

## TECHNICAL BRIEF

# Coordination and Collaboration to Enhance Integrated HIV/Sexual and Reproductive Health Services for Adolescent Girls and Young Women: Lessons from Five African Countries

## Background

Adolescent girls and young women (AGYW) face a disproportionately high risk of unwanted pregnancy, unsafe abortion, and sexually transmitted infections (STIs) including HIV/AIDS. Some of the structural factors (e.g., early marriage and childbearing, untoward social and gender norms, and poverty) act as fuelling factors of this double epidemic. The findings of the Evidence for Contraceptive Options and HIV Outcomes (ECHO) trial confirmed an unacceptably high incidence of HIV infection and other STIs among AGYW seeking contraception in the study areas and limited choices for HIV prevention and contraception. One of the approaches to address this gap is through enhancing integration of sexual and reproductive health (SRH) and HIV. SRH services can provide an opportunity to reach women and young girls with HIV prevention, treatment, and care, while people living with HIV and those at high risk of HIV can be reached through HIV services with SRH care, including contraception, infertility treatment, STI management, cervical cancer screening, and antenatal care. The integration of HIV and SRH services is a health systems response with the potential to increase access and uptake of services, improve staff and client satisfaction, extend coverage and reduce costs to users and services, ultimately improving joint SRH and rights (SRHR) and HIV outcomes. Ultimately, integration aims to improve the dual health outcomes related to SRH and HIV, such as reduced HIV/STI infections, AIDS-related deaths, unintended pregnancies and maternal mortality, cervical cancer, and gender-based violence.

Despite decades of evidence of the benefits of SRH and HIV integration, to date, many countries, especially those located in sub-Saharan Africa, have not adequately integrated these services. In view of this unmet need, the Global Fund designed the AGYW Strategic Initiative (Component 2), which Jhpiego implemented, to focus on supporting Tanzania, Kenya, South Africa, Zimbabwe, and Mozambique to address this gap by enhancing HIV/SRH system integration and readiness. To advance SRH/HIV integration for AGYW within each of five countries, significant work was necessary to strengthen coordination and collaboration. In this document, the project team highlight lessons learned about the challenges and successes the project had related to coordination and collaboration and put forth recommendations to better prepare for and manage this process.

## Strategic Approach

In each of the five countries, the process for strengthening coordination and collaboration followed a structured approach consisting of four key steps: landscape analysis, consensus building, planning, and operationalization (see **Figure 1**).

1. **Landscape Analysis:** This initial step involved conducting a comprehensive analysis of the existing landscape pertaining to the integration of SRH/HIV services. This analysis aimed to identify existing coordination structures, gaps, challenges, and opportunities within the system. Stakeholders examined factors such as existing policies, programs, resources, and stakeholder engagement mechanisms to gain a holistic understanding of the context.
2. **Consensus Building:** Once the landscape analysis was completed, stakeholders engaged in a process of consensus building to align on priorities, objectives, and strategies for strengthening coordination and collaboration. This involved facilitating dialogue, negotiation, and agreement among diverse stakeholders, including government agencies, NGOs, donors, and community representatives. Consensus building ensured that all stakeholders were committed to a shared vision and approach towards SRH/HIV integration.
3. **Planning:** With consensus established, stakeholders proceeded to develop detailed plans outlining specific actions, timelines, responsibilities, and resources needed to strengthen coordination and collaboration. These plans were informed by the findings of the landscape analysis and the agreed-upon priorities identified during the consensus-building phase. Planning activities included establishing new task forces or revitalizing existing ones, developing operational plans, setting performance indicators, and allocating resources accordingly.
4. **Operationalization:** The final step involved translating plans into action. Stakeholders implemented the identified strategies and activities, monitored progress, and made adjustments as necessary to ensure effective coordination and collaboration. This phase focused on putting systems and structures in place to facilitate ongoing communication, coordination, and decision-making among stakeholders.

Throughout the process, three guiding principles—**accountability, sustainability, and data-driven action**—were emphasized. Stakeholders committed to holding themselves accountable for achieving agreed-upon objectives and outcomes. Additionally, efforts were made to ensure that interventions were sustainable, considering factors such as resource availability, institutional capacity, and local ownership. Data-driven action ensured that decisions were informed by evidence and monitoring data, enabling stakeholders to track progress, identify areas for improvement, and make informed adjustments to their approaches.

Figure 1. Strategic approach to coordination and collaboration to strengthen integrated SRH/HIV services for AGYW



TWG, technical working group; MEL, monitoring, evaluation, learning

## Implementation

### Landscape mapping

The purpose of landscape mapping was to better understand and identify the stakeholders, resources, and challenges that influence the health and well-being of AGYW. **Table 1** provides a detailed account of landscape mapping activities across the five countries. While each country had unique contextual factors that influenced the mapping, there were a few overarching themes across all countries, including meaningful stakeholder engagement, collecting evidence, and making well-informed decisions.

