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Experiences of Health Care Providers with Integrated Sexual Reproductive Health (SRH) and HIV Services in Oyo State

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Abstract

Background: There has been wide agreement in some part of the world where there is generalized HIV/AIDS and high reproductive disease incidence that integration of sexual reproductive health (SRH) and HIV services is of great importance. Integration is assume to increase accessibility to and uptake of health services; it also ensures better use of resources as it improves efficiency at cheaper cost. But there are few studies on the significance of health care providers' experiences to the system. This research study was carried out among frontline health personnel to investigate provider experiences on integration to establish their importance to the success of integrated health facilities.

Methods: Semi-structured questionnaires were administered with 32 frontline health care providers in some facilities providing integrated SRH and HIV services in Oyo State. The interviews were then transcribed and analyses by the researcher and research assistants.

Results: Respondents reported the benefits they are the clients received as a result of integration. Shortage of manpower to carter for increased workload was by far the most obvious challenge facing the health workers. Others included inadequate infrastructure, stock-out of materials, lack of motivation due to untimely payment of salary, gaps in training, language barrier, poverty and misconceptions:

Conclusions: The roles of health care providers is very critical to the successful implementation of integrated SRH and HIV services. Their performances can also be affected by some challenges identified in this study. However, this study has shown that integration can assist in ameliorating these identified problems and these valuable opportunities deserves further probing.

Keywords: *Experiences; Health Care Providers; Integrated; SRH; HIV; Services; Oyo State.*

Introduction

Integration of sexual reproductive health and HIV services is very important in countries in the world where there is generalized HIV/AIDS epidemics and high morbidity (Dudley & Garner, 2011 and Church & Mathew, 2009). Nigeria has the second largest number of people living with HIV with HIV prevalence rate of 3.17% as reported in 2014 (Wikipediaorg, 2017), with poor health services that is grossly inadequate to meet the needs of the people. Despite this, integration of SRH and HIV services is very poor in Nigeria (Adebimpe et al., 2013).

Integration seems to increase accessibility to and uptake of health services and improves better use of services at cheaper cost with effective usage of limited resources (Oliff et al, 2003 and Yoder & Amare, 2008). In term of HIV and sexual reproductive health services, there is a consensus that there is ability to improve the uptake of either services or both. Because of these benefits, integration of reproductive health services in most of the health systems has been key since the International Conference in Cairo on Population and Development in 1994 (Wwwunorg, 2017).

However, provision of integrated care from vertical services is very intricate and requires important adjustments in almost all area of health care by organization carrying out public health interventions. The success of any transformation process and its outcome is dependent on the personnel behaviour (Zotti et al., 2010). Health provider's behaviour towards integration can either be at personal level where they can see integration as an opportunity for professional skills enhancement or a threat to their work (Aschraft &

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Anthony, 2010) and at operational level where providers may experience systemic improvements or challenges that can affect the delivery of integrated services (Maharaj & Cleland, 2005 and Magwaza, Cooper & Hoffman, 2001).

There are limited studies presently on how the experiences of health service providers can significantly affect integration. The findings from such study will be critical to the successful implementation of integrated health system and its sustainability.

This qualitative study was conducted among frontline health care providers in health facilities in Oyo State to investigate the significance of their experiences with integration service delivery. It is also to better understand the different background of integration and to establish how some identified challenges faced by health care providers can affect the gain of integration of sexual reproductive health and HIV services.

Statement of the problem

The integration of SRH and HIV services is very beneficial to both client and personnel, therefore the role of the health care providers is very critical to its success. However, there are limited studies on how the experiences of the service provider can affect service delivery of integrated services. In addition, there seems to be some constraints that can affect the performance of health care providers on integrated services delivery that needs to be identified.

Justification for the study

The benefits of integrated SRH and HIV services in Nigeria cannot be ignored despite the poor awareness of the system in the country. The success of the integration services depends on the well-being and experiences of the health personnel. But there are currently very limited information available on the experience of health care provider with integration. It is thus very important to explore the significance of health care provider with integrated service delivery as well as identified the challenges that can affect their efficiency and performance towards integration. This thus justifies the investigation of the experiences of health care provider with integration of SRH and HIV services in this study.

