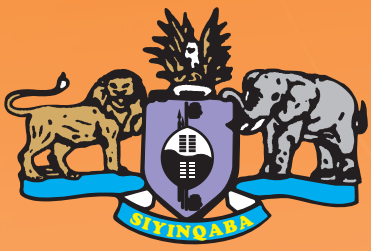

THE KINGDOM OF SWAZILAND

Ministry of Health

NATIONAL POLICY ON SEXUAL AND REPRODUCTIVE HEALTH

2013

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FOREWORD

The country is accelerating efforts toward the realization of Millennium Development Goals (MDGs) and strengthening the access and utilization of SRH services at all levels is one of the key initiatives that the Ministry of Health is targeting. High maternal mortality rate, high adolescent fertility rate, unmet need for family planning, and on-going problems with sexual and gender based violence (SGBV) are some of the indicators that highlight a need for a comprehensive sexuality education and evidence based interventions. This Policy provides concrete areas of focus and is aligned to international and national policies and frameworks. It addresses reproductive health and rights challenges faced by citizens of Swaziland and outlines implications for the different levels in the Ministry. It also recognises the role that other sectors play in improving the SRH of the people of the Kingdom of Swaziland.

The policy takes cognizance of the existing policies, frameworks and guidelines, in particular the National Population Policy which forms the basis for all population related programmes. The development of the policy involved extensive consultations with key informants and stakeholders in government and NGOs as well as opinion leaders at both the national, regional, Inkhundla and chiefdom levels. Young people, men and women as well as Community leaders were also consulted.

This document is to be used by policymakers, program managers and service providers at all levels in both public and private sectors in SRH. It forms the basis and mandate for all SRH activities, outlining the national strategic pillars for improving SRH. It will also enable us forge new partnerships - between governments and communities, nongovernmental organizations, development partners and the private sector - that are critical if we are to succeed in the implementation of comprehensive and integrated SRH services.

Honourable Benedict Xaba
Minister of Health

ACKNOWLEDGEMENTS

The Ministry is very grateful for the technical and financial support received from the EU and UNFPA for the development of this Policy. The input of the UN agencies and SRH stakeholders into the policy was crucial and enabled finalization of this important document. We also extend our appreciation to all implementing and bilateral partners of SRH who made valuable contribution in time and effort in the development of the document which will guide service provision. Many worked tirelessly in the core team that supported the whole process while others reviewed drafts and made inputs.

We are so indebted to the Public Policy Coordinating Unit for technical guidance and support in the whole process of the development of the policy, without whom the document could not have been finalized. The leadership and guidance of the Ministry through the Deputy Director – Public health is highly appreciated.

The SRH Programme is acknowledged for the continuous commitment and stewardship in the delivery of integrated Sexual Reproductive Health services.

Dr Steven Shongwe
Principal Secretary
MoH

TABLE OF CONTENTS

GLOSSARY OF TERMS

Abortion: Abortion is the expulsion of the products of conception before 28 weeks (viability stage) of gestation (MOH 2011).

Adolescent: A young person aged between 10 and 19 years (WHO)

Community: A group of people who share an interest, a neighbourhood, or a common set of circumstances. They may or may not acknowledge membership of a particular community (WHO, 2002).

Competent: Refers to capable, knowledgeable, skilled and proficient service providers who are providing services according to national guidelines

Comprehensive: refers to health care that comprise of many elements of care such as promotive, preventive, curative and rehabilitative services. Comprehensive SRH services bring together all the elements of SRH to prevent, manage conditions.

Infertility: Failure by a couple to achieve a conception after twelve months of normal regular and unprotected sexual intercourse.

Integration: Combination of different sexual and reproductive health care services or programmes to ensure expected outcomes. This may involve referral of a client from one service to another or provision of all requisite services at the same time and place.

Maternal mortality ratio: Number of maternal deaths per 100,000 live births

Reproductive health: A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system, its functions, and processes. (ICPD 1994)

Service delivery level: refers to the different levels of service delivery in Swaziland which include clinics, Health centre, regional hospitals and national referral hospitals

Sexual health: A state of physical, emotional, mental and social well-being in relation to sexuality and not merely the absence of disease, dysfunction or infirmity, requires a positive and respectful approach to sexuality and sexual relationships, and an appreciation of the importance of having pleasurable and safe sexual experiences

Sexuality: A significant aspect of a person's life, from birth to death, consisting of

many interrelated factors, including anatomy, growth and development, gender, relationships, behaviors, attitudes, values, self-esteem, sexual health, reproduction.

