



Models of integrated care for young people from key populations in Uganda



About the International HIV/AIDS Alliance

We are an innovative alliance of nationally based, independent, civil society organisations united by our vision of a world without AIDS.

We are committed to joint action, working with communities through local, national and global action on HIV, health and human rights.

Our actions are guided by our values: the lives of all human beings are of equal value, and everyone has the right to access the HIV information and services they need for a healthy life.

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About Link Up

Link Up, an ambitious five-country project that ran from 2013-2016, improved the sexual and reproductive health and rights (SRHR) of over 8000,000 young people most affected by HIV in Bangladesh, Burundi, Ethiopia, Myanmar and Uganda. Launched in 2013 by a consortium of partners led by the International HIV/AIDS Alliance, Link Up strengthened the integration of HIV and SRHR programmes and service delivery. It focused specifically on young men who have sex with men, sex workers, people who use drugs, transgender people, and young women and men living with HIV.

For more information visit www.link-up.org

Acknowledgements

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Designed by: Jane Shepherd/Garry Robson

Unless otherwise stated, the appearance of individuals in this publication gives no indication of either sexuality or HIV status.

Cover photo: Counselling at Naguru Teenage
Information and Health Centre, offering services at
Kinawataka, a Kampala suburb, Uganda
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Executive summary

The Link Up project in Uganda works with four implementing partners to provide integrated sexual and reproductive health (SRH) and HIV services to young people living with and most affected by HIV. Each implementing partner had a different starting point. During the course of Link Up, however, they have all broadened their service package to include SRH and HIV services. Integrating care has generated both opportunities and challenges for young people and service providers. Overall, the provision of integrated services has enabled young people to have ready access to a range of services that they would not otherwise have had.

1. Context

Uganda has the world's youngest population: more than 62% are under 19 years of age and 68% under 24. Very few sexually active 15 -19 year olds use modern family planning methods, including condoms. Although knowledge of contraception is nearly universal, only 6% of young people aged 15 -19 and 19.8% of 20 - 24 year olds are using modern contraception, and unmet need is high. Almost a quarter of adolescent girls in Uganda become pregnant before the age of 19. Pregnancy and childbirth at a young age pose a major risk: complications from pregnancy and childbirth are a leading cause of death among adolescent girls.

Sexually active young people are increasingly at high risk of contracting and transmitting STIs, including HIV, and are typically ill-informed about how to protect themselves. Just 38.1% of women and 39.5% of men aged 15 - 24 have comprehensive knowledge of how HIV is acquired and transmitted.

Within this context, it is essential to provide rights-based integrated services that meet the SRHR and HIV needs of young people.

2. About Link Up

The Link Up project aims to increase access to integrated and quality SRH and HIV information, commodities and services for young people living with and most affected by HIV. Link Up seeks to advance the SRHR of young people from key populations, including young people living with HIV, young men who have sex with men, young people who sell sex, young transgender people as well as other vulnerable young people who are most at risk of HIV and poor SRHR. In Uganda, the Link Up project (2013 – 2016) is implemented by a consortium of partners, which includes Community Health Alliance Uganda (CHAU), Marie Stopes International Uganda (MSIU), Uganda Youth Coalition

I get HIV treatment, family planning, pregnancy tests, condoms and STI [sexually transmitted infection] check-ups. I also get education and business skills like record-keeping and balancing my books. Nowadays if you're not educated you cannot get far. You need to have education to survive and live fully.

*Prossy Nagujja, Uganda
Youth Development Link peer
educator, age 22*



on Adolescent Sexual Reproductive Health and Rights and HIV/AIDS (CYRSA-Uganda), the International Community of Women Living with HIV Eastern Africa (ICW Eastern Africa), the Uganda Network of Young People Living with HIV (UNYPA) and the Population Council.

CHAU delivers its community and facility-based activities through implementing partners: Integrated Community Based Initiatives (ICOBI), Mildmay, Family Life Education Program (FLEP), Uganda Youth Development Link (UYDEL), Naguru Teenage Health and Information Centre (NTHIC), and the Most At Risk Populations Initiative (MARPI).

Project partners are working in 11 districts across Uganda.

3. Models of integration

Through Link Up, CHAU has collaborated with four implementing partners to deliver integrated SRH and HIV services. CHAU's partners have worked closely with public health facilities. All had different starting points, and all have evolved to provide a broader package of services than at the onset.

