

INTEGRATION *news*

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SPECIAL ISSUE: REPRODUCTIVE HEALTH & HIV SERVICES

Going Digital For The Youth

By Isaiah Esipisu

At a half past five in the evening, Samson Mutinda Muinde, a hotline counselor at Liverpool VCT receives a call from a distressed teenage girl, who claims that she has been impregnated by the boyfriend, and he has run away.

After some comforting conversation, he manages to calm her down, and convinces her that all is not lost. Using his professional skills, he convinces her to confide the same in her aunt, who through the conversation turns out to be a trusted friend to her within the entire family.

The caller is one of the 12,000 youngsters who call every month through a toll free service known as 'One2One Youth Hotline' seeking to get professional help about social and health issues affecting them.

"This is a service targeting young people aged between 15 and 24 years seeking correct and factual information on sexuality, HIV and Aids and reproductive health," said Muinde.

To access this service, one is expected to call the number '1190', which is free of charge from any Safaricom line – Kenya's biggest mobile telephone operator.

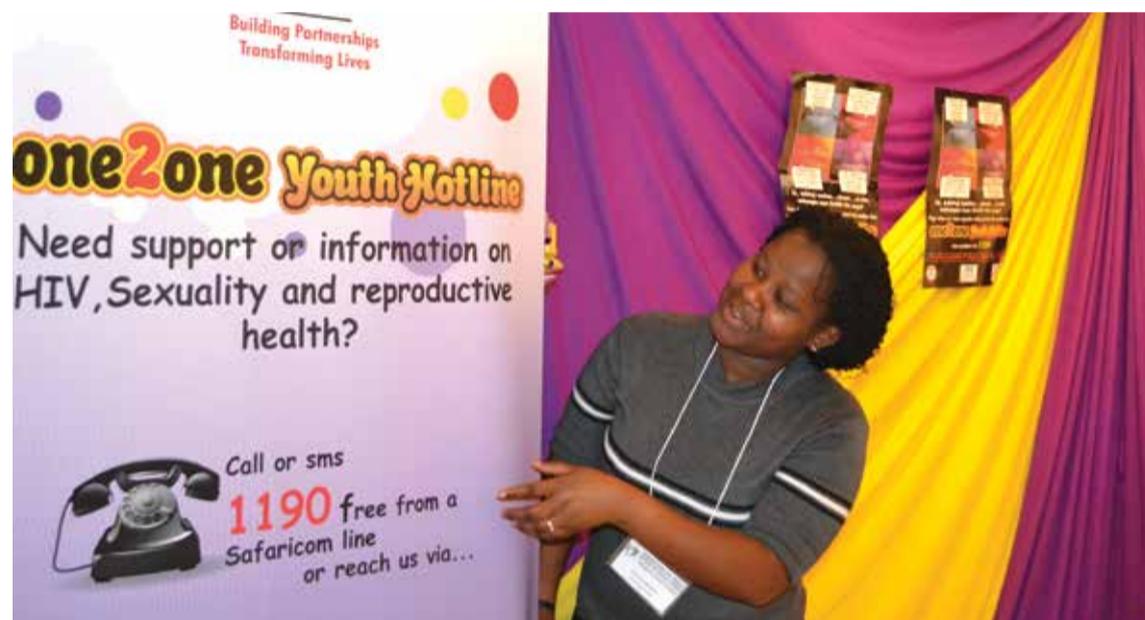
"We have tens of professional counselors on the standby waiting to listen, comprehend and advise young Kenyans experiencing all sorts of problems," said Annrose Kibutia, the Youth Programme officer at the Liverpool VCT in Nairobi.

Though the main target of the programme is to advise the youth on sexuality, HIV and AIDS, and reproductive health, the counselors say they

might be possibilities of such infections, we usually counsel them, then later convince them to visit nearest health centres for further help," said Muinde.

said Kibutia.

However, the organization is now introducing the use of social forums that are popular with the youth. "We have been



One 2 One: Annrose Kibutia sharing at the conference on the '1190 number

get overwhelmed with many other social issues affecting young people.

"Most of the young people who call (60 to 70 percent) have problems to do with girl – boy relationships. Some have been dumped by their sexual friends, others have been impregnated while in school, or maybe their friends are having 'double' relationships with their sisters or brothers," said Muinde.