Sexuality education: refers to age appropriate, medically accurate, culturally sensitive education provided to individuals, couples and groups aimed at promoting understanding sexual reproductive health and related rights and responsibilities.

Social justice: refers to the idea of creating a society or institution that is based on the principles of equality and solidarity, that understands and values human rights, and that recognizes the dignity of every human being.

Youth: young men and women aged from 15 to 35 years (MOSCYA, 2009)

ABBREVIATIONS AND ACRONYMNS

AIDS	Acquired Immunodeficiency Syndrome
ANC	Ante Natal Care
ART	Anti-Retroviral Treatment
ARVs	Anti-Retroviral
ASRHR	Adolescent Sexual and Reproductive Health & Rights
AU	African Union
BEOC	Basic Essential Obstetric care
CEDAW	Convection on the elimination of all forms of discrimination against women
CEMD	Confidential Enquiry into Maternal Deaths
CEOC	Comprehensive Essential Obstetric Care
CHAI	Clinton Health Access Initiatives
CME	Continuous Medical Education
CMS	Central Medical Store
CPR	Contraceptive Prevalence Rate
CSO	Central Statistics Office
DPM	Deputy Prime Minister's Office
EC	Essential Care
ED	Erectile dysfunction
EmONC	Emergency Obstetric and Neonatal Care
EHCP	Essential Health Care Package
FBO	Faith Based Organisation
FP	Family Planning
FWCW	Fourth World Conference on Women
GBV	Gender based Violence
GDP	Gross Domestic Product
HIMS	Health Information and Management System
HIV	Human Immunodeficiency Virus
HRH	Human Resource for Health
HSSP	Health Sector Strategic Plan
ICPD	International Conference on Population and Development
IDU	Injection drug user
IMR	Infant Mortality Rate
ISRHSP	Integrated Sexual and Reproductive Health Strategic Plan
LGBTQ	Lesbian, gays, bisexual, transsexuals and queer
MARPs	Most at risk populations
MCH	Maternal Child Health
MDG	Millennium Development Goal
M&E	Monitoring and evaluation

MMR	Maternal Mortality Ratio
MNCH	Maternal, Newborn and Child Health
MEPD	Ministry of Economic Planning and Development
MoET	Ministry of Education and Training
MoH	Ministry of Health
MoJCA	Ministry of Justice and constitutional affairs
MoSCYA	Ministry of Sports Culture & Youth Affairs
MoU	Memorandum of Understanding
MTCT	Mother - to - Child Transmission
NCD	Non communicable diseases
NCLS	National Clinical Laboratory Services
NDS	National Development Strategy
NEPAD	New Partnership for Africas Development
NGO	Non-Governmental Organisation
NHP	National Health Policy
NHSSP	National Health Sector Strategic Plan
NMR	Neonatal Mortality Rate
PAC	Post Abortion Care
PEP	Post-exposure prophylaxis
PHC	Primary health care
PLWHA	People Living With HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
PoA	Plan of action
PRSAP	Poverty Reduction Strategy and Action Programme
SADC	Southern Africa Development Community
SDHS	Swaziland Demographic and Health Survey
SGBV	Sexual Gender Based Violence
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health & Rights
SRHC	Sexual and Reproductive Healthcare
SRHCS	Sexual and Reproductive Health Commodity Security
SRHP	Sexual and Reproductive Health Programme
SPEED	Smart Programme for Empowerment and Economic Development
SSA	Sub-Saharan Africa
STI	Sexually Transmitted Infections
TFR	Total Fertility Rate
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
VCT	Voluntary Counselling and Testing

1.0 INTRODUCTION

The Kingdom of Swaziland is a landlocked country in Southern Africa with an estimated land area of 17,364 km2. It shares its border with Mozambique to the East, the Republic of South Africa to the North, West and South. Swaziland is classified as a lower-middle income country with a per capita income of US $ 2.280.

According to the Swaziland Population Census the total population was 1,018,449 in 2007. Females make up 52.6% of the total population and the corresponding proportion for males is 47.44%. The total population of reproductive age (15-49years) was projected at 53.5% in 2011. The population of Swaziland is generally young, with 47% of the total being aged less than 18 years (CSO 2007). The Total Fertility Rate (TFR) was 3.95 in 2007, a drop from 4.5 in 1997 and inter-censal population growth rate between 1997 and 2007 was 0.9% annually down from 2.9% a decade earlier. This decline is partly attributed to the increase in contraceptive prevalence rate (CPR) from 17% in 1990 to 50.6% in 2007 and an unexpected increase in mortality. The MMR has remained high at 370 in 1995 to 589/100,000 live births in 2007(SDHS 2006-07). The IMR and NMR have also increased as a result of the HIV/AIDS epidemic. Despite the drop in TFR and increase in the CPR from the unmet need for FP is high. Early sexual debut among youth is still high and 25% of all institutional deliveries are by adolescent girls. There is poor or no integration of services such as FP, HIV/AIDS, STIs, and MNCH.

