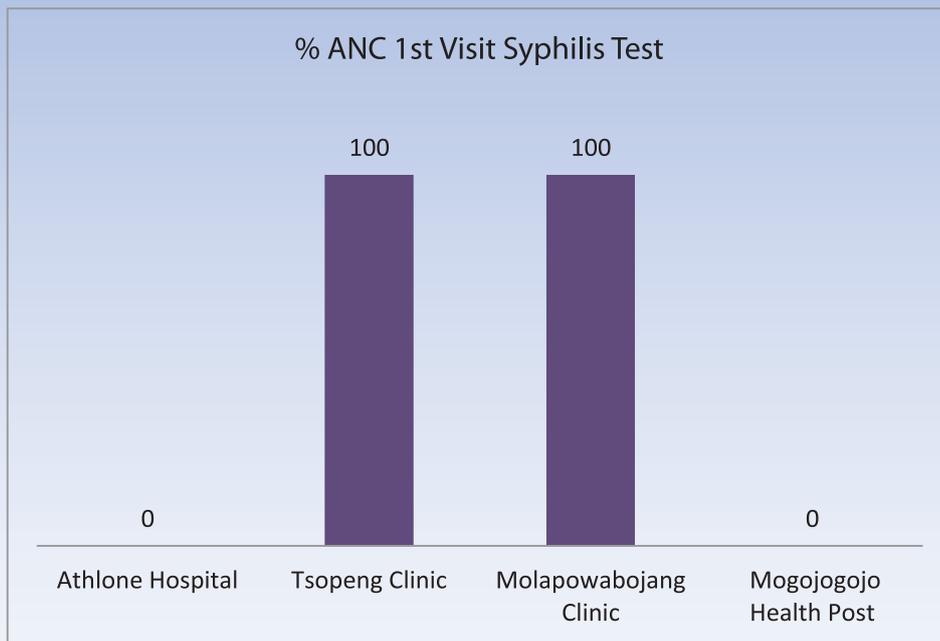


Figure 22: *ANC syphilis testing*

The two clinics of Tsopeng and Molapowabojang recorded attainment of 100% syphilis testing for ANC attendees at first visit. Athlone Hospital did not record any syphilis testing for the period of study. The performance of the indicator is in figure 22.

Indicator 4: *Percentage of ANC attendees who tested positive for syphilis*

In the district, Tsopeng Clinic is the only health facility that recorded 5% syphilis positivity out of the women who received a test.

Indicator 5: *Percentage of HIV positive women screened for cancer of the cervix (stratified by PNC, FP & CCC/IDCC)*

Figure 29 shows findings of the cancer screening indicator. During the period investigated by the survey, facility records in the district show that most of the cancer screening was carried out at IDCC, with all the facilities recording screening. Athlone Hospital and Molapowabojang Clinic recorded 100%, while Tsopeng recorded 85% and Mogojogojo Health Post came in least at 17%. FP and PNC service points recorded lower and variable scales of cancer screening as shown in figure 29. The health post recorded the lowest figures of cancer screening overall.

Indicator 3: Percentage of ANC attendees who was tested for syphilis at first ANC visit

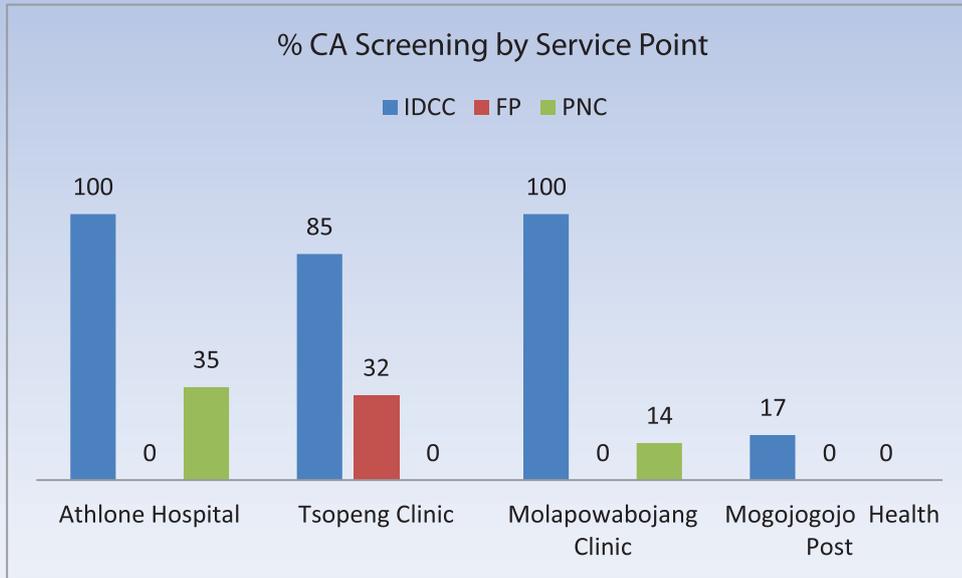


Figure 23: Cancer screening

Indicator 6: Percentage HIV positive women who receive anti-retroviral therapy to reduce the risk of mother to child transmission

Athlone Hospital recorded 100% of women who received ARV to reduce mother to child transmission during the period of the survey. The two clinics that participated in the survey recorded 30% (Tsopeng) and 24% (Molapowabojang). Mogojogojo Health Post is the only facility in the district that did not record any provision of ARVs at the time. Figure 30 reflects indicator performance.

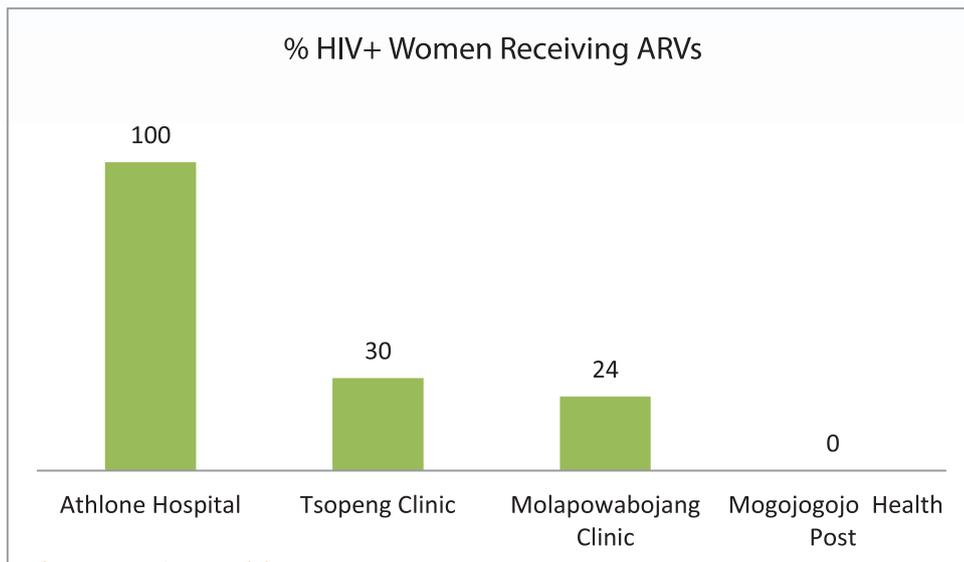


Figure 24: ARV provision

Indicator 7: Number of partners of HIV infected women provided with FP services

Molapowabojang Clinic is the only facility that recorded to have provided partners of HIV infected women with FP services (5 cases) in the survey.

3.1.5 Kgalagadi South

Indicator 1: Percentage of pregnant women attending ANC whose male partner was tested for HIV

Recording of male testing of partners to pregnant women attending ANC were shown for Tsabong Primary Hospital (10%) and Tsabong Clinic (2%) while Middlepits Clinic and Kokotsha Health Post did not record any (see figure 23).

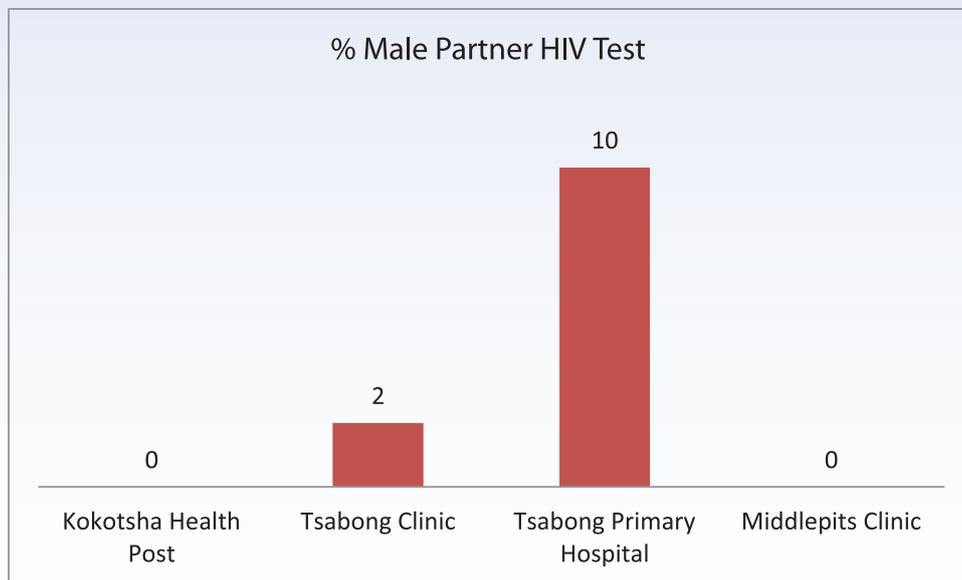


Figure 23: Male partner testing

Indicator 2: Number of women accessing dual FP services (stratified FP and Comprehensive Care Clinic [CCC]/IDCC)

