



**INTEGRATING SRH AND HIV/AIDS SERVICES:
PATHFINDER INTERNATIONAL'S EXPERIENCE SYNERGIZING HEALTH INITIATIVES**

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“In order to achieve internationally agreed development goals, it is vital that the linkages between reproductive health and HIV/AIDS prevention and care be addressed. To date, the benefits of the linkages have not been fully realized.” -*Glion Call to Action, May 2004*

I. BACKGROUND

Integration of family planning (FP) and sexual and reproductive health (SRH) services with HIV/AIDS services is an essential step in effectively maximizing impact and resources to confront the raging AIDS epidemic, elevated maternal and infant mortality rates, and the unmet need for contraception worldwide. A key component of SRH services, FP services are traditionally aimed at young women and married couples of reproductive age, while HIV/AIDS services often focus on vulnerable groups, such as young men, transport workers, and commercial sex workers. This vertical, targeted delivery of services results in increased programmatic vulnerability to both HIV/AIDS and maternal morbidity and mortality. “Repositioning” FP within the context of widening access to HIV/AIDS information and services is a crucial step in reducing this vulnerability. Furthermore, integrating FP/SRH and HIV/AIDS services expands the capacity and efficacy of health services by acknowledging a broader spectrum of interrelated health rights and needs.

“[B]oth HIV/AIDS and sexual and reproductive ill-health are driven by many common root causes, including gender inequality, poverty, and social marginalization... stronger linkages between sexual and reproductive health and HIV/AIDS will result in more relevant and cost-effective programmes with greater impact.” (*New York Call to Commitment, June 2004, UNFPA, UNAIDS, and Family Care International*)

The demand for FP/ SRH services often grows once a community or family is affected by HIV/AIDS. People living with HIV/AIDS (PLWHA) should have access to accurate FP/SRH counseling and services, which respect and uphold their reproductive rights, as well as address their specific health needs and the risks associated with pregnancy. Equally, people accessing FP/SRH services are sexually active; thus they may be vulnerable to HIV infection and in need of information on prevention, including dual protection against sexually transmitted infections (STIs) and HIV, as well as linkages to care, support, and treatment services if they are living with HIV/AIDS.

Access to HIV/AIDS services without access to FP/SRH services and vice versa can have adverse effects on community health and stall advances made against HIV/AIDS, unmet need, and maternal mortality. Resources are scarce, and entry points to health services may be limited to just one provider or facility, or often a single community health worker.





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PRIORITIZING WHEN TO INTEGRATE SERVICES

Integration can occur at multiple service entry points. Capacity for integration depends upon resources (such as funding, trained personnel, and medical supplies), population dynamics, HIV prevalence rates, existing health service networks, and areas of unmet need. Pathfinder believes that providing integrated services everywhere would be ideal, but as resources are scarce, integration priorities should be identified in terms of impact, range, and cost.

The United States Agency for International Development’s (USAID) technical guidelines on FP/HIV integrationⁱ recommend that:

- ❖ Where the HIV/AIDS epidemic is “**generalized**” (HIV prevalence rate exceeds 1% among women receiving antenatal care [ANC]), all FP and HIV/AIDS services should be integrated;
- ❖ Where the epidemic is “**concentrated**” (HIV prevalence rate exceeds 5% in at least one vulnerable subpopulation, but not yet at 1% for pregnant women), FP services should be prioritized for the general population, while integrated FP and HIV/AIDS services should be prioritized for the most vulnerable groups;
- ❖ Programs in countries with **low-level epidemics** (HIV prevalence is below 5% among vulnerable groups and below 1% among pregnant women), should prioritize FP services generally, focusing HIV/AIDS information and services on the most vulnerable groups if integration of all services is not cost-effective or possible.

As Table 1 indicates, integration of services can be at various entry points within a health system, depending on existing service delivery frameworks and referral networks. Integrating services can expand the range of clients accessing a fuller spectrum of services. For example, voluntary counseling and testing (VCT) services can attract more men and adolescents to FP/SRH services in clinics where clients are typically married women. There are varying advantages and disadvantages associated with each mode of integration. For example, by integrating FP into HIV/AIDS services or vice versa, more people will be reached with needed services and duplication of services will decrease. However, start-up will be relatively time consuming and expensive since providers will need extensive training in both areas, as well as the supplies and logistics to provide both sets of services. Further, staff may already be overworked and underpaid and not able to take on new, integrated tasks.ⁱⁱ

TABLE 1: ENTRY POINTS FOR INTEGRATED FP/SRH AND HIV/AIDS SERVICES

<p>HIV/AIDS services integrated into...</p>	<p>FP/SRH Services</p> <ul style="list-style-type: none"> ❖ Family planning ❖ Antenatal care ❖ Postnatal care ❖ Post-abortion care ❖ Counseling ❖ Youth-friendly services ❖ STI diagnosis & treatment 	<p>FP/SRH services integrated into...</p>	<p>HIV/AIDS Services</p> <ul style="list-style-type: none"> ❖ VCT ❖ PMTCT+ ❖ Community home-based care ❖ ART and treatment of OIs ❖ Prevention (including condom distribution) ❖ STI diagnosis & treatment
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II. PATHFINDER INTERNATIONAL: PIONEERING INTEGRATED SERVICES