The country's HIV situation:

- 19% prevalence among the 2 years and older (CSO 2007)
- 26% among sexually active adults (31% for women and 19% for men) (CSO 2007)
- 41.1% among antenatal care clients (2010 HIV ANC Serosurveillance)

Gender based violence and sexual dysfunctions are common social and medical conditions. The complex interactions among all the stated issues contribute to high morbidity and mortality.

1.1 POLICY DEVELOPMENT PROCESS

The policy was developed through consultations with key stakeholders in a process that was led by the Ministry of Health through the SRHP. The SRH policy is meant to ensure proper coordination, integration and harmonious delivery of comprehensive SRH services in order to better the health and the well-being of the population as well as to contribute to its socio-economic development as set out in the PRSAP and other national documents.

The steps indicated in the box below were taken in the development of this policy.

Key Steps in the Development of the SRH Policy:

- A situation analysis to inform the Policy development,
- Desk review of relevant national strategy documents
- Gap Analysis to inform areas of intervention focus
- Review of the draft with national relevant stakeholders

1.2 GAPS AND ACHIEVEMENTS

There are many achievements that the country has reached in the provision of SRH services; however some gaps still exist as shown in the following table.

Achievements	Gaps
• Existence of a functional SRH programme • Integration of SRH and HIV services in PHC services • A dedicated RH commodities budget line • Development of the Integrated Sexual and Reproductive Strategic Plan (2008-2015) • Introduction of Confidential Enquiry into Maternal Deaths (CEMD) • Inclusion of sexual health education in schools in the Education Policy (2010) • Existence of a Gender policy (2010) which calls for redressing support for gender based violence for survivors • SRH service delivery guidelines in place (Family planning, PMTCT, cervical cancer and obstetric guidelines) • 94% women accessed ANC services and 74.1% delivered in health facility (CSO 2007)	• SRH Policy in draft form • Inadequate skill and competence among health professionals to deliver SRH Health services • Health disparities in the distribution of health resources in the rural and urban health facilities • Weak coordination of SHR services • No FP services in ART centres • Inadequate data on abortion. • Inadequate skills in demand creation for SRH services • Limited decentralization of SRH services to community level e.g. outreach services • Inadequate youth friendly services • Integration of SRH information and services into wellness programmes • Discrepancy in provision, distribution and utilization of SRH equipment • Inadequate data on access to comprehensive SRH services

1.3 Rationale

An overarching Policy on SRH will ensure proper coordination, integration and harmonious delivery of comprehensive SRH information and services in order to improve the health and well-being of the population as well as contribute to its socio-economic development as set out in the Poverty Reduction Strategy and Action Plan (PRSAP) and other national documents.

2.0 VISION, MISSION, GOAL AND OBJECTIVES

This policy is developed as an integral part of the Government's efforts to address the social and economic development of its peoples by improving their sexual and reproductive health and well-being and upholding their rights.

2.1 Vision:

A healthy and well-informed population with universal access to quality SRH services, that are sustainable and provided through an efficient, effective and rights based support system.

2.2 Mission:

To provide, facilitate and support an integrated and well-coordinated sexual and reproductive health services and information upholding the rights of women, men, youth, adolescents and children in Swaziland.

2.3 Goal:

To guide establishment of an evidence-based framework for the implementation of a well-coordinated and integrated sexual and reproductive health and rights programmes in order to attain the highest level of health and well-being for all people of Swaziland.

2.4 Objectives:

i) To inform and guide actions of policy makers and programmers
ii) To inform and guide the development of an integrated SRH strategic framework
iii) To facilitate mobilization and appropriate allocation of resources
iv) To guide the integration of SRH services with other services
v) To guide appropriate monitoring and evaluation of SRH programme

3.0 GUIDING PRINCIPLES AND VALUES:

The following are the guiding principles and values for the operationalization of this policy and implementation of all components of the SRH programme in Swaziland.

3.1 Human rights

The policy recognizes that every citizen is entitled to fundamental human rights and freedoms, including the right to health which incorporates the right to sexual and reproductive health, irrespective of sex, gender, culture, religion, age, race, disability, HIV and economic status.