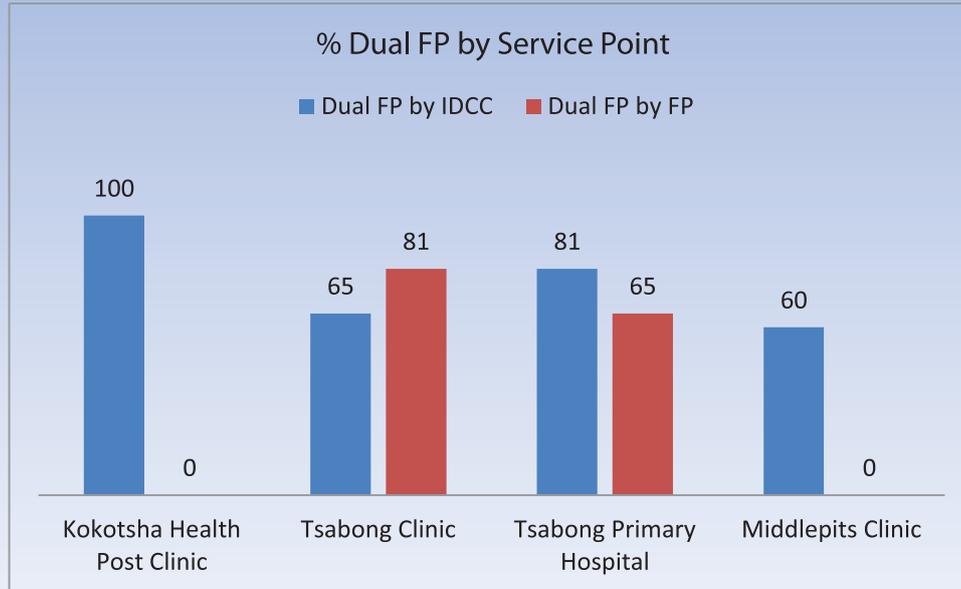


Figure 24: Dual FP services

All health facilities in the Lobatse district recorded provision of dual services at IDCC service point with a range of 60% to 100 (100%). Tsabong Clinic (81%) and Tsabong Primary Hospital (65%) recorded dual FP at FP service points, while the other two facilities (Middlepits Clinic and Kokotsha Health Post did not as shown in figure 24.

Indicator 3: Percentage of ANC attendees who was tested for syphilis at first ANC visit
 Syphilis testing of pregnant women at first ANC visit was recorded at Tsabong and Middlepits Clinics at 100% each. Other facilities did not record any figures for the period covered by the study.

Indicator 4: Percentage of ANC attendees who tested positive for syphilis
 The two (Tsabong and Middlepits Clinics) health facilities that offered syphilis testing to pregnant women in the Kgalagadi South district did not record any positive results.

Indicator 5: Percentage of HIV positive women screened for cancer of the cervix (stratified by PNC, FP & CCC/IDCC)
 Cervical cancer screening varied according to service strata in all health facilities with PNC services appearing to have recorded the highest provision percentages (Middlepits Clinic at 70% and Tsabong Clinic 35%). IDCC recorded the second highest while FP services recorded the least numbers as depicted in figure 25.

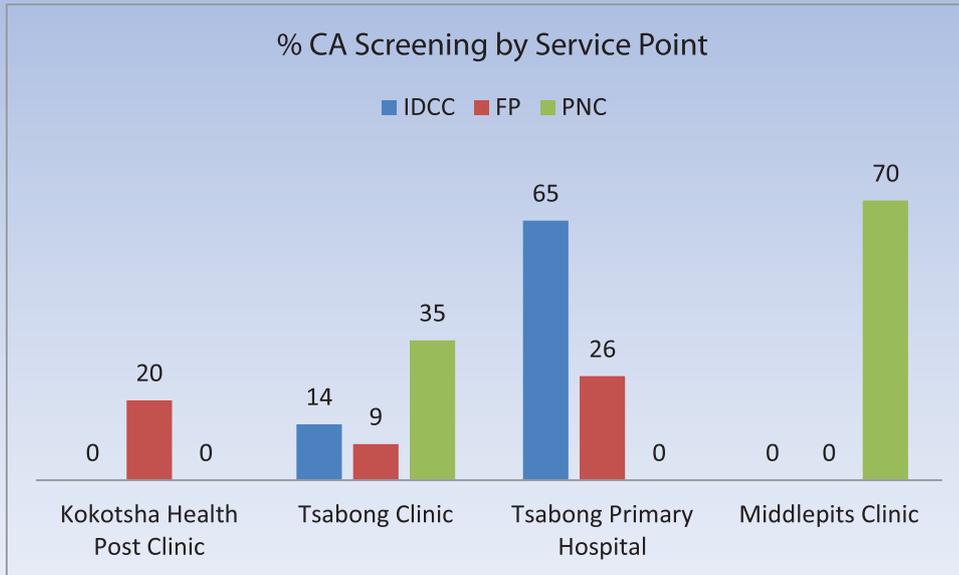


Figure 25: Dual FP

Indicator 6: Percentage HIV positive women who receive anti-retroviral therapy to reduce the risk of mother to child transmission

All health facilities in the district recorded having commenced HIV positive pregnant women on ARVs during the survey period. Tsabong Primary Hospital (100%) recorded the highest percentage while all other facilities recorded less than 50% as indicated by figure 36.

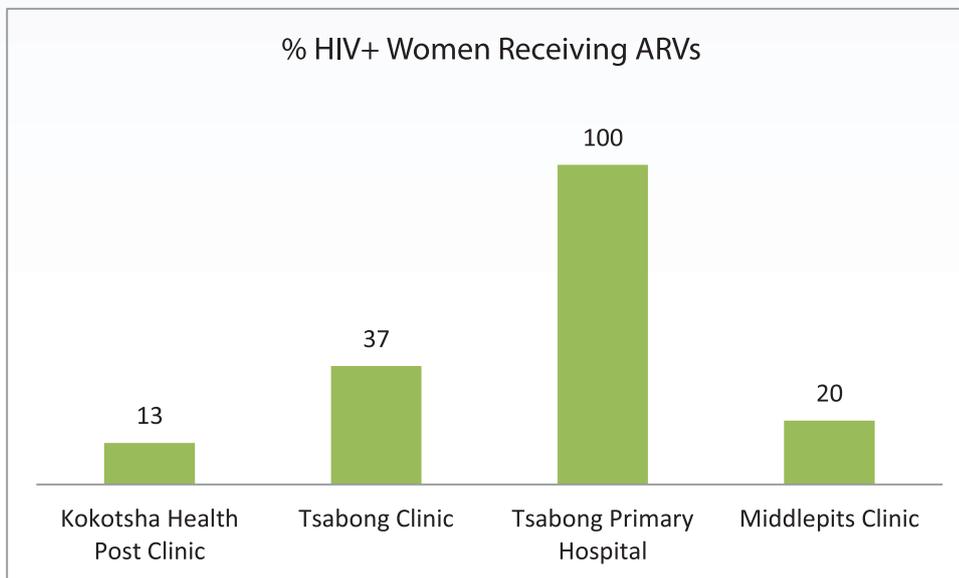


Figure 26: ARV provision

Indicator 7: *Number of partners of HIV infected women provided with FP services*

Partners of HIV infected women were provided with FP at all health facilities in the Kgalagadi District. Tsabong Primary Hospital recorded the highest number (20), Kokotsha Health Post came second recording 15 while Middlepits and Middlepits Clinic recorded almost the same figures at 10 and 9 respectively (see figure 27). Although the numbers were small, Kgalagadi district is the only district where all health facilities offered FP to partners of HIV positive women, for the period of the survey.

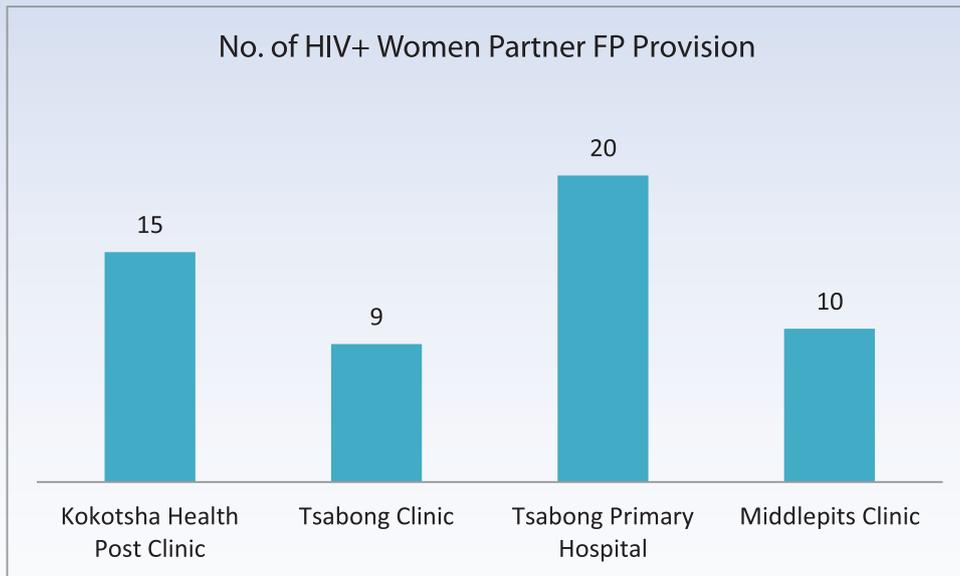


Figure 27: Partner FP provision

3.2 Record Quality

Generally, the existing records in all districts were of good quality. Registers were the commonest recording tool used to capture SRHR-HIV data. The registers are simple to use, and they contain all the information required for each of the seven out of the nine proposed SRHR/HIV indicators.

A summary table of the quality of the records is shown in table 3 below.

