

# ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION COMMITMENT SELF-REPORTING QUESTIONNAIRE 2020



*EWEC Secretariat, PMNCH, FP2020 self-reporting questionnaire to assess progress on implementation of commitments to the Global Strategy on Women's, Children's and Adolescents' Health.*

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## COMMITMENT PROGRESS SUMMARY NARRATIVE

The Elizabeth Glaser Paediatric AIDS Foundation's (EGPAF) mission is to end HIV/AIDS globally in children, youth, and families. While preventing and treating HIV infection in women of childbearing age is critical to that mission, equally important is addressing the comprehensive sexual and reproductive health needs of women and families affected by or at risk of acquiring HIV.

Since signing on to FP2020 in 2019, EGPAF has continued to use its significant HIV programmatic footprint to accelerate integration of FP services to our beneficiaries.

During this time, 494,866 clients received modern contraceptives. Approximately 30% of these beneficiaries (150,793) were aged 15-24 years, and 70% (344,073) were aged 25 years and older. These results were achieved through projects in Tanzania and Uganda. These two projects also facilitated family planning integration at 1,880 HIV service delivery points, helping provide dual protection to improve overall reproductive health. In addition to these results, four other EGPAF-led projects in Cote D'Ivoire, Eswatini, Malawi and Mozambique integrated HIV and family planning at 1,232 service delivery points.

As for multisectoral linkages, EGPAF routinely offers programming that connects HIV services to broader health and social outcomes, especially education and economic strengthening. An example is EGPAF's work in Kenya and Mozambique, which supports the Ministries of Education and schools to increase linkages for sexual health services at nearby facilities.

Our FP2020 Commitment has enabled EGPAF to gain a greater understanding of the level of contraceptive access across our service delivery footprint and provided an opportunity to share this information more widely. We recognize that no HIV services can operate in isolation, considering that women of reproductive age in sub-Saharan Africa – especially adolescent girls and young women – are at a high risk for both unintended pregnancy and HIV infection. EGPAF remains committed to providing integrated care for women of reproductive age and their sexual partners.

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## THEMATIC COMMITMENT PROGRESS

*Reduce under five mortality to less or equal to 25 deaths per 1,000 live births*

*End epidemics of HIV, TB, malaria, neglected tropical diseases and other communicable diseases*

## ***Ensure universal access to Sexual and Reproductive Health and Rights (SRHR)***

***Achieve Universal Health Coverage incl. financial risk, protection and access to services, medicines, and vaccines***

***Eliminate harmful practices, discrimination and violence against women and girls***

***Geographic Coverage. Check all the geographical levels that you implement your commitment-related activities in?***

Global, Country, Sub-Country

***Linkage to National Health Strategies. Are commitment-related objectives and/or targets aligned with the national health strategy of the country or countries in which activities take place in?***

Yes

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## **EVERY WOMAN EVERY CHILD FOCUS AREAS**

### ***Sexual and Reproductive Health and Rights***

Current Status: Ongoing

Activities Implemented:

During this reporting period, EGPAF supported service delivery programming which include demand and supply activities to expand access to family planning. Service delivery includes specific youth-friendly service provision and integration to link HIV testing to SRHR. In Uganda, the RHITES-SW project conducts a number of community-based behavior change activities to drive awareness for HIV prevention that include access to HIV and STI screening, GBV screening, and contraceptives. From October to December 2019, EGPAF served 15,983 clients with condoms and 12,688 with oral contraceptives. Also, 68,688 clients were provided with DMPA injectables and 15,983 were provided contraceptive implants. Additionally, in Tanzania from October to December 2019, the Boresha Afya project provided 35,290 clients with oral contraceptives, 140,052 clients with implants, and 121,645 clients with DMPA injectables. Furthermore, 48,522 clients were served with condoms.

Individual Potential: Yes

Service Delivery Included: Yes

### ***Quality, Equity and Dignity in Services***

Current Status: Ongoing

Activities Implemented:

EGPAF supports national guideline implementation that address multi-sectoral action for HIV prevention, treatment and sexual and reproductive health for females of childbearing potential. This includes direct financial support to Ministry of Health regional, district, and linked health facilities and staff. It also include capacity building training for specific needs such as youth friendly and AGYW services, site support and mentorship of providers for optimized project results. Around health facilities in Uganda, the RHITES-SW project also conducts a number of community engagement activities to increase uptake of health services, as an entry point for HIV testing and treatment. Additionally, in both Uganda and Tanzania, peer educators conduct outreach and education sessions in and around health facility communities.

In addition, EGPAF started work in 2019 on a collaboration with FP2020 to develop a youth-friendly information on the ECHO study that established the safety of long acting contraceptive methods but uncovered alarming HIV incidence rates among women 15-34 years seeking family planning services.

Individual Potential: Yes

***Please explain the reasons for your answer and if and how COVID-19 influenced the projected change (or no change) in financial commitments. If possible, describe the estimated impact the projected change (or no change) might have on women, children and adolescents (maximum200words)***

We anticipate that COVID-19 will likely lead to some service disruption in 2020, due to necessary changes in service delivery models to mitigate potential impacts of COVID-19.

***Please explain the reasons for your answer and if and how COVID-19 influenced the projected change (or no change) in non-financial commitments. If possible, describe the estimated impact the projected change (or no change) might have on women, children and adolescents (maximum200words)***

We anticipate that COVID-19 will likely lead to some service disruption in 2020, due to necessary changes in service delivery models to mitigate potential impacts of COVID-19.

***Success Factors. What factors contributed most to the successful completion of your commitment? In your response, describe successful factors as it relates to completing your commitment's original or updated objectives/targets.***

Success to date has been in large part due to predictable, substantial financial investment from donors as well as strong support from the Ministries in country to integration HIV and FP into different settings.

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