3.2 Client centredness

Service provision will be considerate of the client's personal circumstances, preferences, values, family situations and lifestyles.

3.3 Universal Coverage to Comprehensive SRH services

The SRH policy seeks to ensure that all people have access to the needed services of sufficient quality while ensuring that the use of services does not expose the users to financial hardships.

3.4 Quality of Care

Provision of the highest possible quality and evidence-based SRH services to all individuals in all health service delivery levels, including HIV/AIDS in a manner that is sensitive to the country's population dynamics will be done.

3.5 Integration

Service provision will be integrated to enable SRH services to be provided with HIV services.

3.6 Community involvement and participation

Communities will be involved all levels of programme planning, design, implementation, monitoring and evaluation.

3.7 Alignment to national and international guiding documents

The policy recognizes and is aligned to national and international documents as indicated in the table below:

National documents	International documents
1. National Health Policy, 2007	ICPD PoA
2. National Health Sector Strategic Plan, 2009	FWCW
3. The Integrated SRH Strategic Plan (2008-2015)	MDGs
4. National Youth Policy, 2009	The AU Continental Policy Framework on SRH&R
5. The Education Policy	Maputo Plan of Action
6. The Gender Policy, 2010	SADC protocols
7. National Population Policy	
8. Decentralization Policy	

4. POLICY FRAMEWORK

This section outlines policy statements on the SRH elements that the Government of Swaziland shall implement with partners. These elements include maternal, neonatal and child health; Adolescent and Youth Sexual Reproductive Health and Human Rights; family planning; abortion and post abortion care; STIs, HIV and AIDS; infertility; cancers of the reproductive system; Gender and Sexual and Reproductive Health including GBV sexual dysfunction; SRH and ageing; Community involvement and participation in SRH.

4.1 MATERNAL, NEONATAL AND CHILD HEALTH

Quality health care is essential in the reduction of maternal, neonatal and child morbidity and mortality. Despite the high antenatal care attendance and facility deliveries; maternal, neonatal and child morbidity and mortality have remained high with most deaths attributed to HIV. The country has a limited number of health facilities that provide maternity services (labour and delivery services) and most of them do not meet the full complement for EmONC and access to referral facilities is limited by inadequate pre-hospital services and unclearly defined referral structures.

POLICY STATEMENTS

i. Quality maternal, neonatal and child health services shall be provided by competent and skilled service providers during antenatal, labour and delivery and postnatal period in adequately equipped health facilities providing maternal, neonatal and child health services.
ii. All individuals, families and communities shall have access to evidence based, comprehensive sexuality education, information and services on maternal, neonatal and child health.

Policy Implications

The Ministry of Health shall:

- Provide human resources, infrastructure, equipment and supplies for the provision of MNCH services

The SRH Program shall:

- Provide technical guidance tools (standards and protocols) for the provision of MNCH services
- Build capacity of health facilities and health care providers to provide a full complement for EmONC and community based interventions.

Health service providers shall:

- Provide quality MNCH services according to national guidelines.

4.2 ADOLESCENT AND YOUTH SEXUAL REPRODUCTIVE HEALTH AND RIGHTS

Adolescents and youth in Swaziland do not have adequate information and accessibility to services which will enable them to make informed decisions on their sexuality and reproductive Health. However the observed decline in HIV prevalence among the adolescents over the past years provides an opportunity for strengthening ASRH services.

POLICY STATEMENT
Comprehensive sexuality education, information and integrated SRH services shall be provided to all children, adolescents and young people at all levels of health care delivery systemsand other relevant settings according to their age and need.

Policy implications

The Ministry of Health shall:

- Provide an enabling environment and resources for the provision of ASRH services.
- Collaborate with other government ministries to advocate for the provision of sexuality education, ASRH information and services.
- Provide resources for the implementation of ASRH programmes.

The SRH Programme shall:

- Provide technical guidance and tools on ASRH issues at all levels of service provision

The Health service providers shall:

- Provide comprehensive sexuality education, ASRH information and services at all levels.

4.3 FAMILY PLANNING

Access to comprehensive FP information and services remains one of the SRH challenges in Swaziland. The contraceptive prevalence is 65% (MICS, 2010) and the unmet need for family planning is 13% among currently married women (MICS 2010) while it is 65.8% among pregnant women living with HIV.(12th Serosurveillance, 2010). The MOH is implementing interventions aimed at scaling up access and integration FP in all service delivery areas especially in ART centres.

POLICY STATEMENT
Family planning information and services shall be provided at all levels of care to every individual or couple according to their needs.