Background of study area

The study area is Oyo State. Oyo State is one of the 36 states of Nigeria, established in April 1976 from the defunct Western States of Nigeria. It is an inland state, lying between latitudes 07°46'N and longitudes 03°56'E, and covers approximately an area of 28,454 square kilometers. The State is bounded on the south by Ogun State, on the north by Kwara State, on the east by Osun State and on the west partly by Ogun State and partly by Republic of Benin. There are thirty three (33) Local Government Areas (LGAs) in the state, spread across three Senatorial Districts of Oyo Central, Oyo North and Oyo South, with Ibadan being the capital of the state (Oyostategovng, 2017).

Oyo State has a population of 5,591,589 people (Oyostategovng, 2017). Yoruba is the major language and ethnic tribe; although other Nigerian tribes are resident in the state such as Igbo, Hausa, Efik, Edo and other groups. The people who reside in the State are of various social, intellectual, religious and cultural affiliations. The major occupations are trading, farming, artisanship, civil servants and private sector workers (Oyostategovng, 2017).

The study will provide information on the importance of the health care providers to the success of the implementation of the integrated SRH and HIV services as it will assist in unravelling factors that can hinder smooth service delivery of the integrated services.

The broad objective of the study was to explore both individual and operational level provider experiences with integrated SRH and HIV services in Oyo State.

- To investigate health care provider experiences with integration
- To ascertain the significance of health care provider to the performance of integrated health facilities
- To explore factors that can affect health care provider successful delivery of integration
- To come up with recommendations that can improve integration.

Literature review

There are currently some researches on the experience of health care providers on services integration. A qualitative study was carried out on integrated services in Kenya recently (Mutemwa et al; 2013). The key findings was that success of integration depends on several organizational factors. They counselled the Ministry of health to provide a favorable policy environment needed to spearhead strategic planning and ensure available of resources in all health facilities. Despite some challenges such as staffing norms, technical support, motivation, infrastructural and logistics inadequacies etcetera were identified, the study showed that integration can serve as source of motivation to personnel leading to sharing of work effort. It was also observed in another study that the behaviour of an employee could be central to an organizational change and ultimately determines the outcome of any change process (Zotti et al, 2010). Hence, providers' behavioural response towards the integration of SRH/HIV services can be influenced at an individual level where individual direct benefits may influence their services delivery and at the operational level where health care providers may experience systemic improvements or challenges that may follow an integrated health service (Dudley & Garner, 2011). In addition, a qualitative study was also conducted in Ibadan Oyo State on the barriers faced by service providers in meeting the sexual and reproductive health needs of deaf people (Arulogun et al, 2013). From the findings, it was concluded that the main problem facing the providers is communication which is not limited only to the health care environment alone but the society in general. This study when carried out in the health facility will help address the challenges faced by the health care providers that can affect the success of the integration services process in the state.

Methodology

Study population

Those that participated in this study were frontline health care providers working on Sexual Reproductive Health and HIV services in any of the levels of care (primary, secondary or tertiary).

Study design

This research was a qualitative study, where Grounded Theory approach was employed to explore the experiences of health care providers carrying out integration of SRH and HIV services, as well as their opinion on how to improve integration.

Sample size determination

Thirty two (32) respondents who met the inclusion criteria were interviewed. The interview ended when saturation was achieved, and no new information was forth coming.

Inclusion criteria

Consenting frontline healthcare providers that have been offering SRH and HIV services for not less than five years.

Sampling technique

A multistage sampling technique was used to select respondents for this study. A sampling frame was generated that was stratified into three levels of care. Simple random balloting was used to select two (2) tertiary, two (2) secondary and twenty eight tertiary (28), secondary and primary health facilities respectively. Thirty two (32) respondents from these facilities were then purposively chosen for in-depth interview, based on their years of experience carrying out integration.

Instrument for data collection

The instruments used to elicit and collect data in this phase of the study was a semi-structured In-depth Interview (IDI) Guide, and a tape-recorder. The IDI guide was developed from the review of relevant literatures (articles, website and books). The guide had five (5) main questions and three (3) probe

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questions. The questions were constructed to provide experience-based information on: advantages and disadvantages of integration, constraints to, and facilitators of integration, as well as suggestions on how to improve integration of SRH/HIV services.

Validation of instruments

The IDI guide was pre-tested on healthcare providers in a hospital that was not part of the selected facilities, but solely chosen for pre-test purpose. The interviews were conducted to assess if there was any ambiguity to the main questions in the guide. The findings were used to guide the construct of probe questions.