- **Engagement of Key Stakeholders:** Whether through tripartite meetings, task force involvement, or technical working groups (TWGs), there was a thoughtful and consistent effort to involve relevant stakeholders in the project and to ensure that diverse perspectives are considered.
- **Structured Approaches:** The revitalization or establishment and/or development of new national task forces and TWGs allowed for a structured approach to coordination and implementation.

- **Understanding and Analysis:** Through stakeholder mapping, reviewing data, and examining literature and desk resources, a common theme emerged about the importance of understanding the context in order to make informed decisions regarding AGYW.
- **Focus on Insights and Recommendations:** Through focus group discussions, technical reports, and consultations, all country gathered insights and developed recommendations to ensure that project activities are tailored to the local context and local needs.

**Table 1. Landscape mapping activities, by country**

Country	Stakeholder Mapping	Guidelines & Tools Review	Gap/Root Cause Analysis	Performance Review (functionality)
Kenya	Building on the initial World Health Organization (WHO) landscape analysis report, through consultations with the Ministry of Health (MOH) and TWG, Jhpiego was able to identify the different stakeholders in the integration space. The mapping and analysis of stakeholders provided valuable insights, aiding in stakeholder engagement, consensus-building, and facilitating the transition of tasks to the MOH and other partners.	Developed an assessment checklist for rapid assessment of the implementation of the integration framework, including key indicators.	Completed an extensive desk and literature review to generate themes around integration.  Collected qualitative data to learn from experience-based insights and to develop recommendations. Service use data was reviewed as well as Kenya Health Information System reports.	Aligned the technical assistance (TA) scope with MOH priorities and interests, ensuring relevance and common interest.
Mozambique	Conducted mapping and analysis of stakeholders, which identifies key actors involved in implementing, coordinating, and supporting SRH/HIV integration activities. Key stakeholder engagement activities included consultation workshops with (AGYW) regular TWG meetings to align efforts, and training sessions for health care providers. The stakeholder mapping tools implemented for this activity were adopted by the MOH as part of partners' management and coordination.	Existing training materials were revised and complementary tools were developed for AGYW SRH/STI/HIV providers. Consultations with beneficiaries and health care providers led to the update of the adolescent and youth services supportive supervision checklist and quality improvement checklist. The updated guidelines, standard operating procedures (SOPs), and quality assurance tools	A comprehensive review of existing national policies, guidelines, frameworks, and SOPs was conducted to identify gaps and weaknesses.  A consultation and validation national meeting was conducted with all relevant stakeholders including those from the gender-based violence multisectoral group (education and youth).	Reviewed data collection tools and performance indicators Collected and analysed data to monitor service quality Used dashboards to improve data visualization, evaluation systems, and to revise data collection tools Facilitated continuous improvement through use of performance checklists (similar to a standards-based management and recognition approach)

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Country	Stakeholder Mapping	Guidelines & Tools Review	Gap/Root Cause Analysis	Performance Review (functionality)
		<p>were then disseminated to health care providers and implementing partners. Finally, quality assurance and monitoring and evaluation (M&amp;E) indicators, along with reporting tools, were established to monitor the implementation of integrated SRH/HIV services and support decision-making processes.</p>		
<b>South Africa</b>	<p>Conducted focus group discussions with young people and health care workers to better understand their insights and perspectives around digital self-care and the adolescent and youth friendly service (AYFS) programme.</p>	<p>Developed a technical report on the status of AYFS training curriculum, highlighting best practices, gaps, and recommendations.</p>	<p>A desktop review on digital self-care was conducted to assess its efficacy, identify gaps, and provide recommendations for the South Africa digital self-care program.</p> <p>A comprehensive database and visual map of adolescent and young people (AYP) partners was developed to facilitate coordination and program monitoring by the MOH.</p>	<p>Coordinated with the South African National AIDS Council's efforts to establish linkage to staff at the Department of Health.</p>
<b>Tanzania</b>	<p>Consultative AGYW stakeholder mapping and analysis was conducted under the leadership of the Tanzania Commission for AIDS (TACAIDS) and in close coordination with the National AIDS, STIs and Hepatitis Control Programme (NASHCoP) and the Directorate for Maternal and Child Health (DRMCH). This exercise facilitated the identification and updating of the AGYW stakeholders'</p>	<p>Reviewed the terms of reference (TOR) of the MOH's FP/HIV integration TWG and the AYAS Sub-Technical Working Committee, under the Prime Minister's Office, with TACAIDS serving as a secretariat). Also developed the national operational guidelines for integration</p>	<p>Conducted a desk review of national AGYW and SRH/HIV integration strategies, policies, guidelines, and tools.</p> <p>A SWOT (strengths, weaknesses, opportunities, and threats) analysis of national coordination structures and functionality was conducted,</p>	<p>A two-year retrospective review of SRH/HIV integration indicators was conducted to examine current performance and establish a baseline. Additionally, a data review and consensus meeting of Tanzania's FP2030 commitment was conducted to assess progress towards goals.</p>

