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## A perfect match

### Integrating sexual and reproductive health and HIV services: Headlines from the Integra Initiative Research Results



Headline results from the Integra Initiative will be launched at the Houses of Parliament on Wednesday, 20 March 2013. Over the last five years, the Integra team have been researching and innovating in Kenya, Malawi and Swaziland to gather and evaluate robust evidence of the benefits, costs and challenges of integrating sexual and reproductive health (SRH) and HIV services.

The Integra results speak to a number of key themes that have implications for how services are structured, planned for, financed, accessed and delivered. Integra developed an 'index of integration' – a measurement tool to evaluate the current extent of service integration within facilities using different data sources. This approach, or an adaptation of it, has the potential to be useful for national programmes to determine the level of integration within facilities, changes in integration over time, and to evaluate outcomes of integrated care.

The results also point to benefits for clients; in Kenya (one of the models of integration sites) unintended pregnancies for women accessing integrated services in post-natal care in the study sites was reduced, as so was the unmet need for family planning among women living with HIV.

Findings from the Integra costing study indicate that integration has the potential to facilitate efficiency gains in some contexts, for example by optimising provider workload

in the provision of HIV counselling and testing. The Integra research also reinforced the importance of client's choices.

The comprehensive data collection, analysis and publication undertaken to address the critical research objectives – done within the dynamics of research in a 'real world' setting – provides an important contribution to understand and accurately assess the evolving dynamics of integration. In addition to the research results, the project has generated important practical lessons for implementing, planning and managing the integration of SRH and HIV services.

### Integra Initiative Results Launch Event

Wednesday 20 March 2013

Houses of Parliament London, UK

The event includes a roundtable discussion of research results and a reception. It hosts high profile speakers from the initiative's participating countries; Malawi, Kenya, Swaziland and UK; and national and international guests from policymakers and government representatives to researchers and programme managers.

Detailed research results, footage of the event and media coverage will be available on the website from early April, on [www.integrainitiative.org](http://www.integrainitiative.org)

**KEEP IN-TOUCH**

[www.integrainitiative.org](http://www.integrainitiative.org)

The Integra website showcases research findings, project reports and innovations, and interactive discussions about current questions, debates and good practice in linking SRH and HIV.

## EXPERTS' COMMENT

In this issue of the Integra newsletter, we have collected snapshots of opinion from a range of experts and key stakeholders in the field of SRH and HIV integration. Please join the debate and share your opinion and comments on the website [www.integrainitiative.org](http://www.integrainitiative.org).

### What are the biggest barriers for women and their partners to accessing integrated SRH and HIV services?

I would say the biggest barriers are, firstly, on the 'supply side' – referring to the lack of well-trained providers who provide these services professionally, openly and non-judgmentally and with full attention to gender dynamics and couple dynamics; and secondly, on the 'demand side' – there are cultural barriers to men seeing themselves as needing SRH and HIV services, seeking help and health services and fully disclosing/discussing and communicating with their partners (be they male or female).

**GARY BARKER**  
INTERNATIONAL DIRECTOR OF PROMUNDO-DC

Well designed training for staff (and continuous education for SRH and HIV health staff), and well designed community and mass media campaigns targeting the social norms mentioned earlier.

**GARY BARKER**  
INTERNATIONAL DIRECTOR OF PROMUNDO-DC

Any development organization worth its salt and external to a community, seeking to effect change in that community, needs to ensure that existing community responses to the issue at hand are identified, recognized, valued, nurtured and funded, so that they can stand alone, maintain their dignity and work arm in arm with the newcomers, to effect the long-term changes they have already sought. Community engagement, community ownership and community commitment are where long-term sustainability for change resides. We all really need to learn to nurture these to our utmost in all we do.

**DR ALICE WELBOURN,**  
FOUNDING DIRECTOR OF SALAMANDER TRUST

### The best solutions?

Over the years I have realized more and more that the biggest barrier for women, and their partners, to access integrated SRH and HIV services, is the lack of funding for women living with HIV themselves to organize and support one another's needs, visions and rights through peer-led community services. I have had the privilege to meet so many amazing women doing incredible things to support each other and their communities, with next to nothing and no one to support them.

**DR ALICE WELBOURN**  
FOUNDING DIRECTOR OF SALAMANDER TRUST

## Call to action

One of the main findings from the Integra Initiative is that greater attention is needed to understand and generate demand for accessing, and reduce missed opportunities for offering, integrated SRH and HIV services. This message, adding to the momentum generated from the Family Planning Summit in 2012, is a call to action to policy makers and providers alike, to listen to and continue to more effectively meet our client's need in a holistic and integrated way.