Table 3: Quality of SRH-HIV records

Indicators		<ul style="list-style-type: none"> ▪ Number of women accessing dual FP services (stratified FP and Comprehensive Care Clinic [CCC]) ▪ %age Number of partners of HIV-infected women provided with FP services ▪ % ANC attendees who was tested for syphilis at first ANC visit ▪ % ANC attendees who tested positive for syphilis ▪ %age adults aged 15 – 49 who had more than one sexual partner in the past 12 months who reported the use of a condom during their last intercourse – NO TRACKING INFORMATION 					
SRH-HIV Linkages	Recorded Services	Unrecorded Services	Completeness	Description	Adequacy	User Friendliness	
SRH (PMTCT; ANC; FP; HTC) & HIV (HAART; TRIPLE ARV Prophylaxis)	✓	-	✓	✓	✓	✓	
SRH (PMTCT) & OP							
Indicators	<ul style="list-style-type: none"> ▪ %age HIV positive women screened for cancer of the cervix (stratified by PNC, FP & CCC) ▪ %age HIV positive pregnant women who receive Anti-retroviral to reduce the risk of mother to child transmission 						
SRH (PMTCT; PNC) & HIV (HAART) – IDCC	✓	-	✓	✓	✓	✓	
HIV-IDCC (ART; Cervical Cancer screening) - SRH (FP; ANC; PMTCT; PNC)							
Indicators	<ul style="list-style-type: none"> ▪ Number of partners of HIV infected women provided with FP services ▪ %age pregnant women who know their HIV status 						
SRH-HIV Linkages	Recorded Services	Unrecorded Services	Completeness	Description	Adequacy	User Friendliness	
PMTCT & FP	✓	-	✓	✓	✓	✓	

3.3 Facility Profile

Facility profiles were compiled for the SRHR-HIV facilities in each district based on the following features; integration services offered; human resource capacity (staffing and training); service management (supervision); policies and guidelines for standardization of services; supplies and procurement systems; data capturing and information management systems.

An outline of health facility characteristics by district follows in Table 4 below.

Table 4: Facility Profile by District

DISTRICT / FACILITY	STAFFING	LEADERSHIP	COMMODITIES & LOGISTICS	DATA MANAGEMENT SYSTEMS
BOTETI				
Lethakane Primary Hospital	16-(1 MO/8RM/4RN/3Lay Counselors) – maternity staff: All training received	Supervisory visits & protocols available	N/A - SRH services offered at clinics	N/A – SRH services offered at clinics
Rakops Primary Hospital	9 – (8RM/1RN) – maternity staff; No Rights based training; no focal person	Supervisory visits & protocols available	Pharmacy –in-charge – Internal Requisition Forms; MH 1046/Rev 2003	Information Management Systems (IPMS) – Registers observed
Lethakane Clinic	14-(2RM/11RN) – maternity staff; All training received	Supervisory visits & protocols available	Pharmacy –in-charge – Internal Requisition Forms; MH 1046/Rev 2003	Registers & Tally Sheets observed
Mopipi Clinic	5RM – SRH staff (1 FP focal person); All training received	Supervisory visits & protocols available	Pharmacy –in-charge – Internal Requisition Forms; MH 3149; 3142; 3061 & 3094	Registers/Tally Sheets; IDCC Computer (PIMS)
Mokubilo HP	6-(1FNP/2RM/1RN/1HEA/2LC) – no SRH designated; All training received	Supervisory visits & protocols available	Pharmacy –in-charge – Order Forms	PIMS – Order Forms; Registers; IDCC Computer-observed
FRANCISTOWN				
Nyangabgwe Hospital	16-(3MO; 12RM; 1HCA) – maternity staff; Rights based training	Supervisory visits N/A; Protocols available	Supplies system N/A	Registers observed
Jubilee Clinic	2RM – SRH staff (1 HIV focal person);	Supervisory visits & Protocols	Pharmacy –in-charge – Order	IPMS exists – Register/Register

Continued

Continued

	Baby testing workshop upcoming	available	book; Stock balance card	s books observed
Matshelagabedi Clinic	5 – (4RM/1RN) – SRH staff; 1FP focal person; All training received	Supervisory visits & protocols available	Pharmacy –in-charge – Order book; Requisition Book; Stock Book seen	Registers observed/Files
Tonota Clinic	6-(2RM/2HCA/2LC) – SRH staff; No supervisory visits, Rights based training & focal person	Protocols available	Pharmacy –in-charge – Order book; computer awaits security	Data management system exists – Registers observed - PIMS
Tati-Siding Clinic	14-(12 RM/2LC) – no SRH designated; All training received; PMTCT focal person available	Supervisory visits & protocols available	Pharmacy –in-charge – Stock Order Book	Registers (PIMS)
Area L HP	3-1RN/1GDA/1SHEA) no SRH designated; No est. register	Protocols available – STI Management; FP Eligibility use;	Pharmacy @ Nyangabgwe–in-charge –	OP & Preventative Health Stats Summary Form; MH 1049/Rev 2003; MH 1036/Rev 14 7 Weekly Stats Report – Weekly & Monthly Files observed
NGAMI				
Letsholathebe District Hospital	6-(4 RN/1 HEA/1LC); maternity staff No rights based training & focal person	Supervisory visits & protocols available	Pharmacy –in-charge at clinics who do SRH & some HIV services	Data management systems for SRH not applicable
Sedie Clinic	9-(All RN/RM) – Not aware of SRH designated staff; No MoH est. register	No supervisory visits – SRH Programme Officers irregular visits e.g. PMTCT PO	Pharmacy – in-charge <u>System documents not observed</u>	Registers for monthly reports observed
Sehithwa Clinic	7 – (6RM/1RN) – 1 RM SRH designated for HIV but not aware of SRH designated staff	Supervisory visits – SRH Programme	No supplies document	3 Registers observed/Admission Book
Komana HP	1RN; No SRH service & rights based training	No supervisory visits	Ordering schedule & dispensation	2 Registers observed
			register (ARV)	

Continued

LOBATSE				
Athlone Hospital	9-(8RM/1HEA); maternity staff. No rights based training	No supervisory visits Protocols available	Pharmacy – in-charge of supplies – order book	Available-registers; (IPMS)
Tsopeng Clinic	2-(RM/1Lay Counselor) – SRH staff; No Rights based training	No supervisory visits Protocols available	Pharmacy – in-charge of supplies	MH 1046 (FP Tally Sheet); registers
Molapowabojang Clinic	4 –(3RM/1LC) – SRH staff	Protocols & supervisory visits available	Pharmacy – in-charge of supplies – stock/stock taking book	Registers observed - PIMS
Mogojogojo HP	2 RN (RM weekly visit) – no SRH designated; All staff training received	Protocols & supervisory visits available	Pharmacy in charge of supplies system – Lobatse (Motswedi Clinic) – Bin card	Registers observed;
TSABONG				
Tsabong Primary Hospital	1RN/1RM (SRH staff) – All training received	Supervisory visits & protocols available	Pharmacy –in-charge – Stock & Order Books – MH 3125	IPMS – Registers observed
Tsabong Clinic	7 - 5RM/1LC/1HEA – maternity staff. All training received; no focal person; All training received	Supervisory visits & protocols available	Pharmacy –in-charge – Stock & Order Books – MH 1046/Rev 2003; Tally Sheet	PIMS – Registers observed
Middlepits Clinic	5 – (2RM; 1RN; 2 LC; 1RN) – SRH staff; All training received	No supervisory visits but protocols available	Pharmacy –in-charge – BIN Cards; Tally Sheet/Drug Availability Form observed	PIMS available – registers observed
Kokotsha HP	2RN/1RM (RM from Werda); No rights based training	Protocols available – PAP Smear Results Management Algorithms for Clinics, FP Manual; No supervisory visits	Pharmacy –in-charge at Middlepits clinic responsible – Order Form observed	PIMS available – Registers observed

Key:

- | | |
|------|---|
| RN | – Registered Nurse |
| RM | – Registered Midwife |
| LC | – Lay Counselor |
| HEA | – Health Education Assistant |
| SHEA | – Safety Health & Environmental Assistant |
| GDA | – General Duty Assistant |
| PO | – Programme Officer |

3.3.1 SRH and HIV Integrated Service Provision

SRH and HIV services offered in health facilities varied according to level of facility. The hospitals reported the widest range of services which included; HTC FP, ANC, PNC, BT, RHT, cancer screening services and ART. Hospitals did not report PMTCT and CWC services. More services were reported for clinics than health posts. These included HTC, FP, CWC, PMTCT, ANC, PNC, BT, RHT, cervical cancer screening and ART. Health posts reported the least range of services which included: OP (Consultation, Blood collection, Dispensing), FP and CWC. The benefits of integrated services were reported as convenience to patients as various services are simultaneously available to patients from one point. This was reported to improve quality and utilization of services by cutting costs, time and other inconveniences that pose barriers to access services.

It was revealed that referral hospitals did not routinely offer SRH services- Nyangabgwe and Letsholathebe. However, all primary hospitals offered SRH and HIV services except Letlhakane. Staffing for all SRH services was mainly led by midwives and nurses with few medical officers supporting the services within primary hospital settings. The range of staff cadres involved in the delivery of SRH and HIV services include; medical officers, registered midwives; registered nurses; health education assistants; health counseling assistants; safety health and environmental assistants; lay counselors and general duty assistants. Training for SRH and HIV services is covered except for rights based and baby testing in some facilities.

Supervisory visits by the district coordinator to SRH and HIV offering facilities were reported by many health facilities across all districts saving for non-implementing hospitals and a few facilities, particularly health posts. A procurement pattern emerged showing that the pharmacy playing a central role in managing supplies for all health facilities. Order/stock books, tally sheets, bin cards and various forms were on record as part of the procurement documentation instruments while registers were the main tool used for data capturing/recording. A concern about demand for recording in different registers was raised in many facilities, with requests for record reconciliation and merging. Mokubilo health post reported use of e-data (a computer was observed). No supplies records were observed for only two health facilities in the Ngami district - Sehithwa and Sedie clinics. Protocols and guidelines were available at all health facilities with the widest range found in hospitals followed by clinics and health posts.

3.3.2 Staffing

In all the districts, health facilities are largely manned by RN and RM. In some instances, staff includes Health Education and Health Care Assistants. Shortage of staff is a major concern across health facilities in all districts. Staff views are that the current SRH and HIV service providers are adequately trained and capable to offer quality services. All reported to have received orientation, although regular in-service training was viewed as essential in various areas e.g. routine HIV testing, baby testing, integrated baby feeding.

