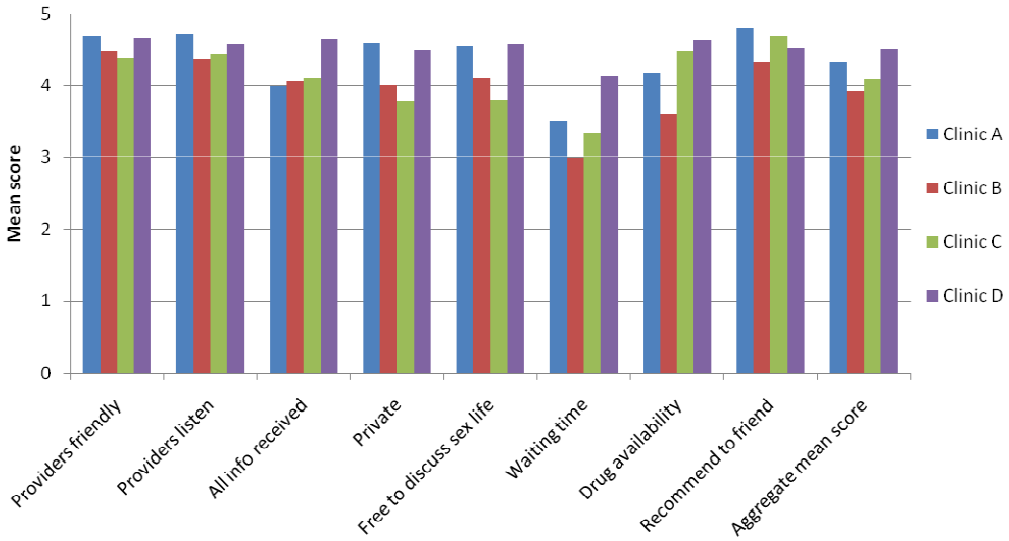
Integra

Strengthening the evidence base
for integrating HIV and SRH services

Comparative analysis of integrated and stand-alone HIV care and treatment clinics, Swaziland: client & provider perspectives

Client satisfaction



- While quantitative surveys yield high levels of satisfaction (see chart), qualitative analysis demonstrates nuances
- Satisfaction is relative concept (importance of past experience, SES, expectations critical)
- Poor provider performance often excused: dependency of clients within health system

Qualitative analysis: satisfaction associated with differing dimensions of care

- Access to medical care
- Costs of care
- Access to multiple services
- Continuity of care
- Technical competence
- Interpersonal care
- Efficiency (fast care)
- Physical environment (cleanliness, crowding)
- Equity
- Confidentiality
- Respect as a person living with HIV

Service integration OR Specialisation can impact on different dimensions, but not all

Satisfaction & integration

- Integrated care particularly important for those with multiple needs, e.g. pregnant women; hospital model caters for multiple needs too:

when you have a problem with your eyes they also have a doctor for that, and when you have diabetes they check that here… I came here because I had a sore throat and then they said I should test for TB, and I thought they were talking about a different location but it's in the same building, then I went there, so I do everything here […] it's very important that it is all in one place rather than moving from one place to the next and you have to pay wherever you have to go, yet here you get everything [Male client, Clinic C, 0304]

- Integration overcomes problematic referral processes

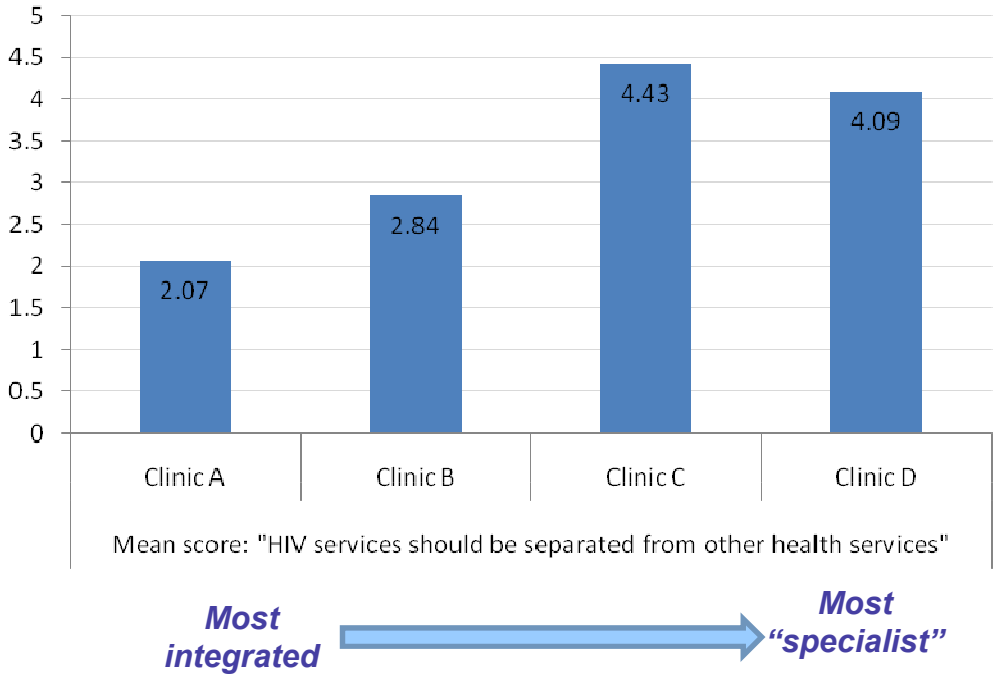
Satisfaction & specialisation

- Clients at stand-alone sites value efficiency due to shorter waiting times:

