**Background / Significance**
Despite widespread commitment to integrating FP and HIV services to improve quality, access and efficiency of services, little is known about demand for or use of services by men and women of multiple SRH-HIV services in Central Province (Thika and Nyahururu), Kenya & in Manzini, Swaziland, in order to indentify missed opportunities for service provision.

**Methods**
The survey involved a two-stage clustered design with random selection of households in which 1 person (man or woman) between the ages of 15 and 49 (18-49 for Kenya) was randomly selected and interviewed.

A total of 1800 individuals (708 men and 1041 women) were interviewed in Thika and Nyahururu areas in Central Province, Kenya between August and October 2009. In Manzini, Swaziland 827 individuals were interviewed (416 men & 411 women) between August and September 2009.

**Findings & Interpretation**

1. **Context: service-use patterns across sites**
Use of services was moderately high in the past year (Figure 1). Use of FP services is relatively high in Kenya (just below 50% women and around 30% men) but lower in Manzini (35% women and 15% men). VCT is the most used service for women and men at all sites (ranging from almost 60% among women in Thika to 30% among men in Nyahuraru and Manzini) except women in Nyahuraru where it is second only to FP service use (which also sees FP service use among men which was also higher in Manzini than in Kenya possibly reflecting the lower use of FP.

At no sites were significant differences in service use by SES or educational status found (results not shown). The majority of males used among women were public although sizeable numbers used private facilities for FP and VCT. For men, the majority used private facilities.

![Figure 1: Service use in past year, women and men by site](image)

2. **Demand and receipt of single vs. multiple services**

The number of people wanting more than one service (i.e. demand for integrated multiple services) at their last visit was very low (Figures 2 and Tables 1). Among female service users across all sites, between 511% wanted another service at the same visit while for men this was between 2 and 6%.

The majority of women at all sites who wanted a single service at their last visit received what they wanted and in VCT and CTC services sizeable proportion of women (17 - 46%) actually received more than they asked for (Figure 2a), suggesting some provider-initiated multiple service delivery. There is a similar pattern for men (Figure 2b) where most men wanting a single service received just this, except in Manzini where more men received more services than they asked for across all services (12 - 25%).

The picture changes somewhat among those who wanted more than one service at their last visit. Among women (Figure 2c), while most still received what they demanded, a minority across most services and sites received less than they wanted. One exception was FP service users in Thika who received more than they asked for. Among men (Figure 2d), most who wanted additional services did receive them except VCT users in Nyahururu and Manzini and CTC users in Manzini who all received fewer services than they wanted.

![Figure 2a: Demand and Receipt of single & multiple services at last visit by women and men](image)

**3. VCT users demand more additional services than FP service users but their demands are less likely to be met.**

The tables below indicate the most common combinations of services wanted and received. They also indicate where there is a mismatch between particular services wanted but not received. A notable feature is that both male and female users of VCT services at all sites (though lowest among men in Kenya) demand far more services than FP or MCH service users do, yet their demands are less likely to be met especially where FP (men and women) or MCH (women) services are requested. By contrast FP and MCH service users’ demands are almost always met. Demand for other services was lowest among FP service-users.

![Table 1a: Combinations of services demanded and received at last visit by women and men](image)

**Table 1b: Combinations of services demanded and received at last visit by women and men**

**Conclusion & new knowledge**

- **Demand for multiple services is extremely low**, indicating very low latent demand for integrated services.
- **Demand for single services is largely met while demand for multiple services is less often met**, suggesting poor provider provision of integrated services.
- For individuals wanting only a single service, additional services are more often received from HIV services (VCT and CTC) than from FP services which may be due to provider promotion within HIV settings, but.
- Users of VCT services demand far more additional services than users of any other service suggesting client-initiated provision of integrated services.
- The higher demands of VCT service users are less likely to be met, especially for FP (and women) and MCH.
- Much more needs to be done to promote provision of Integrated care in all service settings.

**The Integra Project:** www.integrainitiative.org

Integra 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 unplanned pregnancies.**
- Establish the efficiency of using different operational models for delivering integrated services in terms of cost, utilization of existing infrastructure and human resources.
- Increase utilization of research findings by policy and program decision makers through involvement of and dissemination to key stakeholders.

![Presenter contact and LSHTM INTEGRA Web: Dr. Susan Mayhew](image)