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Country	Stakeholder Mapping	Guidelines & Tools Review	Gap/Root Cause Analysis	Performance Review (functionality)
	<p>directory. Existing platforms such as the Adolescent and Young Stakeholders (AYAS) HIV Prevention Sub-Technical Working Committee and the Family Planning (FP)/HIV Sub-Technical Working Group were used to inform the process. Overall, this exercise was pivotal in obtaining stakeholders' buy-in and to validate and prioritize the country's SRH/HIV integration TA focus.</p>	<p>(NOGI) of sexual, reproductive, maternal, newborn, child, adolescent health (SRMNCAH) and HIV. In addition to that, tracer SRH/HIV integration indicators and a one-year implementation plan for rolling out SRH/HIV integration activities were also developed.</p>	<p>identifying areas for improvement, such as leadership, membership structure, agenda, and key performance indicators.</p>	<p>Specifically, progress towards meeting commitment #1 (i.e., increase access and utilization of modern contraceptives among adolescents from 13% to 20% by 2025) was examine.</p>
<p><b>Zimbabwe</b></p>	<p>Conducted a tripartite meeting with UNDP (Global Fund Principal Recipient) and UNICEF to identify AGYW stakeholders for engagement in our work.</p> <p>Identified the HIV Prevention TWG under the Ministry of Health and Child Care (MOHCC) and Young People, HIV and AIDS TWG under the National AIDS Council (NAC) as appropriate structures to collaborate on project implementation. Furthermore, we facilitated the review of the TORs and composition of the Young People HIV/AIDS TWG. Additional stakeholders were identified and invited to take part in the planning meetings.</p>	<p>Conducted the first stakeholder review consultative workshop on the Communication Plan.</p> <p>Reviewed draft to incorporate stakeholders' inputs (done under the leadership of the task force) and develop the second draft.</p>	<p>Conducted a comparative analysis (desk review) of the current global versus national normative guidelines and policy on pre-exposure prophylaxis (PrEP) to identify areas requiring implementation guidance.</p>	<p>A National PrEP Taskforce was established within the TWG to spearhead the development of a PrEP communications plan.</p> <p>Implementation activities are reported during quarterly TWG meetings (supported by NAC and funded by the National AIDS Trust).</p>

## Consensus building

Consensus-building activities aimed to unite stakeholders around how best to deliver integrated SRH/HIV services. **Table 2** describes the various activities implemented across all countries to meet this objective. Key similarities in consensus building across all countries are included below.

1. **Strategic Planning and Alignment:** The activities involve convening stakeholders to develop shared visions, reprioritize actions based on impact and alignment with national policies, and develop work plans. This ensures that interventions are strategically planned, aligned with national priorities, and have the potential for impact.
2. **Relationship Building:** The activities involve conducting one-on-one meetings, stakeholder workshops, and multi-stakeholder introductory meetings with key partners like UNDP, UNICEF, MOH, U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), including DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe), U.S. Agency for International Development (USAID), WHO, and others. These efforts aim to engage diverse stakeholders, validate findings, prioritize actions, and build consensus on the country's action plan.
3. **Advocacy and Resource Mobilization:** Advocacy efforts across all countries helped raise awareness around SRH/HIV integration and helped to mobilize the required resources.
4. **Technical Assistance and Capacity Building:** Meetings with MOH to analyse service indicators, data collection tools, and planning sessions with TWGs with a focus on TA, capacity building, and aligning project activities with national priorities and guidelines.

Table 2. Consensus-building activities, by country			
Country	Multi-stakeholder Consultations	Prioritization	Validation
Kenya	The stakeholder mapping was followed by a stakeholder consultation organized to secure buy-in and prioritize actions based on the WHO landscape analysis. These were done with the MOH and with the multi-stakeholder TWG meetings. This helped in raising awareness within the MOH on the opportunity to meet national priorities through technical assistance.	Convened four divisions of MOH (Division of Reproductive and Maternal Health [DRMH], National AIDS and STI Control Programme [NASCO], National Syndemic Diseases Control Council [NSDCC], and National Tuberculosis, Leprosy and Lung Disease Program [NLTP]) to agree to work together and jointly implement activities guided by the MOH’s priorities.	Facilitated discussion and consensus between the MOH and non-state actors on how to address gaps in health services, and validated and prioritized country action plans and revised a framework for integration.
Mozambique	Conducted advocacy meetings with each stakeholder to leverage expectations and resources to advance technical assistance on SRH/ HIV integration.	Conducted meetings with the MOH and DREAMS to analyse service indicators and data collection tools, aiming to improve decision-making processes. The analysis focused on integrating indicators for HIV prevention services and FP, with findings	Engaged stakeholders, including government bodies, NGOs, and community representatives, to validate and prioritize implementation actions. Conducted sessions to gather insights from AGYW to ensure their needs and perspectives are reflected in service