In other cases, young people call because they are being forced to drop out of school due to lack of school fees.

However, there are many cases where individuals call because they suspect that they have contracted sexually transmitted diseases, or suspect that they have been infected with HIV. "Once we establish that there

But he is quick to point out that 'counseling does not offer solutions to the prevailing situations.' What we do is to offer alternatives to solutions. We only win if the client accepts to do so," he said. "But from my judgment, I can also point out that telephone counseling is not enough. It is a very good starting point, but in case of a compelling situation, it becomes effective only if the client accepts to visit a health centre for further help," he said.

According to the Communications Commission of Kenya (CCK), Kenya had a total of 29.2 million mobile phone users by March 31, 2012. "Statistics indicate that over 60 percent of the youth within our target group have mobile phones, a fact that makes the 'One2One Youth Hotline' counseling is very effective,"

using facebook to do such counseling, and now we are introducing the use of twitter," said Kibutia.

The program was introduced in 2006 to target long neglected groups yet the most at risk – adolescents and youth particularly lesbians and men who have sex with men. But after a survey, experts from the Liverpool VCT thought that the same method would be effective for the general society.

"The programme's approach is comprehensive, innovative and evidence-based in addressing HIV/AIDS prevention care and treatment as well as providing sexuality information and psychosocial support for young people living with HIV/AIDS and those in crisis," said Muinde..

What Research Says!

By Protus Onyango

There is need to integrate family planning methods and HIV services to improve reproductive health.

This is after results from the first ever studies carried out in Rongo, Nyatike, Kisumu East and Suba districts in Nyanza in Kenya over a two-year period found out that integration leads to reduction of negative attitudes by men towards family planning and increased uptake of family planning. The studies also established that integration led to more patient satisfaction and is cost-effective and cost-efficient

The results were released yesterday at the on-going Integration for Impact Reproductive Health and HIV services in Sub-Saharan Africa, showed that integrating family planning services into HIV care clinics has many advantages.

The cluster randomized controlled trial survey established that integration of family planning services into HIV clinics led to many people getting improved family planning services as compared to referring them to other facilities.

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Is there a cold war between Scientists and Journalists?

By Samuel Chibaya

Journalists and scientists have been asked to end a “cold war” like relationship because it has led to reducing the usage of mass media in disseminating both research findings that would have benefited citizens and policy makers.

The issue was raised at a pre-conference workshop, where researchers and journalists from various countries met for a training that would help their skills in reporting reproductive health and HIV issues in the media.

Kenyan broadcast journalist and consultant trainer Tom Japanni of the British Broadcasting Corporation radio admitted that the relationship between the two

sides has not been rosy for long time.

“I think through workshops, we will go a long way to demystify the bad relationship...there is no use to do a research for 15 years and let it gather dust in the shelves. If the research is to reach the policy makers they also have to do the same to the citizens. This is where they need the media,” said Japanni.

He urged journalists to report stories based on evidence unlike publishing or broadcasting articles based on the journalists opinions. He said this is where the journalists need the scientists in order to have articles based scientific research.

“Media can play a bigger role

in development. If research is development so is the media,” indicated Japanni.

One of the scientists Dr. Lawrence Oteba also admitted that some scientists are just not used to talking to the media and shy away not knowing that they are denying the public of information that can be useful.

While the media trainer Japanni said media managers too have a greater role to ensure increased coverage of health issues, which usually do not make headlines in most media outlets.

“What editors look for are ‘interesting’ stories, which usually most science stories are not unless they are put into

certain a context,” Japanni also shed light on the root of misunderstandings between scientists and journalists.

“Scientists have many years to come up with details and journalists have deadlines to tell a story. That’s where differences begin.” he also said the two cross paths because journalists would want to simply the scientific works and sometimes dilute the meaning, which infuriates the scientists.

But less reporting on health is not good for the general society he said.

“Health is a fundamental right and it is something that is being denied to most African citizens, Japanni says while the media is pushing African governments to honour the

Abuja Declaration that calls for more funding towards the health sector, the media houses too should ensure that they invest in health reporting. While making reference to health reporting on HIV, Japanni urged the media not to desist from being carried away by sensational reporting such a like celebrities dying of Aids related illness.