Procedure for data collection

In-depth Interviews were conducted in English language, and tape-recorded with permission of the participants. In addition, jotting of side-notes was done from time to time. Prior to each interview, the interviewer discussed the issue of confidentiality with the participant, obtained informed consent, and ensured that the atmosphere was conducive for the interview.

Data management and data analysis

Taped interviews were attentively listened to and transcribed punctiliously immediately after each day's interview session. After repeated listening to the tape recordings in a bid to ensure credibility of the findings, an independent coder was also employed to ratify findings extracted from the interviews. The information was then analysed using interpretative technique and thematic approach; Main themes and sub-themes, with apt attention to immerging themes.

Ethical considerations

Ethical approval to conduct this study was obtained from the Oyo State Ministry of Health Ethical Research Committee, Ibadan.

Confidentiality of data

All identifiers which could be linked to particular respondents were not included in data collection. All information collected was securely kept to ensure the safety and privacy of respondents. Interviews were conducted in a setting that ensured privacy and confidentiality of divulged information. There was no identifier on the interview recordings and transcripts.

Results

Socio-demographic profile of respondents

As presented in table 4.1 below, a greater number of the respondents were females (31). Registered Nurses/Midwives (20) were more than the other healthcare professionals, and most of the participants were from the primary health centers (29).

Table 1. Socio-demographic profile of respondents (n=32)

Socio-demographic Characteristics (N= 32)	**Frequency**
Sex:	
Male	1
Female	31
Profession:	
Medical Officers	2
Registered Nurses/Midwives	20
Community Health Officers	6
Community Health Extension Workers	4

Years of experience(integration)	
2-5	10
6-9	13
≥10	9
Health Facility Level:	
Tertiary	1
Secondary	2
Primary	29

Positive impacts of SRH and HIV services integration to healthcare system

The benefits that integration contributes to the healthcare system relates to patients, healthcare workers and the general public. These are presented below based on sub-themes that:

Improved healthcare services

The services offered to clients has improve through reduction in waiting time, better patient-provider interaction, less referral and frequent hospital visits, which increases confidentiality and saves cost:

"When we say something is integrated, it is under the same roof and people will not waste time. As you have counseled them on HIV, then you jump and counsel them on family planning too. It makes things work smoothly, no wasting of time. (Female nurse, 13yrs experience, PHC).

"*My experience with integration is that it is really working well for staffs in the clinic as well as the clients, because we normally concentrate on them for both services when they come once. They don't need to come frequently to the clinic. If they come once, they are offered both services and there is no need for them to come frequently to the clinic. This is really good for the clients because it limits their frequency to the clinic."* (Female nurse, 6yrs experience, PHC).

"As a result of integration, clients don't have to start coming to clinic on several clinic days. A single person can attend to all they need in the two areas in a single day at the same place. It saves them money. Integration is good." (Female CHEW, 4yrs experience, PHC).

""It gives us good interactive processes with them. It makes us to know them better, and with adequate counseling we are able to actually meet their personal needs. They come back to us for follow up too. So, we have good interaction with our clients." (Female CHEW, 5yrs experience, PHC).

"If a client comes in now, at least I have gone for training on HIV and I have gone for training on reproductive health, so it gives me the opportunity to answer to the problems of my clients and to be a good healthcare worker. Then instead of referring them to several people, because our clients will like their issues to be kept secret, I can actually be an answer to their needs. And this minimizes the number of health workers that they would have been exposed to, if I cannot provide the needed service to them." (Female nurse, 15yrs experience, PHC).

"As for my clients, it gives them satisfaction, it saves time because they don't have to start going from healthcare worker to another. It builds confidence and confidentiality and it improves our interpersonal relationship. It also saves money that they don't have to start coming to clinic on several clinic days." (Female nurse, 9yrs experience, PHC).

Increased uptake of, and access to healthcare services

Many of the respondents reported that as a result of integration, a greater number of individuals now seek care and have access to a variety of care. Below are some quotes from the respondents:

"One of the benefits that I have noticed is that clients now accessed as many services as possible in the facility, it helps them, those who are accessing service here, to access more than one service at a time. If they come for one service, in the course of attending to them you may discover some other things and they will be able to access the service. For example, if someone is here, a pregnant woman, and she is HIV reactive, we have PMTCT service here which she can easily access." (Female nurse, 10yrs experience, PHC).

