POLICY AND PRACTICE UPDATE 4
December 2009

HIV-SRH CONVERGENCE

PATH
A catalyst for global health

This policy and practice update provides an overview of the demonstration project implemented by PATH and partners in Patna and Muzaffarpur districts of Bihar, and in the Srikakulam district in Andhra Pradesh. In this issue, we describe the project and field activities, and share some selected findings from our interactions with communities and health care providers.

An IPC facilitator conducting a session using IPC methods to build awareness on SRH issues

Introduction

In 2006–2007, PATH conducted formative research with support from David and Lucile Packard Foundation, the William and Flora Hewlett Foundation (through the PATH Reproductive Health Global Program), and the Department for International Development (DfID) United Kingdom to understand the options for and challenges to converging HIV and sexual and reproductive health (SRH) services for people living with HIV (PLHIV), female sex workers (FSW), and young women and men. HIV-positive people and sex worker respondents in the formative research said:

- They needed to be better informed about sexual and reproductive health issues, and they needed increased access to SRH services, particularly to abortion and family-planning (FP) services.
- The main barrier for accessing mainstream SRH services for these groups was stigma from service providers. Respondents said that they want to access SRH services from district hospitals, provided that stigma, confidentiality, and privacy issues were addressed and if service providers were better trained to respond to the SRH needs of HIV-positive people and those most at risk of HIV.

At the same time, SRH service providers (from both government and private facilities) said there was a need to generate demand for SRH services among positive people and those most at risk of HIV to ensure that they accessed the SRH services they needed.

Following the formative research, PATH conducted demonstration projects to understand the feasibility of a district-model approach to converging HIV and SRH services. The main components of these demonstration projects were (a) awareness-building on and demand-generation for SRH services among HIV-positive people and those most at risk of HIV (specifically female sex workers); (b) building capacities of SRH service providers to respond to the SRH needs of PLHIV and those most at risk of HIV; and (c) disseminating the lessons learned on the feasibility of a district-model approach to HIV/SRH convergence.

The demonstration project

Sites of activity:

- Andhra Pradesh: Srikakulam district
- Bihar: Patna and Muzaffarpur districts

Main strategies:

- Identifying and developing partnerships with main stakeholders including those from government, private sector, non governmental organizations (NGOs), and community-based organizations (CBOs).
- Collecting background, baseline, and endline information at facility and community levels.
- Training and capacity-building of both community outreach workers (demand side) and health care providers (supply side).
- Regular monitoring of activities in the field.
- Dissemination and advocacy.

Main difference between the two sites:

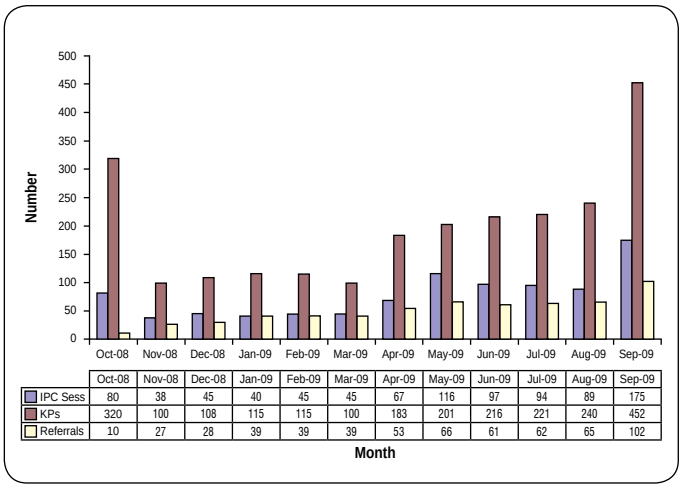
- In Andhra Pradesh, provider intervention was focused toward government health care facilities and providers.
- In Bihar, provider intervention included government and private health care facilities and providers.

Generating demand for strengthening access to sexual and reproductive health services by positive people and those at risk of HIV—the experience

PATH identified local NGOs that were conducting targeted interventions (TIs) in the project sites as well as networks of HIV-positive people. We also worked with CBOs led by and working with most-at-risk populations in the three intervention districts in Andhra Pradesh and Bihar. With the help of these organizations, a group of 74 female sex workers and people living with HIV was trained on problem-solving interpersonal communication (IPC) methods for demand generation. These IPC techniques used pictorial discursive methods to generate awareness of SRH issues, highlight the importance of identifying SRH problems, identify barriers to accessing SRH services, and improve access to services among community members. We also developed a mechanism of making appropriate referrals to health facilities for SRH services.

