



IMPROVING SERVICE ACCESS THROUGH RH & HIV INTEGRATION: EXPERIENCE FROM KENYA

Dr. Marsden Solomon, FHI

THE SCIENCE OF IMPROVING LIVES



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Outline



- **Why Integrate HIV with RH programs**
- **The integration agenda in Kenya**
- **APHIA11 Funding**
- **Types of Integration & Models of integration**
- **Outcomes**
- **Challenges**
- **Implications for PEPFAR**
- **Recommendations**

Why Integrate HIV and RH Programs



- ***60%*** *of HIV+ clients who are married or cohabiting have unmet FP needs*

Source : KAIS -2007

Benefits of FP for PLHIV

- Protects the right of women with HIV to determine the number and spacing of children
- Reduces unintended pregnancies and abortions
- Improves maternal and infant health
- Prevents vertical transmission of HIV



History of RH/HIV Integration in Kenya

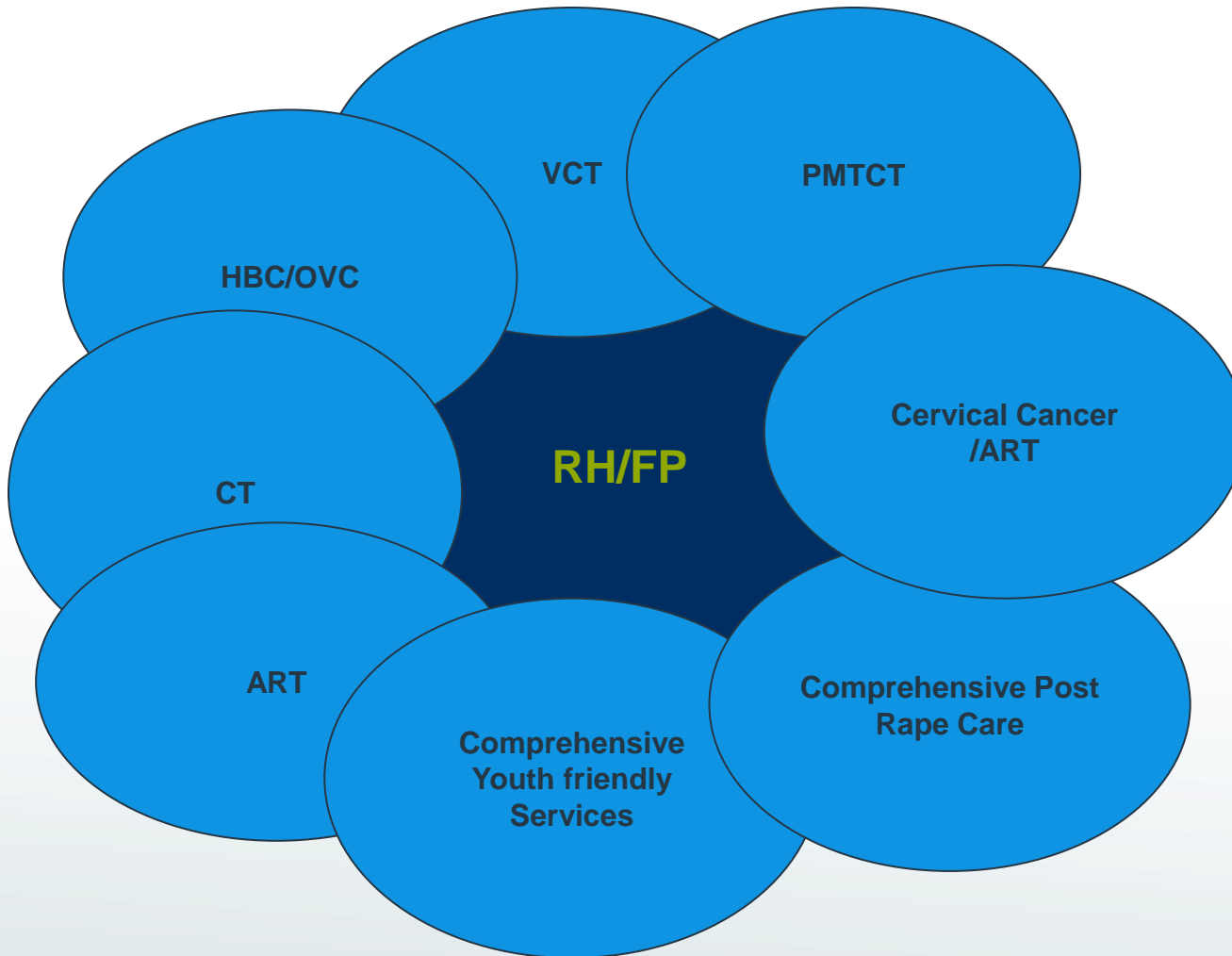
- Started in 2001
- Rapid assessments and the FP/HIV strategy
- Experience from the various integration models: FP/VCT, CT/FP, FP/ART, STI/ART
- Developed selected RH/HIV integration indicators
- Stakeholders consultative meetings through MOH-led technical working groups
- RH/HIV integration Strategy [2009]

