

# The Integra Initiative

The effect of two integration models on the uptake of SRH and HIV services in Kenya and Swaziland

Panel 128

Thursday 13<sup>th</sup>  
September 2012





## Why integrate SRH and HIV services?

- Medium contraceptive prevalence but high numbers of unplanned pregnancies and teenage pregnancies
- Medium to high HIV prevalence
- Inadequate HIV testing rates
- Focus of HIV programs was on treatment and not on family planning (FP) or RH
- Few women receive comprehensive postnatal care
- Many women living with HIV have an unmet need for postpartum FP

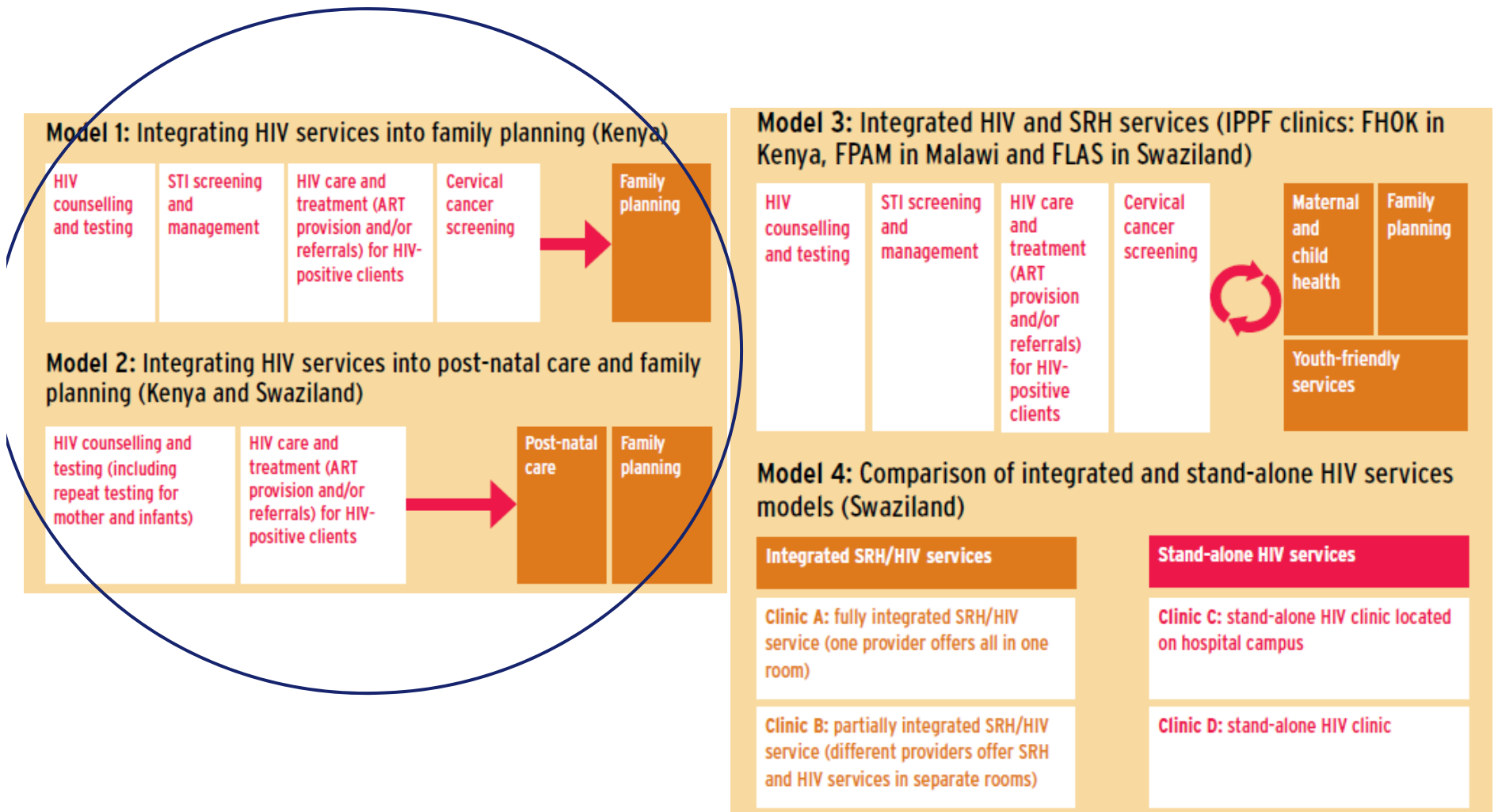
# The Integra Initiative

- 5 year research project funded by the Bill and Melinda Gates Foundation (Jan 2008 - Dec 2012)
- 3 institutions: IPPF, LSHTM & Pop Council
- In - country partners: MOH, IPPF MAs
- 3 medium and high HIV prevalence countries selected: Kenya, Malawi and Swaziland
- Few studies have investigated the level of demand for services at the population level (including non-service users)
- Little is known about clients' demand for integrated services or whether, having accessed to an integrated facility, clients actually use more services.

## Integra Initiative Goal

To strengthen the evidence of the benefits and costs of a range of models for delivering integrated HIV and SRH services in high and medium HIV prevalence settings for reducing HIV (and associated stigma) and unintended pregnancies.

# Models of integration evaluated





## Integra research questions

- 1) What are the relative benefits of different models of integrated SRH and HIV services over separately provided services? Does integration lead to:
  - increases in the numbers of clients using services;
  - changes in the profile of clients attending services;
  - increases in the range of services accessed by clients;
  - improvements in the quality of services?
  
- 2) In the target populations, what is the impact of integrated services on:
  - HIV related risk behavior;
  - HIV related stigma;
  - unintended pregnancy?
  
- 3) What is the cost, feasibility and cost-effectiveness of providing selected integrated services:
  - What is the cost of integrating HIV and/or SRH services with existing services?
  - How do costs vary by model of integration?
  - Does integration result in a more optimal utilization of existing infrastructure and human resources?

## Intervention activities

Adapt / update existing guidelines and protocols on SRH and HIV services

Develop training methodology and development of mentoring tools

Improve provider capacity through mentorship

Supervisory tools/package: and program

Procure & distributed minimum equipment and supplies including long term FP methods

Improve availability of materials: BCS+ & job aids

Strengthen data collection & recording systems

Re-organize services and role clarification

Strengthen referral systems

## Presentations

Demand for FP among postpartum women attending integrated HIV and postnatal services in Swaziland

Effect of integrated HIV and PNC model on uptake of provider-initiated testing and counselling and FP services among postpartum women in Kenya

Impact of integrated services on unintended pregnancy in

- 1) Kenya and 2) Swaziland

Demand patterns for integration - community survey results