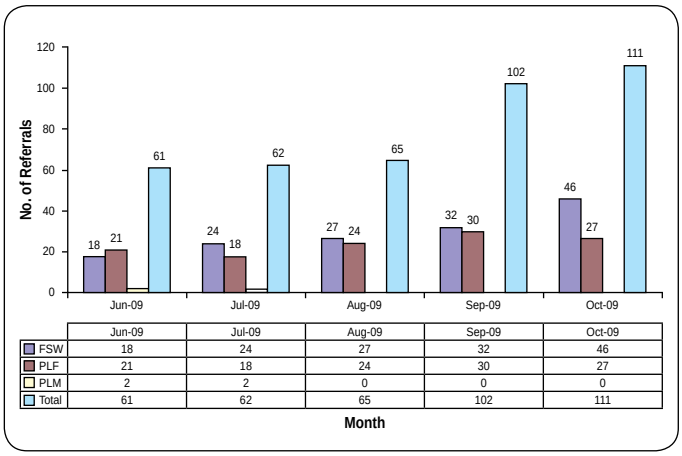
Successes

In the last 18 months, community facilitators have conducted 3,420 IPC sessions (2,140 in Bihar and 1,280 in Andhra Pradesh). These sessions have contacted 9,800 community members (6,550 in Bihar and 3,250 in Andhra Pradesh) including repeat contacts. One of the effects of this activity has been a gradual increase in the number of PLHIV and FSWs accessing and being referred to government SRH services (Figs. 1, 2, and 3).



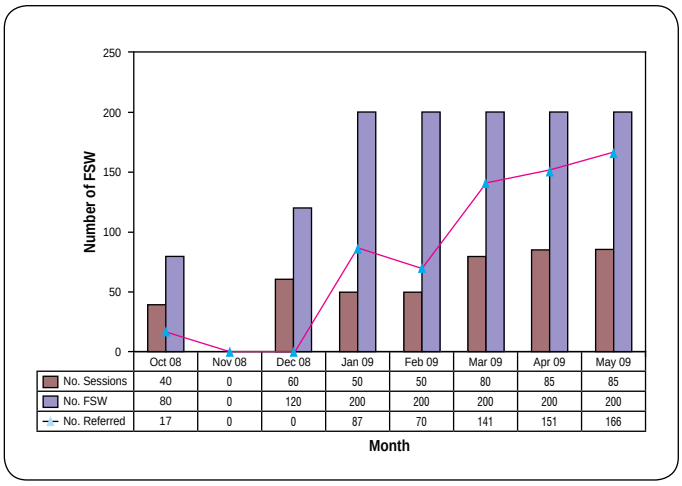
	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09
IPC Sess	80	38	45	40	45	45	67	116	97	94	89	175
KPs	320	100	108	115	115	100	183	201	216	221	240	452
Referrals	10	27	28	39	39	39	53	66	61	62	65	102

Fig. 1: Number of IPC sessions held, number of community persons attending, and number referred over a year in Srikakulam (Andhra Pradesh).



	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09
FSW	18	24	27	32	46
PLF	21	18	24	30	27
PLM	2	2	0	0	0
Total	61	62	65	102	111

Fig. 2: FSW, HIV-positive women (PLF), and HIV-positive men (PLM) attending referral services in Srikakulam (Andhra Pradesh) over the last 5 months.



	Oct 08	Nov 08	Dec 08	Jan 09	Feb 09	Mar 09	Apr 09	May 09
No. Sessions	40	0	60	50	50	80	85	85
No. FSW	80	0	120	200	200	200	200	200
No. Referred	17	0	0	87	70	141	151	166

Fig. 3: Number of IPC sessions with FSW, and numbers of FSW referred for SRH services in Muzaffarpur (Bihar) over an 8-month period (October '08 to May '09).

An innovative initiative

An innovative mechanism which we call **face-to-face interaction** was initiated in Andhra Pradesh to create a safe platform for service providers and groups of PLHIV and FSWs to discuss health care and access issues. Face-to-face interaction has helped both groups to understand each others' concerns and

challenges, and, by putting a 'face' to PLHIV and FSWs, helped address and deal with prevailing prejudices. These meetings are structured and facilitated with support from local positive people's networks and partner NGO/CBOs. In one sub-district hospital in Andhra Pradesh, face-to-face interaction facilitated the requisition of surgical consumables, hepatitis-B testing kits, and initiated a request to the state government for posting an anesthetist and obstetrician to that facility. One medical officer of the facility was motivated to supervise the hospital's waste management system, and another medical officer volunteered to visit a local CBO and raise awareness about symptoms of sexually transmitted infections among female sex workers.

Sensitization and capacity-building sessions for SRH service providers

PATH and partners conducted **11** capacity-building sessions of two days each with health care providers accessing **257** SRH service providers. In Bihar, three sessions were with government SRH service providers, and three were with private SRH service providers in which a total of **116** providers from the three districts were reached, 52 from government and 64 from private health care facilities. In Andhra Pradesh, during five sessions with the two government hospitals, **141** providers were reached. The participants included doctors, nurses, counselors, support staff, and laboratory staff. A pre-intervention assessment for all providers was completed to understand the knowledge of SRH service providers and their attitude toward HIV-positive people and toward those most at risk of HIV.

