**Table 2. Search strategy and findings from PubMed and Google Scholar**

|  |  |  |  |
| --- | --- | --- | --- |
| Category | Search strategy | Number retrieved from PubMed (25/11/2022) | Number retrieved from Google Scholar (25/11/2022) |
| Full strategy (last five years) | ("refugees"[MeSH Terms] OR "refugees"[All Fields] OR "refugee"[All Fields]) OR ("transients and migrants"[MeSH Terms] OR ("transients"[All Fields] AND "migrants"[All Fields]) OR "transients and migrants"[All Fields] OR "migrant"[All Fields]) OR displaced[All Fields] OR ("refugees"[MeSH Terms] OR "refugees"[All Fields] OR ("displaced"[All Fields] AND "person"[All Fields]) OR "displaced person"[All Fields]) OR ("emigrants and immigrants"[MeSH Terms] OR ("emigrants"[All Fields] AND "immigrants"[All Fields]) OR "emigrants and immigrants"[All Fields] OR "foreigner"[All Fields]) OR ("emigrants and immigrants"[MeSH Terms] OR ("emigrants"[All Fields] AND "immigrants"[All Fields]) OR "emigrants and immigrants"[All Fields] OR "immigrant"[All Fields]) OR ("ethnic and racial minorities"[MeSH Terms] OR ("ethnic"[All Fields] AND "racial"[All Fields] AND "minorities"[All Fields]) OR "ethnic and racial minorities"[All Fields] OR ("ethnic"[All Fields] AND "minority"[All Fields]) OR "ethnic minority"[All Fields]) OR indigenous[All Fields] OR (internally[All Fields] AND displaced[All Fields]) OR asylum[All Fields] OR ("labour migration"[All Fields] OR "transients and migrants"[MeSH Terms] OR ("transients"[All Fields] AND "migrants"[All Fields]) OR "transients and migrants"[All Fields] OR ("labor"[All Fields] AND "migration"[All Fields]) OR "labor migration"[All Fields] OR "emigration and immigration"[MeSH Terms] OR ("emigration"[All Fields] AND "immigration"[All Fields]) OR "emigration and immigration"[All Fields] OR ("labor"[All Fields] AND "migration"[All Fields])) OR (international[All Fields] AND nigra[All Fields]) AND ("sexual behavior"[MeSH Terms] OR ("sexual"[All Fields] AND "behavior"[All Fields]) OR "sexual behavior"[All Fields] OR "sexual"[All Fields]) OR ("sexual health"[MeSH Terms] OR ("sexual"[All Fields] AND "health"[All Fields]) OR "sexual health"[All Fields]) OR ("reproductive health"[MeSH Terms] OR ("reproductive"[All Fields] AND "health"[All Fields]) OR "reproductive health"[All Fields]) OR ("hiv"[MeSH Terms] OR "hiv"[All Fields] OR ("human"[All Fields] AND "immunodeficiency"[All Fields] AND "virus"[All Fields]) OR "human immunodeficiency virus"[All Fields]) OR ("acquired immunodeficiency syndrome"[MeSH Terms] OR ("acquired"[All Fields] AND "immunodeficiency"[All Fields] AND "syndrome"[All Fields]) OR "acquired immunodeficiency syndrome"[All Fields] OR "aids"[All Fields]) OR ("sex education"[MeSH Terms] OR ("sex"[All Fields] AND "education"[All Fields]) OR "sex education"[All Fields]) OR ("sex"[MeSH Terms] OR "sex"[All Fields]) OR relationship[All Fields] OR (("physical examination"[MeSH Terms] OR ("physical"[All Fields] AND "examination"[All Fields]) OR "physical examination"[All Fields] OR "physical"[All Fields]) AND relationship[All Fields]) OR (("sexual behavior"[MeSH Terms] OR ("sexual"[All Fields] AND "behavior"[All Fields]) OR "sexual behavior"[All Fields] OR "sexual"[All Fields]) AND ("coercion"[MeSH Terms] OR "coercion"[All Fields])) OR ("rape"[MeSH Terms] OR "rape"[All Fields]) OR ("sex offenses"[MeSH Terms] OR ("sex"[All Fields] AND "offenses"[All Fields]) OR "sex offenses"[All Fields] OR ("sexual"[All Fields] AND "violence"[All Fields]) OR "sexual violence"[All Fields]) OR ("sex offenses"[MeSH Terms] OR ("sex"[All Fields] AND "offenses"[All Fields]) OR "sex offenses"[All Fields] OR ("sexual"[All Fields] AND "abuse"[All Fields]) OR "sexual abuse"[All Fields]) OR ("abortion, induced"[MeSH Terms] OR ("abortion"[All Fields] AND "induced"[All Fields]) OR "induced abortion"[All Fields] OR "abortion"[All Fields]) OR ("maternal health"[MeSH Terms] OR ("maternal"[All Fields] AND "health"[All Fields]) OR "maternal health"[All Fields]) OR ("fistula"[MeSH Terms] OR "fistula"[All Fields]) OR motherhood[All Fields] OR ("sex"[MeSH Terms] OR "sex"[All Fields] OR "gender"[All Fields] OR "gender identity"[MeSH Terms] OR ("gender"[All Fields] AND "identity"[All Fields]) OR "gender identity"[All Fields]) OR (forced[All Fields] AND ("sex"[MeSH Terms] OR "sex"[All Fields])) OR ("intimate partner violence"[MeSH Terms] OR ("intimate"[All Fields] AND "partner"[All Fields] AND "violence"[All Fields]) OR "intimate partner violence"[All Fields]) OR ("gender-based violence"[MeSH Terms] OR ("gender-based"[All Fields] AND "violence"[All Fields]) OR "gender-based violence"[All Fields] OR ("gender"[All Fields] AND "based"[All Fields] AND "violence"[All Fields]) OR "gender based violence"[All Fields]) OR (transactional[All Fields] AND ("sex"[MeSH Terms] OR "sex"[All Fields])) OR ("sex work"[MeSH Terms] OR ("sex"[All Fields] AND "work"[All Fields]) OR "sex work"[All Fields]) OR HPV[All Fields] OR ("uterine cervical neoplasms"[MeSH Terms] OR ("uterine"[All Fields] AND "cervical"[All Fields] AND "neoplasms"[All Fields]) OR "uterine cervical neoplasms"[All Fields] OR ("cervical"[All Fields] AND "cancer"[All Fields]) OR "cervical cancer"[All Fields]) AND ("angola"[MeSH Terms] OR "angola"[All Fields]) OR ("botswana"[MeSH Terms] OR "botswana"[All Fields]) OR ("lesotho"[MeSH Terms] OR "lesotho"[All Fields]) OR ("mozambique"[MeSH Terms] OR "mozambique"[All Fields]) OR amibia[All Fields] OR ("south africa"[MeSH Terms] OR ("south"[All Fields] AND "africa"[All Fields]) OR "south africa"[All Fields]) OR ("eswatini"[MeSH Terms] OR "eswatini"[All Fields] OR "swaziland"[All Fields]) OR ("zambia"[MeSH Terms] OR "zambia"[All Fields]) OR ("zimbabwe"[MeSH Terms] OR "zimbabwe"[All Fields]) OR ("africa, southern"[MeSH Terms] OR ("africa"[All Fields] AND "southern"[All Fields]) OR "southern africa"[All Fields] OR ("southern"[All Fields] AND "africa"[All Fields])) AND ("2017/01/01"[PubDate] : "2022/12/31"[PubDate]) | 202, 130 | 17, 800 |

**Table 3. Projects being implemented in Southern Africa**

|  |  |  |  |
| --- | --- | --- | --- |
| **Author, Year, Title** | **Country** | **Proposal/Report/Research article** | **Scope and extent of project/proposal/report** |
| Skarstein T, 2018, Women-friendly spaces offer a safe haven for Congolese refugees in Angola. | Angola | Report | -UNFPA established women-friendly spaces in the Lóvua refugee settlement in Angola for the Democratic Republic of Congo refugees.  -These spaces offer women and girls a safe place to talk, receive information and participate in recreational activities.  - Offer information sessions about sexual and reproductive health and refer refugees to medical services when needed.  - 15 refugees were hired and trained as social mobilisers, and these mobilisers raised awareness of refugees’ human right to live free of violence and helped connect survivors of gender-based violence to supportive services.  - UNFPA also supported the provincial Department of Health, training nurses and other health workers to sensitively treat survivors of sexual and gender-based violence and provide reproductive health care. |
| Sisonke BW and Bonela, 2019, CEDAW Shadow Report 2019 | Botswana | Report | -The FHI 360 Project implemented by Sisonke Botswana Organisation and the Botswana Network on Ethics, Law, and HIV/AIDS (BONELA).  -Its main goal was to educate and empower sex workers (citizens and migrants) to gain skills to prevent new HIV infections. |
| United Nations, 2022,2021 UN Country Annual Results Report Namibia | Namibia | Report | UNHCR supports 32 poultry projects at the Osire refugee settlement as part of its livelihoods program for refugees and asylum seekers in Namibia. |
| Sonke Gender Justice, 2022, Sonke Gender Justice launches its #UnderTheBlankets campaign: refugees’ and migrants’ access to sexual health in South Africa | South Africa | Proposal | -The campaign webpage contains important information about accessing sexual health.  -It aims to challenge taboos and secrecy around sexual and reproductive health by sharing real-life stories from refugees and migrants, such as accessing healthcare in South Africa.  -The campaign webpage also points people towards a data-free map, which shows both government (free) clinics and private clinics near the user’s location.  -The campaign webpage also lists organisations and NGOs that can assist people, whatever their nationality is, in accessing sexual and reproductive healthcare in South Africa.  -Healthcare workers are also reminded of the universal access to reproductive healthcare. |
