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Challenges and opportunities

Integrating sexual and reproductive health and HIV services



Integrating SRH and HIV services offers many opportunities to support health outcomes, and enable clients to have healthy sexual and reproductive lives and realize their fertility desires. Integrated service provision offers opportunities to promote family planning and prevent unintended pregnancies; realize fertility intentions for all clients including those who are living with HIV; enhance the uptake of HIV-related services; and present a holistic approach to the needs and desires of clients within the real life contexts of their communities. Yet often, the perceived challenges of

integration are deemed to outweigh the opportunities and/or are misunderstood. Greater momentum is needed to appropriately scale-up the provision of integrated SRH and HIV services to ensure that the potential opportunities come to fruition.

This edition of the newsletter explores some of the challenges alongside the opportunities of integrating services at the facility level (in terms of provider attitudes and client experiences) and at the systems and policy levels (in terms of management and donor funding).

One of the main findings from the Integra Initiative suggests that greater attention is needed to generate and understand demand for accessing – and reduce missed opportunities for offering – integrated SRH and HIV services. Integrated SRH and HIV services can save money and be more efficient than the provision of other stand-alone services. The next edition of the newsletter (first quarter 2013) will outline potential responses to act on the research results and spotlight key recommendations from the research findings.

Spotlight on Swaziland

BY JOSHUA KIKUVI

The Directorate of Public Health (Ministry of Health) and other bilateral and multilateral agencies in Swaziland are very keen on SRH and HIV integration. They provide policy oversight and technical assistance, ensuring that health facilities where SRH and HIV integration are being modelled and implemented are fully supported. The success or failure of SRH and HIV integration relies on the health system. Therefore, more attention is given to ensure that components of the health system are working in sync with each other – such as ensuring that the infrastructure, monitoring and evaluation processes, equipment and supplies, human resources and service provision are optimized for producing the desired results. All these are indispensable components of HIV and SRH integration.

Integration can help weak health systems to improve. For instance, integration can make better use of scarce human resources for health personnel. Recently, the second National Health and Research Conference under the theme of 'Health Systems Strengthening for Improved Outcomes' acknowledged this. In a country with a severe health workforce shortage such as Swaziland, integration could be one of the ways of sustaining service delivery at minimal costs.

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Visit our upgraded website – an online resource showcasing the latest research findings, project reports and innovations, and interactive discussions about current questions, debates and good practice in linking SRH and HIV.

KENYA AND SWAZILAND

Challenges and missed opportunities for providers to promote integration

SUSANNAH MAYHEW, RICHARD MUTEMWA AND JOELLE MAK

Data has been synthesized from two different sources to shed light on the extent to which people are accessing multiple services from a single health facility (i.e. integrated care), whether providers could do more to promote integrated delivery and what challenges providers face in delivering integrated services. First, a community household survey has shown the extent of multiple/integrated service use and whether this was provider- or client-driven and the extent to which needs were met. Second, qualitative provider interviews explored their experiences of delivering integrated SRH and HIV services.

The community survey (N=1752 Kenya; N=779 Swaziland, men and women) found that only a tiny proportion of multiple service delivery was proactively delivered by providers (<1% for family planning and HIV services in both countries) and this results in substantial missed opportunities for meeting needs. Among women with an unmet need for family planning services, 9% in Kenya and 11% in Swaziland had accessed a health facility for another SRH service in the last 12 months but were not provided with family planning. Forty-eight per cent of women in Kenya and 17% of women in Swaziland with an unmet need for HIV services had accessed a health facility for a related service and not received the HIV services they needed.

To understand the challenges facing providers in delivering integrated services we conducted qualitative interviews with 56 frontline care providers from hospitals and clinics in Kenya and Swaziland. Integration-specific challenges to achieving either model include: occupational stress from increased workload, treating very sick or poor clients; less quality time with clients; confusion over charges for integrated services; and multiple reporting requirements. Some generic challenges faced included: poor salaries; low staffing levels and infrastructure and logistic deficiencies.