Policy Implications

The Ministry of Health shall:

- Create an enabling environment to ensure availability and accessibility of family planning information and services to all persons regardless of sex, gender, age, status, sexual orientation and religion according to their needs.
- Secure resources for the provision of comprehensive FP services

The SRH programme shall:

- Provide technical guidance and provide tools (standards, guidelines and protocols) to facilitate provision of FP services at all levels.
- Facilitate integration of HIV/AIDS services into FP services and vice versa.
- Build capacity of health facilities and health care providers to integrate FP and HIV services.

The health service providers shall:

- Provide comprehensive FP information and services to all persons according to their needs.

4.4 ABORTION AND POST ABORTION CARE

Abortion is only permitted in the country based only on medical or therapeutic grounds including where the pregnancy resulted from rape, incest or unlawful sexual intercourse with a mentally challenged female and on such other grounds as per Constitution of Swaziland (2005). Poor management of abortion can lead to complications, maternal morbidity and mortality.

Policy Statement:
Comprehensive information and quality health services shall be provided to women and men of reproductive age group to reduce incidence, manage abortions, and prevent complications of abortion

Policy Implications:

The Ministry of Health shall:

- Strengthen timely access to safe medical abortion services and post abortion services within the ambits of the laws of the country

- Avail necessary skills, supplies and commodities required for pre and post-abortion care services

The Sexual and Reproductive Health Programme shall:

- Provide technical guidance to health service providers on the prevention, management of abortion and post abortion care
- Provide post abortion care services and supplies at all levels

Health service providers shall:

Provide non-judgmental abortion and post abortion care, services, information and counselling to all clients.

4.5 STIS, HIV AND AIDS

STIs, HIV and AIDS account for significant proportions of morbidity and mortality in Swaziland. Prevention of both diseases is an imperative priority for the country with emphasis on integrated service delivery for prevention, treatment, care and support including impact mitigation. The country has developed an HIV and AIDS policy as well as the HIV and AIDS National Strategic Framework which guides interventions.

Policy Statement:
Comprehensive information, services and support shall be provided to all individuals for prevention and integrated management of STIs and HIV.

Policy implications

The Ministry of Health shall:

- Secure resources including competent and skilled human resources required for management of STIs, HIV and AIDS
- Improve monitoring and evaluation systems for STIs, HIV and AIDS interventions

The Sexual and Reproductive Health Programme shall:

- Collaborate with the National AIDS Programme and other partners to provide technical guidance to health care providers at all levels on STIs, HIV and AIDS management
- Increase accessibility and availability of commodities and supplies for prevention and management of STIs, HIV and AIDS at all levels of service provision

The Health service providers shall:

- Provide comprehensive information and management of STIs, HIV and AIDS
- Engage communities on STIs, HIV and AIDS prevention and treatment activities

4.6 INFERTILITY

Infertility can cause significant distress to the individual, partner, spouse and family. Any individual or couple with infertility has a right to information and services. Efforts should be directed to counseling, prevention and early treatment of conditions that may lead to infertility.

Policy Statement:
Information and services to prevent and manage infertility shall be provided to all women and men of reproductive age group

Policy implications

The Ministry of Health shall:

- Secure resources including competent and skilled human resources required for infertility management

The Sexual and Reproductive Health Programme shall:

- Provide technical guidance to health care providers on necessary skills and competencies to prevent and manage infertility conditions
- Increase access to comprehensive information and services to all individuals and significant others with infertility conditions

The Health service providers shall:

- Provide infertility information and services to all individuals

4.7 CANCERS OF THE REPRODUCTIVE SYSTEM

Cancers of the reproductive system are among the leading conditions that affect men and women. Patients requiring oncology services which include cervical cancer lead the number of patients referred to South Africa (KPMG 2011).

Policy Statement
Prevention, screening, management and follow-up of cancers of the reproductive system among men and women shall be provided at all service delivery levels to improve their quality of life.

Policy Implications

The Ministry of Health shall:

- Provide resources for cancer prevention, management and control
- Improve monitoring and evaluation mechanisms for cancers of the reproductive system

The SRH Programme shall:

- Provide technical guidance to health care providers in prevention, treatment and control of cancers of the reproductive system
- Develop Social and Behavioral Change Communication strategies for cancers of the reproductive system

The health service providers shall:

- Render services to prevent and manage cancers of the reproductive system according to national guidelines.

4.8 GENDER, SEXUAL AND REPRODUCTIVE HEALTH INCLUDING GBV

Gender issues are central to SRH and the National Gender Policy that was developed in 2010 encompasses SRH. Gender Based Violence is often sexual in nature and leads to the violation of sexual and reproductive health and rights of girls, women and boys in the communities.