Founded as the Pathfinder Fund in 1957, Pathfinder International has expanded its FP mission to address the broad SRH needs of women, men, and adolescents in Africa, Asia, the Near East, and Latin America. Pathfinder’s current portfolio of programs in over 25 countries addresses a wide variety of community health needs, ranging from FP, maternal and child health care (MCH), postabortion care, to STI/HIV/AIDS prevention, care, support, and increasingly, treatment. Pathfinder has long-standing partnerships with national ministries of health, provincial governments, and community- and faith-based organizations (CBOs and FBOs), and builds the capacity of these partners to plan, implement, monitor, and evaluate quality SRH services.

Drawing on the versatility and expertise in these partnerships, Pathfinder has been at the forefront in confronting global health challenges such as HIV/AIDS. In the late 1980s, fears surfaced that health providers might contract HIV from their clients. In response, Pathfinder enhanced infection prevention during service delivery and integrated HIV prevention messages into existing community-based FP and MCH projects in Africa and Brazil. HIV prevention was introduced into FP/SRH and youth programs throughout Africa, and in the late 1990s, Pathfinder developed an innovative model of integrated home-based care for PLWHA in Kenya, Uganda, and Tanzania.

Since then, Pathfinder has integrated FP/SRH and HIV/AIDS service delivery programs around the world, adapting systems to facilitate integration at the community and facility levels in countries where the demand for these services is high. Pathfinder’s diverse approaches to integration with various groups are summarized below, along with key lessons learned and challenges faced along the way. Table 2 illustrates the high unmet contraceptive need and UNAIDS’ estimates of HIV prevalence rates in some of the countries where Pathfinder is implementing integrated FP/SRH and HIV/AIDS services. Pathfinder, as a pioneer in integrated service delivery, has gradually repositioned its FP/SRH work in an era where HIV/AIDS is a reality for nearly all of the communities in which we work.

TABLE 2: UNMET CONTRACEPTIVE NEEDⁱⁱⁱ AND HIV PREVALENCE RATES^{iv} IN SELECTED PATHFINDER COUNTRIES

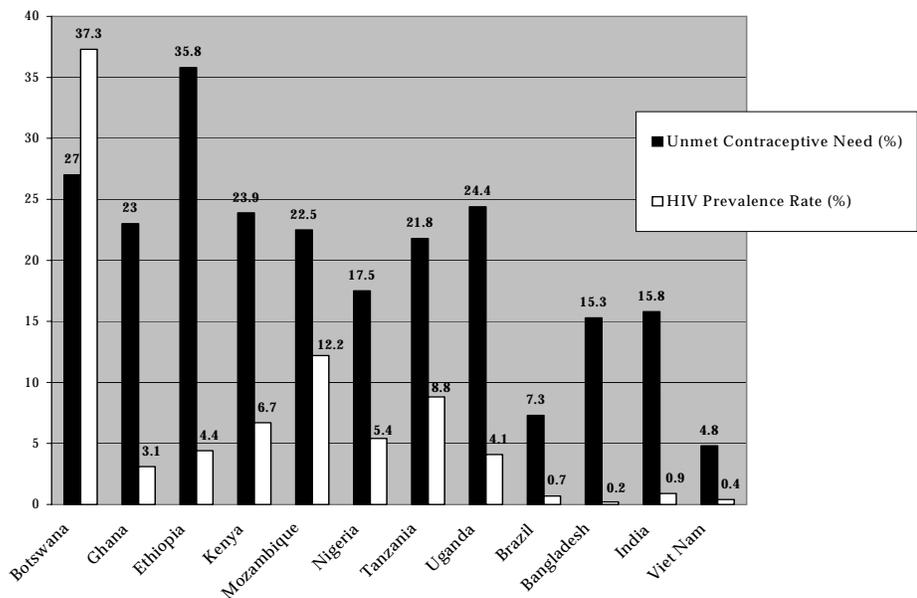




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III. PATHFINDER'S INTEGRATION STRATEGIES AND SUCCESSES

FOCUS ON WOMEN

September 2004 marked the 10th anniversary of the International Conference on Population and Development (ICPD). The ICPD Program of Action boldly re-framed FP and SRH as basic human rights rather than demographic targets, and called for the integration of FP and HIV/AIDS services, bringing long-overdue attention and commitment to women's interconnected health and development needs. The UN's Millennium Development Goals for poverty reduction by 2015^v reiterate the need for integration in order to reduce maternal mortality and HIV incidence and improve women's equality.

Despite the increased attention and commitment to integrated services post-ICPD, women of reproductive age now represent over 52% of PLWHA globally. An estimated 200 million women worldwide have unmet need for contraception. In sub-Saharan Africa, young, married women now comprise the majority of new HIV infections, and up to 25% of women are vulnerable to unintended pregnancy but are not currently using any FP method.^{vi} Women's heightened vulnerabilities are in great part due to social, cultural, and economic barriers that deny them the power, knowledge, and skills to protect themselves from STIs, HIV, unintended pregnancy, unsafe abortion, and other SRH complications.