Provision of youth-friendly integrated sexual and reproductive health and HIV services: the Naguru Teenage Health and Information Centre

Strengthening health facilities: The Naguru Teenage Health and Information Centre (NTHIC) is a pioneer in the provision of adolescent sexual and reproductive health services in Uganda. Since 1994, NTHIC has offered services to young people aged 10 - 24. Under Link Up, NTHIC has scaled up and strengthened the delivery of integrated SRH and HIV services through the establishment of 'youth corners'. These are spaces in health facilities where young people can meet their peers to ask questions or get support, pick up male and female condoms or information, education and communication (IEC) materials. Under Link Up, NTHIC has provided technical support to public health facilities in Kampala and neighbouring districts of Mukono and Kayunga, assisting them to set up youth corners and mentoring their staff in the provision of youth-friendly services.

The integrated SRH and HIV service package provided by NTHIC and the public health facilities it supports encompasses:

- STI and HIV testing, treatment and care services
- family planning, including emergency contraception; antenatal care and post-abortion care
- SRHR information and education through health talks, community radio programmes, a toll-free telephone counselling helpline, provision of IEC materials, condom demonstration and distribution
- general health care and well-being of young people, counselling and guidance

- sexual and gender-based violence screening and care
- referrals for antiretroviral therapy (ART), CD4 cell count testing, viral load testing, cotrimoxazole prophylaxis, prevention of vertical transmission and voluntary, medical male circumcision.



Peter Okwi Martin Walter, 21, is a Peer Educator at Naguru Teenage Information Centre, © 2016 International HIV/AIDS Alliance

Provision of integrated sexual and reproductive health and HIV services with a focus on key populations: the Most At Risk Populations Initiative

Community outreach and referrals: As well as supporting public health facilities to provide integrated services to young people, NTIHC has implemented outreach activities to communities around the health facilities so that services are taken to young people, rather than young people having to visit the facilities.

During community outreach, NTIHC organises teams of service providers and peer educators to go to specific sites (sometimes referred to as 'hotspots') identified by NTIHC and the team. At hotspots, the team provides the following reduced service package on site:

- short-term family planning
- HIV counselling and testing
- STI syndromic management.

If young people require additional services, following a consultation, they are referred to the most appropriate health facilities (those specialising in certain aspects or the closest one, according to the young person's preference). The Most At Risk Populations Initiative (MARPI) is a local organisation affiliated to the National STD Control Unit, located in Mulago Hospital within the National STD and Skin referral clinic. The MARPI clinic has been providing services to



key populations since 2007. Since its inception, MARPI has evolved from a project to a registered organisation, expanding its scope beyond Kampala.

Due to the trust built over time with communities of young key populations, under Link Up, MARPI serves as a referral centre for young people who sell sex and young men who have sex with men, in addition to other LGBTI communities aged 10 - 24. Under Link Up, MARPI has reached over 25,000 young people from key populations in the districts of Kampala, Mukono and Wakiso. Service delivery is provided at static facilities and in communities through moonlight outreach (at night) and other innovative methods.

MARPI provides quality and integrated SRH and HIV services, including:

- family planning
- STI screening and treatment
- condom education and distribution
- psychosocial support
- HIV counselling and testing, treatment and care
- post-exposure prophylaxis
- post-abortion care
- referral services for voluntary medical male circumcision, prevention of vertical transmission, antenatal and postnatal care.



The location within the premises of the national hospital simplifies referrals and strengthens linkages to other services. At a convenient time, young people are escorted by their peers to access a number of services. During outreach activities, young people from key populations are identified and offered services at a community centre, hotspot or a public health facility. Service providers at the MARPI clinic have been sensitised on how to work with young key populations, including understanding their needs and rights, and which questions to ask or not ask.

(Left) Free HIV testing at Naguru Teenage Information Centre, © 2016 International HIV/AIDS Alliance

(Right) Peer Educator Mark Tuhaise, 23, performs a condom demonstration to young men at Kajjansi, Kampala, Uganda. © 2016 International HIV/AIDS Alliance

Integration of sexual and reproductive health and rights into HIV services: Mildmay Uganda: Mildmay Uganda (MUg) is a local non-governmental, not-for-profit organisation specialising in the provision of holistic HIV care and management for people living with HIV.

With Link Up support, MUg integrated SRHR into HIV services for young people living with HIV at the Kisakye youth centre and 12 other youth centres across three districts. The Kisakye youth centre is open once a week and, in addition to a counsellor, clinician, triage nurse, and data clerk, Mildmay employed a young nurse to provide contraceptive counselling and syndromic screening and management of STIs.

Service providers and social workers at the centre are proactive in ensuring that all young people living with HIV are offered an integrated package of services according to their needs and are informing young people of their sexual and reproductive rights. They take into account the age-appropriateness of services, including:

- HIV treatment
- psychosocial support
- cervical cancer screening
- family planning and antenatal care
- STI diagnosis and management
- life-skills development.

Girls in care between the age of nine and 13 also receive the HPV vaccine to protect against cervical cancer. The centre provides a stipend to peer educators who lead one-to-one and group sessions, home visits, condom demonstration and distribution in the community and during outreach activities.

