Integrated FP-HIV services: is there any demand and do people access more than one service?

Findings from community surveys in Kenya

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**Background**

Despite widespread commitment to integrating FP and HIV services to improve quality, efficiency and access to services, little is known about demand for integrated services or whether, having accessed an integrated facility, clients actually do use more than one service. This study (part of the Integra project – see box at bottom of poster) sought to ascertain demand and use in integrated compared to non-integrated facilities.

**Methods**

1800 men and women were interviewed in Thika and Nyahururu Districts between August and October 2009. The survey involved random selection and a two-stage clustered design. Thika is an intervention district with government facilities being trained and required to provide VCT and some ART at FP facilities. In addition 6 study clinics were given training on integration to enhance use of government protocols. In Nyahururu (with 6 matched control clinics) little has yet been done to promote FP-HIV integration although the district hospital offers all services on site.

3. Only half of women wanting FP & HIV services got them at the same facility

Fewer than 50% of all service users went for two or more different services in a year. Of those going for both FP & HIV only half went to the same facility for both services. When these users went for FP the likelihood of being offered VCT at that same facility was higher than the likelihood of users seeking VCT also receiving FP at the same facility. Mobile clinics were popular for VCT.

### Results

1. Low demand but higher receipt of integrated services

In Nyahururu, 50% all respondents went for FP in the last year, but only 4% of female FP users wanted a 2nd service. In Thika, the intervention district, 55% all respondents went for FP but only 7.6% of women going wanted other services during the same visit increasing to 17.5% women in study clinics where 21% women actually received an additional service (both significant to p<0.000). 40% respondents in Nyahururu and 60% in Thika went for VCT services in the past year and in both districts VCT services performed best in terms of linkage with other services; study clinics in both sites showed increased demand for additional services, though Thika clinics actually performed worse (not significant).

### Conclusions

Our findings suggest an inherent lack of demand for integrated services and a failure to access more than one service at integrated facilities. Further analysis should indicate whether this is due to a lack of knowledge about the availability of services. Thika district (intervention) and the study clinics perform better suggesting providers can play a role in increasing uptake and demand of integrated services. Thus, scope exists for provision of integrated services, but in both districts service providers need to be more proactive in offering multiple services to clients.

**The Integra Project**

This is a partnership between IPPF, London School of Hygiene & Tropical Medicine and Population Council-Nairobi to assess the benefits & costs of different models of integration of HIV & SRH services in Kenya, Swaziland and Malawi, between 2008-2012. It aims to: Determine the benefits of different integrated models to increase range, uptake and quality of selected SRH and HIV services. Determine the impact of different integrated services on changes in HIV risk behaviour; HIV related stigma and unintended pregnancies.

**Establish the scope for provision of integrated services**

Thus, scope exists for provision of integrated services, but in both districts service providers need to be more proactive in offering multiple services to clients.