The increasing vulnerability of young, married women to HIV/AIDS and the ongoing unmet need for contraception highlight the importance of an integrated approach to FP and HIV/AIDS programs for all women. Expanding access to integrated services through networks that millions of women already use for primary care, antenatal and postnatal care, FP, and other SRH needs could circumvent the stigma attached to freestanding HIV/AIDS service sites.

The demand for contraception among women living with HIV/AIDS is high, given the physical stresses of pregnancy on a woman's health, the risks of passing HIV to offspring, the need to protect partners and oneself from infection or re-infection, and the dangers of becoming pregnant while on certain ART regimens. Preventing early and unwanted pregnancy is the most effective strategy to prevent mother-to-child transmission (PMTCT) of HIV. Comprehensive FP counseling on dual protection with condom use, negotiation of contraceptive use, and affordable contraceptives (including male and female condoms), allows a woman living with HIV/AIDS to be sexually active with limited risks to herself and her partner(s). Only by addressing the interdependent needs of women highlighted in the ICPD Program of Action, and improving women's status and standard of living worldwide, will we make strides in reducing women's vulnerability to HIV/AIDS, unintended pregnancy, and other negative health and social outcomes.

INTEGRATING HIV/AIDS INTO FP/SRH SERVICES FOR THE GENERAL POPULATION

Integrating HIV/AIDS services into FP/SRH services can draw a range of clients that do not tend to access freestanding HIV/AIDS programs due to stigma, lack of access or information, and also because they may perceive themselves as at "low risk" for HIV. These include the addition of the following services, either delivered directly or through referral, with those offered through FP/SRH, MCH, and youth programs: diagnosis and treatment of STIs; STI/HIV risk assessment and counseling on safer sex and other risk reduction measures; community home-based care (CHBC); condom promotion, demonstration, and distribution; information on dual protection; VCT; ART; and PMTCT.





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Pathfinder offers integrated services through extensive clinic and community-based provider networks in several countries.

- ❖ In **India**, Pathfinder addresses the needs of adolescents and young married couples, while building the capacity of local NGOs to develop and implement these activities. A foundation-funded project combines behavior change communication (BCC) initiatives with improved access to FP/SRH services, including STI/HIV prevention. A network of 30 local NGO partners works in 600 villages spread across three districts of Bihar. The project has reached over 180,000 married and unmarried adolescents, focusing on delaying first birth, child spacing, FP, ANC, Safe Motherhood, and STI/HIV prevention through dual protection.
- ❖ In **Nigeria**, Pathfinder's wide-ranging project aims to increase access to and use of FP/SRH services. The project integrates STI/HIV prevention information and services in over 70% of project sites. Community- and clinic-based services, delivered through local government agencies, reach the general population as well as especially vulnerable groups such as youth, geographically isolated populations, and the Nigerian Police and Armed Forces. Integrated services promote the use of condoms for dual protection, STI management, counseling and referrals for HIV/AIDS care and support services, and BCC efforts. In 2003, funding from the President's Emergency Plan for AIDS Relief facilitated the addition of counseling and access to VCT and PMTCT services, as well as counseling on post-partum FP.
- ❖ In **Kenya's** Rift Valley, Nyanza, and Coast provinces, Pathfinder has successfully revitalized the provision of FP through community-based distribution and clinical capacity building. Trainers from Pathfinder/Kenya's HIV/AIDS prevention, care, and support program, COPHIA, supplement the community-based RH (CBRH) agents' FP training with training in HIV/AIDS. Linkages were established between the FP program and COPHIA's extensive community-based HIV/AIDS services, as well as with Pathfinder/Kenya's PMTCT program. During home visits, trained CBRH agents provide pills and condoms, basic home-based care for clients living with HIV/AIDS, and refer clients for clinical care, frequently accompanying them to the service site. Over 100,000 new users have been provided with FP methods since July 2003, and over 7,500 clients have been referred for clinical methods^{vii}. The CBRH agents also build community awareness of FP/SRH and HIV/AIDS through public meetings, and add guidance and impetus to local advocacy efforts.
- ❖ In **Brazil**, from 1998-2003, Pathfinder managed a project to integrate STI/HIV/AIDS services into public SRH services in the northeast states of Bahia and Ceará. After an initial assessment of the quality of integration at selected health facilities, a team in each state trained 760 health providers from over 230 health centers on integrating HIV prevention into other services, with specific training manuals developed for FP, pre-natal care, STI services, cancer screening, and management. A pilot intervention in Ceará further advanced integration activities with the establishment of seven VCT centers. Pathfinder do Brasil assisted local authorities to design a social mobilization campaign to increase demand for VCT, principally among vulnerable populations, through a network of community health agents and local NGOs. The involvement of central level decision-makers was a crucial element in the success of the integration strategy and in building collaborations at the State and Municipal levels. The integrated training strategy





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and materials developed under the project have been institutionalized in both states, where technical guidelines for SRH services now include crosscutting STI/HIV/AIDS services.