3.3.3 Supervision

Supervision of SRH and HIV services was said to be done by the District Health Management Team. In facility supervision was the responsibility of RN and RM who were in-charge in all health facilities. The DHMT officer for example PMTCT focal person, Community Health nurses was reported to pay monthly to quarterly visits to health facilities. A register was reported to exist for documentation of the visits.

3.3.4 Policies

Policies existed in all health facilities across districts. The range of distribution of the policies, protocols and guidelines was reported to match the level of service offered. More policy documents were reported and observed at hospitals, followed by clinics and least health posts.

The range of guidelines found in both hospitals and clinics include- National Cervical Cancer Prevention Programmes; Botswana FP Procedures Manual for Service Providers, PAP Smear Results, Management Algorithm for Clinics, Steps for HIV Testing, Routine HIV Testing in Health Facilities, RHT Flow Chart for ANC, PMTCT. The commonest guideline documents for health posts were for STI Management and FP (Botswana medical eligibility criteria wheel for contraceptive use). All health facilities were observed to have at least one document. It was stated that the documents mentioned above were used for reference during care activities at all sites.

3.3.5 Data Capturing

Registers were observed and reported to be the main instrument used for data capturing. Attendance and other service reports e.g. use of note books were also observed. The service providers reported that while registers are easy to use and a comprehensive way of capturing data, in almost all health facilities at all levels, they are too many. This was viewed as time consuming on the much constrained staff compliment. It was reported that facilities submit monthly SRH and HIV service reports and the DHMT which in turn submits monthly reports to the MoH.

3.3.6 Supplies

It was reported that pharmacies were responsible for the coordination of SRH and HIV procurement services. The system applied across all health facilities with health posts reporting to the nearest clinic or hospital for supplies. Some clinics reported resident Pharmacy Technicians who liaised with the nearest pharmacies at hospitals in coordinating facility supplies. A stock order book was the main recording tool for supplies.

3.3.7 General Observations by Staff

Integration of SRH and HIV services was applauded as a best practice for all facilities in all districts. However, staffing constraints were reported to impede effective implementation of integration efforts. Poor structuring of the data capturing system in terms of record duplication was also seen as time consuming and a negative aspect of service provision. Revisiting of registers for various SRH and HIV services to integrate and consolidate them into fewer versions was recommended. It was suggested that the exercise should also explore the linking of SRH and HIV register sections across various services to foster continuity and meaningful data. For example, each SRH and HIV service record should provide for recording of all other non-core services (e.g. provision to record condom distribution at OP).

3.4 Limitations

i) Data recorded in the past three months (June, July and August 2015) were used for this survey. Due to the short period of time, attendance trends for the various services relevant to the proposed indicators may have been influenced by non-permanent factors during the particular period. Therefore, description of the available data for the tracked indicators and state of records (registers and other documents) may not be an accurate representation of records in the longer term.

ii) There was inconsistency between terminology used in two proposed indicators and facility records may have compromised data accuracy on the following:

- The indicator on syphilis testing and facility records which referred to a VDRL test, instead of a syphilis test.
- The indicator on dual FP was referred to as- use of condoms by females in addition to another FP method.

4.0 CONCLUSION AND RECOMMENDATIONS

This chapter presents conclusions about the performance of the 9 proposed SRH-HIV linkage indicators according to the goals and objectives of this survey. The conclusions are based on findings from three main sources of data used in the survey. These sources of data were observations, record review and key informant responses.

Generally, it can be concluded that, all sources of data were useful in establishing the state of records for services in both SRH and HIV service points. The descriptive statistics provided information in terms of figures for each district while the facility profile indicated the state of SRH and HIV linkages progress. In addition, perceptions of service providers highlighted gaps and or strengths that might have been difficult to discern from data without the external viewpoint of providers. Three main conclusions were made as follows:

- 1. Records in all the districts were available and they all provided space for reporting of data for monitoring of seven out of the nine proposed SRH-HIV indicators.*
- 2. Health facility records monitor 7 out of the 9 proposed SRHR-HIV indicators.*
- 3. Facility profiles point at Midwives and Registered Nurses as being the backbone of Sexual and Reproductive Health and HIV/AIDS services.*

According to the survey findings, performance of the proposed SRHR-HIV indicators can be summed up in three main categories as shown in figure 40.

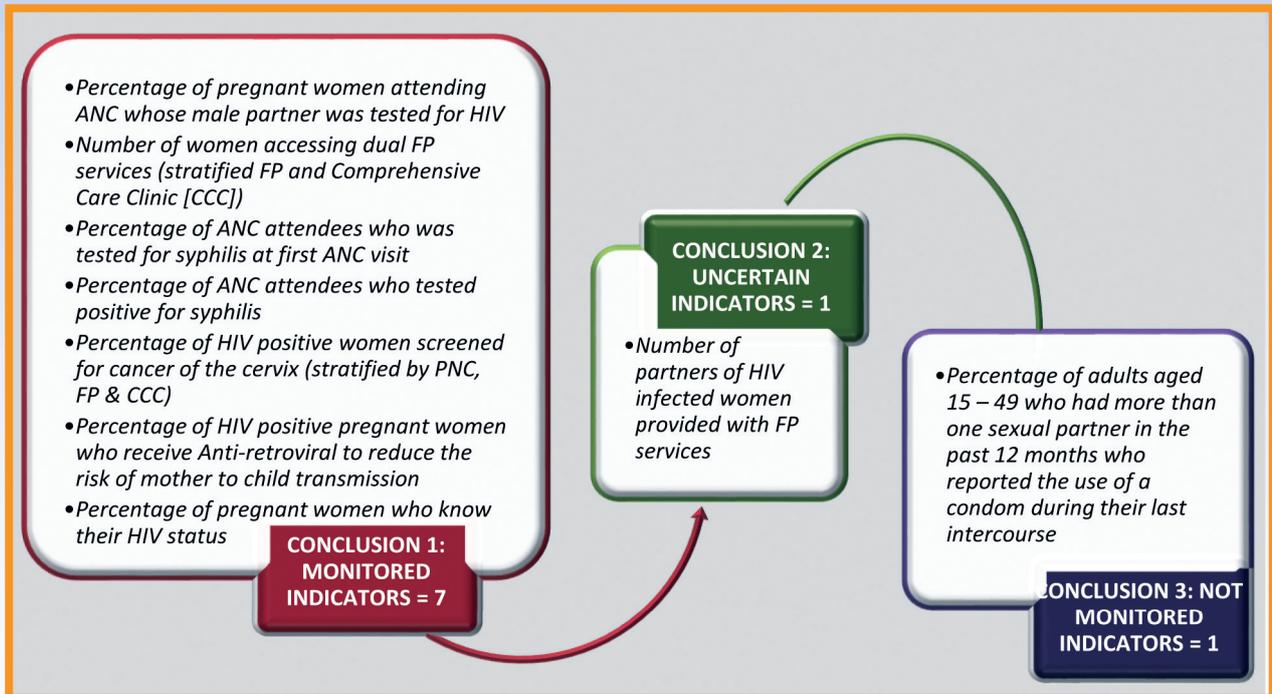


Figure 40: Indicator Performance Conclusions

4.1 SRHR/HIV Linkages Suggested Strength

It was clear from the records that different indicators in all the districts in the survey had varied degree of SRH and HIV integration. The strength of SRH-HIV linkages between various services was estimated as shown below:

1. Strong linkages:

- Percentage of ANC attendees who was tested for syphilis at first ANC visit
- Percentage of ANC attendees who tested positive for syphilis
- Percentage of HIV positive pregnant women who receive Anti-retroviral to reduce the risk of mother to child transmission
- Percentage of pregnant women who know their HIV status

2. Some linkages:

- Percentage of pregnant women attending ANC whose male partner was tested for HIV
- Number of women accessing dual FP services (stratified FP and Comprehensive Care Clinic [CCC])
- Percentage of HIV positive women screened for cancer of the cervix (stratified by PNC, FP & CCC)

3. Linkages somewhat existed:

- Number of partners of HIV infected women provided with FP services

4. Indicators not applicable to facility level linkages:

- Percentage of adults aged 15 – 49 who had more than one sexual partner in the past 12 months who reported the use of a condom during their last intercourse

A summary of observations made on the SRH-HIV linkage by service area and indicator is provided in figure 41.