| Scorgie F, Vearey J, Oliff M, Stadler J, Venables E, Chersich MF, et al., 2017, "Leaving no one behind": reflections on the design of community-based HIV prevention for migrants in Johannesburg’s inner-city hostels and informal settlements | South Africa | Report | -A peer-education intervention to improve knowledge of STIs and HIV and increase safer sexual practices among male hostel residents |
| Temin M, Milford C, Beksinska M, Van Zyl D, Cockburn J, 2021, Inclusive HIV Prevention in South Africa: Reaching Foreign Migrant Adolescent Girls | South Africa | Report | -The Girls’ Club project was implemented by Community Media Trust in Durban and Johannesburg in the context of the DREAMS innovation challenge.  -Within clubs, foreign migrant adolescent girls and young women (AGYW) met weekly with a female mentor to discuss HIV, safety planning, financial literacy, and other topics.  -Focus group discussions (FGDs) were conducted with club members and parents to learn about pressing challenges in a context characterised by early sexual debut, high rates of teenage pregnancy, and relationships typified by material exchange. |
| MSF, 2021, Our activities in 2021 in Zimbabwe, | Zimbabwe | Report | -Under the health program for migrants in Beitbridge, MSF teams offer medical assistance to migrants and deportees according to their specific health needs, including SRH services  -In Tongogara Refugee Camp, provides refugees and asylum seekers with mental and SRH services. |
| PSI, 2022, Ensuring SRHR For All in Zimbabwe 2022-25, | Zimbabwe | Proposal | -The program seeks to increase access to a full range of sexual and reproductive health services in a rights-based approach which seeks to remove individual, family, community, and societal barriers to access, reduce unintended pregnancies, prevent and treat sexually transmitted infections, improve menstrual health and hygiene as an entry point to the SRHR package, provide and promote post-rape service delivery and support, and prevent cervical cancer.  -The project will place a particular focus on reaching those left behind, including youth, survivors of sexual violence, migrants, PLWD, PLHIV, the poorest of the poor, those living in remote areas, and other marginalised groups. |
| International Organisation for Migration (IOM), 2021, Sexual and Reproductive Health and Rights remain a priority to IOM’s work in Southern Africa, | Multinational (Eswatini, Lesotho, Malawi, Mozambique, South Africa and Zambia) | Report | -From 2016 to 2020, the International Organisation for Migration (IOM) in partnership with Save the Children (SC) and the University of Witwatersrand School of Public Health (WSPH), implemented a joint regional initiative called the Sexual and Reproductive Health and Rights and HIV (SRHR-HIV) Knows No Borders (KNB).  -The program’s objective was to improve SRHR-HIV-related outcomes amongst migrant and non-migrant adolescents, young people, sex workers and others living in migration-affected communities.  -over 1000’ change agents were deployed through the communities to engage with people through door-to-door and community dialogues  - The change agents supported counselling, testing, referrals, and guidance in scheduling appointments at health facilities, monitoring antiretroviral treatment and home visits  -the initiative has reached over 650,000 beneficiaries with comprehensive SRH-HIV information and services through community-based referral systems.  -helped over 70,000 migrants, sex workers and young people to receive services ranging from HIV testing, family planning, initiation on HIV antiretroviral treatment (ART) as well as services for survivors of sexual and gender-based violence  -sensitised over 700 duty bearers, including health and non-health service providers, faith, and traditional structures, on human and SRH rights of beneficiaries while following a rights-based approach to service provision  -ensured that SRH-HIV rights and migration were mainstreamed in the Southern African Development Community (SADC) migration framework, including national migration policies and plans in Malawi, Zambia, Eswatini, Mozambique and South Africa.  -supported the strengthening of cross-border coordination byestablishing bi- and tri-lateral cross-border coordination platforms among participating countries, to advocate and engage governments and other stakeholders on cross-border health and migration issues. |
| IOM, 2020, SRHR-HIV Knows No Borders Project: A synthesis report of the regional, national, and community dialogues | Multinational (Eswatini, Lesotho, Malawi, Mozambique, South Africa, and Zambia) | Report | - In Zambia, change agents worked with sex workers to address the stigma encountered in attempting to access SRH-HIV services by establishing sex worker peer information hubs. Through the senior sex worker (dubbed the queen mother) who chairs the hub, SRH commodities and ART drugs were collected and delivered to group members in the community. |
| Freedman J, Crankshaw TL, Mutambara VM, 2020, Sexual and reproductive health of asylum-seeking and refugee women in South Africa: understanding the determinants of vulnerability. | South Africa | Research article | The study explored the challenges and obstacles faced in terms of SRH among asylum-seeking and refugee women in South Africa. |
| Makandwa T, Vearey J, 2017, Giving Birth in a Foreign Land: Exploring the Maternal Healthcare Experiences of Zimbabwean Migrant Women Living in Johannesburg, South Africa. | South Africa | Research article | -The study explored the maternal healthcare experiences of migrant Zimbabwean women in Johannesburg. |
| Walker R, Vearey J, Nencel L, 2017, Negotiating the city: Exploring the intersecting vulnerabilities of non-national migrant mothers who sell sex in Johannesburg, South Africa | South Africa | Research article | -The study explored the intersecting vulnerabilities of non-national migrant mothers who sell sex in Johannesburg, South Africa |
| Chekero T, Ross FC, 2018, "On paper" and "having papers": Zimbabwean migrant women’s experiences in accessing healthcare in Giyani, Limpopo province, South Africa | South Africa | Research article | -The study explored the experiences of illegal pregnant women when trying to access reproductive healthcare. |

**Table 4. Lessons learned**

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| --- | --- | --- |
| **Author, Year, Title** | **Country** | **Lessons learned and best practices** |
| Skarstein T, 2018, Women-friendly spaces offer a haven for Congolese refugees in Angola | Angola | - There were reports of gender-based violence among the refugees in refugee camps and settlements in Angola. |
| Sisonke BW and Bonela, 2019, CEDAW Shadow Report 2019 | Botswana | -No lessons were documented |
| United Nations, 2022,2021 UN Country Annual Results Report Namibia  https://namibia.un.org/en/download/115482/197937 | Namibia | -Participants involved in the project became self-reliant. |
| Sonke Gender Justice, 2022, Sonke Gender Justice launches its #UnderTheBlankets campaign: refugees’ and migrants’ access to sexual health in South Africa | South Africa | -No lessons were documented |
| Scorgie F, Vearey J, Oliff M, Stadler J, Venables E, Chersich MF, et al., 2017, "Leaving no one behind": reflections on the design of community-based HIV prevention for migrants in Johannesburg’s inner-city hostels and informal settlements | South Africa | -Active participation of the affected communities is essential for the success of SRH services programs.  -Training of HCWs to deliver quality and relevant SRH services is crucial. |