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". There is increase in client flow, because they now discover that we are no longer wasting their time." (Female CHO, 5yrs experience, PHC).

"It boosts our number of clients; it makes our center to have more clients. They come for these tests, they will tell you they are here to have HIV test done." (Female nurse, 15yrs experience, PHC).

"Since we collaborate or join many activities together, it makes the patients to turn up and to believe in our services." (Female CHEW, 2yrs experience, PHC).

"Our clients are coming in mass because they know that instead of us referring them to other places to do these things, they will do it once and for all. And the clients are able to get whatever they want in a place at the right time, so it helps them." (Female nurse, 3yrs experience, PHC).

Reduction in morbidity and mortality of patients

The respondents reported to have experienced a beneficial effect of SRH/HIV integration in terms of reducing incidence of ill health and death among their patients. This assertion is illustrated below:

"Integration of family planning into HIV services has helped the facility a lot, because it helps us reduce the mortality and morbidity rates of our patients. Before we integrated HIV services and family planning services, most of our patients used to be pregnant any time they like, and you know, because their immune system is low, they are not supposed to be pregnant like that. So, since we integrated the services, it has helped us to reduce the morbidity and mortality rates of our patients. And since we have been doing that, we know that our mothers are healthy. And for the past four years now, we have not recorded any positive babies. There is also a reduction in the rate of STI cases that would have added a burden to their own health, because we have been giving them health education on a daily basis, and advising them to use dual protection, condom, anytime they want to have sexual intercourse."(Female nurse, 7yrs experience, SH).

"Integration actually has lots of benefits. The integration of family planning and HIV is helping in the reduction of HIV transmission. The proper utilization of condoms is helping limit the spread of HIV. Then also, for the other family planning contraceptive methods like injectables, oral contraceptives and all those, to a large extent is helping also because at the long run, the patients' is enhanced. Then, for example, I'm seeing a patient now that has four children already, you know, once the person is on family planning there is reduced risk of mother-to child transmission" (Female doctor, 4yrs experience, TH).

"SRH and HIV services are interrelated. And doing integrated services gives us the opportunity to clients who are in need of SRH and HIV services. Because HIV, especially for those who are positive, they need SRH services in terms of family planning especially for PMTCT. They need family planning after delivering baby to give space before attending another pregnancy. Then also, if they have issue of STI, we can easily treat them because they can access care in a wholesome or holistic way. This has really helped in curbing sickness and deaths among our patients." (Female nurse, 15yrs experience, PHC).

Capacity improvement of healthcare providers

The respondents alluded to having had their capacity improved as a result of integration. This is through trainings that they have attended, experiences with different clients with their attendant presentations, mechanizing ways to solve issues of difficult clients:

"If a client comes in now, at least I have gone for training on HIV and I have gone for training on reproductive health, so it gives me the opportunity to answer to the problems of my clients and to be a good healthcare worker." (Female nurse, 15yrs experience, PHC).

"Then to us, it has a lot of benefits because, it helps in widening our capacity. At least patients present in diverse ways, and it helps. It challenges us mentally. (Female doctor, 4yrs experience, TH).

"To me, integration is something that broadens my knowledge. It is a form of challenge to me at times which makes me to read me, to probe more, in order to know how to discharge my services." (Female CHO, 10yrs experience, PHC).

"To we, the nurses or to we, the healthcare givers, it helps us to know how to approach clients and how to go about their needs, their treatment, everything. It enables us to have more experience each day. You

know clients come with different cases, different presentations. From each presentation, we gain a lot from them." (Female nurse, 7yrs experience, PHC).

"The benefit of the integration to me in terms of my knowledge is that instead of giving them referral for treatment, we are now treating them. And that improves my own work and the usefulness of the work, because with such work everything is included, both sexual reproductive health and HIV." (Female nurse, 17yrs experience, SH).

Constraints to implementation of SRH and HIV services integration

A number of constraints to proper and effective implementation of SRH and HIV services integration emerged from the responses of the participants. Shortage of manpower to carter for increased workload was by far the most obvious challenge. Others included inadequate infrastructure, stock-out of materials, lack of motivation due to untimely payment of salary, gaps in training, language barrier, poverty and misconceptions:

"The challenge is just the staff, shortage of staff. Manpower is one of the challenges, because this affects workload, since one person will be the one doing four procedures at the same time. Then, there is no enough space; the same room is used for everything. (Female nurse, 3yrs experience, PHC).