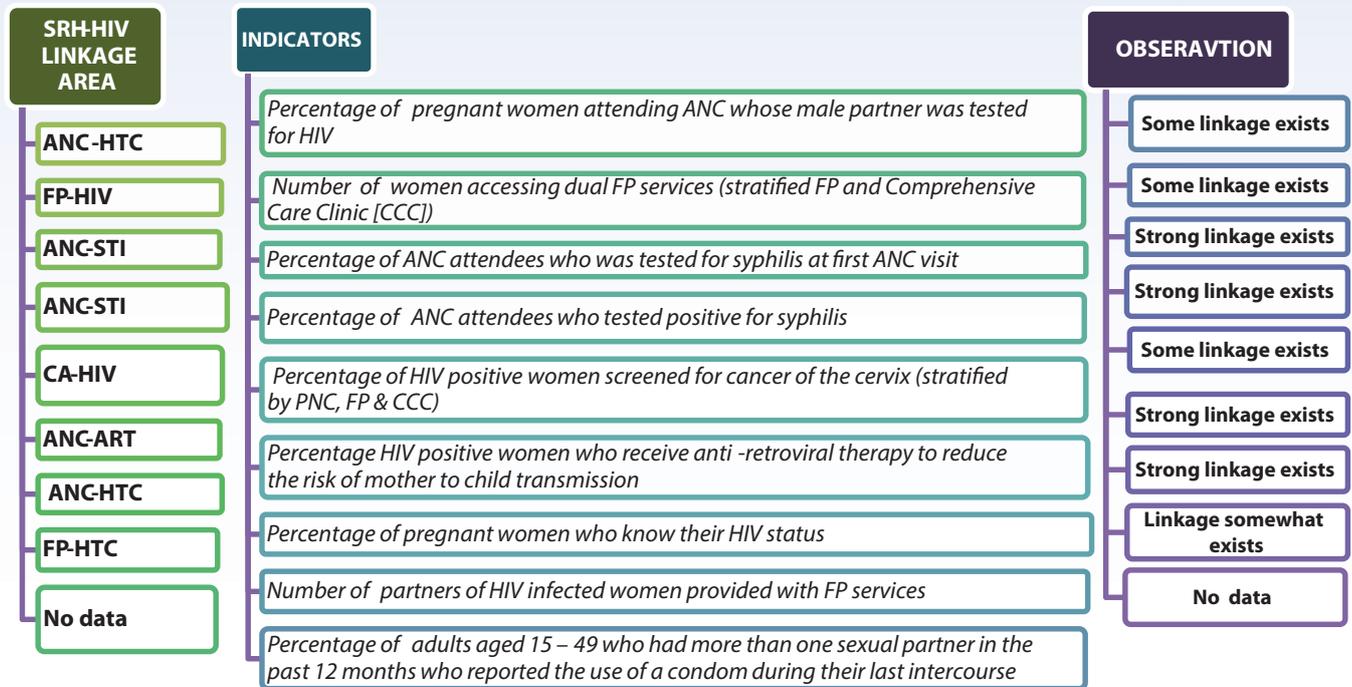


Figure 41: SRH-HIV Linkages

4.2 Lessons Learnt

1. SRH-HIV linkages were observed to be weak relating to the reverse directionality, i.e. HIV-SRH.
 2. Findings indicated that partner support for SRH and HIV services, although in small numbers, was better at only two districts (Boteti and Francistown), where modest lessons can be learned.
 3. Across districts, different health facilities used a variety of data capturing tools for monitoring of the proposed indicators including registers, files, tally sheets, note books etc
 4. Rights based training came out as the most deficient training across all districts and health facilities. This excludes the rights aspect of the SRHR services.
- SRH and HIV service points are mainly headed and staffed by registered midwives, registered nurses and, health and counselling assistants, in the respective order; while medical doctors are few.

4.3 Recommendations

Whereas almost all the proposed indicators are measurable from the information availed in the current existing documentation (registers, files, tally sheets etc);

- I. Existing monitoring tools (registers, files, tally sheets etc) should be reviewed to fine tune, consolidate and standard them across health facilities by level to further enhance functionality.*
- II. The indicator that lacks monitoring data should be dropped from the current list of proposed SRH-HIV indicators to be capture at other levels of SRH-HIV service management.*
- III. Records should be improved to capture specific information on the indicator that is indirectly monitored. Strategies should be devised to boost SRH –HIV linkages in areas where weakness has been identified (e.g. reverse linkages, i.e. HIV- SRH linkages) with the hope of promoting more HIV service points to embrace activities in support of SRH.*
- IV. Analysis of factors contributing to better partner support for SRH and HIV services is essential, starting with the facilities that showed some partner support (Boteti and Francistown).*
- V. Consolidation of data capturing tools to improve the existing information management system will ease the reporting burden on the already overstretched SRH and HIV service staff.*
- VI. Stepping up efforts on refresher training to include SRH Rights based Training and reaching out to hard to reach locations places and lower level facilities may enhance services.*
- VII. Appointing a focal person for SRH and HIV services in all facilities will enhance service streamlining*
- VIII. The design of a national SRH-HIV Linkages program should involve a secondary data analysis exercise to further interrogate findings of the preliminary SRH-HIV assessments/appraisals that are mentioned in this report. Valuable information from the interim plans that were formulated based on findings of these assessments can be useful for future planning. A SRH-HIV national program design can be compiled from the secondary data analysis exercise.*

APPENDICES

APPENDIX 1: WORKLOAD GANTT CHART

TASK	TIME FRAME	PROPOSED DATES	REMARKS
Document review	5 days	10-14 Aug	
Submission of draft inception report to Task Group (TG)	1 day	17 Aug	
Circulation and review of inception report	3 days	18-21 Aug	These days should not be allocated costs in the consultancy
Presentation of draft inception report	1 day	24 Aug	
Incorporation of comments	1 day	25 Aug	
Submission of final inception report including data collection tools	1 day	26 Aug	Travel to the field
Data collection	30 days	27 Aug- 8 Oct	
Data entry, analysis and report writing	11 days	9-23 Oct	
Submission of draft report to TG	1 day	26 Oct	
Report review by TG	5 days	27 Oct- 2 Nov	These days should not be allocated costs in the consultancy
Presentation of draft report to TG	1 day	3 Nov	
Incorporation of comments	3 days	4-6 Nov	
Submission of draft report for circulation to stakeholders	1 day	9 Nov	Give stakeholders 5 working days to review
Circulation of draft report to stakeholders	5 days	10-16 Nov	These days should not be allocated costs in the consultancy
Presentation of draft report to Stakeholders	1 day	17 Nov	
Incorporating comments in the report	2 days	18-19 Nov	
Submission of final report to TG	1 day	20 Nov	

APPENDIX 2: DATA COLLECTION TOOLS

TOOL 1: RECORD REVIEW GUIDE

A. SRH/HIV RECORDS

DISTRICT: _____

NAME OF FACILITY: _____

POSITION OF IN-CHARGE: _____

OBSERVATION	NO. ATTENDANTS	JUNE 2015	JULY 2015	AUGUST 2015	COMMENTS
Proposed Indicators:					
<ul style="list-style-type: none"> • Number of women accessing dual FP services (stratified FP and Comprehensive Care Clinic [CCC]) • Percentage of pregnant women attending ANC whose male partner was tested for HIV • Percentage of ANC attendees who was tested for syphilis at first ANC visit • Percentage of ANC attendees who tested positive for syphilis • Percentage of adults aged 15 – 49 who had more than one sexual partner in the past 12 months who reported the use of a condom during their last intercourse 					
Data Sources:					
<ul style="list-style-type: none"> • SRH -PMTCT; ANC (HTC, ANC, FP & PMTCT) & HIV (HAART, Triple ART) Registers • SRH - PMTCT & OP Registers 					
SRH - PMTCT; ANC (HTC, ANC, FP & PMTCT) & HIV (HAART, Triple ART) Registers					
Total # ANC attendants					
# Took HIV Test					

# Tested positive									
# HIV status awareness									
# Took Syphilis test									
# Tested positive									
# Women started HAART/WHO stage 3 or 4 (Include previous month tested)									
# Women start Triple ARV prophylaxis at CD4 ≥ 350/WHO stage 1 or 2 (Include previous month tested)									
# Tested negative									
SRH - PMTCT & OP Registers									
Total # Male attendants									
# Took HIV test									
# Tested positive									
# Started ART									
# Provided FP									
# Tested negative									
# Provided FP									
# Referred SMC									
Total # Female attendants									
# Took HIV test									
# Tested positive									
# Started ART									

# Provided dual FP									
# Cervical cancer screened									
# Provided ANC									
# Provided PNC									
# Males									
# Provided FP									
# Provided ART									
HIV - IDCC (ART, Cervical Cancer) & SRH (FP, ANC, PNC) Registers									
Total # HIV infected in IDCC register (check Pre-ART monitoring & ART)									
# Females									
# Started ART									
# Provided dual FP									
# Cervical cancer screened									
# Provided ANC									
# Provided PNC									
# Males									
# Provided FP									
# Provided ART									
Baby Testing (HTC, Infant Testing)-HIV, FP/HTC-HIV									
Total # Babies took HIV test									
# Tested positive									
# Tested negative									
OBSERVATION	NO. ATTENDANTS	JUNE 2015	JULY 2015	AUGUST 2015	COMMENTS				

Proposed Indicators: <ul style="list-style-type: none"> • Number of partners of HIV infected women provided with FP services • Percentage of pregnant women who know their HIV status 	
Data Sources: <ul style="list-style-type: none"> • SRH - PMTCT & FP (FP, HTC) Registers 	
SRH - PMTCT & FP (FP, HTC) Registers	
Total # FP attendants	
# Took HIV Test	
# Tested positive	
# Started ART	
# Provided dual FP	
# Cervical cancer screened	
# Tested negative	
# Provided dual FP	
# Cervical cancer screened	
Total # Male FP clients	
# Took HIV Test	
# Tested positive	
# Started ART	
# Provided dual FP	
# Tested negative	
# Provided FP	
# Referred SMC	

B. FACILITY PROFILE

District: _____

Locality: _____

Name of Health Facility: _____

Level: _____

ASSESSMENT	YES	TOTAL #	NO	N/A	COMMENTS
STAFFING					
Breakdown of Staff by Cadre					
MoH Establishment Register (Midwives)					
SRH/HIV Services Trained Staff					
Refresher Training – Rights based Approach					
Refresher Training – Rights based Approach					
Is there a SRH/HIV focal person					
LEADERSHIP, PROTOCOLS AND GUIDELINES					
District Coordinator Supervisory Visits					
Availability of SRH/HIV Protocols & Standard					
(List documents provided under comments)					
Display of SRH/HIV Protocols & Standards					
(List documents provided under comments)					
COMMODITIES AND LOGISTICS					
A system for ordering & restocking of SRH/HIV materials exists:					
Confirm observation of system (tick yes)					
A system for reporting consumption of accessories exists					

DATA MANAGEMENT SYSTEMS					
A data capturing & recording system for SRH/HIV exists					
Confirm observation of system					
An up to date register for SRH/HIV clients exists					
Confirm observation of register					

DATA QUALITY (A summary of the quality of data reflecting gaps, inadequate & incomprehensive information & reference to interview guide): _____

a. Completeness/adequacy _____

b. User friendliness/Feasibility _____

TOOL 2: KEY INFORMANT INTERVIEW GUIDE

Demographic Information (Survey site; KI sex, age, educational level, position)

I would like to talk to you about the integration of SRH and HIV services in your facility.

1. **Does this district/health facility provide integrated SRH/HIV services? Tick against:**
- | District | Facility |
|----------|----------|
|----------|----------|

- What are the names of the services provided?

- What do you know about service integration?

- What is good about service integration?

- What difficulties are experienced in your facility on efforts to integrate services?

- What are your suggestions to improve the integration?