Civil surgeon, Muzaffarpur, inaugurating a capacity-building session for SRH service providers

Some preliminary findings from the pre-intervention assessment of health care providers in Bihar

1. More than 40% of all providers did not know that HIV was transmitted through breast milk, and 17% were not aware of transmission from mother to child.
2. Among private health care providers interviewed, there were gaps in the knowledge about HIV transmission: 15–20% believed that HIV was transmitted by mosquito bite, touch of an infected person, and sharing of food and clothing with the infected person. Another 50% did not know that the virus was transmitted through breast milk.
3. Knowledge about the importance of universal precaution was very high: 90% of government and private providers knew that universal precaution (UP) protected them for infection. However, 50% of private providers and 36% of government providers felt that UP was to be used only when managing PLHIV.
4. The majority of the service providers expressed fear in managing HIV cases.
5. Ninety-seven percent of providers interviewed said it was the right of health care providers to know the HIV status of all patients.

Advocacy activities

National-level advocacy on integration

PATH conducted a half-day brainstorming session with the objective of developing a road map for integrating health and rights with other social and human services. The process grew out of our realization that the lessons learned from converging HIV and SRH services could be used to inform and advocate for national-level policy action on integrating health, social services, and the rights of people. The brainstorming meeting was convened by PATH on October 8, 2009, and attended by representatives from the National Planning Commission, DfID, the Human Rights Watch, David and Lucile Packard Foundation, and PATH. The group decided to approach the National Planning Commission and request them to convene a meeting to discuss how health and social services can be best integrated to reach the expected outcomes enshrined in the Eleventh National Plan, the National Rural Health Mission, the National AIDS Control Programme III, and the Millennium Development Goals. Following the brainstorming meeting, PATH is in discussion with the National Planning Commission and is exploring ways to take this forward.

The PATH Convergence team also plans to convene a national-level meeting during the third week of December 2009, to share the PATH Convergence Project experience.

An IPC facilitator conducting advocacy meeting using IPC methods with agents from sex work sites

Assessment of IPC activities in Bihar

PATH recently concluded a rapid assessment of IPC activities in Bihar to explore what the community felt about the demand-generation activities carried out in the project for more than a year now by IPC facilitators. We interviewed 132 people (33 IPC facilitators and 99 community representatives) in Bihar between September and October 2009. Some of the findings from this assessment are given below:

Patna

- IPC facilitators from Patna said that a major outcome of these sessions was the increase in the community's knowledge about safer-sex practices and increase in number of FSW and PLHIV approaching government health care facilities for treatment and care for SRH issues.
- There was a realization amongst PLHIV that HIV is just another infection and people who are positive or at risk of HIV should not be discriminated against. They have also realized their right to have children and/or access to appropriate contraceptive services.

> *"A unique thing about IPC was that it does not provide suggestions but discusses solutions to our problems. I have never seen such a system (method) of explaining things."* – Female sex worker, Patna

- IPC facilitators said that privacy was critical to conduct the sessions, and reiterated the importance of the need of safe spaces to conduct these sessions.

Muzaffarpur

- In Muzaffarpur, a large number of IPC facilitators said that IPC sessions allowed FSWs to discuss issues of HIV and SRH as a group. This allowed them to also speak about stigma they faced in government hospitals.


BETTER SEXUAL HEALTH FOR HIV+ DEMANDED

Coverage of Stakeholders' Meeting held in Patna on August 3, 2009 in the Hindustan Times (English & Hindi) and Rashtriya Sahara

- The methods were useful in imparting information about existing SRH services in government hospitals. Women also discussed issues such as their inability to negotiate protected sex due to economic desperation and the pressures of providing sexual services for free to local police and hoodlums.
- FSWs said they had learned that condom use was important in preventing not only infections but also unwanted pregnancies.
- Community members recommended that all sex workers in Muzaffarpur need to be approached and encouraged to be a part of these sessions. They demanded an increase in the working hours of IPC facilitators, so that they are able to reach more people.

> *"Jo ladies kabhi aspatal nahin jaati thi, ab wo sab jaati hain."* (The women who have never visited a hospital before have started going now) – Female sex worker, Muzaffarpur.

In both the districts, the facilitators and community members appreciated the methods and recommended doctors and health care providers, and NGO staff, all be trained in these methods of communication.

Some challenges reported

Although community members reported that though these sessions encouraged them to visit government hospitals, they often faced discrimination from some providers, and this discouraged many from going to the hospital. Some found the pictorial descriptions of the body difficult to accept, and felt ashamed in front of children and other men. The community members also reported that there were some brothel managers who did not encourage the women to participate in the sessions, although most were supportive.

Forthcoming event

December 21, 2009: Third National Working Group Meeting on Convergence in New Delhi organized by PATH, and launch of the Convergence Project Capacity-building Toolkit.

PATH

For more information, contact : **Dr. Amitrajit Saha** - Associate Director SRH [India]
PATH
A-9 Qutab Institutional Area, New Delhi 110067 (INDIA)
Ph.: +91-11-26530080-88
Email: asaha@path.org, URL: www.path.org