**Table 2. Consensus-building activities, by country**

Country	Multi-stakeholder Consultations	Prioritization	Validation
		supporting the revision of the monitoring and evaluation framework.	delivery and quality improvement. Regular meetings with the MOH and other technical partners to review and update the TOR for relevant task forces.
<b>South Africa</b>	<p>Assisted National Department of Health (NDOH) to conduct a series of provincial meetings to introduce and build consensus about the implementation of the digital self-care pilot.</p> <p>Organized sessions with project participants, the national and local ministries, local partners, and other local stakeholders. Other stakeholders engaged included young people and health care workers.</p>	<p>Convened key stakeholders to develop a shared vision of successful integration.</p> <p>Led by the NDOH, consulted with members of the SRH/HIV core team (i.e., South African National AIDS Council, WHO, and UNICEF) to determine an initial list of priorities and to develop and validate a workplan.</p>	Conducted a workshop with AYFS trainers and provincial programme managers to review and validate findings from the interviews with health care providers working in the youth programme.
<b>Tanzania</b>	<p>Multi-stakeholder introductory meetings were held with key stakeholders in the AGYW ecosystem, such as Amref (GF Principal Recipient 2), PEPFAR/DREAMS, USAID FP Integration Team, WHO, UNICEF, and others.</p> <p>Planning meetings were conducted with the Secretary of the AYAS technical working committee and the focal person of the FP/HIV Integration Technical Working Group.</p> <p>Virtual and face-to-face meetings with government technical and program leaders were held to address gaps in SRH/HIV integration and ensure project alignment with the WHO-led landscape analysis and country action plans. This include TACAIDS, Tanzania National Coordinating Mechanism, and various divisions of the MOH</p>	Built multi-stakeholder consensus on priority country actions requiring Jhpiego support and those to be included in the Global Fund Grant Cycle 7 (GC7) funding request and advocated for inclusion of priority country actions in other implementers' scopes.	Convened AGYW multi-stakeholder meetings to review, validate, and update the SRH/HIV integration gaps and country actions plans. This included reprioritizing country actions based on new criteria such as impact, alignment with the 5 <sup>th</sup> National Multi Sectoral Framework on HIV and AIDS 2021/22–2025/26, 5 <sup>th</sup> Health Sector HIV and AIDS Strategic Plan 2021/22–2025/26, National Plan for RMNCAH+N 2021/22–25/26 (One Plan III), National Accelerated Investment Agenda for Adolescent Health and Wellbeing 2021/22–24/25, and other relevant country policies and guidelines.



**Table 2. Consensus-building activities, by country**

Country	Multi-stakeholder Consultations	Prioritization	Validation
<p><b>Zimbabwe</b></p>	<p>Conducted one-on-one meetings with key stakeholders (UNDP, UNICEF, MOHCC)</p> <ul style="list-style-type: none"> <li>• The engagement with UNDP was to give an update on project implementation and soliciting support in engaging other UN partners and the NAC.</li> <li>• The engagement with UNICEF was to identify areas of collaboration and avoid duplication of services in providing technical assistance to NAC and the MOHCC.</li> <li>• The engagement with the MOHCC was to introduce the program and get their ministerial approval since they are the custodians of all health-related work in the country.</li> <li>• The engagement with the HIV Prevention TWG was to get their support to lead the implementation of the program in the country and to facilitate the stakeholders’ workshop on collaboration with the Young People HIV and AIDS TWG.</li> </ul>	<p>Held a multi-stakeholder workshop where participants reviewed highlights of the WHO-led landscape analysis report, shared updates on the P-SAT findings with a focus on HIV prevention/SRH integration gaps and opportunities for improvement prioritized activities and built a consensus on the country's action plan.</p>	<p>Conducted one-on-one meetings with NAC leadership and MOHCC leadership to validate and endorse the Country Action Plan</p>

## Planning

**Table 3** includes similarities in planning activities across the participating countries along four key themes:

1. **Strategic Planning and Roadmapping:** Planning meetings with the MOH to draft guidelines and develop comprehensive roadmaps to guide the implementation of integrated services and address existing gaps.
2. **Operational Planning and Task Forces:** Establishment of operational plans and task forces with defined terms of reference ensure clarity of roles and responsibilities.
3. **Resource Mobilization and Advocacy:** Efforts to support the implementation of initiatives, such as advocating for resources and pledging support from partners.
4. **Institutionalization of Relationships and Accountability:** Defined structural and systematic measures to institutionalize relationships and accountability beyond individuals in recognition of the importance of role of systems issues in longer-term sustainability efforts.