I think it's better to be in a place that deals with just HIV. The waiting time is actually very short here… but if you are in a hospital or clinic that has many services available, with the little staff they have, you end up waiting longer. The fact that if it's a specialized place, there will be fewer people who come here, rather than at a larger place with many more departments. [Female client, stand-alone site]

Stigma

- Relationship between integration and stigma not simplistic. While some at integrated sites felt their status was protected, others felt uncomfortable:
- Stand-alone sites can offer increased confidentiality



I: … how comfortable are you in the waiting area?
R: It does get uncomfortable especially when there are a lot of people in there. Sometimes even if people don't ask you, you feel like they somehow know why you came here (Laughing) And then there's the food they give you right when you walk out. I've decided I'm not taking the food again…. [Female client, integrated site]

Context of service integration

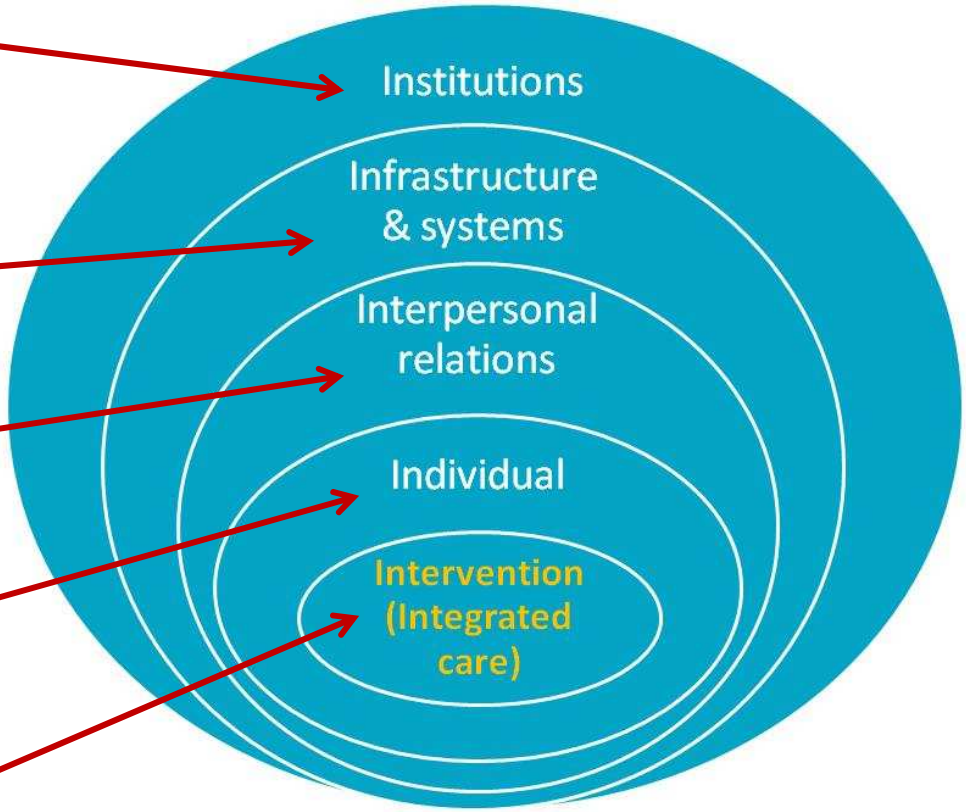
Clinic & policy factors

Physical infrastructure, supplies, client load etc.

Relations between clients and providers

Client factors & provider factors

How integrated does care become?



Key contextual influences within HIV care clinics

- ART providers are **overwhelmed with ART**….and may rely on internal referral processes for SRH to other rooms/"units":

  "it's not the only thing that you're supposed to ask and you're supposed to do, so you may overlook the family planning issue" [Provider, integrated site]

  -- but internal referral doesn't always work!

- Even partial integration may lead to **de-skilling** of providers and loss of confidence in abilities to deliver other services
- While providers perceive client benefits to integration, they **perceive few personal benefits**, and do not consider efficiency gains
- Care remains **routinsed and task-oriented**, i.e. centred on delivery of routine tasks – exploring other client needs remains limited
- The **continuity of integrated care** is lacking – SRH within HIV remains focused at the time of ART initiation (when sexual activity lowest)