POLICY STATEMENT:
SRH information and services shall be provided to community members, survivors of Gender Based Violence and affected others.

Policy Implications

The Ministry of Health shall;

- Provide resources to respond to Gender based violence in SRH services
- Collaborate with other government ministries and partners in addressing issues of gender based violence

The SRH Programme shall;

- Provide technical guidance on the provision of services to survivors of gender-based violence for all the levels of care.
- Liaise with other organizations and programmes

Health Service Providers shall:

- Render services at all levels of service provision according to national guidelines

4.9 SEXUAL DYSFUNCTION

Sexual dysfunction can be caused by physical or psychological /mental problems and some may be a result of medical or surgical interventions as well as complications of diseases. Types of sexual dysfunction include erectile dysfunction (ED) which is the most common form among males while for women lack of desire is the main problem. Sexual dysfunction disrupts the family as a unit considered the cornerstone of society and may lead to a number of social and health problems. Sexual dysfunction affects persons from adolescence upward.

Policy Statement:

i. Comprehensive information and integrated services on healthy lifestyles shall be made available to all individuals across all levels of health care to reduce the risk of sexual dysfunction.
ii. Sexual dysfunction will be diagnosed and treated in health facilities using national guidelines.

Policy Implications

The Ministry of Health shall:

- Include sexual dysfunction indicators and targets in the Strategic Information Framework.
- Commit adequate resources to address sexual dysfunction.

The SRH Programme shall:

- Document the nature and magnitude of sexual dysfunctions.
- Plan and facilitate capacity building for all cadres of health care providers on prevention and management of sexual dysfunction.
- Provide technical guidance for the provision of services to prevent and manage sexual dysfunction.
- Develop social and behaviour change communication strategies for the prevention and treatment of sexual dysfunction.

Health service providers shall:

- Provide education at community, health facility and institutional levels on sexual dysfunction
- Diagnose and treat sexual dysfunction

4.10 SEXUAL AND REPRODUCTIVE HEALTH AND AGEING

Ageing in both women and men is associated with decline in all body functions including sexual capacity and a high incidence of NCDs which negatively impact on their sexual and reproductive health. Individuals experience a number of SRH related problems such as malignancies and sexual dysfunction which may lead to relationship disharmony and psychological problems. Women experience menopause, a process signifying the end of reproductive capacity even though there may be a small risk of unexpected conception. Men experience andropause resulting in reduced sexual drive and function even though fertility may persist longer. SRH services must provide services for the ageing which frequently include fertility issues and sexual dysfunction.

Policy Statement:
Comprehensive information and integrated services will be made available at all levels to men and women of ages 50 years and above for the prevention and management of sexual and reproductive health conditions common during the ageing process

Policy implications

The Ministry of Health shall:

- Allocate resources to strengthen SRH services for the ageing.

The SRH Programme shall:

- Provide technical guidance for the provision of SRH services for persons 50 years and above.
- Plan and facilitate capacity building on sexual and reproductive health issues of persons 50 years and above
- Monitor SRH service delivery for persons aged 50years and above.

Health service providers shall:

- Provide comprehensive information and services at community, health facility and institutions on SRH and ageing.

4.11 COMMUNITY INVOLVEMENT AND PARTICIPATION IN SRH

Community awareness, involvement and participation are essential for successful SRH programming. It facilitates empowerment of community leaders and community health volunteers on their roles and responsibilities in creating community awareness about SRH issues and services. A well informed community is more likely to have better SRH status and service utilisation.

Policy Statement:
Communities shall be involved and participate in planning, implementation and evaluation of SRH services and programmes

Policy Implications

The Ministry of Health shall:

- Provide resources for community involvement and participation in SRH issues.
- Facilitate decentralization of SRH services to communities.
- Collaborate with other government Ministries and partners to mobilise and sensitize communities on SRH

The SRH Programme shall:

- Collaborate with the CSO to conduct periodic surveys to solicit community views for incorporation into SRH programming
- Plan and facilitate capacity building on reproductive rights and responsibilities

Health service providers shall:

- Provide health promotion services to communities in SRH
- Provide facility and community outreach services that include SRH rights and responsibilities

Communities shall:

- Develop and implement mechanisms for participation in health issues including SRH
- Identify and communicate health needs/ concerns to relevant health structures.