"Number one challenge is manpower, we don't have enough hands working at the facility due to the condition of the government.... in terms of referral, at times I may refer a patient from the ART clinic to the family planning, nobody to follow the patient there may be lost to follow up on the way, especially if the patient is not willing or maybe some of them that have heard from the community that family planning is not good, 'if you do family planning you cannot get pregnant again, it will affect you this way, that way', some patients no matter how you try to convince them they will still be doubting. So, if you refer them and there is nobody, they may not reach the family planning department. So, manpower is affecting the programme. Then there is no incentives, only God has been giving us incentives" (Female nurse, 7yrs experience, SH).

"One of the problems is that we don't have enough consumables. Two, our clients have financial issues. For example, whenever we counsel them, test and give them their results, for the reactive ones, they don't have money to go to other facilities for treatment. Another one is that since we can't give them treatment here, the challenge is that they have to go to another facility to meet people that they don't know, and may probably get there meet people that are related to them that they don't want to know their status…..so, the main challenge is not being able to give them drugs at all, and financial issue……We are short-staffed too, we don't have staff, employed staff are just four and we run three shifts here, so we are really short-staffed. Then again, the Local Government is owing us nine months' salary, and so we are really stranded working here." (Female CHO, 5yrs experience, PHC).

"The problem that we are having concerning the two is the beliefs and norms of some people outside. The way they were brought up, the old style is still spreading, and some of them believe that anybody that has contracted HIV, if he gets a virgin girl and have intercourse with her, there is no problem, the virus will go out of the person's body, which is not true." (Female CHO, 10yrs experience, PHC).

"Shortage of manpower is a challenge. And then, some of our clients that are not elite enough, language barrier. I am a Yoruba and English speaking lady, but when a Hausa comes in and does not understand English and Yoruba, I have a challenge. Nothing is that we don't have enough space. We use an office; we demarcate an office for different purposes because there is not enough space. Salary is not regular too" (Female CHEW, 5yrs experience, PHC).

Improving implementation of SRH and HIV services integration

Employment of more healthcare workers and retraining of existing ones, timely supply of materials, structural upgrade and motivation of employees through better and regular welfare packages have been named as factors that can facilitate the implementation of SRH and HIV services integration. The respondents have these to say:

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"To improve integration, there is need to employ more hands. Then, there is need for on the job training." (Female nurse, 3yrs experience, PHC).

"Once we have more staff we will be able to do it with ease. The infrastructure also, if there will be some kind of renovation, they should go to all these family planning areas or health centre, if they can raise this place up, build some centre pillars, it will go a long way. Then the remuneration needs to be improved to encourage workers to work more. So, all these things will improve our services more." (Female CHO, 13yrs experience, PHC).

"There should be capacity building at least to cut across all health staffs, skilled staffs, let me put it that way. Because the capacity building most of the times is limited to a particular set of skills, but if everybody is exposed to capacity building in terms of in-service training and other things, if somebody is not around, another person that is around can actually act in that person's capacity instead of telling the clients that the person in charge is not around, and that they will have to come back……. And there should be provision of medical equipment to work with. Also, there are some services that each time might be needed that is not in the capacity of primary care. There should be a good synergy from the PHC to the state or federal, so that clients can actually be able to gain services if they are referred. (Female CHO, 8yrs experience, PHC).

"In order for there to be improved integrated services, there must be increased awareness among staff members. Because once everyone knows the benefits, the little people we have on ground will want to put in all they have. So, more training, more awareness should be done, and also to our patients, as well." (Female doctor, 4yrs experience, TH).

Discussion

This qualitative research study's main aim is to gain an in-depth knowledge of key health care providers' on-going experiences with the provision of sexual reproductive health and HIV/AIDS integrated services in the health facilities across the state. In addition, it also identify the benefits and challenges the provider's daily encounters in the discharge of their daily activities. In their daily routine, providers reported delivering services in provider and unit levels of integration as well as mix of both. Health care providers interviewed in the study are very experienced with most of them between two to 10 years carrying out integrated services. From the study, the benefits of integration according to the health workers on a personal level and to the patients includes reduction in waiting time, better patient- provider relationship, less referral and frequent visits of patients to clinic which improves privacy and confidentiality. There is also an increase in the uptake of and access of patients to healthcare services. Respondents also reported to have experienced reduce incidence of ill health and death among their patients. These are positive feedback to what integration of service delivery can bring into successful program implementation.