Despite these system challenges, most providers were supportive of integration, reporting better communication and team work enabling them to cope with increased workload. We found that integration can have a positive motivating effect on staff and can lead to better sharing of workload – these are important opportunities that deserve to be built on.

KENYA

Service use and challenges/barriers to integrated service delivery: Evidence from the client's perspective

JAMES KIMANI AND RICHARD MUTEMWA

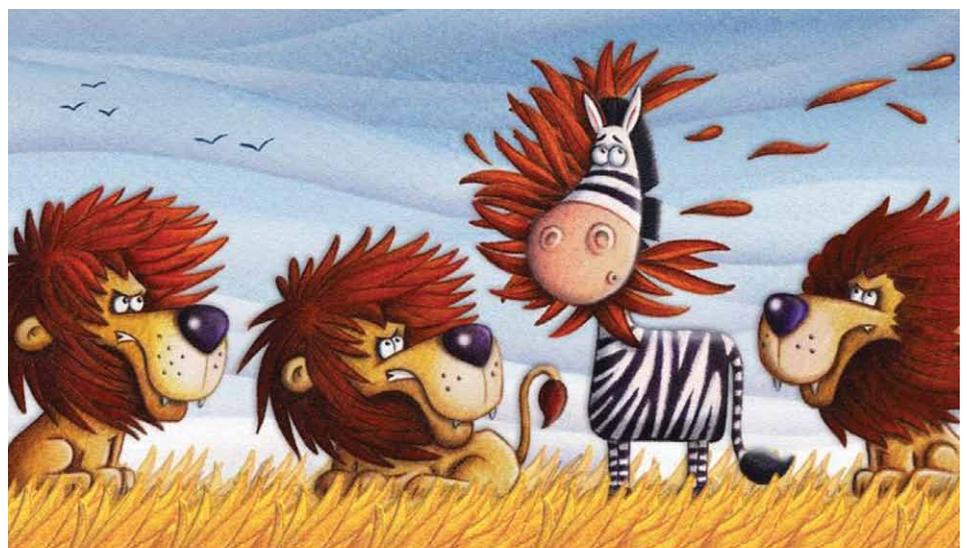
Integrating SRH and HIV services can increase access to and uptake of critical services, such as family planning and HIV counselling and testing. This in turn enhances the health outcomes of women and their infants, including prevention of unintended pregnancies and mother-to-child transmission of HIV. However, existing evidence highlights gaps with regard to the uptake of key SRH and HIV services, especially among women living with HIV. The Integra Initiative sought to address some of these gaps by assessing the impact of different models of integrated service provision on uptake and quality of services and health outcomes in sub-Saharan Africa.

In Kenya, preliminary research evidence on integration of family planning and HIV services indicates that access to and uptake of family planning services among women living with HIV improved six months after the Integra Initiative was implemented. Women attending family planning clinics at public health facilities where the intervention was conducted reported increased family planning use, including the use of more than one contraceptive method.

However, women reported that the negative reception they received from some providers discouraged them from attending services. Many women

felt that some providers did not treat them like human beings. In addition, availability of drugs and travel costs were significant factors in the women's decision whether or not to attend a service. Many women reported being discouraged by the fact that every time they attended a facility they were told that the drug they needed was not available. This seemed more so for women who spent significant amounts of money on transport to the health facility. High service user charges and long waiting times were also mentioned as factors that discouraged women to attend services, whether or not they were integrated.

The Integra Initiative results suggest that greater attention should be paid to meeting the specific needs and choices of different communities, and their preferences relating to integrated SRH and HIV services, to more effectively meet their needs. It is by recognizing the differences between women (including those who are pregnant as well as those who are not; and those who are living with HIV and those who are not or do not yet know their HIV status), their partners, and young people that holistic approaches to sexual health, family planning and universal access to HIV prevention, treatment, care and support will be the most effective.