2. **Do you think the staff working here are able to fully provide the SRH/HIV integrated services? Tick against: Yes No**

Probe for the following:

- Availability of District Coordinator. Tick against: Yes No

- Identify the key SRH/HIV service providers. Specify cadres:

- The training that was provided for the staff

- The training that is still required for the staff

- Have all staff members in the site been oriented on SRH/HIV linkages. If no, specify.

3. What do you think about the supervision of the SRH/HIV staff?

Who are the supervisors? Specify cadres

How frequent are supervision visits? Specify by cadre

4. Do you have SRH/HIV policies, protocols and guidelines in this district/facility?

Probe for:

- Specific names and request to see them:

- How have the protocols been distributed among service providers/facilities?

- How are the protocols used by staff? E.g. display, reference etc

5. Now, please tell me about the supply of SRH/HIV materials.

- Who is responsible for the funds used to buy materials for the SRH/HIV services?

- Is there any system used for the supply of SRH/HIV commodities?

Tick against: Yes No

- How does the district/facility monitor the use of SRH/HIV service materials?

6. Does a data capturing and recording system for the SRH/HIV services exist in the district/facility? Tick against Yes No

- Describe how the data is recorded every time after providing service

- How is it reported to DHMT?

- How is it reported to MoH?

- Are these records enough and easy to use at the different levels (facility, DHMT, MoH)? Yes No If no, please specify:

7. Does the District Annual Plan for this year (2015/2016 financial year) include any linkages between SRH/HIV services? Yes No

If yes, please explain

Thank the KI for participating in the survey!

APPENDIX 3: DATA SETS FOR ALL DISTRICT

BIS RESULTS – DISTRICT / FACILITY

District: Greater Francistown

Name Of Facility: Jubilee Clinic

OBSERVATION	NO. ATTENDANTS	JUNE 2015	JULY 2015	AUGUST 2015
Total # ANC attendants	56	23	15	18
# Took HIV test	53	23	14	16
# Tested positive	2	2	0	0
# HIV + HIV status aware	2	2	0	0
# Took WR test	# Took410 HIV test41	23	0	18
# WR +		0	0	0
# Women started HAART/WHO stage 3 or 4 (Include previous month tested)	2	0	0	2
# Tested negative	46	21	13	12
Total # Male attendants	1		1	
# Took HIV test	1		1	
# Tested positive	1		1	
# Started ART	1		1	
# Provided FP	1		1	
# Tested negative				
# Provided FP				
# Referred SMC				
Total # Female attendants	70	23	23	24
# Took HIV test	24	17	22	24
# Tested positive	14	1	8	5
# Started ART	0			
# Provided dual FP	7	0	4	3
# Cervical cancer screened	12	1	7	4
# Tested negative	47	16	12	19
# Provided dual FP	0	0	0	0
# Cervical cancer screened	0	0	0	0
Total # FP attendants	19	11	5	3
# Took HIV Test	17	10	4	3
# Tested positive	8	6	2	
# Started ART	6	4	2	
# Provided dual FP	19	11	5	3
# Cervical cancer screened	8	2	4	2
# Tested negative	9	4	2	3

District: Greater Francistown

Name Of Facility: Nyagabgwe Hospital

OBSERVATION	NO. ATTENDANTS	JUNE 2015	JULY 2015	AUGUST 2015
Total # HIV infected in IDCC register (check Pre-ART monitoring & ART)	10503	3508	3500	3495
# Females	5844	1956	1945	1943
# Started ART	4	0	1	3
# Provided dual FP	0	0	0	0
# Cervical cancer screened	29	8	11	10
# Provided ANC	0	0	0	0
# Provided PNC	0	0	0	0
# Males	4659	1552	1555	1552
# Provided FP	0	0	0	0

District: Greater Francistown

Name Of Facility: Area L Health Post

OBSERVATION	NO. ATTENDANTS	JUNE 2015	JULY 2015	AUGUST 2015
Total # Male attendants	352	107	61	184
# Provided FP	174	58	58	58
# Referred SMC	0	0	0	0
Total # Female attendants	363	147	80	136
# Provided dual FP	24	8	10	6
Total # FP attendants		198	66	68
# Took HIV Test	0	0	0	0

District: Greater Francistown

Name Of Facility: Tatisiding Clinic

OBSERVATION	NO. ATTENDANTS	JUNE 2015	JULY 2015	AUGUST 2015
Total # ANC attendants	54	15	21	18
# Took HIV Test	54	15	21	18
# Tested positive	15	5	7	3
# HIV St. Aware	15	5	7	3
# Syphilis test	54	15	21	18
# Syphilis +	9	3	6	2
# Women started HAART/WHO stage 3 or 4 (Include previous month tested)	15	5	7	3
# Tested negative	39	10	14	15
Total # Male attendants	10	6	1	3
# Took HIV test	10	6	1	3
# Tested positive	3	1	1	1
# Started ART	3	1	1	1
# Tested negative	5	5		
# Provided FP	8	6	1	1
Total # Female attendants	59	17	26	16
# Took HIV test	24	9	7	8
# Tested positive	19	7	9	3
# Started ART	9	3	6	
# Cervical cancer screened	24	9	10	5
Total # PNC attendants	50	18	14	18
# Took HIV Test	50	18	14	18
# Tested positive	14	6	3	5
# Started ART	14	6	3	5
# Provided dual FP	23	7	9	7
# Cervical cancer screened	0	0	0	0
# Tested negative	34	10	11	13
# Provided dual FP	0	0	0	0
# Cervical cancer screened	0	0	0	0
# HIV infected in IDCC register (check Pre-ART monitoring & ART)				
# Females	40	11	29	
# Started ART	46	6	11	29
# Males	21	5	16	
# Provided FP	26	5	5	16
# Provided ART	5	5		
Total # HIV infected in IDCC register (check Pre-ART monitoring & ART)				
# Females	39	11	28	
# Started ART	46	6	11	29
# Males	21	5	16	
# Provided FP	26	5	5	16
# Provided ART	21	5	16	
Total # Babies took HIV test	23	7	8	
# Tested positive	1		1	
# Tested negative	20	7	7	
OBSERVATION	NO. ATTENDANTS	JUNE 2015	JULY 2015	AUGUST 2015
Total # FP attendants	14	5		9
# Took HIV Test	14	5		9
# Tested positive	4	4		
# Started ART	4	4		
# Provided dual FP	14	5		9
# Cervical cancer screened	0	0	0	
# Tested negative	10	1		9

District: Greater Francistown

Name Of Facility: Tonota Clinic

OBSERVATION	NO. ATTENDANTS	JUNE 2015	JULY 2015	AUGUST 2015	COMMENTS
SRH - PMTCT; ANC (HTC, ANC, FP & PMTCT) & HIV (HAART, Triple ART) Registers					
Total # ANC attendants	74	27	14	33	
# Took HIV Test	74	27	14	33	
# Tested positive	23	7	5	11	
# HIV St. Aware	23	7	5	11	
# Syphilis test	74	27	14	33	
# Syphilis +	18	3	6	9	
# Women started HAART/WHO stage 3 or 4 (Include previous month tested)	16	5		11	
# Tested negative	51	20	9	22	
SRH - PMTCT & OP Registers					
Total # Male attendants	35	7	10	18	
# Took HIV test	35	7	10	18	
# Tested positive	7	1	3	3	
# Tested negative	28	6	7	15	
Total # Female attendants	67	25	14	28	
# Took HIV test	46	19	11	16	
# Tested positive	14	1	1	12	
# Started ART	16	3	1	12	
# Tested negative	44	18	10	16	
SRH - PMTCT; PNC & HIV (HAART) Registers					
Total # PNC attendants	91	27	28	36	
# Took HIV Test	53	16	12	25	
# Tested positive	25	8	9	8	
# Started ART	22	8	7	7	
# Provided dual FP	18	7	5	6	
# Cervical cancer screened					
# Tested negative	32	13	10	19	
# Provided dual FP					
# CERVICAL CANCER SCREENED					
# HIV infected in IDCC register (check Pre-ART monitoring & ART)					
# Females	500	108	207	185	
# Started ART	35	12	8	15	
# Males	253	70	88	95	
# Provided ART	15	3	5	7	
HIV - IDCC (ART, Cervical Cancer) & SRH (FP, ANC, PNC) Registers					
Total # HIV infected in IDCC register (check Pre-ART monitoring & ART)					
# Females	392	108	207	185	
# Started ART	35	12	8	15	
# Males	253	70	88	95	
# Provided ART	15	3	5	7	

Continued

Continued

# Provided ART	15	3	5	7
Baby Testing (HTC, Infant Testing)-HIV, FP/HTC-HIV				
Total # Babies took HIV test	39	14	8	17
# Tested positive	1	1		
# Tested negative	24	13	8	3
OBSERVATION	NO. ATTENDANTS	JUNE 2015	JULY 2015	AUGUST 2015
SRH - PMTCT & FP (FP, HTC) Registers				
Total # FP attendants	46	9	11	16
# Took HIV Test	45	8	11	16
# Tested positive	19	6	4	9
# Started ART	10	1	2	7
# Cervical cancer screened	17	3	6	8
# Tested negative	16	2	7	7

District: Greater Francistown

Name Of Facility: Matshelagabedi Clinic

OBSERVATION	NO. ATTENDANTS	JUNE 2015	JULY 2015	AUGUST 2015
SRH - PMTCT; ANC (HTC, ANC, FP & PMTCT) & HIV (HAART, Triple ART) Registers				
Total # ANC attendants	29	4	7	18
# Took HIV Test	29	4	7	18
# Tested positive	8	1	2	5
# HIV St. Aware	8	1	2	5
# Syphilis test	29	4	7	18
# Syphilis +	5	0	0	5
# Women started HAART/WHO stage 3 or 4 (Include previous month tested)	8	1	2	5
# Tested negative	21	3	5	13
SRH - PMTCT & OP Registers				
Total # Male attendants	13	1	2	10
# Took HIV test	13	1	2	10
# Tested positive	4			4
# Started ART	0	0	0	0
# Provided FP	0	0	0	0
# Tested negative	9	1	2	6
# Provided FP	0	0	0	0
# Referred SMC	0	0	0	0
Total # Female attendants	28	4	7	17
# Took HIV test	26	2	7	17
# Tested positive	8	1	3	4
# Started ART	8	1	3	4
# Provided dual FP	0	0	0	0
# Tested negative	19	2	4	13
# Provided dual FP				
SRH - PMTCT; PNC & HIV (HAART) Registers				
Total # PNC attendants	11	3	4	4
# Took HIV Test	11	3	4	4
# Tested positive	1		1	