FOCUS ON PATHFINDER/ETHIOPIA



Community-based RH Agents in Ethiopia

In Ethiopia, Pathfinder was one of the first international organizations to use private funds to support FP activities. In 1964, Pathfinder gave a small grant to a group of Ethiopians to carry out FP activities. This group evolved into what is now the Family Guidance Association of Ethiopia (FGAE), the largest FP provider in the country.

In 2002, Pathfinder/Ethiopia diversified its FP/SRH activities in four regions with a major focus on integrating HIV/AIDS with FP/SRH through traditional and alternative service-delivery mechanisms. In the second year of the USAID-funded project, more than 400 national trainers were trained in

FP/SRH, CHBC, and HIV/AIDS education. HIV prevention messages reached over 6 million people, and thousands were counseled and referred for VCT and STI treatment. The main entry points for integrated services are the CBRH agents, who within their FP/SRH role also identify PLWHA and orphans and vulnerable children (OVC), distribute HBC kits, provide referrals for HIV/AIDS services, and spread prevention messages.

Pathfinder is expanding its community-based HIV/AIDS prevention, care, and support services, and has improved linkages between these activities and ongoing FP/SRH activities with funding from the Swedish International Development Cooperation Agency (SIDA). Activities are implemented by a group of local NGOs and include BCC, condom promotion, OVC support, CHBC, youth sexual and reproductive health (YSRH) services, integrating FP into VCT sites, and referrals for counseling, care, and treatment services. Integrated services are provided by CBRH agents at the community level, by trained service providers at the facility level, and promoted at the national level through advocacy and sensitization activities on gender, FP/SRH and HIV/AIDS with religious, political, and other key leaders.

Pathfinder's six-year, privately funded *Comprehensive Reproductive Health Program* seeks to reduce fertility and maternal and infant mortality, as well as increase access to STI/HIV/AIDS counseling and services through the private sector. Pathfinder trains physicians, nurses, midwives, market-based health promoters, and community health workers to offer a range of preventive and clinical services. Phase II of the program, which began in January 2002, expands outreach efforts to all major marketplaces in the ten target *woredas* (districts). With the help of public address systems, marketplace agents spread the word about FP, STIs, and HIV/AIDS, and make referrals to nearby clinics where integrated services are offered.





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INTEGRATING HIV/AIDS INTO YOUTH SEXUAL AND REPRODUCTIVE HEALTH (YSRH) SERVICES:

An estimated 10 million people ages 15-24 are living with HIV/AIDS, and half of all new infections (over 6,000 daily) occur among young people.^{viii} Two-thirds of all young people living with HIV/AIDS live in sub-Saharan Africa, and 75% of these are women.^{ix} Widespread HIV prevalence rates among the world's youth can be attributed to their physical, social, psychological, and economic vulnerabilities. Often they may not perceive themselves to be at risk. They frequently lack access to SRH information or services that stress STI/HIV prevention, as well as the life skills needed to protect themselves (such as the ability to negotiate condom use). Social norms, such as older men engaging in sex with younger girls, gender imbalances, and sexual exploitation, increase young women's vulnerability to HIV/AIDS and underscore their need for integrated and confidential FP/SRH and HIV/AIDS services. Young people often face stigma and discrimination from providers, the community, their families, and peers that discourage them from seeking SRH and HIV/AIDS services.

As FP/SRH services are a likely entry point to health care for young women, training FP/SRH providers to offer STI/HIV/AIDS information, counseling, and services is an effective way to integrate HIV/AIDS services for adolescents into the standard package of youth-friendly services. Since STI treatment and VCT are more likely entry points for young men, providers of these services need to be trained in quality FP/SRH counseling and services, especially on dual protection. Despite their vulnerability to HIV/AIDS and other negative SRH outcomes, young people have proven the most receptive to behavior change reducing their vulnerability, and they offer the greatest hope to change the course of the epidemic. For such progress, young people's comprehensive health needs must become a global priority.

Since the 1970s, Pathfinder has worked with young people in more than 30 countries and currently supports youth-focused programs in Bolivia, Botswana, Egypt, Ethiopia, Ghana, India, Mozambique, Nigeria, Peru, Pakistan, the Philippines, Sudan, Tanzania, Uganda, and Viet Nam. To increase young people's awareness and access to SRH and HIV/AIDS information and services, Pathfinder pursues a multi-pronged approach, including:

- ❖ “Youth-friendly” services (YFS) through static sites and outreach services;
- ❖ Behavior change communication;
- ❖ Community- and school-based peer education programs, which focus on information, life skills, provision of non-clinical FP methods, and referrals to YSRH facilities.

Pathfinder builds the capacity of facilities and health care workers to provide comprehensive YFS that include holistic and integrated YSRH information and services. Essential youth-specific counseling focuses on making and implementing decisions related to YSRH. All YSRH entry points, from clinical service delivery, counseling, and referrals to peer education programs and community health networks, emphasize dual protection information and methods.