THE WIND PICKED UP AND BRIAN SOON REALISED THAT INTEGRATION WOULDN'T BE WITHOUT IT'S CHALLENGES!



BY SARAH FOX, HEALTH ECONOMIST,
WORKING WITH IPPF AS A SENIOR TECHNICAL
OFFICER, HEALTH SYSTEMS, FINANCING AND
ECONOMICS

The preliminary results of the Integra Initiative indicate potential for efficiency gains through the integration of certain HIV and SRH services, particularly through better utilization of human resources. This finding, in conjunction with information

on demand for integrated services, may have important implications for future policy development and budget allocation decisions in resource constrained settings.

There are, however, a number of financial and institutional barriers to scaling up integrated services at the programmatic and service delivery level:

- ▼ **Earmarked or disease-specific funding** may exacerbate the separation of programmes by creating parallel systems for procurement of commodities, management of logistics, recording of data and payment of staff bonuses. As long as

these institutional divisions are in place, stakeholders have little incentive to integrate services.

- ▼ While there may be compelling arguments in favour of integration on the basis of efficiency gains, there will be a number of **up-front investments** that will be required in the short term such as curricula development, training, upgrading the information system and infrastructure change. These investments must be compared to cost savings in the long run.
- ▼ The potential efficiency gains rest mainly on the **opportunities to make better use of staff time**. Efforts to scale up integration may, therefore, be met with resistance if they lead to excessive demands on health workers or an expansion of responsibilities without a level of remuneration that is commensurate to their tasks. Policies may need to be developed to mitigate this e.g. by paying incentives to staff.

The preliminary findings have pointed towards the need for demand generation approaches to ensure uptake of integrated services. To ensure effective scale up, therefore, resources will need to be dedicated towards such activities as community mobilisation and awareness-raising.

Integra Initiative media fellowship



The Integra Initiative team launched a media fellowship in September 2012 for journalists who are interested in covering and reflecting on issues relating to SRH and HIV linkages and integration. The media fellowship aims to catalyze media coverage of issues relating to SRH and HIV linkages in Kenya, Malawi and Swaziland; as well as across the region and internationally. The fellowship also aspires to increase opportunities for dialogue between the project partners, policymakers, managers and researchers working in the area of HIV and SRH services.

Fifteen journalists were selected from the countries hosting the Integra research (Kenya, Malawi and Swaziland) as well as from Uganda and Zambia.

As part of the media fellowship, the selected journalists participated in a media training in Nairobi, facilitated by Tom Jappani from the BBC World Service Trust, and also covered stories from the 'Integration for Impact' conference held on 12–14 September 2012. The journalists' feedback about the experience was very positive, and a strong cadre and professional network of media professionals continues to connect the group who share stories, ideas and possible angles among the participants.

STORY HIGHLIGHTS

To read the journalists' stories and listen to their broadcast episodes, visit the 'News Feature Stories' on the Integra blog: www.integrainitiative.org/blog



Kenya: Listen to the audio report 'HIV and SRH integration in Nairobi, Kenya' by Florence Dallu.



Malawi: Read the article 'Is there a cold war between scientists and journalists?' by Samuel Chibaya.



Swaziland: Read the article 'Reducing stigma using SRH and HIV Integration' by Phathizwe-Chief Zulu.

Currently the media fellowship is in its second stage and the media fellows are reporting their investigative stories related to HIV and SRH linkages and integration. Soon, new exciting stories will be published and the journalists' will have their own profile page on the Integra blog. **Stay tuned and subscribe to Integra News on the Integra website www.integrainitiative.org**



“ Our challenge now is to ensure that as many people as possible can learn from, critique, apply and adapt the knowledge generated through Integra to improve service delivery, promote sexual and reproductive health, and safeguard the well-being of many diverse lives in Kenya, Malawi and Swaziland and beyond.”