| Temin M, Milford C, Beksinska M, Van Zyl D, Cockburn J, 2021, Inclusive HIV Prevention in South Africa: Reaching Foreign Migrant Adolescent Girls | South Africa | -FGD results indicate that HIV prevention in South Africa should prioritise action to address the specific determinants of foreign migrant AGYW’s HIV risk, as well as inclusive policies that recognise migrants’ heterogeneity based on gender and age |
| MSF, 2021, Our activities in 2021 in Zimbabwe, https://www.msf.org/zimbabwe | Zimbabwe | -No lessons were documented |
| PSI, 2022, Ensuring SRHR For All in Zimbabwe 2022-25,  https://openaid.se/en/activities/SE-0-SE-6-14481A0101-ZWE-12220 | Zimbabwe | -No lessons were documented |
| International Organisation for Migration (IOM), 2021, Sexual and Reproductive Health and Rights remain a priority to IOM’s work in Southern Africa, | Multinational (Eswatini, Lesotho, Malawi, Mozambique, South Africa and Zambia) | -In Malawi, the project team’s efforts in national-level technical working groups have provided a platform for advocacy on migration and migrant health, resulting in the incorporation of these issues in the country’s 2018-2022 national strategy on sexual and reproductive health  -In Eswatini, the Ministry of Health has considered migrant health in its sexual and reproductive health policy. It has also introduced a client information management system that enables migrants to access SRH and other services throughout the country.  -There was an improvement in access to and utilisation of integrated SRH and HIV services and the institutionalisation of HIV and SRH rights at local, national, and regional levels.  -Compared to 2018, more migrants tested for HIV and knew their status.  - Community leaders participated actively in selecting and recruiting change agents.  - Three cross-border collaboration initiatives, which have led to a cross-border referral system and improved continuity of care for migrants and members of mobile populations who are living with HIV.  - provide opportunities for migrants and other beneficiaries to directly engage in dialogue with national and regional policy and decision-makers.  -Cross-border programming has been most feasible where bilateral agreements exist among neighbouring countries since bilateral agreements are less political than multilateral approaches.  - Involvement of traditional leadership has been productive in addressing environmental barriers to SRH-HIV service access by members of target groups, including migrants |
| IOM, 2020, SRHR-HIV Knows No Borders Project: A synthesis report of the regional, national, and community dialogues | Multinational (Eswatini, Lesotho, Malawi, Mozambique, South Africa, and Zambia) | -Dialogue is used as an enabling tool at all levels of the programme, to articulate and understand policy and socio-cultural drivers of access and use of SRH and HIV services and needs of the target groups, communicate these to those with the power and influence to deliver program changes, and deliver feedback to and from beneficiaries. |
| Freedman J, Crankshaw TL, Mutambara VM, 2020, Sexual and reproductive health of asylum-seeking and refugee women in South Africa: understanding the determinants of vulnerability. | South Africa | - Women experience sexual exploitation due to a lack of financial independence.  - Experiences of sexual violence and transactional sexual relationships expose these women to high risks of HIV and other STIs.  - Many of the women had not been able to access health services for their SRH issues due to a lack of documentation, lack of money, and xenophobic attitudes and behaviour of health care staff. |
| Makandwa T, Vearey J, 2017, Giving Birth in a Foreign Land: Exploring the Maternal Healthcare Experiences of Zimbabwean Migrant Women Living in Johannesburg, South Africa. | South Africa | -Churches and religion played a crucial role in providing emotional, instrumental, and informational support to pregnant women in preparation for childbirth.  -Informal, social networks, especially fellow migrants, influenced the participants’ health and help-seeking behaviours, attitudes, and perceptions towards ANC and the public healthcare system. |