Instead they should report on issues that will eventually educate the masses.

It would be interesting to note that in this conference we have scientists and researchers and maybe the two sides should take time to understand each other’s professions and how they need each other?..

What Research Says!

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“Our findings will bridge the gap of unmet need for contraception among HIV-infected women. The findings will also provide evidence about the effect of integrated services in order to guide policy and service implementation,” said Prof Daniel Grossman of California University, one of the lead researchers.

Another study on the care and treatment on contraceptive use and pregnancy among women found out that integrating both services increased use of more effective family planning methods, did not have a significant reduction in condom use and change in pregnancy incidences.

The study on familiarity with and attitudes on towards family planning methods established that integration of the services increased the knowledge about family planning methods.

Integration was also associated with decrease in negative attitudes among men towards



Dr. Maricianah Onono from KEMRI, one of the researchers for the project

family planning.

“The findings show that all effective family planning methods can be successfully provided at the HIV-clinic,” said Dr. Maricianah Onono, a research scientist at Kemri, who coordinated the studies.

She added, “Integration enabled men to change their perceptions against family planning. They had initially thought that family planning is a woman’s problem and that women who use family planning are promiscuous.”

The study also found out that 71 per cent of HIV-infected women not using more effective family planning said they were likely to do so if available at the HIV-clinic.

The fourth survey, titled ‘Patient Satisfaction with family

Planning Services integrated into HIV care and treatment compared to a referral model’ found out that women obtaining family planning services at the HIV clinic were more likely to report they liked being able to obtain other services and that they were well treated by staff.

The last study on the cost established that integration of family planning into HIV is cost-efficient and cost effective way to increase family planning use among HIV-infected women.

The researchers urged the Kenya government to use the findings to implement its integration policy because as it will help the government achieve Millennium Development Goals (MDGs) on health..

Integrate Services In Prisons?

By Winnie Ncongwane

Since the early 90s several countries within Sub-Saharan introduced HIV programmes in prisons, however, most of which were in small scale. Most of these countries were motivated by a World Health Organization review report, Towards Universal Access; Scaling up Priority HIV/AIDS interventions in the Health Sector s which showed that it would be possible to run such health programmes in prisons. In Swaziland the distribution of condoms in Correctional Services for inmates was never done and over the years HIV and Human rights advocates have been advocating for this service. Swaziland is steadily integrating SRH and HIV service for inmates in correctional facilities, a country with an HIV prevalence rate of about

26% among 15 to 49 years population. The Swaziland Correctional Service provides HIV counseling, testing, ART and family planning methods for women inmates.

The National Co-ordinator for HIV Care and Treatment Programme in the Ministry of Health, Dr Velephi Okello says talks are ongoing on the introduction of condoms in prisons as the correctional services has since sought to introduce conjugal rights for married inmates. She was speaking at the opening of the Integration for Impact 2012 Conference for reproductive health and HIV services in Nairobi, Kenya, on the different models of integration in Swaziland. This must be good news for advocates of this health service considering only a year

ago the Correctional Services Commissioner, Mzuthini Ntsangase, was against the introduction of condoms in the institution.

“The discussion on condom supply began recently, with difficulty though. However, progress is being made because all in-mates being released are provided with condoms as part of their release package. Further discussions are taking place on allowing in-mates to have intimate moments with their visiting partners, and for this, condoms will be made available to the couples,” said Dr Okello.

The Swaziland Correctional Services Public Health Department goes by the slogan “Good Prison Health is good public health” as the institution aspires to have

no new HIV infections. The correctional service is but one success story of integrating SRH and HIV services for special groups as Dr Okello highlights in her presentation; “Integration of SRH and HIV services (Sexual transmitted infections and HIV prevention) for MARPS (IDUs, Men who have Sex with Men, Sex Workers).” Presenting on the different models of SRH and HIV integration, Dr Okello showed how these models worked but also mentioned other missed opportunities such as Cervical cancer screening for women in HIV care and treatment clinics, Lifelong ART for pregnant women and GBV prevention and counselling in HIV care and treatment clinics. She also noted opportunities in the models such as simplification

of diagnostics – POC CD4, Hb meters, PTs; Simple electronic systems for HIV can also integrate SRH data and Funding commitments from global agencies that encourage SRH-HIV integration.