Table 3. Planning activities, by country				
Country	Roadmap Development	Measures of Success & Indicators	Budgeting	Validation
Kenya	In partnership with the four divisions, a small working group was set up comprising NASCOP, NSDCC, DRMH, and Jhpiego to review the landscape analysis recommendations. A road map of activities and a budget was developed and adopted. These were shared with the integration TWG for ownership.	The team settled on the revised TWG TORs, integration assessment report, and integration framework as the key measures of success, tracked over the period.	Guided the working team in the planning process to develop a workplan, budget for priority activities, and validate these plans during TWG meetings.	The developed roadmap and budget were shared with the integration TWG for validation.
Mozambique	In partnership with the MOH and other stakeholders, a comprehensive roadmap was developed to guide the implementation of integrated services while addressing deficiencies across the health systems. This involved developing operational plans and country-specific action plans to prioritize activities across task force members. Selection criteria were developed to ensure the representation of diverse stakeholders, including AGYW and service providers, within the task forces.	Established measures of success and indicators include increased availability and accessibility of AYFS in health care facilities, enhanced coordination among stakeholders involved in SRH/HIV integration, improved data collection and analysis to inform decision-making and policy goals regarding integration efforts, enhanced capacity of health care providers to deliver integrated SRH and HIV services, and increased	Developed a detailed budget to support the activities outlines in the roadmap, including the resources need for coordination meetings and workshops, human-centred design and co-design sessions with AGYW, development and dissemination of training resource, data collection and analysis efforts, and	Conducted rapid stakeholder consultations to validate and prioritize implementation actions.  Developed a National HIV/FP/SRH Integration Accountability Framework in collaboration with MOH and other stakeholders.

**Table 3. Planning activities, by country**

Country	Roadmap Development	Measures of Success & Indicators	Budgeting	Validation
		participation and engagement of AYP in the design and implementation of integrated services.	capacity-building initiatives for health care providers.	Coordinated stakeholder consultations focused on validation processes.
<b>South Africa</b>	<p>Coordinated with the NDOH to host a national TWG meeting where the digital self-care pilot project was introduced. During this workshop, stakeholders pledged their support towards the success of the pilot. Sub-TWGs for different components of the project (i.e., demand creation, technology, protocol development, and M&amp;E) were also set up.</p> <p>Strengthened working relationship with the NDOH and other stakeholders through open lines of communication on progress towards implementation activities.</p>	<p>Led sub-TWG meetings for demand creation and technology for the digital self-care pilot on behalf of NDOH to strategize and plan how these two aspects will be carried out effectively. Held feed-back sessions with NDOH on progress. This work resulted in the collective development of a comprehensive process flow outlining how products will be accessed via the machines. It also included the development of draft demand strategy.</p> <p>To strengthen AYFS, a recommendation was made by Jhpiego to NDOH to establish a national AYFS committee that will work on revising the curriculum and meet periodically to review programme progress.</p>	Supported the NDOH to advocate with partners to pledge resources towards the implementation of the digital self-care pilot project, including a costing presentation by CHAI. Partners pledged over R12,000,000 in support.	<p>Conducted a national AYFS meeting to review and validate findings from engagements with AYP and health providers.</p> <p>Conducted a co-design workshop with AYP, ministry and partner programme coordinators, and health care providers to discuss and validate findings from engagements with AYP and providers and, thereafter, work together to use those findings to develop strategies and messages to create demand for the digital self-care programme.</p>
<b>Tanzania</b>	Under the leadership of TACAIDS, and in close coordination with NASHCoP, DRMCH, AGYW implementing partners (international and local NGOs), and AGYW representatives, an implementation plan for priority actions was developed, outlining activities to be supported by Jhpiego. In view of the timelines of the project, other	The short-term metrics of success were the revitalization of the AYAS Sub-TWC and the FP/HIV Integration Sub-TWG (i.e., updated AGYW stakeholders' list), incorporation of SRH/HIV integration indicator, and partner performance as a permanent	Priority actions to be supported under Jhpiego's TA were costed and a budget was developed accordingly. Activities for the remaining SRH/HIV integration priorities were	The list of priority actions and budget, including both those supported under this work of the AGYW SI TA and those for inclusion to the GC7 scope, were presented at the AYAS Sub-TWC and FP/HIV