5.0 INSTITUTIONAL FRAMEWORK FOR THE IMPLEMENTATION OF THE POLICY

Operationalizing this policy will need the cooperation and support of all stakeholders. The MoH through the SRHP will coordinate, lead and be responsible for the execution of the following activities:

1. Implementation and management of SRH Service Delivery including SRHCS.
2. Ensuring skilled, adequate and motivated human resources.
3. Ensuring proper HIMS, M&E, coordination of and guiding operations research on SRH.
4. Ensuring adequate financing and proportionate allocation of financial resources for various components of SRH.
5. Ensuring Reproductive Health Commodity Security.

Good health services are those which deliver effective, safe, quality personal and non-personal health interventions to those that need them, when and where needed, with appropriate utilisation of available resources. Service delivery at all levels is guided by the essential health care package (EHCP). Routine and proper maintenance of physical health infrastructure is pre-requisite for adherence to standard, provision of quality SRHC and client satisfaction.
A list of different partners and their roles is annexed.

5.1 Implementation

The policy shall be regulated by the Health services Act as well as the Public Health Act and/or its revisions. In line with the Health sector Policy and Strategic Plan, this policy shall be translated into the SRH strategic plan, organizational and departmental work plans, operational protocols and guidelines.

5.2 Financing

Implementation of this policy shall be funded primarily by Government with contributions from development partners and private sector. Innovative public, private partnership is encouraged. The Ministry's budget shall reflect details of the SRH Strategic plan and approved action plan. The SRH Strategic Plan shall be costed and be used for resource mobilization in the public sector and development partners.

5.3 Reproductive Health Commodity Security

The Ministry of Health shall ensure availability of resources for reproductive health commodity security.

5.4 Human resources

The Ministry of Health shall endeavour to provide competent and adequate quantities of SRH human resources in line with Human Resources for Health requirements.

5.5 Coordination of partners

The Ministry of Health shall co-opt strategic partners, supervise and monitor their activities to achieve the goals of this policy.

5.6 Monitoring and evaluation of the policy

Monitoring and evaluation of the policy will be done to determine whether its implementation is on course and the objectives are being achieved. The monitoring and evaluation unit of the Ministry will be responsible for the monitoring and evaluation of this policy. Implementation shall be monitored through establishment of baselines, indicators and targets as well as the timeframe for the M&E activities to be conducted. Annual progress review meetings and periodic evaluations as well as preparation and dissemination of the related reports will be conducted through the M&E Unit in collaboration with the SRHP.

5.7 Policy Revision

This policy will be reviewed after 5 years of its approval based on the progress generated through M&E activities. The MoH through the SRHP will be responsible for initiating and leading the review process in consultation with the relevant stakeholders.

6.0 CONCLUSION

The development of the SRH Policy is a major step towards ensuring universal access to quality SRH services for all the people of Swaziland. The SRH Policy calls for the establishment of an enabling environment through strengthening of the capacity of the SRHP, increase coverage of SRH services, provide competent health professionals at all levels of the health system.

The successful development of an SRH strategy based on this Policy will depend greatly on the leadership of the MoH through the Sexual and reproductive Health Programme in harnessing the inputs of the relevant stakeholders, creating working partnerships with the implementing/development partners in ensuring coordination. Mobilization, allocation and management of resources will be critical for the successful implementation of this policy.

The understanding, adoption and implementation of this Policy will contribute positively to the improvement of peoples' sexual reproductive health and rights.

7.0 REFERENCES

1. Central Statistical Office (2007), Swaziland Population and Housing Census, Mbabane, Swaziland.
2. Central Statistical Office and Macro International (2007), Swaziland Demographic and Health Survey, Mbabane, Swaziland.
3. World Bank (2006), World Development Indicators, Washington DC.
4. CSO 2010. Multiple indicator cluster survey
5. KPMG 2011. Interim Report: Evaluation of the Civil Servants Medical Referral Scheme and Phalala Fund.
6. MoEPD (1997), Swaziland National Development Strategy, a Twenty-five Year Vision.
7. MoEPD (2006), Poverty Reduction Strategy and Action Plan (PRSAP), Mbabane, Swaziland.
8. MoEPD (2006), The National Decentralisation Policy, Mbabane, Swaziland.
9. Ministry of Health (2007), National Health Policy, Mbabane, Swaziland.
10. MoH (2011), Management Guidelines for common Obstetric and Gynaecologic Conditions
11. MoH (2011), Swaziland Primary Health Care, Mbabane, Swaziland.
12. MoHSW(2009), National Health Sector Strategic Plan 2008-2013, Mbabane, Swaziland.
13. MoH (2009), Campaign for the Reduction of Maternal Mortality in Swaziland, Mbabane, Swaziland.
14. MoHSW (2002), SRH Strategic Plan of Action 2002 – 2006, Mbabane, Swaziland.
15. MoHSW (2008), Integrated SRH Strategic Plan of Action 2008 – 2015, Mbabane, Swaziland.
16. MoH (2010), Pharmaceutical Policy, Mbabane, Swaziland.
17. NERCHA (2009), The National Multi – Sectoral Strategic Framework for HIV and AIDS 2009 – 2014, Mbabane, Swaziland.
18. MoH (2010), Guidelines For Prevention of Mother to Child HIV Transmission, 3rd ed.
19. MOH (2011), The SRH Situational Analysis.
20. Ministry of Education and Training Swaziland (2011). Secondary/High School Guidance and Counseling Syllabus Form One to Form Five 2012-2017, Mbabane, Swaziland.
21. Deputy Prime Minister's Office (2011), National Gender Policy, Mbabane, Swaziland.
22. MoEPD (2002) Smart Programme for Empowerment for Economic Development. Mbabane Swaziland.
23. MoSCYA (2009), National Youth Action Plan 2009-2013, Mbabane, Swaziland.
24. MoSCYA (2009), Swaziland National Youth Policy

