ASRHR: The Mildmay Uganda one stop shop experience
Background

• 1998, Mildmay opened to strengthen paediatric HIV and AIDS service delivery in Uganda

• Followed by adult care, adolescents were left out

• Young children growing into adolescence and later adulthood

• Before 2007, had abstinence gospel but adolescents were getting pregnant

• Many are sexually active without protection against STIs and pregnancy, fear disclosure of status, sexual activity and pregnancy
In 2009, the peer-led approach to empower young PLHIV for SRHR

- Health workers trained on delivery of adolescent services: clinicians
- Adolescent counsellors
- Adolescent peer educators: YPLHIV
Services offered

- 10-14 - hygiene, academics, making choices, acceptable behavior in society, expected changes in adolescence etc. (Tuesdays)

- 15-19 - managing adolescence, career guidance, life skills, Relationships, family planning and abortion, entrepreneurship (Thursdays)

- 20-24 - entrepreneurship, career guidance, relationships, transition and SGBV among others (Fridays)

Other services include peer counseling by the peer educators and the adolescents are involved in multiple age appropriate peer support groups
• Multidisciplinary team approach
The Adolescent clinic block

Peer/ Counsellor/ clinician
Health education on general and specific topics, as the clinic goes on... peer to peer talk/ one on one, adolescents needs picked up, Peer attachments, sharing contacts for on going

Clinician
Clinical and other needs assessment, uses the RH tool which identifies specific needs through probing.

Social worker
Empowerment, social/economic/education which may be formal or apprenticeship

Reproductive health staff
Registration, specific RH counselling, service provision, brochures given, condom dispenser refills
• Sample clinician’s tool

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SRH services offered

- counselling and support on HIV prevention and SRH
- call-in centre for adolescents to talk to someone about health concerns
- basic health screening and management of STIs
- family planning services
- cervical cancer screening, breast examination
- eMTCT
- adherence and positive prevention counselling services
- consultations with various technical staff at MUg including counsellors, doctors, nurses, social workers, among others.
Result ranges on selected parameters through quarters

- Total number...........1400 to 1550 adolescents
- Viral suppression........90% to 94%
- Retention in care.........98%
- Sexual activity...... 9% to 12%
- Partner disclosure......65% to 80%
- Condom use ...............62% to 78%
- Cervical cancer screening......2% to 4%
Challenges

- **Stigma:** Balancing positive living and exploring sexuality is a real challenge for this age group.

- **Conflicting desires and expectations:** Some caretakers may persuade pregnant ALHIV to have an abortion, sometimes choosing unsafe environments.

- **Interruption in services:** School terms may interrupt peer-to-peer follow-up, especially for those ALHIV who have to spend time away at boarding school.
Factors for success

- Integration of adolescent-friendly sexual and reproductive health services into routine HIV care

- Strong programme focus on individual responsibility, disclosure and building self-esteem.

- Training of health workers in ASRH opened communication between adolescents and health workers.

- A peer-led approach led to increased referral and uptake of services.
Factors for success

- A one stop shop for all ASRH services resulting in satisfied customers
- Segmentation of groups by age, gender, sexual activity status, etc
- Education and counselling caretakers of ALHIV
- Continuous needs assessment allows the programme to adapt to meet the changing needs of the target population.