Deputy Director of Health Services Mrs Rejoice Nkambule, also attending the conference, says the government of Swaziland is committed in giving the public quality health care. “All the models of SRH and HIV integration have shown to work and as a ministry we respect the choice of the public we provide these services to. Thus the different choices offered,” she says.

The ‘Phila Uphephe’ Initiative

By Phathizwe-Chief Zulu

Swaziland’s Sexual Reproductive Health initiative ‘Phila Uphephe’ implemented in 7 selected pilot model Centers of Excellence. This initiative practically integrate SRH and HIV services. One of the SRH integration implementers of the initiative is the Family Life association of Swaziland (Flas). Speaking in a plenary session of on Integration For Impact Reproductive Health and HIV services in Sub-Saharan Africa, Director of Family life of Swaziland, Zelda Nhlabatsi said the ‘Phila Uphephe’ initiative benefits about 61 percent females who access clinical services. “But since the rolled out of the programme, we have recorded increased coverage for addressing socio-economic dynamics. However, there is need to continue efforts to address issues of stigma and discrimination,” Nhlabatsi said, adding: “Clients rights are our priority, so our clinics are ideal for the services.” Nhlabatsi highlight-

ed the importance of the integration initiative in the country which is adversely affected by HIV and AIDS, especially women who are most affected than men.

Swaziland’s HIV prevalence rate is 41 percent among pregnant women, according to the 2010 survey. The Swaziland Demographic Health Survey (DHS 2007) maternal mortality rate is 589 per 100 000 deaths. And Infant mortality rate is 85 per 1000 live births. However, the country’s vigorous HIV programmes and success stories in the fight against the endemic has won itself respect to be tasked by Integra with service delivery on the integration of SRH and HIV and AIDS.

Swaziland has made impressive stride in in programmes like the Prevention of Mother To Child Transmission (PMTCT) and integrating maternal health. The implementation of the integration



initiative has revived the Sexual Reproductive Health Policy which has been gathering dust. According to deputy Director of Health, Rejoice Nkambule says government has dusted the policy, the good thing is that now the policy is relevant and the process has been highly consultative. “Government has resuscitated the process. it is a relevant policy waiting to be tabled in parliament,” said Nkambule.

However, Nkambule says in order to strengthen the integration of SRH services into existing HIV services, or HIV services integrated into ex-

isting SRH services, capacity needs to be built to ensure that certain standards that need to be met under each of the five components. “The standards that need to be met . Staff should be competent and be equipped with comprehensive knowledge on provision of all various services they need to provide on their rotation,” said Nkambule. The initiative also requires training and mentoring systems to be in place to ensure staff remain up to date on the latest medical advances, standards, procedures and protocols. Proper management has the capacity to effectively manage

integrated SRH and HIV services including like tracking internal referrals and optimising client flow. Effective systems should monitor and manage staff workload; and guarantee enough private spaces and rooms available for provision of services and client flow. HIV and sexual and reproductive health are naturally linked especially as the majority of HIV infections are sexually transmitted or related to pregnancy, childbirth and breastfeeding. Integra and the international community agrees that the Millennium Development Goals (MDGs) will not be achieved without ensuring universal access to SRH and HIV prevention, treatment, care and support. Integration will be achieved by strengthening health systems and ensuring SRH and HIV related policies are linked and providing access to a comprehensive range of integrated SRH and HIV services.

Kick Off: Delegates United on Integration

By Protus Onyango

The Kenya government has developed supportive laws and policies to improve reproductive health.

The government's efforts have been informed by the realization that clients seeking reproductive health and HIV services often share common needs and therefore integrating the services enables providers to efficiently and comprehensively offer all round services.

In a speech read by Francis Musymi on behalf of the Minister of Public Health to officially open the Integration for Impact Conference on Reproductive Health and HIV Services in Sub-Saharan Africa, noted that reproductive health and HIV have similar characteristics.

"In the realization of this fact, my ministry and that of Medical Services, with support from partners have taken the lead in providing

policy guidelines, including service delivery guidelines for reproductive health and HIV integration," said Beth Mugo, the minister for Public Health and Sanitation.