Continued

Continued

# Started ART	1	0	1	0
# Provided dual FP	11	3	4	4
# Tested negative	10	3	3	4
# Provided dual FP	0	0	0	0
# Cervical cancer screened	0	0	0	0
# Females	145	49	43	53
# Started ART	144	48	43	53
# Provided dual FP	0	0	0	0
# Males	80	33	24	23
# Provided FP	0	0	0	0
# Provided ART	80	33	24	23
HIV - IDCC (ART, Cervical Cancer) & SRH (FP, ANC, PNC) Registers				
Total # HIV infected in IDCC register (check Pre-ART monitoring & ART)				
# Females	145	49	43	53
# Started ART	145	49	43	53
# Provided dual FP	0	0	0	0
# Cervical cancer screened	0	0	0	0
# Provided ANC	0	0	0	0
# Provided PNC	0	0	0	0
# Males	80	33	24	23
# Provided FP	0	0	0	0
# Provided ART	80	33	24	23
Baby Testing (HTC, Infant Testing)-HIV, FP/HTC-HIV				
Total # Babies took HIV test	9		4	5
# Tested positive	1			1
# Tested negative	8		4	4
OBSERVATION	NO.	JUNE	JULY	AUGUST
	ATTENDANTS	2015	2015	2015
SRH - PMTCT & FP (FP, HTC) Registers				
Total # FP attendants	34	19	10	5
# Took HIV Test	32	19	10	3
# Tested positive	14	7	6	1
# Started ART	13	7	5	1
# Provided dual FP	0	0	0	0
# Cervical cancer screened	11	7	3	1
# Tested negative	17	12	4	1
Total # Male FP clients	50	17	18	15
# Provided FP	50	17	18	15
# Referred SMC				

District: Ngami

Name Of Facility: Sedie Clinic

OBSERVATION	NO. ATTENDANTS	JUNE 2015	JULY 2015	AUGUST 2015
Total # ANC attendants	83	26	23	34
# Took HIV Test	46	26	20	
# Tested positive	19	6	6	7
# Women started HAART/WHO stage 3 or 4 (Include previous month tested)	15	6	4	5
# Tested negative	48	17	14	17
Total # Female attendants		24	16	
# Took HIV test		23	3	
# Tested negative		23	13	
Total # PNC attendants	68	27	18	23
# Took HIV Test	63	27	18	18
# Tested positive	25	13	5	7
# Started ART	22	13	5	4
# Provided dual FP	47	7	17	23
# Cervical cancer screened	28	3	13	12
# Tested negative	33	12	12	11
# Provided dual FP	0	0	0	0
# Cervical cancer screened	0	0	0	0
# HIV infected in IDCC register (check Pre-ART monitoring & ART)				
# Females	34	6	16	12
# Started ART	34	6	16	12
# Males	8	1	4	3
# Provided FP				
# Provided ART			220	843
Total # HIV infected in IDCC register (check Pre-ART monitoring & ART)				
# Females	34	6	16	12
# Started ART	34	6	16	12
# Provided dual FP	0	0	0	0
# Cervical cancer screened	0	0	0	0
# Provided ANC	0	0	0	0
# Provided PNC	0	0	0	0
# Males	8	1	4	3
# Provided FP	0	0	0	0
# Provided ART			220	843
Total # Babies took HIV test	22	11	5	
# Tested positive	19	9	4	
# Tested negative	3	2	1	

BOTETI DISTRICT

SITES	LETLHAKANE				MOKUBILO				RAKOPS				MOPIPI										
	LETLHAKANE CLINIC				LETLHAKANE HOSPITAL				MOKU BILO CLINIC				RAKOPS HOSPITAL				MOPIPI CLINIC						
FACILITIES	J	J	A	TO	JU	JU	AU	TO	J	JU	A	TO	JUN	JUL	AU	TO	JUN	JU	AU	TO			
	n	l	g	T	NE	LY	G	T	E	Y	G	L	E	Y	G	L	E	LY	G	L			
Services																							
# ANC attendants	4	5	6	16	0	0	0	0	3				8	11	22	12	25	30	67	6	14	9	29
HIV Test	3	4	5	13	0	0	0	0	3				8	11	22	9	17	24	50	6	14	9	29
# HIV +	1	5	5	11	0	0	0	0	1				2	3	6	4	2	2	8	2	2	3	7
#HIV + Aware	1	5	5	11	0	0	0	0	1				2	3	6	4	2	2	8	2	2	3	7

Continued

Syphilis test	3 9	4 1	5 1	13 1	0	0	0	0	0	1	2	3	6	4	3	5	12	6	14	9	12
Syphilis+	0	4	5	9	0	0	0	0	0	0	1	0	1	3	0	0	3	1	0	5	2
# ART Stage 3/4 commenced	1	5	3	9	0	0	0	0	0	1	2	3	6	2	2	1	5	2	1	3	3
#Triple ARV prophylaxis at CD4 ≥ 350 -stage 1/ 2																					
#Total negative	3 8	3 6	4 6	12 0	0	0	0	0	0	2	6	8	16	4	15	21	40	4	12	6	22
OP																					
# Male attendees	2 0	1 0	1 2	1 42	0	0	0	0	0	0	1	1	0	0	0	0	0	1	1	0	1
# HIV test	2 0	1 0	1 2	1 42	0	0	0	0	0	0	1	1	0	0	0	0	0	1	1	0	1
# HIV +	2	1	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
# ART	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
# FP	2 0	1 3	1 2	1 45	0	0	0	0	0	0	1	1	0	0	0	0	0	1	1	0	0
# HIV -	1 8	1 0	1 2	1 40	0	0	0	0	0	0	1	1	0	0	0	0	0	1	1	0	1
# FP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
# SMC Ref	2 0	1 3	1 33	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
# Female attendants	5 1	5 6	5 6	16 3	0	0	0	0	0	0	9	9	10	20	30	60	6	13	9	28	28
#HIV test	5 1	5 6	5 6	16 3	0	0	0	0	0	0	9	9	6	11	21	38	5	11	7	23	23
# HIV +	1 3	1 7	1 3	1 43	0	0	0	0	0	0	0	0	1	1	2	4	1	1	1	2	2
# ART	1 3	1 7	1 3	1 43	0	0	0	0	0	0	0	0	4	4	5	13	2	1	3	3	3
# Dual FP	5 1	5 6	5 6	16 3	0	0	0	0	0	0	9	9	10	20	30	60	6	13	9	28	28
#Cervical CA screen	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0
# CA -	3 8	3 9	4 3	12 0	0	0	0	0	0	0	9	9	5	10	19	34	4	11	6	21	21
#Dual FP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
# Cervical CA screen	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
# PNC attendees	4 3	2 6	3 6	10 5	0	0	0	0	0	6	0	3	9	20	18	17	55	10	9	7	26
#HIV Test	7	4	8	19	0	0	0	0	0	6	0	3	9	16	18	13	47	10	9	7	26
# HIV +	0	0	8	8	0	0	0	0	0	2	0	1	3	2	4	13	19	5	4	2	11
# ART	1 3	9 9	8 8	30 30	0	0	0	0	0	2	0	1	3	2	4	4	10	5	4	2	11
# Dual FP	4 3	2 6	3 6	10 5	0	0	0	0	0	6	0	3	9	2	6	4	12	10	9	7	26
# Cervical CA screened	4	1	4	9	0	0	0	0	0	3	0	1	4	0	0	0	0	0	0	0	0
# CA -	7	7	8	52	0	0	0	0	0	4	0	2	6	13	14	12	39	5	5	5	15

Continued

Continued

# Dual FP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
# Cervical CA screened	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
# HIV infected in IDCC register (check Pre-ART monitoring & ART)																			
# Females	4	3	7				0	4	2	6		5	1	6		1	1		
# ART	4	3	7		4		4	1	2	3	1	5	2	8		1	1		
# Dual FP	4	6	1	11	6		3	9	4	2	6		3	3		1	1		
# CCA screened	4	6	1	11			0	4	2	2	8	2	7	4	13	1	5	1	7
# ANC				0			0				0			0				0	
# PNC				0			0				0			0				0	
# Males	6	3	9				0	1		1				0		1	1		
# FP	6	3	9				0	4	2	6				0		1	1		
# ART	6	3	9		6		6	2		2			5	5		1	1		
Total # HIV infected in IDCC register (check Pre-ART monitoring & ART)																			
# Females	4	3	7				0	4	2	6		5	1	6		1	1		
# ART	4	3	7		4		4	1	2	3	1	5	2	8		1	1		
# Dual FP	4	6	1	11	6		3	9	4	2	6		3	3		1	1		
# CCA screened	4	6	1	11			0	4	2	2	8	2	7	4	13	1	5	1	7
# ANC				0			0				0			0				0	
# PNC				0			0				0			0				0	
# Males	6	3	9				0	1		1				0		1	1		
# FP	6	3	9				0	4	2	6				0		1	1		
# ART	6	3	9		6		6	2		2			5	5		1	1		
Total # Babies took HIV test	1	1					0												
# Tested positive	5	4	7	36				2	1	3	6	4		7	11	10	3	5	18
# Tested negative	1	1					0												
	4	2	4	30						0	3		7	10	10	3	1	14	
# FP attendants	4	2	3				0												
# HIV Test	0	6	8	104				4	4	9	17		10	10	14	13	13	40	
# HIV +	4	2	3				0												
# ART	0	6	8	104				4	4	9	17		10	10	14	13	13	40	
# Dual FP	1	1					0												
# CCA screened	3	1	4	28				3		3				0	3	4	4	11	
	4	2	3				0												
	0	6	8	104				4	4	8				0	14	13	13	40	
	1						0												
	2	2	4	18				2	2	1	5			0	4	3	7	14	

