SRH Service integration and linkages for adolescents HIV care
Outline

Why integration?
Why young people?
Opportunities for integration
What Sexual Reproductive Health and HIV services can be provided together at your health facility. Represent using a venn diagram
Why Integration?

Reproductive Health and HIV have similar characteristics, target populations and desired outcomes:

• Both mainly serve reproductive age populations

• Majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth and breastfeeding.

• Risk of HIV transmission and acquisition can be further increased by the presence of certain STIs

• Sexual and reproductive ill health and HIV share root causes eg poverty, gender norms & inequality, cultural norms etc
Linkages

• Refers to the connection of programs and services that use different methods or even different approaches but that when linked together are complementary and generate the synergies sought.

• Refers to the policy, programmatic, services and advocacy synergies between SRH and HIV & AIDS

• Also involves addressing the social and structural issues that make people vulnerable to sexual and reproductive ill-health and HIV
Integration

Refers to clearly defined, joint implementation processes in different programs and services that converge at different levels acting as a whole. *Involves the organisation of policies and programmes to deliver comprehensive interventions which provide a continuum of care for HIV, care and treatment, as well as meeting people’s sexual and reproductive health needs*.

**Examples of integration;**

- Comprehensive care for women who are raped, which should include psychological care and support, pregnancy, HIV and STI prevention; treatment for injuries and articulation with legal and social support services.

- Sexual health care for men who have sex with men, which should include HIV counselling and testing, education and psychological support for risk reduction; vaccination against hepatitis B, detection of STIs in the genital tract, pharynx and anus and protection against stigma, homophobia and abuse.
Integration: linkages & referrals

A framework for priority linkages

SRH
- Family planning
- Maternal, newborn and child health (MNCH) care
- Management of STIs
- Management of other SRH issues
- Safe abortion

HIV
- Prevention
- Treatment
- Care
- Support

KEY LINKAGES
- Learn HIV status
- Promote safer sex
- Optimise connection between HIV and STI services
- Integrate HIV with MNCH
- Promote dual protection

Source: adapted from WHO (2005), 'Sexual and reproductive health and HIV/AIDS: a framework for priority linkages'.
Bi directional linkages and integration

*Means that SRH components can be linked to HIV programmes and HIV components can be linked to SRH programmes, Eg:*

- Community health workers refer people with HIV for family planning and EMTCT (elimination of mother-to-child transmission of HIV)
- Antenatal clinic offers HIV testing and fast referral for antiretroviral treatment (ART) for HIV positive women
## Bi-directional linkages and integration

<table>
<thead>
<tr>
<th>HIV/AIDS services</th>
<th>SRH services</th>
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<tbody>
<tr>
<td>VCT</td>
<td>FP</td>
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<tr>
<td>ART</td>
<td>ANC</td>
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<tr>
<td>EMTCT</td>
<td>Delivery</td>
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<td>Safe male circumcision</td>
<td>Post partum</td>
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<tr>
<td>BCC</td>
<td>PAC/Abortion</td>
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<td></td>
<td>Post rape</td>
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<td>STI</td>
<td>Ca screening</td>
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<td>Ca screening</td>
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| + BCC, condom, FP                | + BCC, STI, condoms   |
| + FP, BCC, STI, condoms          | + VCT, ART, EMTCT, BCC, STI, condoms, ca screening |
| + FP, ANC, PNC, ca screening, BCC, STI, condoms | + EMTCT, ART, BCC, FP, STI, TB screening, condoms |
| + BCC, STI, FP, condoms           | + ART, BCC, FP, STI, condoms |
| + FP, STI, VCT, abortion          | + PEP, ART, BCC, EC, condoms |
|                                   | + PEP, ART, BCC, EC, condoms |
|                                   | + BCC, FP, condoms     |
|                                   | + BCC, FP, condoms     |
Different integration approaches

- **One stop shop**; provision of comprehensive and integrated services, such as drop in centers or clinics that provide HIV services (HCT, prevention, care and treatment) with SRH services (FP, STI, EMTCT), MNCH, safe abortion

- **Outreaches & Referrals approach**; whereby an HIV service (community) provides information and referrals for SRH service

- **Physical and functional integration**; different services in the same room? Same provider? Same facility but different room? Same provider but in different rooms or at different times? Combination of services received in one visit?
Referrals to provide a continuum of care for adolescents living with HIV

Referrals help to provide a ‘Continuum of Care’