He said that some of the policy documents developed are the National Reproductive Health and HIV Strategy and the Reproductive Health / HIV Strategy and the Reproductive Health / HIV minimum package for service provision.

The minister noted that addressing reproductive health will enable the government to achieve all the Millennium Development Goals (MDGs), especially poverty, gender equality, child health, maternal health and combating HIV/Aids and other diseases.

She said that by addressing reproductive health, the government will be able to provide access to quality reproductive health.

This will include family planning services, maternal health programmes and prevention, diagnosis and treatment of sexually transmitted infections, including HIV/Aids.

The minister also noted that by improving reproductive health, economic, social justice, gender equality and human rights will also be improved.

She called for collective responsibility of governments, researchers and all other stakeholders to improving the health of Kenya's citizens.

"The public health community can help build cost-effective and sustainable national healthcare programmes by avoiding missed opportunities that result from inadequate linkages or integration of reproductive health systems and HIV provision," the minister said.

Dr Michael Mbizvo, the director of Reproductive Health and Research at

WHO echoed the minister's sentiments.

"Reproductive health and HIV both serve the same target population - the sexually active - men, women and young people, promote safe and responsible sexual behaviour and have potential to increase dual protection and condom use," Dr Mbizvo said.

He noted that integrating reproductive health and HIV reduces MTCT and stigma with HIV/AIDS and minimizes missed opportunities to increase access and coverage for vulnerable and high-risk groups

"It builds on existing programmes, structures and institutions and promotes universal access to both and provides tailored sexual and reproductive health services for people living with HIV," he said.

Dr Mbizvo hailed integration,

saying that it has the potential for cost savings, eliminates duplication, promotes coordination and efficiency and increases reach of HIV prevention messages, counselling, and testing services.

"Integration of the two services reduces unintended pregnancies, including among HIV+ couples and simple electronic systems for HIV can also integrate SRH data," he said.

He called for more funding commitments from global agencies, that encourage SRH-HIV integration.

"We need innovative financing mechanisms needed, flexibility in use of external resources, results based financing," Dr Mbizvo said.

Dr Velephi Okello from Swaziland's ministry of Health called on private sector to contribute funds towards integration and regular review of progress..

THE OTHER SIDE OF THE CONFERENCE

Contraception

Family planning methods vary from pills, condoms and intrauterine devices to cycle beads. Cycle beads are a natural form of family planning. They look like a necklace. The beads have different colors that represent a woman's cycle days. A woman can keep track of her cycle by moving a band along the string of beads every day.

The cycle beads come in different colors. The most common combination of colors for is red, brown and white.

When a woman starts her menstrual period she moves the band around the red bead. When the band is on the

red and brown beads then she cannot get pregnant. The white beads mean that she is ovulating and most likely to get pregnant.

"You can rely on this method if your periods are regular and your cycle is between 26 and 32 days long," said Alice Ngugi, a service provider at Family Health Options Kenya during the 2012 Integration for impact conference, "I can recommend it to women because it does not have any side effects, it cannot cause heavy bleeding or other side effects associated with other family planning methods."

The cycle beads or standard days method was developed by the Institute for reproductive

health at George Town University. This method has a 95% efficacy rate.

"The cycle beads helps women to understand their bodies," said Dr. Lawrence Oteba, Technical Adviser Sexual Reproductive Health and HIV linkages International Planned Parenthood Federation, Africa Regional Office, "They get to know the changes that are happening to their bodies; when they are likely to conceive and the safe days."

Of Condoms and the Condom King?

Are you aware of how to use a condom? Absurd question at a conference such as this, right? Well delegates were treated

to an interesting show by the self proclaimed condom King and reminded of how to use both the female and the male condom. It was an interesting demonstration that helped create a lighter mood at what has been termed by journalists as a scientific conference.

Cancer Screening

For the Ladies at the conference you might want to take time and visit the Liverpool VCT tent outside the conference hall and have a screening. For the men you can also pop in and know your HIV status! One more thing you might want to take time and go round the exhibition stalls and learn more or what

the heck get to know some of the organizations and what they are doing. .



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