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# CA -	3 7	1 5	3 1	83	0	3	1	9	13	8	8	8	9	7	24
# Dual FP	0	0	0	0	0				0		0				0
# CCA screen	0	0	0	0	0				0		0				0
# Male FP															
#HIV Test	0	0	0	0	0				0		0				0
# HIV +	0	0	0	0	0				0		0				0
# ART				0	0				0		0				0
# Dual FP				0	0				0		0				0
# HIV -				0	0				0		0				0
# FP				0	0				0		0				0
# SMC Referral				0	0				0		0				0

Lobatse Distrct

SITES	MGOJOGOJO HEALTH POST				MOLAPOWABOJA NG CLINIC				ATHLONE HOSPITAL				TSOPENG CLINIC			
	Jun	Jul	Aug	Tot	Jun	Jul	Aug	Tot	Jun	Jul	Aug	Tot	Jun	Jul	Aug	Tot
Service																
# ANC attendees	0	0	1	1	13	4	4	21	7	5	14	26	22	22	19	63
HIV Test	0	0	1	1	13	4	4	21	5	6	13	24	22	20	18	60
# HIV +	0	0	0	0	3	1	1	5	0	1	0	1	6	8	5	19
#HIV + Aware	0	0	0	0	3	1	1	5	0	1	0	1	6	8	5	19
Syphilis test	0	0	1	1	0	1	1	1	0	0	0	1	2	4	5	7
Syphilis+	0	0	0	0	0	0	0	0	0	1	0	1	0	0	2	3
# ART Stage ¾	0	0	0	0	3	1	1	5	0	0	0	0	6	7	5	18
#Triple ARV prophylaxis stage 1/2																
#HIV -	0	0	1	1	10	3	3	16	5	5	0	10	16	12	13	41
# Male																
# attendees	2	2	1	5	1	1	1	3				0				0
# HIV test	2	2	1	5	1	1	1	3				0				0
# HIV +				0	1			1				0				0
# ART	2	2	1	5	1	1	1	3				0				0
# FP	2	2	1	5				0				0				0
# HIV -				0				0				0				0
# FP				0				0				0				0

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# SMC Ref	3	4	6	13	14	9	6	29	13	14	22	49	32	35	67
# Female attendants	3	4	6	13	14	9	5	28	12	12	17	41			0
#HIV test				0	2			2		1		1			0
# HIV +				0				0		1		1			0
# ART	3	4	6	13	14	9	6	29	13	14	22	49			0
# Dual FP				0				0	4	3	2	9			0
#Cervical CA screen	3	4	6	13	12	9	5	26	12	11	17	40			0
# CA -				0				0				0			0
#Dual FP				0				0				0			0

# PNC attendees		1		1	9	18	7	34	3	3	1	7	10	13	6	29
#HIV Test				0	3	3	4	10				0	3	5	1	9
# HIV +				0	3	3	4	10				0	3	5	1	9
# ART				0	9	18	7	34	8	5	8	21	10	13	6	29
# Dual FP				0	3			3				0				0
# CCA screen	1			1	6	15	3	24	3	3	3	9	7	8	5	20
# CCA -				0				0				0				0
# Dual FP				0				0				0				0
# CCA screen				0				0				0				0
# HIV infected in IDCC register (check Pre-ART monitoring & ART)				0	6	2	7	15	11	8	1	20		35	18	53
# Females				0	1			1	2	4	7	13	3	10	10	23
# ART				0	6	2	7	15	4	2	5	11				0
# Dual FP				0				0	34	17	8	59				0
# CCA screened				0				0	4	2	1	7				0
# ANC				0				0				0				0
# PNC				0				0	7	7		14		5	2	7
# Males				0	2	1	1	4				0		5	2	7
# FP				0	2	1	2	5	2		3	5	3	5	2	10

Total # HIV infected in IDCC register (check Pre-ART monitoring & ART)

# Females				0	6	2	7	15	11	8	1	20		35	18	53
# ART				0	1			1	2	4	7	13	3	10	10	23
# Dual FP				0	6	2	7	15	4	2	5	11				0
# CCA screened				0				0	34	17	8	59				0
# ANC				0				0	4	2	1	7				0

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# PNC	0				0				0									0	
# Males	0				0				7		7			14			5	2	7
# FP	0	2	1	1	4									0			5	2	7
# ART	0	2	1	2	5	2						3		5	3		5	2	10

Total # Babies took HIV test

# Tested positive	0	4	6	4	14	4	1	1	6	5	7	2	14
# Tested negative	0	4	5	1	10	4	1		5	3	5	3	11

# FP attendants	1	1	1	3	6	10	7	23	3	6	9	18	17	3	20	
# HIV Test	1	1	1	3	2	4	5	11	3	6	3	12	17	3	20	
# HIV +	1		1	2	2	1	3	6		2	1	3	5		5	
# ART	1		1	2	2	1	1	4	1	2	1	4	3		3	
# Dual FP	1	1	1	3	6	10	7	23	3	6	9	18	17	3	20	
# CCA screen	1			1	1	1	3	5	1	1		2	53	118	94	265
# CA -		1		1		3	2	5		4	2	6	12	3	15	
# Dual FP				0				0				0			0	
# CCA screen				0				0				0			0	
Total # Male FP clients				0				0				0			0	
#HIV Test				0				0				0			0	
# HIV +				0				0				0			0	
# ART				0				0				0			0	
# Dual FP				0				0				0			0	
# HIV -				0				0				0			0	
# FP				0				0				0			0	
# SMC Referral				0				0				0			0	

Kgalagadi South District

SITES	KOKO TSHA				MIDDLEPITS				KGALAGADI								
	KOKOTSHA HEALTH POST				MIDDLEPITS CLINIC				SOUTH HOSPITAL				TSABONG CLINIC				
Service	JUN E	JUL Y	AUG	TOTAL	JUNE	JUL Y	AUG	TOTAL	JUN E	JUL Y	AUG	TOTAL	JUL Y	JUL Y	AUG	TOTAL	
# ANC attendants																	
HIV Test	5	5	5	15	4	3	3	10	20	17	26	63	13	15	14	42	
# HIV +		1	2	3	6	1	0	3	4	2	5	5	12	3	3	2	8

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#HIV + Aware	1	2	3	6	1	0	3	4	2	5	5	12	3	3	2	8
Syphilis test		2		2	1	1		2	0	2	3	5	4	6	6	16
Syphilis+	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
# ART Stage 3/4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

#Triple ARV prophylaxis stage 1/ 2

#HIV - OP	3	3	2	8	2	1	3	6	20	15	23	58	8	9	8	25
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# HIV test				0				0	3	2	1	6	1			1
# HIV +				0				0	3	2	1	6	1			1
# ART				0				0				0	1			1
# FP				0				0				0	1			1
# HIV -				0				0				0				0
# FP				0				0	3	2	1	6				0
# SMC Ref				0				0	3	2	1	6				0

Female attendees

#HIV test	19	7	7	33	7	3	1	11	17	19	24	60	5	12	11	28
# HIV +		4	13	17	1	2	1	4	17	19	24	60	5	12	11	28
# ART	1	2		3				0	1	1	2	4	3	4	5	12
# Dual FP	1	2		3	2			2	1	1		2	3	4	5	12
#Cervical CA screen				0				0	17	19	24	60	5	12	11	28
# CA -				0				0				0				0
#Dual FP	9	4	3	16	1	2	1	4	16	16	22	54	2	8	6	16
# Cervical CA screen				0				0				0				0

PNC attendees

# HIV +	6	2	3	11	2	4	1	7	8	10	13	31	5	4	8	17
# ART	6	2	3	11	2	4	1	7	6	10	12	28	5	4	8	17
# Dual FP	1			1	0			0	1	1	1	3	2		2	2
# CCA screen	1			1	0			0	1	1	3	5	2		2	2
# CCA -	6	2	3	11	2	4	1	7	8	10	12	30	5	4	8	17
# Dual FP				0				0				0	5	1	6	12
# CCA screen	5	2	3	10	2	4	1	7	6	9	9	24	3	4	6	13

HIV infected in IDCC register (check Pre-ART monitoring & ART)

# Females				0				0				0				
# ART				0				0				0				
# Dual FP				0				0	23	23	17	63				
# CCA screened	1	1	1	3				0	20	15	10	45	0	1	5	6

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# ANC		0			0				0									
# PNC		0			0	20	8	17	45									
# Males		0			0				0									
# FP		0			0	0	0	0	0									
# ART		0			0	12	7	0	19									
Total # HIV infected in IDCC register (check Pre-ART monitoring & ART)																		
# Females		0			0	4	6	3	13	0	1							1
# Dual FP									0									
# CCA screen		0			0	23	23	17	63									
# ANC		3			0	20	15	10	45	0	1						5	6
# PNC		0			0				0									
# Males		0			0	20	8	17	45									
# FP		0			0				0									
# ART		0			0	0	0	0	0									
		0			0	12	7	0	19									
Total # Babies took HIV test																		
# Tested positive		0			0	4	6	3	13	0	1							1
#FP Attendance	3	0	0	3	0	0	0	0	1	1	1	3	4	3	3	10		
# HIV Test	3			3					0	1	1	1	3	0	0	0	0	0
# HIV +	0			0					0	0	0	0	1	0	0	0	0	0
# ART				0		21	15	9	45	11	6	9	26					
# Dual FP				0		19	13	3	35	3	2	4	9					
# CCA screen				0		1			1				0					
# CA -				0		3			3	3			1	4				
# Dual FP				0		21	15	9	45	11	6	9	26					
# CCA screen				0		8	8	2	18	2			2	4				
# Male FP clients				0		15	12	3	30	3	2		5					
#HIV Test				0					0				0					
# HIV +				0					0				0					
# ART				0			2		2				0					
# Dual FP				0			2		2				0					
# HIV -				0					0				0					
# FP				0					0				0					
# SMC Referral				0			2		2				0					

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