On a personal level, the providers reported to enhancement of their capacity as a result of the trainings they have attended and their exposure to different clients presenting difficult cases to manage. This exposed them to skills and opportunities that comes with integration. This concurred with what previous studies reported (Winstone et al, 2012). The identified benefits still need further proof before it can be accepted as a measure of how smooth integration is running in the health facilities. However, it is an actual vision by the providers on how the integration is working (Hardy & Redivo, 1994).

Shortage of man power emerged as the most critical challenge of integration from the responses of the participants. Therefore, there is increased in workload of the available staff as reported in previous study (Maharaj & Cleland, 2005). Other challenges reported included inadequate infrastructure, stock-out of essential commodities, lack of motivation, training gaps, language barrier amongst others. These aligned with what was previously reported in some studies (Dudley & Garner, 2011 and Fhiorg, 2017). Motivation in particular is also very important if the workers are to render their best in the provision of quality services to their clients. Past studies showed the importance of adequate incentives and benefit to staff and good management to the effective health services delivery (Aschraft & Anthony, 2010).

This study has shed light into some challenges that can affect the successful implementation of integrated services especially the crucial roles of the health care providers. The government, donors and the implementing partners must ensure that adequate system, infrastructures, drugs, test kits, consumables, staff and other basic necessities are put in place to ensure the success of the integration in the state.

Conclusion

The findings from the study showed that health care providers' performance is very critical to the success of the integration. The way the providers will accomplish this task depends on some factors relating to how the integrated services is set up (Dussault & Dubois, 2004). The point of view of these providers is very important in the successful delivery of integrated sexual reproductive health and HIV services, any deviation will be detrimental to the integration. Findings from this study showed some benefits and challenges of integrated services. It also showed that through commitment of health system both at the planning and execution stages, integration of services will be successfully implemented (Dudley & Garner, 2011). The government must therefore create an enabling environment for the integration to thrive. The shortage of staff which is the key constraint identified in the study should be addressed to reduce the workload and stress on the available staff. The workers need to be motivated either through capacity building or financial rewards, workers must be regularly paid their wages to cushion the economic crisis presently affecting our country. They should equally ensure the upgrade of infrastructure such as physical space or rooms and availability of resources such as drug/laboratory logistics systems and other essential consumables and ensuring regular payment of monthly salary.

There is also the need for continuous routine re-training on sexual reproductive health and HIV services, since most of the trained staff are constantly transferred from one facility to the other with the attitude of stepping down of training still very poor in the state.

In spite of the challenges identified in this study, there are several benefits that can be a source of motivation to the health care providers that can enhance their performance in delivering integrated services. These opportunities should be further probed in future studies.

Recommendations

A good policy environment through which the integrated system can successfully thrive must be created by Oyo State Government through the Ministry of Health. This will ensure proper planning and ensure availability of resources for the implementation of the program. Infrastructural upgrade, improved staffing, salary and incentives for all staff needs an urgent attention since they are capable of affecting service delivery.

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Appendix

In-depth Interview guide on the Experience of Health Providers on Integration of SRH and HIV Services

Opening	
• Please tell me what you understand by the integration of services, and specifically how you feel about integration between HIV programmes and sexual and reproductive healthcare?	
Experiences of Integration	
• What are your experiences of carrying out integration of SRH and HIV services?	
Benefits and challenges of integration	
• Do you see some benefits to integrating sexual and reproductive health and HIV care? If so, what kinds? (probes: meeting client's needs/satisfaction, prevention, holism, efficiency, continuity, stigma, reaching men / youth) • What are some of the challenges you observe with integration? (probes: poor motivation, extra work load, time, waiting times, capacity, guidance / guidelines, patient records, attitudes, support from supervisors, complexity, referrals, loss of specialization, separate funding/management) • How long do you normally spend with each client? How could you increase the number of services offered. • Do you feel there is a high staff turnover? If so, what implications for developing new skills and the knowledge base?	

Is there staff resistance to integration services?	
Years of working on integration	
• How long have you been doing integration of SRH and HIV services?	
Improving integration based on years of experience	
• What do you think can be done to improve integration of SRH and HIV services based on your experience?	
Interviewer's comments	