LUCY STACKPOOL-MOORE



Dr Richard Mutemwa, Research Fellow in the Department of Population Health, at the London School of Hygiene and Tropical Medicine (LSHTM)

I've been working on the Integra Initiative since 2009 as one of the project's investigators. This has specifically included the research aspect of the initiative during the different phases of implementation and analysis. My particular focus is on the experiences of women living with HIV and frontline healthcare providers.

“ For the health of the woman in these resource-poor settings, the search for the most effective way to provide HIV and reproductive health services can only be a worthwhile effort. Service integration has that promise and Integra is set up exactly to examine that.”

DR RICHARD MUTEMWA

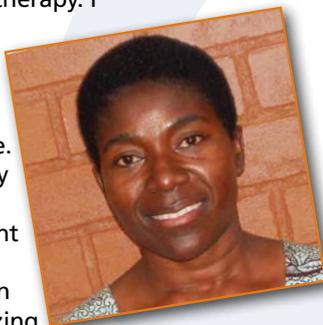
MEET THE TEAM

Lucy Stackpool-Moore, Senior HIV Officer at the International Planned Parenthood (IPPF)

I manage the Integra Initiative for IPPF and coordinate the partnership, which includes reporting and overseeing accountability for the implementation of the whole initiative. It is a great privilege to work with diverse, capable and engaged partners while also sharing the insights from Integra broadly within IPPF. My background is in human rights and equality, and my commitment is to ensure that the practical applications from the research are able to support more effective efforts to overcome stigma and enable access to integrated and comprehensive health services for all, free from discrimination.

Irene Kamanga, Service Delivery Manager at the Family Planning Association of Malawi (FPAM)

Throughout the Integra Initiative, I was involved in the improvement process of service sites, such as refurbishing, furnishing and equipping Youth Life Centres so that they are conducive for service provision. I also ensured that the Youth Life Centres were accredited by the Medical Council of Malawi. I conducted an assessment of service providers' needs and organized trainings in quality of care, logistics management, implant insertion, cervical cancer screening and cryotherapy which were newly introduced services along with antenatal care, and antiretroviral therapy. I now conduct regular monitoring of service provision to ensure the maintenance of certain standards of care. Integra has improved my knowledge and skills in programme management and I have learnt that utilization of services can be increased by maximizing the use of resources.



Zelda Nhlabatsi, Executive Director at the Family Life Association of Swaziland (FLAS)

I started working on the Integra Initiative in 2008 as the Director of Programmes at FLAS. I have been responsible for the strategic and technical guidance in strengthening of service provision through the integration of SRH and HIV services at all FLAS service delivery points (SDPs). Over the years, through Integra, we have been able to increase service uptake as the service package increased through integration, which has improved the quality of care for clients. We have also been able to diversify the type of clients who access our services.



“ The bi-directionality of integration is incredible for quality of care. It ensures that regardless of the service required, you are assured of better care as you are offered more services. It has been a wonderful experience designing various strategies for integration at the various SDPs from monitoring tools to modes of service delivery. Integration has reinforced my sensitivity as a service provider to the rights of those seeking services.”

ZELDA NHLABATSI

“ Integra is an initiative, which shall improve service delivery and increase utilization by maximizing use of resources.”

IRENE KAMANGA

EVENTS

PAST EVENTS

Integration for Impact Conference, Nairobi, Kenya; 12–14 September

American Public Health Association (APHA) Annual Meeting and Exposition, San Francisco, USA; 27–31 October

Global Symposium on Health Systems Research (HSR), Beijing, China; 31 October–3 November

UPCOMING EVENTS

World AIDS Day; 1 December 2012

Integra Research Results discussion meeting, London, UK; 6–7 December 2012

Dissemination and launch of Findings from the Integra Initiative, London, Washington, Lilongwe, Mbabane and Nairobi; 2013

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