- Clinical Care (Medical & Nursing)
  - HCT, EMTCT
  - Preventive therapy (OIs, TB)
  - Management of STIs and OIs
  - Palliative care, nutritional support
  - Antiretroviral therapy

- Psychological & Social
  - Counseling
  - Orphan care
  - Community support services
  - Spiritual support

- Socioeconomic Support
  - Material support
  - Economic security
  - Food security
  - Education

- Human Rights & Legal Support
  - Stigma & discrimination reduction
  - Succession planning
  - PLHIV participation

- Supportive Policy & Social Environment

Adopted from FHI Institute for HIV/AIDS 2005 ‘General HIV/AIDS Programming’
What are the different models of adolescent HIV clinics you have come across?
What other services are provided there?
What are the different models of adolescent HIV clinics you have come across?

Adolescent HIV clinics may be take different forms:

- **Adolescent HIV Clinic day:**
  Adolescent HIV clinic run as a specific day within the general HIV clinic setup on which only ALHIV are offered care and treatment. At this adolescent HIV Clinic model, the clinic operates within the same infrastructure as the adult clinic.

- **Adolescent HIV clinic:**
  Separate/Stand-alone clinic setup for only ALHIV- Clinic operates outside the adult clinic infrastructure.

A health facility may choose to use whichever model is feasible.
What are some of the preparations needed to make integration of adolescents HIV services work?
Some suggestions

- Whole-site training,
- re-training and mentorship, in adolescent HIV care treatment and support.
- Reorganization of services, e.g. client flow, and service protocols
Key messages

- Adolescents have different needs from those of adults and children, more so those living with HIV.
- Health system to be able to meet these unique needs health services require a range of delivery and support approaches.
- Diversifying and adapting HIV service delivery options to effectively deliver appropriate services encourages adolescents to seek services and support for example to initiate treatment when it is required, and to adhere to treatment and to stay engaged in care.
Definitions of key terms

Referral:
Is defined as the process through which a client is moved or moves through the continuum of treatment, care and support. It is the process of directing a client to another service provider for appropriate/additional services or treatment.

Referral system:
A referral system is the dynamic process of links for an individual seeking care and support to a variety of services.

Health system referral networks:
Health system referral networks are designed to move clients ‘up’ through a pyramid-shaped structure, with the entry points at the base of the pyramid through primary care clinics, or a community based worker.
Referral and linkages tools and systems

Referral tools are useful in strengthening referral/linkages systems and these include:

- Referral directory
- Referral/Linkages forms: Referral notes filled in triplicate to allow feedback to source of referral
- Referral register e.t.c
- Other systems include: *Use of peer supporters to escort adolescents as they navigate thru the health facility*
Guidance for establishing a successful linkage system for ALHIV

- Select and appoint the facility Adolescent focal person
- Compile a list/referral directory of HIV care and support services in the catchment area for linkage. Pin up the list in relevant service points at your facility to aid referral and linkage.
- Ensure adequate documentation of all clients using the MOH recommended tools
- Ensure a clear client flow that reduces waiting time.
- Follow up clients who have been referred to establish successful linkage
- Periodically use your linkage data to improve services
Guidance for establishing a successful linkage system for ALHIV

- Introduce mechanisms and tools for effective referrals
- Strengthen linkages and referrals focusing both on services within the same facility, as well as services outside the facility in the community.
- Create or strengthen systems for efficient facility and community based referrals into care.
- Psychosocial intervention: Refer for other social support as needed
- Develop concrete linkages with OVC programmes
- Strengthen linkages to community based services including home based care and psychosocial support groups
Steps involved in linking an HIV positive adolescent to treatment and care services

• Provide adolescent/caregiver with adequate information about HIV care and treatment services available.
• Provide the client with a number of facilities to choose from as his/her preferred choice.
• Discuss the pros and cons for each option for the client to make an informed decision. Remember the journey to good treatment adherence starts with proper and appropriate linkage to care.
• After the client has chosen the facility, write on the referral/Linkage form, HCT Client result slip and appropriate registers
• Remember to record the clients’ contact information on the triplicate referral form for easy tracking and follow up.
Steps involved in linking an HIV positive A&YP to treatment & care services

- Record in the register where the client has been referred.
- Tell the client the exact location of the care clinic in the facility of referral.
- If the client prefers to receive care from your facility, escort him/her to the care clinic and hand over to the service provider in the care clinic.
- If clients prefers care at a different health facility from yours, call the receiving health facility where possible to establish if the client reached
- Use your data on linkage to identify challenges and apply QI principles to improve linkage to care.
THANK YOU