- ❖ Through the African Youth Alliance (AYA) project in **Botswana, Ghana, Tanzania, and Uganda**, Pathfinder builds the capacity of local partners to provide YFS through clinics and peer outreach programs. AYA employs innovative and non-traditional methods to provide





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YSRH information and condoms at sites where youth can feel comfortable accessing these services. For example, in **Ghana**, non-traditional distributors, such as barbers and dressmakers, successfully supply and counsel young people on condoms. AYA also supports the National Youth Council to hold the “Challenge Cup,” a soccer tournament where dual protection information, referrals for integrated services, and condoms are distributed.

Youth participation in program planning and implementation has been an increasingly essential component in providing effective, integrated services for young people. Pathfinder solicits this participation through innovative strategies:

- ❖ In **Ethiopia**, Pathfinder supports *Radio Fana*, a radio program for youth on a wide range of YSRH topics. The program frequently solicits audience participation and feedback through call-in shows and questionnaires. High levels of youth interest and participation have resulted in youth-generated changes, such as live theatre-style programs, and provoked shifting air times from the early morning to the late afternoon and weekends so more youth can hear the live program.

FOCUS ON PATHFINDER/MOZAMBIQUE



Geração Biz Peer Educators

The *Geração Biz* (GB), or “*Busy Generation*” Project in Mozambique was selected in 2004 as a best practice in the *World Bank Initiative on Education and HIV/AIDS: A Sourcebook of HIV/AIDS Prevention Programs*.^x

GB works with Mozambique’s Ministries of Health, Youth and Sports, and Education, as well as local NGOs with funding from UNFPA to integrate innovative BCC and YFS activities, improve YSRH and decrease young peoples’ vulnerability to STI/HIV/AIDS, unwanted pregnancy, and unsafe abortion. In 40 districts in seven Mozambican provinces, GB has trained over 230 providers in integrated YFS. The project has also

trained 3,000 peer educators and established youth corners in schools and communities, reaching over 710,000 young people with YSRH information and life skills. YFS offered through 49 government facilities received nearly 100,000 client visits and distributed over 515,000 condoms, comprising 85% of nationwide condom distribution.

Sixty percent of Mozambique’s new HIV infections are among 15-24 year-olds. GB’s approach to integrated YFS focuses on the provision of integrated counseling that stresses dual protection, FP supplies, STI diagnosis and treatment, ANC, and general counseling on HIV prevention and sexuality. FP cue cards were developed to help health providers stress the importance of dual protection and address the special needs and concerns of adolescent FP clients.

- ❖ To further its goal of providing holistic YFS, GB now directly provides VCT, PMTCT, antiretroviral therapy (ART), and treatment of opportunistic infections to youth living with HIV/AIDS. They have strengthened CHBC programs for young people, training youth as CHBC agents in selected GB clinics and communities in Maputo and Gaza provinces. These innovative





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services for HIV-positive youth are rolling out within the current GB infrastructure and are provided alongside integrated information, counseling, and FP/SRH services.

- ❖ Providing VCT at selected adolescent clinics is another successful integration strategy, as many more young men attend the clinics because of the VCT services offered. Once there, young men are exposed to broader FP/SRH information and services. Providing VCT both encourages male involvement and access to FP/SRH services, while increasing the predominantly female clients' access to HIV/AIDS testing and services.
- ❖ Clinic, school, and community-based activities are reinforced through colorful youth oriented BCC campaigns, including videos, advertisements, *telenovelas*, and brochures that address the risks of STIs/HIV/AIDS and unwanted pregnancy. These messages emphasize an integrated and comprehensive approach to youth-friendly HIV/AIDS and FP/SRH services in the context of YSRH.

INTEGRATING FP/SRH INTO HIV/AIDS CARE, SUPPORT, AND TREATMENT PROGRAMS

PLWHA and their families often have ongoing and sometimes urgent needs for FP/SRH services. However, funding shifts away from FP/SRH, a scarcity of providers trained to provide integrated services, and the vertical nature of services in many countries mean that few people have access to all of the services they need. In order to respect reproductive rights, avoid unintended pregnancies, prevent mother-to-child transmission, improve the health and quality of life of PLWHA and their families, and to protect sexual partners from infection or re-infection, safe, effective FP/SRH services are a necessary component in HIV/AIDS care, support, and treatment programs. HIV/AIDS service providers in communities and in facilities are well positioned to provide FP information and supplies, including condoms, pills, emergency contraception, and referrals for other methods, as part of their service packages.

Pathfinder currently implements integrated HIV/AIDS care and support projects in Kenya, Ethiopia, Mozambique, Tanzania, and Uganda. Pathfinder's Geração Biz project in Mozambique also offers ART services to young people living with HIV/AIDS.