| Walker R, Vearey J, Nencel L, 2017, Negotiating the city: Exploring the intersecting vulnerabilities of non-national migrant mothers who sell sex in Johannesburg, South Africa | South Africa | - Migrant sex workers face maltreatment, being over-charged, and being abused by HCWs when seeking healthcare services.  -They are usually denied HIV treatment at healthcare facilities. |
| Chekero T, Ross FC, 2018, "On paper" and "having papers": Zimbabwean migrant women’s experiences in accessing healthcare in Giyani, Limpopo province, South Africa | South Africa | -Lack of documentation prevents migrant women from accessing state-provided reproductive healthcare.  -Migrant women prefer to use private healthcare, which is more expensive.  -Healthcare providers who have formally refused access to state institutions may be available to migrants through personal networks such as churches. |

**Table 5. Available policies**

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| --- | --- | --- |
| **Author, year, title** | **Existing policy/strategy** | **Components of the policy/strategy** |
| **Angola** | | |
|  | No policy on SRHR for migrants was retrieved online |  |
| **Botswana** | | |
| UNAIDS, 2019, Botswana extends free HIV treatment to non-citizens, | -Provision of HIV treatment to non-citizens. | -Health facilities to provide treatment to all people living with HIV residing in the country. |
| **Lesotho** | | |
| Kingdom of Lesotho, 2018, National HIV and AIDS Strategic Plan (NHASP) 2018/19 – 2022/23, | National HIV and AIDS Strategic Plan (NHASP) 2018/19 – 2022/23 | -Reaching vulnerable populations, including migrants and mobile populations, with combination HIV prevention packages. |
| **Mozambique** | | |
|  | No policy on SRHR for migrants was retrieved online |  |
| **Namibia** | | |
|  | No policy on SRHR for migrants was retrieved online |  |
| **South Africa** | | |
| SANAC, 2017, South Africa’s National Strategic Plan on HIV, TB and STIs 2017–2022, | National Strategic Plan for HIV, TB, and STIs 2017-2022 | -Goal 3 of South Africa’s National Strategic Plan (NSP) for HIV, TB and STIs 2017–2022 is to reach all key and vulnerable populations with customised and targeted interventions, including mobile populations, migrants, and undocumented foreigners.  -Migrants and undocumented foreigners are identified as vulnerable populations for HIV and STIs.  -Encourages HCWs to provide services in a compassionate and non-discriminatory manner.  -Encourages civil society organisations and community networks to support key and vulnerable populations  -strengthening cross-border collaborations with neighbouring countries and other stakeholders |
| IOM, 2017, Migrants’ right to health in Southern Africa, | South African constitution | -the right of access to health care for all South African residents including migrants. |
| **Swaziland/Eswatini** | | |
| Kingdom of Eswatini, 2022, Voluntary Review Report on the status of implementation Migration in Eswatini 2022 of the Global Compact for Migration in Eswatini-2022, | Provision of sexual and reproductive health services to migrants and mobile populations. | -Through the Ministry of Health, the Government has been partnering with neighbouring countries to ensure that migrants have equal access to health services. This contributes to the reduction of their vulnerabilities particularly of women and children.  -The country has established clinics along the border to ensure that truck drivers and sex workers have access to Sexual and Reproductive programs to prevent STI infection. |
| IOM, 2020, SRHR-HIV Knows No Borders Project: A synthesis report of the regional, national, and community dialogues | Sexual and Reproductive Health Policy | The Ministry of Health has considered migrant health in its sexual and reproductive health policy. It has also introduced a client information management system that enables migrants to access SRH and other services throughout the country |
| **Zambia** | | |
|  | No policy on SRHR for migrants was retrieved online |  |
| **Zimbabwe** | | |
|  | No policy on SRHR for migrants was retrieved online |  |