**Table 3. Planning activities, by country**

Country	Roadmap Development	Measures of Success & Indicators	Budgeting	Validation
	<p>priority actions were integrated into the GC7 scope (2024–2026).</p>	<p>standing agenda in the planned Sub-TWC/TWG meeting. Additionally, the metrics also included meaningful engagement of AGYW and adolescent boys and young men, and the review and dissemination of the NOGI of SRMNCAH and HIV to regional and sub-national levels.</p>	<p>costed and incorporated in the GC7 funding request.</p>	<p>Integration Sub-TWG for review and validation.</p>
<p><b>Zimbabwe</b></p>	<p>Held a meeting with NAC chief executive officer to leverage its mandate to coordinate emerging priority programs for AGYW and adolescent boys and young men, male engagement, social enablers, and community response in addressing SRH/HIV integration gaps.</p> <p>Additionally, planning meetings were held with the NAC communications manager and the 10 NAC provincial managers in Zimbabwe on the PrEP communication plan development workshop.</p> <p>Held planning meetings with the MOHCC to draft and review tools and guidelines for integrated HIV testing services (HTS) for children and adolescents.</p> <p>Established an HTS taskforce to plan and develop an animation video on provision of HTS services for children and adolescents.</p> <p>Actively participated in the HIV Prevention TWG developing Integrated HTS SOP for children and adolescents and facilitated the design and printing of HTS SOPs for health care providers in Zimbabwe.</p>	<p>Developed a draft PrEP communications and M&amp;E plan.</p> <p>An animation video on addressing barriers on HTS provision for children and adolescents in Zimbabwe was produced to use as a job aid by health care workers</p> <p>HTS SOPs designed and printed and operationalized.</p> <p>Health workers trained on SOPs and job aids.</p>	<p>Coordinated the development of a budget to be included in the PrEP Communication Plan for implementation of activities</p> <p>A budget has been drafted to roll out trainings targeting health care workers on HTS SOPs and job aid and packaging of the videos</p> <p>NAC budgeted to print more SOPs and conduct trainings at community level.</p>	<p>Conducted a meeting With PrEP taskforce to validate the draft PrEP Communication Plan.</p> <p>Animation video was screened and validated at the HIV Prevention TWG and comments were incorporated in the final edition.</p> <p>HTS SOPs were validated at two regional workshops with health care workers representing 10 provinces in Zimbabwe. Many changes were incorporated in the final document.</p>

## Accountability

### Tanzania

- Inactive/dormant TWGs, which do not have a good representation of all the key stakeholders, and TWGs that do not have clear TORs (including SOPs and a structured agenda) are a recipe for failure to ensure stewardship of integration.
- Putting the government in the driver's seat and consultative engagement is key to success.

### South Africa

- The project worked to ensure the sitting of the national SRH/HIV TWG. This body coordinates, monitors, and evaluates program objectives. It is an accountability structure where both government and partners report on work conducted and plans for future implementation.

### Kenya

- Brought four divisions of MOH (DRMH, NASCOP, NSDCC, and NLTP) to the table to agree to jointly implement the task. This led to ownership of the process by the MOH, which guided and ran the agenda. Relations between the four divisions are critical for the success of integration. Structural and systematic measures need to be defined to institutionalize the relationship and accountability beyond individuals. The integration TWG is intended to be an accountability tool to the integration committee comprising the four divisions.

## Sustainability

One of the key lessons was the importance of provincial-level participation in the national TWG so that they become part of decision-making at a national level, for easier adoption of new interventions that need to be implemented by provinces and their constituencies, i.e., districts and facilities.

### Tanzania

- The high-impact approach used was a consultative stakeholder mapping and analysis combined with a SWOT analysis of the existing TWG coordination structure and functions; this provided insights on the revision of the TORs and recommendations on what needs to be done differently to sustainably revitalize the TWGs.
- Newer partners implementing SRH/HIV integration were identified and included in two TWGs, partner commitments to support upcoming meetings for year 2023 were obtained, and consensus on the TWG meeting structure and agenda (*which included the need to track integration progress by building the review of key SRH/HIV integration indicators into the permanent agenda*) was reached.
- The inclusion of a costed implementation plan as part of the NOGI is envisioned to be used for resource mobilization and allocation.

## Data-Driven Action

Using data to make the argument that integration is necessary—data drives engagement and prioritization.

### Mozambique

- Using data produced by the MOH adolescents and young people was crucial to show the need for better coordination because analysing the data on integration of services made clear the fragmentation in the provision of services, data collection, and coordination.

### Tanzania

- Agreement on TWG meeting structure and agenda (which included the need to track integration progress by building the review of key SRH/HIV integration indicators into the permanent agenda) was reached.
- Review of RMNCAH/HIV integration indicators collected through the DHIS to gauge both the current (2023) and past performance (retrospect review going back four years) provided better insights on the need to strengthen integration and further use data to monitor implementation. The biggest program learning is that successful implementation of integration guidance/guidelines needs to be linked to meaningful indicators that are SMART.
- Initiated a data-driven approach (establish indicator and review past four years to see how we have been performing).

### Kenya

- Using the integration assessment tool, data was collected, analysed, and used to identify the successes and gaps in the progress of integration during the implementation period between 2018–2022. This provided insights on strategic areas to prioritize in the newly developed integration framework. It also provided a review of the indicators in the framework.

## Implementation and Operationalization

Translating plans into specific actions to strengthening coordination and collaboration in integrating SRH and HIV services, focused on advocacy, policy development, capacity building, monitoring and evaluation, multisectoral collaboration, and data-driven decision-making (see **Table 4**).