APHIA II Funding



- APHIA is predominantly an HIV program
- 93% of the funds are for HIV/AIDS; 7% for FP and MCH
- RH needs huge:
 - High maternal mortality rate = 414 per 100,000
 - High infant mortality rate = 52 per 1,000 with high NMR
 - Low CPR and high unmet FP need [25%]
- PEPFAR resources used for infrastructure and capacity development for HIV services
- FP and MCH funds were used to enhance integration of RH services in the same sites

Integration Services



- Models of Integration
 - Onsite
 - Mixed
 - Referral
- Level of FP provision –up to level 4
- Minimum is provision of condoms and Pills

Rift Valley



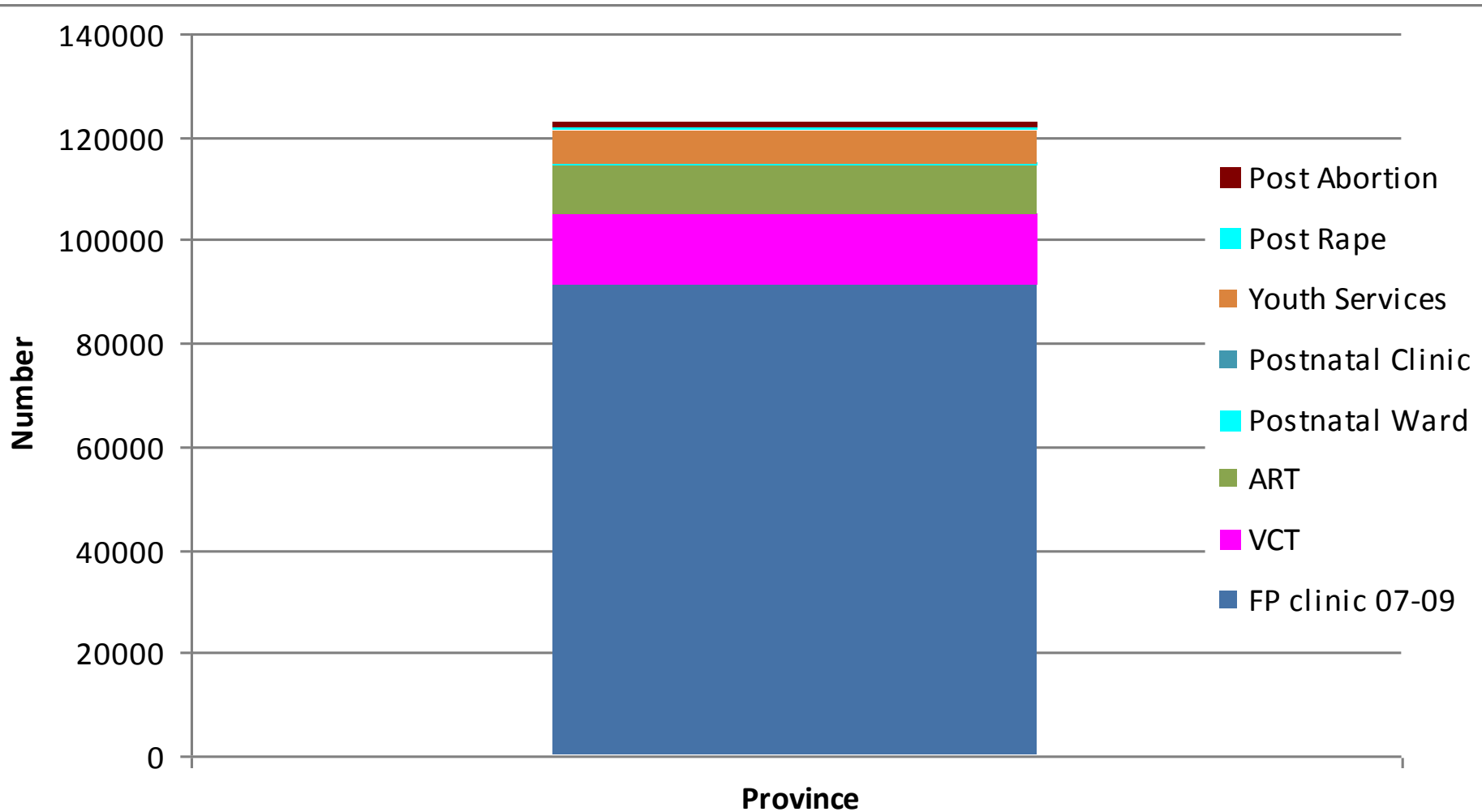
Type of integration	Number of sites providing services	Number of service providers trained
FP/CCC	98	425
CT/FP	453	425
YFS	8	100
FP/VCT	334	98
PAC	25	12
Post Rape Care	25	0
FP/HBC	4	516
PMTCT	617	1424
STI/CCC	98	425
Cervical Cancer screening/FP/CCC	12	23