- ❖ In **Tanzania**, Pathfinder has been implementing integrated care and support activities since 2001. The Pathfinder/Tanzania CHBC project, called *Tutanzane (Let's Take Care of Each Other)*, is based on the successful COPHIA model developed by Pathfinder/Kenya. A cadre of local implementing partners and more than 200 community health workers (CHWs) have been trained to provide physical and emotional support to PLWHA and their family members in/around Dar es Salaam and Arusha. The CHWs also provide training to caregivers, as well as basic counseling and referrals for HIV/AIDS and FP/SRH services. The CHBC project contributes to prevention of both HIV and unintended pregnancy by clarifying myths, reducing stigma, and strengthening linkages to health facilities. To date, CHWs have trained over 5,000 primary caregivers to provide care and support to over 1,200 PLWHA reached by the program.





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Prevention of unwanted pregnancies among PLWHA is the most effective strategy to prevent MTCT for those women who do not wish to have children. However, once a HIV-positive woman is pregnant, PMTCT services are an effective entry point for integration of FP/SRH into HIV/AIDS services, as she will often seek ante- or postnatal services. Pathfinder implements an integrated approach to PMTCT, coined “PMTCT+,” which goes far beyond the traditional approach of short-course ART and formula at a health facility. PMTCT+ addresses the ongoing health needs of the mother, baby, and entire family unit through complementary community- and facility-based interventions before, during, and after pregnancy. Antenatal and postpartum FP counseling and follow-up with young women, mothers, and male partners enables women to avoid unwanted pregnancy. They also gain access and referrals to ART and quality MCH services. Community sensitization and mobilization programs decrease the overwhelming stigma faced by women living with HIV/AIDS in their homes, communities, and at health facilities, and help organize community resources such as food support and micro-credit.

Pathfinder currently implements PMTCT+ projects in Botswana, Ethiopia, Kenya, Mozambique, and Nigeria.

- ❖ In **Kenya**, Pathfinder extends integrated PMTCT+ services to women in eight districts, providing quality FP information and services to prevent unwanted pregnancies as well as post partum care for women in the general community. While information about HIV/AIDS is promoted to decrease stigma and discrimination, appropriate SRH services, such as antenatal care, safe labor and delivery, and post-partum care are also offered through community health workers and at facility services supported by outreach and community health worker networks.

FOCUS ON PATHFINDER/KENYA

Pathfinder has been working in Kenya since the 1960s, partnering with over 60 local NGOs, CBOs, government agencies, and public and private sector institutions to provide FP/SRH and HIV/AIDS information and services throughout the country.



Community mobilization march in Kakamega, led by COPHIA staff and community members

Pathfinder’s flagship HIV/AIDS program, the Community-Based HIV/AIDS Care, Support, and Prevention Program (COPHIA), began in 1999 with USAID funding. COPHIA provides community home-based care and support for PLWHA and their families in nine districts, with a total catchment area of over 10 million people. The project mobilizes local communities to identify their needs and develop and carry out prevention, care, and support activities. COPHIA builds the capacity of communities, local implementing partners, volunteers, PLWHA, and members of vulnerable households to develop appropriate care and coping strategies. COPHIA, through its local partners and a cadre of 1,000 CHWs, has trained over 44,000 family members to provide CHBC.

COPHIA represents an ideal program for integrating FP with HIV/AIDS services because of its community focus and appeal, strong linkages with health facilities, the decline of community-based FP networks in Kenya, and the integral need for contraceptive services





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and supplies among PLWHA. COPHIA's network of CHWs saw the need for FP among their clients and requested more training and FP supplies from Pathfinder. Pathfinder responded accordingly with training, supplies (including condoms and pills), and by creating stronger linkages to FP/SRH services, briefly described below:

- ❖ **Training:** Pathfinder, in coordination with Kenya's Ministry of Health, developed a FP training curriculum designed to "re-emphasize" the importance of FP in HIV/AIDS programs. FP services and counseling are covered in the basic trainings for CHWs, and annual refresher trainings reinforce and upgrade FP knowledge and counseling skills. Since July 2003, over 200 CHWs have received refresher training on FP.
- ❖ **Supplies and Expanded Services:** Condoms were added to the CHBC kits for distribution to PLWHA and their families on home visits. CHWs serve as CHBC trainers and providers, as well as HIV prevention agents for the entire community. Along with information on condom negotiation with partners, CHWs perform condom demonstrations and stress the importance of condoms to prevent transmission during pregnancy, for dual protection, and to prevent re-infection between positive partners. In the future, Pathfinder hopes to also include emergency contraception and oral contraceptives as part of the CHBC kit. In 2004, CHWs distributed over 1 million condoms, and since 2002 have provided basic FP counseling and/or referrals to nearly 16,000 CHBC clients and family members. About 95% of CHBC clients and 70% of their caregivers were advised by the CHW on condom use and 88% of CHBC clients and 65% of their caregivers were counseled on other contraceptive methods.
- ❖ **Linkages:** Linkages between COPHIA's community networks and public and private sector health facilities were strengthened and formalized to encourage two-way referrals between facility and community providers for HIV/AIDS, PMTCT, and FP/SRH services. COPHIA clients are also linked to Pathfinder's community-based FP/SRH and PMTCT+ programs and health workers in common working districts.