Table 4. Implementation and Operationalization, by country				
Country	Implementation	Advocacy	Support to Coordination Structures	Tracking Performance
Kenya	Jhpiego supported the integration TWG for stakeholder buy-in and support. An MOH validated assessment tool was then developed and used to assess 24 select health facilities. Jhpiego supported stakeholder workshop to review the integration framework as per the gaps and opportunities identified and provided a draft framework to the MOH.	Leveraged existing relationships to conduct advocacy with MOH stakeholders to rally their support and commitment. Advocated with the ongoing implementing mechanisms to support continuity of the stakeholder engagement.	Worked with the MOH to advocate for inclusion of support for coordination within the GC7 funding application that would sustain support to the coordination structures.	Supported the development and revision of a draft integration framework and draft implementation plan, which the MOH will finalize in 2024 through the TWG and integration committee support.
Mozambique	Executed the development and dissemination of the AYFS training package for health care providers, covering essential topics like PrEP, STI, and FP.  Reviewed and updated the AYFS mapping and service rating tool to enhance the quality and accessibility of services.	Engaged in advocacy efforts to promote the importance of SRH/HIV integration, emphasizing the need for comprehensive services tailored to the needs of adolescents and youth.  Collaborated with relevant stakeholders to advocate for policy changes and resource allocation to support integrated SRH/HIV services.	Conducted extensive consultations with adolescents and youth using human-centred design principles to ensure their active participation in decision-making processes.  Revised the scope of multisectoral TWG, integrating services as a cross-cutting issue on the agenda to improve coordination among stakeholders. Provided support to coordination mechanisms, ensuring effective collaboration between governmental bodies, NGOs, health care providers, and communities.	Developed and implemented a monitoring and evaluation framework to track the progress and outcomes of SRH/HIV integration efforts.  Established performance indicators to measure the effectiveness of interventions and identify areas for improvement.  Conducted regular evaluations to assess the impact of implemented actions and adjust strategies accordingly for continuous improvement.

**Table 4. Implementation and Operationalization, by country**

Country	Implementation	Advocacy	Support to Coordination Structures	Tracking Performance
<b>South Africa</b>	Streamlined decision-making processes and activities for integration, such as organizing meetings and building consensus for information, education, communication materials, breaking down silos between key decision-makers, and ultimately facilitating the achievement of integration program objectives.	<p>Lobbied partners on behalf of NDOH to leverage their existing resources to support NDOH to meet its objectives for SRH and rights/HIV integration.</p> <p>Supported and at times co-facilitated joint meetings with different divisions of the ministry serving AYP (i.e., HIV, condoms, SRHR, school health), enhancing collaboration between the national SRH and HIV departments.</p>	<p>Supported strengthening of the national SRH/HIV core team coordinating structure to oversee and make decisions on SRH/HIV programs nationwide. A WhatsApp group was established to enhance coordination and communication, ensuring representation from both SRHR and HIV directorates.</p> <p>Led the Technology sub-TWG and Demand Creation sub-TWG on behalf of the ministry to enhance collaboration between the national SRH and HIV departments.</p>	<p>NDOH needs to adopt at least three integration indicators, which can be reviewed nationally, during the quarterly TWG meetings. This could also assist in strengthening the collaboration between all divisions leads working in the youth programme at national level.</p> <p>These TWG meetings must be held consistently as envisaged.</p>
<b>Tanzania</b>	Collaborated with the government to revitalize and review the TOR of key TWGs/committees responsible for AGYW SRH/HIV integration, used data-informed approaches to elevated SRH/HIV integration agenda. Updated the National Guidelines on Integration of SRMNAH and HIV (including the costed implementation), and capacitated Zonal/ Regional/ District Reproductive and Child Health Coordinators during the National RMNCAH+N conference held in November 2023.	Advocated with government leadership to prioritize the SRH/HIV integration agenda, including incorporation of specific activities in the GC7 funding request. Emphasized the importance of enhancing SRH/HIV integration, highlighting its benefits in terms of programming efficiency, cost-effectiveness, returns on investment, and sustainability. Advocated with PEPFAR-supported implementing partners to support the implementation of NOGI and also support AYAS	Assisted TACAIDS, NASHCoP, and DRMCH in revitalizing two national TWGs responsible for overseeing, leading, coordinating, and monitoring SRH/HIV initiatives. These groups include the FP/HIV integration TWG under the MOH, the Adolescent and Young Adult Stakeholder group under the Prime Minister's Office, and the Tanzania Commission for AIDS. These coordination platforms have reignited the agenda for integrating SRH/HIV services for	As part of the updated NOGI, developed SRH/HIV integration indicators to track performance by the government through the TWGs. Using the developed indicators, a four-year retrospective review of SRH/HIV integration performance was done, and a baseline performance was established. The latter will be pivotal during the mid-term review and final evaluation of the NOGI (planned for 2025 and 2027, respectively).