### CHOICE IS IMPORTANT

The case study of different models of HIV care and treatment in Swaziland, highlighted that a well-run stand-alone HIV services results in equal or better client outcomes than a well-run integrated SRH and HIV clinic, including access to contraceptive services, stigma reduction and client satisfaction. Integrated services, however, were particularly appreciated by pregnant clients or those with multiple and complex needs. In Malawi, the discrete choice experiment showed that young people have experience in making trade-offs and looking for service characteristics that suit their needs.



### EFFICIENCIES GAINED?

The results from the Integra costing study indicate that integration has the potential to facilitate efficiency gains in some contexts, for example by optimizing provider workload in the provision of HIV counselling and testing.

## Comprehensive capacity development

“ HIV prevention and care constitute a critical intervention towards achieving universal access to SRH. Advancing SRH requires a comprehensive approach that draws on opportunities within services for HIV prevention and care.

To fully achieve such integration, healthcare providers require update training on both services to equip them to either refer within linked services or offer the interventions themselves. Integration or linkages should occur within family planning, ante-natal and post-natal care, eMTCT, PITC and STI services, complete with indicators for services uptake for both interventions, in each case.

**DR MICHAEL MBIZVO, FORMER DIRECTOR, DEPARTMENT OF REPRODUCTIVE HEALTH AND RESEARCH, WORLD HEALTH ORGANIZATION**

## What do healthcare providers need, to be better equipped to promote and deliver integrated services?

“ For women to exercise their right to choose how to prevent unintended pregnancy, while also reducing their risk of HIV transmission, evidence shows that it is critically important that they are served by competent providers who want to find out what their clients know and prefer, and also to meet their clients' expressed needs. Enabling providers to offer such a service means ensuring that they are trained in the necessary technical skills for both family planning as well as infection prevention, know how to empathize with clients who may have vastly different needs and preferences, and most importantly, are able to counsel them non-judgmentally and offer them a full range of options. Even in the lowest level of facilities and community-based programmes that lack basic equipment and supplies, provider's attitude and competence are so important in informing and enabling women to choose. Nevertheless, referral is always possible if there is awareness of and desire to access and use appropriate and acceptable services.

**DR IAN ASKEW, DIRECTOR, REPRODUCTIVE HEALTH SERVICES AND RESEARCH, POPULATION COUNCIL**

“ Stigmatizing and discriminatory attitudes and behaviours of health care providers, employers, family members, and friends often result in misinformation and violations of the rights of people living with HIV.

Providers acknowledge their discomfort with and lack of proper knowledge about SRH issues that are so crucial to providing quality care and support. Significant barriers hinder providers from achieving successful patient outcomes, some of which are the in-adequate equipment, supplies, and infrastructure; and the lack of a supportive supervision structure which encourages a culture of quality of care and recognizes and attends to providers' needs.

Counselling and providing on-going support is crucial for many health issues. Yet many providers do not possess these specialized counselling skills or they are not routinely implemented. Further support and capacity development is important to ensure that quality comprehensive services are provided.

**PAUL PERCHAL, VICE PRESIDENT FOR PROGRAMME MANAGEMENT, ENGENDERHEALTH**

## Spotlight on HIV and family planning: Learning from the research

“ In recent years, considerable work has been undertaken to assess the efficiency of providing HIV and SRH services (including family planning, ante-natal care, and post-natal care) at the same place. A greater focus on integration, and maximising these linkages, provides an unparalleled opportunity to expand access to a wide range of SRH services – including HIV and family planning. The rationale, laid out since 2004, is indisputable – the majority of cases of HIV infection are sexually transmitted or are associated with pregnancy, childbirth and breastfeeding; and the risk of HIV transmission and acquisition can be further increased due to the presence of certain sexually transmitted infections.

2012 saw the reinvigoration of a loud, visible and global movement towards family planning, SRH and other services such as HIV, that put the needs and rights of clients at the centre. One of the key messages from the session on SRH and HIV linkages at the London Summit on Family Planning (11 July 2012) was that family planning needs to take a holistic approach to women's health including their direct engagement in the prioritization of what is needed, what works and what is the appropriate method mix. To be effective, this 'holistic approach' needs to engage communities not only as clients and end-users of services alone, but also as active participants in demanding the range and quality of services that meet their needs.