INTEGRATING FP/SRH SERVICES INTO HIV/AIDS PROGRAMS WITH VULNERABLE GROUPS

Long blamed for "bridging" HIV into the general population, commercial sex workers, injecting drug users, men who have sex with men (MSM), truckers, and migrant workers are targeted for HIV/AIDS interventions as "high-risk" groups. While many programs provide information and condoms, and in some cases harm-reduction services, to vulnerable groups, few offer integrated services, consider broader social, health, and economic needs, employ participatory approaches, or address public policies and social factors that contribute to HIV vulnerability. By offering narrowly focused HIV prevention programs, members of these groups are often further stigmatized, discouraged from seeking services, and made more vulnerable to HIV/AIDS and other negative health outcomes. STI/HIV/AIDS programs with vulnerable groups must recognize the totality of individuals and not just their sexual or drug use behavior, moving beyond condom social marketing to include broader health and social services, as well as capacity building, community development and sensitization, and nurturing of enabling environmental factors.

Pathfinder offers holistic programs in partnership with vulnerable groups, including services such as FP, MCH, access to safe abortion, childcare, income generation and linkages to micro-credit, support





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groups, and legal assistance to ensure that human rights are upheld and exercised. To increase access and acceptability of interventions, integrated clinic-based services are complemented by integrated outreach services through peer educators, satellite clinics, and drop-in centers.

Pathfinder currently supports interventions with sex workers and their clients in Bangladesh, Brazil, India, Nigeria, Uganda, and Viet Nam, as well as work with injecting drug users in Brazil, and with MSM in Brazil and India.

- ❖ In **Uganda**, Pathfinder supports the Uganda Youth Development Link to provide youth-friendly services, including counseling on SRH and HIV/AIDS, condoms for dual protection, other FP methods, STI treatment, and vocational skills to young CSWs through static drop-in centers and by delivering YSRH services through mobile posts such as bars. They also use peers to deliver outreach services.
- ❖ In **Viet Nam**, Pathfinder implements a STI/HIV prevention program with sex workers in An Giang Province. Both public and private providers are trained in STI prevention and management with universal condom promotion, demonstration and provision, as well as other FP methods for dual protection. This program seeks to expand vulnerable groups' choices and access to integrated SRH information and treatment, with the goal of arresting the growth of the concentrated HIV epidemic in Viet Nam.
- ❖ In **Bangladesh**, Pathfinder and its NGO Service Delivery Program (NSDP) partners provide FP, ANC, and diagnosis and treatment of STIs at static and satellite clinics as part of a package of essential health services. Selected NSDP NGOs provide integrated FP/SRH and STI/HIV/AIDS services for members of vulnerable groups, such as truckers, rickshaw pullers, sex workers, and dock laborers. Special satellite clinic sessions and community mobilization activities are held for vulnerable groups at truck and bus stands, halting points along the India-Bangladesh border, boat terminals, and in brothels.
- ❖ In **Brazil**, Pathfinder implemented a project in collaboration with the Population Council that expanded services to sex workers in the city of Corumbá, near the Bolivian border. The project's two-pronged approach included provision of integrated STI/HIV/AIDS and SRH services and counseling and community empowerment activities such as social mobilization, advocacy, and BCC. The project successfully ended in 2004 with the establishment of a local, self-sufficient association linked to Brazil's National Network of Prostitutes. This approach was then replicated with groups of sex workers in Foz do Iguaçu.





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Peer Educators in the red-light area of Pune, Maharashtra

FOCUS ON PATHFINDER/INDIA

Pathfinder implements the five-year TIGRIS Project in Maharashtra, India. TIGRIS operates in the Pune metropolitan area, as well as 10 other districts with high HIV prevalence rates, where nearly all HIV infections occur through sexual transmission. The epidemic in Maharashtra is fuelled by a flourishing commercial sex trade, migration to and from rural areas, a busy transport network, the low status of women, and the continued marginalization of vulnerable groups such as sex workers and MSM. Pathfinder’s goal is to decrease the spread of HIV among sex workers, their clients, and MSM in Maharashtra. The project seeks to decrease STI prevalence rates, increase awareness and health-seeking behavior for treatment of STIs, and increase condom use among sex workers, their clients, and MSM. For broader success, TIGRIS will also work to improve enabling environments for social and individual behaviour change.

Although project outcomes focus largely on HIV prevention through STI prevention and treatment, Pathfinder recognizes that sex workers and MSM have health and development needs beyond those that relate to their sexual behavior. A holistic package of health services offered to sex workers at project-supported clinics includes a range of FP services, ANC, a range of lab tests, basic primary care, and child health care, as well as STI prevention and treatment services. Clinical services are complemented by peer education and outreach, as well as community mobilization and advocacy activities to reduce stigma and create an enabling environment for behavior change to occur. The project also seeks to create and build the capacity of associations of sex workers and MSM to advocate for their rights and demand quality health and social services.