**Table 4. Implementation and Operationalization, by country**

Country	Implementation	Advocacy	Support to Coordination Structures	Tracking Performance
		<p>Sub-TWC and FP/HIV Integration Sub-TWC.</p> <p>As a result, obtained partner commitments to support upcoming meetings for the remainder of 2023.</p>	<p>AGYW and are convening regularly to review progress.</p>	<p>Supported FP 2030 data consensus meeting to evaluate country's performance towards achieving FP2030 goals (including Tanzania's first FP2030 commitment, which focuses on adolescent reach with AYFS services, including integration FP/HIV integration).</p>
<p><b>Zimbabwe</b></p>	<p>Conducted a desk review to measure SRH/HIV/FP integration progress and data sources, including routine health information systems, facility records, and surveys. Reviewed and contextualize the compendium of indicators already developed by the Southern African Development Community SRH/HIV Integration Indicators.</p>	<p>Conducted advocacy efforts with SRH/HIV donors and implementers.</p> <p>Engaged in advocacy efforts with the Director of AIDS and TB Program to promote the importance of the SRH/HIV integration M&amp;E system.</p>	<p>Supported the establishment of sub-TWG, its composition and TOR and identified and mapped existing SRH/HIV Integration indicators.</p>	<p>The M&amp;E TWG will monitor and track the progress and outcomes of SRH/HIV integration as per the M&amp;E framework.</p>

## Lessons Learned and Recommendations

Lesson Learned	Recommendation
<p><b>Opportunities for success within a TA-focused project require accountability:</b> Providing technical assistance can feel nebulous at times. It needs to be situated within a structure that holds overall responsibility and accountability for integration.</p> <p>In practice, it may be tempting to focus on results and impact before a full analysis is completed.</p> <p>Without operationalization of national-level guidance, integration efforts can be stalled at a policy level without being put into action.</p> <p>Recognizing the importance of accountability was critical to success. In each country, this meant putting the government in the driver’s seat and consultative engagement.</p>	<p>To encourage sustainability, mapping and analysis are important as an initial step to identify the key players and issues. Understanding both the organizations and individuals who are present as well as their relationships with one another will offer an opportunity to build on existing strengths and reduce potential barriers up front.</p> <p>Align the TA plan to the interventions/activities with the MOH, National AIDS Commissions, and other partners. In addition to sharing plans and project goals, it is helpful to share the implementation activities. Through assigning these roles, We should assign the task into the TWG. For further accountability, integration should be built into the facility-level tools through continuous quality improvement and supportive supervision.</p>
<p><b>Integration is a process not an endpoint:</b> long-term integration of services goes beyond integrating at the point of delivering services. There are critical factors to address at the policy and health systems levels.</p> <p>In Tanzania, review of RMNCAH/HIV integration indicators within the DHIS to gauge both the current (2023) and past performance (retrospect review going back four years) provided better insights on the need to strengthen integration and further use data to monitor implementation. The biggest program learning is that successful implementation of integration guidance needs to be tied up with meaningful indicators that are SMART.</p> <p>In Mozambique, using age-disaggregated data was crucial to demonstrate the fragmentation in the provision of services, data collection, and coordination, making clear the need for better coordination.</p> <p>In multiple countries, the presence of inactive/ dormant TWGs, which did not have a good representation of all the key stakeholders and lacked clear terms of reference was a concern in terms of ensuring stewardship of integration.</p>	<p>A clear focus on sustainability from the beginning of the process is critical to ensure effective processes and necessary engagement. Ensuring an active, well represented integration TWG provides a body through which coordination, monitoring and evaluation of program objectives are implemented. It is an accountability structure where both the government and partners report on work conducted and plans for future implementation. However, to ensure sustainability, there is a need to define structural and systematic measures to institutionalize the relationship and accountability beyond individuals. Using data to make the argument that integration drives engagement and prioritization.</p>
<p><b>Implementing across multiple countries/settings provides unique opportunity for learning:</b> Through routine sharing of both process and strategy, country programs were able to achieve catalytic change. While it was necessary to ensure a deep contextualization of activities, the similarities across country settings—both in terms of challenges but also workable solutions—allowed countries to build on one another’s work.</p>	<p>Service delivery integration efforts have often stagnated due to challenges that are similar across diverse settings. Building in opportunities to share learnings and solutions across settings allow countries to leverage the work of others. Similarly, ensuring the inclusion of champions across different technical spaces (e.g., HIV, SRH, youth engagement) brings perspectives and opportunities that better position efforts for sustainable solutions meeting the needs of diverse stakeholders.</p>

## Way Forward

Coordination and collaboration have been a missing link to systemic and sustainable integration of SRH and HIV. When designing programs, coordination and collaboration need to be addressed systematically and with a standardized approach; coordination and collaboration for integration should be intentional. Investments for integration should also include resources for coordination and collaboration and governments need to factor the need for these resources into long-term planning. Government decision-makers need to lead coordination and collaboration efforts. Capacity building of these decision-makers should focus on specific skills, including accountability, coordination, collaboration, co-design with key stakeholders, and data for decision-making. End beneficiaries of programming, including adolescents and young people need to be engaged as key stakeholders from the beginning, including their continued participation in coordination structures. Implementing partners can play an important role in supporting government to strengthen integration through inclusion of specific coordination and collaboration activities within workplans (e.g., active participation in mapping activities, active participation and financial support of TWGs, reporting on integration indicators, etc.).

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