One of the many things that collective responses to HIV have shown the world, over the last 30 years, is that communities can stand up, demand access to better quality services, defend their sexual and reproductive rights, and ultimately make a difference to policies and programmes. The increasing movement for women, girls and their partners to demand sexual and reproductive health and rights, including family planning, can learn from these successes.

**JULIA BUNTING, DIRECTOR, PROGRAMME AND TECHNICAL DIVISION, IPPF**



### REDUCED UNMET NEED FOR FAMILY PLANNING FOR WOMEN LIVING WITH HIV

Several study components showed an unmet need for SRH services among women living with HIV, and suggest that integrated services can help these women realize their fertility intentions and meet their contraceptive needs.



“ The Integra Initiative has not only strengthened the capacity of FLAS in conducting mixed methods research, but also has provided us with significant evidence that integrating services at the facility level helps increase the uptake of services such as post-natal care and family planning, especially for people living with HIV.”

PHELELE FAKUDZE



## MEET THE TEAM

### Phelele Fakudze, Research and Evaluation Manager at the Family Life Association of Swaziland (FLAS)

My first encounter with the Integra Initiative was as a Research Assistant conducting qualitative in-depth interviews in 2009. Since then, I have been actively involved in several aspects of the initiative such as disseminating research findings at national and international conferences; strengthening the monitoring and evaluation systems for integration; and advocating for SRH and HIV linkages at the national level. The success of the PMTCT programme in Swaziland is a classic case of integration working well and since I am particularly interested in the uptake of services by people living with HIV, it has been immensely rewarding to see people's lives being saved as a direct result of increased access through the integration of services. I have particularly enjoyed hearing first-hand about the changes that service integration has brought to the lives of our clients in Swaziland.

### Dr Kathryn Church is a lecturer at the London School of Hygiene and Tropical Medicine (LSHTM)

I have been involved with the Integra Initiative since I started my PhD at LSHTM in 2007. I conducted a sub-study under Integra for my doctoral research, investigating models of HIV care and treatment in Swaziland through a comparative case study approach. I have seen Integra grow from a team of about five people, up to the large multi-country, multi-disciplinary, multi-organization and colourful group that we are today. I have been involved in various other aspects of the research, including health facility assessments and community surveys in Swaziland and Kenya.



### Grace Neburagho, Donor Reporting Accountant at IPPF Central Office

I have been involved with the Integra Initiative since 2009 and am responsible for reviewing and consolidating financial reports from Integra's partners and submitting these reports to the Bill & Melinda Gates Foundation annually. Since then, I have had the opportunity to see first-hand, clinics operating in two of the MA's – FHOK (Family Health Options of Kenya) and FLAS (Family Life Association of Swaziland); and I have spoken with service providers about how they work and how they record data. I have also had the opportunity to attend partners meetings and speak with researchers on how they collate data, which, for a finance person, is really enlightening to be involved beyond just dealing with budgets and expenditures.



“ The fact that so much information is provided about what is available to men, women and young people on such a large scale to improve their lives, their knowledge through integration shows how good this research project is.”

GRACE NEBURAGHO

“ Integra represents an opportunity to get behind the rhetoric of service integration, to try and really understand the reality and complexity of service delivery of HIV and SRH services in sub-Saharan Africa. There are apparently no easy answers, and this study will allow us to convey these messages to policy makers and researchers globally.”

DR KATHRYN CHURCH

### Muthoni Wachira, Programme Officer for SRH and HIV Linkages at Africa Regional Office (ARO), IPPF

I have been working with the Integra Initiative team at IPPF ARO since April 2012. I joined the initiative in its final year of implementation. During this time the activities were geared towards documentation, system strengthening, implementation of sustainability plans, advocacy, and dissemination. My role was to provide support to these activities both at the IPPF Member Associations and Regional office. The documentation exercise was by far the most interesting task. I had the opportunity to collect data on the experiences and perspectives of partners, service providers, IPPF volunteers, community resource persons, and beneficiaries on the perceived benefits of implementing Integra in the last five years and its role in influencing change in the their respective communities and countries.

“ Integra used a holistic approach in its interventions; this has not only provided a strategic position for the three IPPF Member Associations in SRH and HIV integration in their respective countries but also raised their profiles as national SRH and HIV integration champions.”

MUTHONI WACHIRA

## EVENTS

### PAST EVENTS

**World AIDS Day; 1 December 2012**

**Integra Research Results Discussion Meeting, London, UK; 6–7 December 2012**

**Launch of Integra Initiative Research Findings, London, UK; 20 March 2013**

### UPCOMING EVENTS

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

## CONTACT US



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