Drop-in centers established by TIGRIS in working areas give sex workers a place to meet, discuss issues that are important to them, plan for their development, and hold community events that increase social inclusion and integration. TIGRIS can successfully reduce the spread of HIV among vulnerable populations only by providing an integrated package of services and support, while also attending to larger programmatic and social factors that make people vulnerable to HIV/AIDS.

IV. PATHFINDER’S LESSONS LEARNED ON INTEGRATION

There is a universal need to expand access to, demand for, and utilization of FP/SRH and HIV/AIDS services among diverse populations, and across age, gender, and socioeconomic barriers. Rather than seeking a “one-size-fits-all” approach to integration, programs must employ a strategic approach specific to circumstances.^{xi} Although mechanisms of integration differ from place to place and from project to project, a commonality is that integration can result in more effective interventions, particularly where there is a scarcity of funding and where resources are diverted away from FP to HIV/AIDS, as is frequently the case. Repositioning FP has become a recognized need, as HIV/AIDS funding mechanisms and organizations often fail to address the broader SRH, social, and economic needs of populations living with or vulnerable to HIV/AIDS.





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Pathfinder’s years of experience providing integrated services has resulted in hard won lessons learned regarding successful integration strategies. Key lessons resonate today throughout all of Pathfinder’s work, having become central to our efforts to improve SRH access, quality, information and services in the communities in which we work. These include:

- Support for the technical and organizational capacity building of CBOs is essential for program success. Many community-based organizations represent the only accessible service point for integration at the community level, and they need support in their efforts to deliver integrated services;
- Community Health Workers are well-placed to do both FP/SRH and HIV/AIDS work and need to be trained and supported to do so. CHWs can successfully “multi-task” and projects should work together to ensure that the tasks of CHWs are complementary rather than competitive;
- FBOs play an essential role in reaching families and communities with health and support services. If there are aspects of integrated services that they do not wish to provide, such as condoms or other FP methods, some FBOs are willing to refer clients to a facility or other community health workers for these services;
- Young people must be a priority for integrated services and programs should ensure their participation in planning and implementation. Young people need access to a full range of integrated YSRH information and services, including condoms for dual protection, as well as practical guidance and support to adopt safer behaviors;
- The establishment of comprehensive and integrated YSRH services into the public sector network can be successfully scaled up to the national level by involving various Ministries and a range of stakeholders (such as NGOs working in health, schools, and youth groups);
- Members of vulnerable groups, such as sex workers, are more likely to access and benefit from project services when they feel that their overall health and well-being are valued. Holistic services must focus on more than peoples’ already stigmatized behaviors;
- It is essential to promote men’s involvement in integrated FP/SRH and HIV/AIDS services in order to broaden their impact.

V. INTEGRATION CHALLENGES

Challenges to integration reflect both the oversight and under-funding of HIV/AIDS and FP/SRH initiatives on both a global and a local level. Overcoming these challenges requires commitment previously lacking from donors, governments, and implementing agencies to effectively integrate policies, programs, and services. Some major challenges to effective integration include:

- Dilution of global FP funding streams and lack of integration in HIV/AIDS funding streams. While HIV/AIDS programs accounted for just 9% of development assistance population funds in 1995, they now account for 43%. During this same period, FP programs, which accounted for 55% of population funds a decade ago, now receive just 23% of those resources;^{xii}





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- Tendency of funding mechanisms to support vertical FP/SRH and HIV/AIDS programming, limiting the mandate and resources of a single implementing agency at the local level. This increases the chances of territoriality of projects in terms of funding, expected outputs from donors, and assigned working areas;
- Difficulty providing comprehensive training and supervision in places where staff are often already over-worked and under-trained;
- Lack of integrated pre-service and in-service training curricula;
- Lack of awareness among health providers of the importance of community-based services as part of the continuum of care, hampering effective referral of clients to community-based FP/SRH and/or HIV/AIDS services;
- Pervasive stigma and discrimination that limit people's access to integrated services, such as the stigma SRH providers in a community may associate with PLWHA or the lack of provider and community support for YSRH services in some places;
- Lack of evidence, best practices documentation, and scientific evaluations on which methods of integration are most effective and how these methods are best operationalized;
- Poor health facility infrastructures in which to offer comprehensive and integrated services;
- National-level stock-outs or shortages of contraceptive supplies and inefficient logistics management resulting in erratic FP supplies at the local level, negatively impacting HIV prevention and FP efforts;
- Women's continued vulnerability due to entrenched social and cultural issues related to gender, the lack of female-controlled prevention methods, and the limited power many women have to negotiate safer sex with their partners.



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PATHFINDER INTERNATIONAL BELIEVES THAT REPRODUCTIVE HEALTH IS A BASIC HUMAN RIGHT. When parents can choose the timing of pregnancies and the size of their families, women's lives are improved and children grow up healthier. Pathfinder International provides women, men, and adolescents throughout the developing world with access to quality family planning and reproductive health information and services. Pathfinder works to halt the spread of HIV/AIDS, to provide care to women suffering from the complications of unsafe abortion, and to advocate for sound reproductive health policies in the U.S. and abroad.

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To learn more about Pathfinder International's work, please go to www.pathfind.org

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