Coast



Type of integration	Number of sites providing services	Number of service providers trained
FP/CCC	90	145
CT/FP	120	20
YFS	4	39
FP/VCT	80	49
PAC	50	15
Post Rape Care	43	25
FP/HBC	58	1500
PMTCT	437	248
STI/CCC	90	145
Cervical Cancer screening FP/CCC	6	40

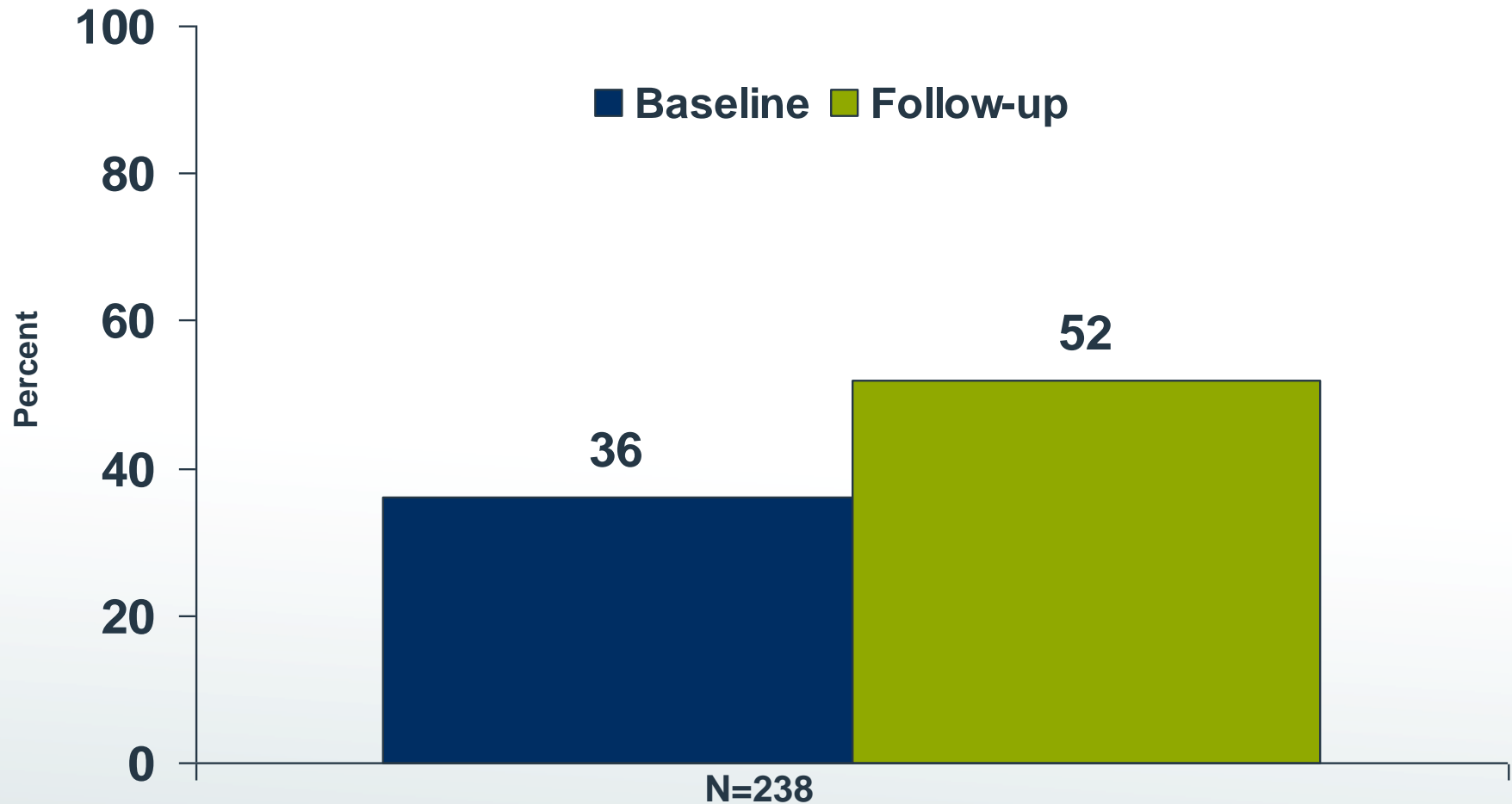
FP Consultations by Service: 2007-2009



Source: USAID/APHIA II-Rift Valley & Coast; FHI 2009

Use of a Modern Method among Female Clients attending HIV care and treatment centers in the Rift Valley and Coast-Kenya

Female Clients



Source: FHI – Sutherland, E et al – February 2010

Challenges



- Inadequate funding for RH/FP
- Positive policy environment vs inadequate funding
- Direct funding for integration services
- Acceptability and ownership of the integration
- Human resource shortage
- Infrastructure problems
- Commodity insecurity
- Data capture

The Good News!



- RH/HIV integration indicators
 - FP indicator is Included in the PMTCT [Post Natal] indicators
 - FP, STI and Ca CX Included in the CCC Indicators
- Inclusion in the data collection tools is ongoing

Lessons Learned So Far

- RH/HIV integration is feasible
- Different types of integration work best in different regions
- On-site mode of delivery of integrated services is most popular
- Advocacy and supervision is essential
- Field experiences lead to evidence–based decision making
- Rift & Coast can be a learning model for integration

Implications for PEPFAR Policy



- FP services contribute directly to PEPFAR prevention goals
- It is possible for HIV programs to integrate FP/RH services
- RH/HIV integration has the potential to enhance the public health impact of services and better meet the needs of clients
- Funds for integration programming and research remain inadequate

Recommendations

PEPFAR SHOULD:

- Emphasize RH/HIV integration of services at all levels in policies and field guidance
- Support countries to adopt “wraparounds” using integration or linkages of services
- Consider direct funding for RH/HIV integration
- Consider specific funding allocated for contraceptive commodities to HIV program sites
- Develop RH-related targets/indicators for reporting
- Allocate PHE funding for research to expand the evidence-base of RH/HIV integration best practices

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- Service providers & Clients

Parting shot!



Integration increases access to services