25. UN (1994), the ICPD Programme of Action, United Nations, New York, USA.
26. UN Millennium Development Goals. At http://www.un.org/miilenniumgooals/.
27. African Union (2001), The Abuja Declaration on HIV/AIDS; Malaria, TB and other Infectious Conditions, Addis Ababa.
28. African Union (2006), Universal Access to Comprehensive Sexual and Reproductive Health Services in Africa, The Continental Policy Framework for Sexual and Reproductive Health and Rights 2007-2010, Addis Ababa.
29. UNAIDS/WHO (2007), AIDS Epidemic Update, Geneva.
30. UNGASS (2011), Declaration of Commitment on HIV/AIDS, New York, USA.
31. SADC (2008), Gender Protection Protocol, Gaborone, Botswana.
32. MoH/WHO (2010), Service Availability Mapping, Geneva.
33. MoH/UNFPA (2011), Situational Analysis of the SRH&R, Mbabane, Swaziland.
34. Kingdom of Swaziland (2005), Constitution of Swaziland, Mbabane, Swaziland.
35. UN (1967),The Convention on the Elimination of all Forms of Discrimination against Women, New York, USA.
36. WHO (2002), Community Participation in Local Health and sustainable development. Approaches and techniques.

Annex 1: List of National and International Partners

Planning and service provision in SRH is led by the MOH and implemented in collaboration with international and bilateral partners and civil society most of whom are listed below:

Civil Society Organizations
Family Life Association Swaziland
Elisabeth Glaser Pediatric AIDS Foundation
Mothers to Mothers
Swaziland National Youth Council
AIDS Health Care Foundation
Clinton Health Access Initiative
Baylor Clinic
Population Services International
Khulisa Umntfwana
Swaziland Action Group Against Abuse
Swaziland Breast and Cervical Cancer
Swaziland Infant Nutrition Action Network
Alliance of Mayors Initiative for community actions on AIDS at the local level
Lusweti
Baphalali Red Cross
Swaziland National Network of People Living with HIV
Save the children
UNISWA
NERCHA
Training Institutions

Development partners
European Union
President Emergency Plan for AIDS Relief
United Nations Agencies
World Bank

Ministry of Health
Swaziland National Nutrition council
Swaziland National AIDS programme
Expanded programme on immunization
School Health Programme
Strategic Information Department

Annex 2: Consultants and coreteam for the development of the policy

The consultants who facilitated compilation of this policy are:

1. Professor Valentino Lemo
2. Dr Lewis Ndhlovu
3. Ms Happiness Mkhatshwa

The core team which worked with the consultants were as follows:

Name and Surname	Organization
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Ms Thamary Silindza	UNFPA
Mr Petros Dlamini	UNFPA
Ms Marjorie Mavuso	UNFPA
Ms Sanelisiwe Tsela	UNFPA
Ms Gcinile Buthelezi	USG/ CDC Chief of Party
Ms Emma Bicego	National Population Unit
Dr Mathe	Mbabane Government Hospital
Mr Makhosini Mamba	UNICEF
Ms Dudu Dlamini	WHO
Professor Nonhlanhla Sukati	UNISWA Faculty of Health Sciences
Dr Winnie Nhlengethwa	SANU
Ms Dudu Simelane	The Family Life Association of Swaziland
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Matron Marilyn Msibi	Sithobela Health Centre

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