Kisakye Youth Centre currently provides integrated SRHR and HIV services to over 2500 young people living with HIV between the ages of 10 to 24. At the facility, the counsellor provides psychosocial support, including on the transition from adolescence to adulthood. At the youth centre reception, health education and information services are provided through the use of games, television, mobile phones and email. The counsellor is instrumental in identifying referrals and providing linkages for further social support, including post sexual and gender-based violence care.

Provision of basic integrated services in a drop-in centre and referral to MARPI for additional care: Uganda Youth Development Link

Link: Uganda Youth Development Link (UYDEL) is a non-governmental organisation focusing on the prevention of alcohol, drug and substance use; child protection; prevention and rehabilitation of children engaged in child labour; adolescent sexual and reproductive health; and prevention of the sexual exploitation of children in the districts of Kampala, Wakiso and Mukono.

Under Link Up, UYDEL operates five drop-in centres and a rehabilitation centre for young people under the age of 14 who are survivors of sexual exploitation and trafficking. They receive temporary shelter and learn vocational skills at the Masooli rehabilitation centre.

At the drop-in centre, which is managed by a social worker and ten peer educators, initiatives aimed at empowering young people - including financial



literacy, vocational skills training, records keeping – and psychosocial counselling are provided. Partners such as NTHIC are invited once a week to provide a basic integrated SRH and HIV package of STI screening and management, family planning and HIV services. UYDEL has forged partnerships with local community leaders, as well as created linkages through referrals for advanced STI, family planning and HIV care to other government and non-governmental/community-based service providers, such as MARPI. MARPI ensures that young people who require specialised care such as ART, FP, post-abortion care and cervical cancer screening are referred and escorted by their peers to public health facilities.



Ssentume Daniel, 21, is a student (with cap) and resident of Kinawataka. He is receiving condoms from a peer educator at Naguru.
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4. Results

Under Link Up the following results have been achieved:

- 33,767 completed referrals were made for young people aged 10 - 24 affected by HIV to access core HIV and SRH services.
- 548 service providers have received technical assistance on how to provide quality integrated SRH and HIV services and information to young people aged 10 - 24 affected by HIV and are delivering them.
- 190 service delivery points offer integrated HIV and SRH services to young people aged 10 - 24 affected by HIV.
- MARPI has reached over 25,000 young people from key populations in the districts of Kampala, Mukono and Wakiso.
- Kisakye youth centre currently provides integrated SRH and HIV services to over 2,500 young people living with HIV aged 10 - 24.

From clients' perspective: Young people who have accessed Link Up services report that receiving integrated care is beneficial as they only need to form a **relationship with one provider over time**. This means they do not have to give personal and contextual information to multiple providers. Providers have

their full personal history and are able to assist them over time. It has made asking questions easier since a trusting, long-term relationship is built with one person. At NTIHC, young people receive care from different providers but in one facility - this is effective as those working in the facility share a youth-friendly ethos and experience of working with young people.

Young people say that they have **experienced less stigma and discrimination** as they do not have to disclose to as many people and in different facilities. By only seeing one provider or being in one facility, protecting confidentiality is easier.

Receiving integrated services in one place has **saved young people time**. They do not have to travel to different places to access various services. This becomes cumbersome: it is more convenient to access services in one place.

Accessing services in one place also **saves on transport costs**. When young people – and their families – cannot afford basic necessities, money for transport is at the bottom of the list of priorities.

From service providers' perspective: Providers have identified a number of benefits of providing integrated services. Firstly, they note that it leads to **improved quality of care and client satisfaction** as trust between providers and clients is built over time.

Secondly, 200 **service providers trained on integration of SRH and HIV, valued improving their skills on stigma reduction and providing youth and KP friendly services**. Their enhanced ability to address a client's needs more holistically has motivated them.

Providers report **improved access to and increased uptake of HIV and SRH services** since clients are offered a range of services when they come into contact with a provider at a health facility or during outreach. There has been a **greater appreciation of and support for 'dual protection'** – the use of male and female condoms to prevent against STIs, including HIV, as well as unintended pregnancy.

Finally, providers point out that delivering integrated services has reduced duplication of efforts and ensured **better use of human and financial resources**.

5. Challenges

Integrating SRH and HIV services has also presented a number of challenges. These include:

For providers and health systems:

- **Ensuring that integration does not overburden existing services in a way that compromises service quality.** MUg, for example, is used to providing specific services for young people living with HIV. It is known within the country for this service. Providers have been trained to offer family planning and STI services. Although this has not been the case, there is a concern that providing multiple services might detract providers from their HIV focus and expertise.
- **Managing the increased workload for staff who take on new responsibilities.** New staff who are trained on other health issues, as well as on how to work with young people, including young people from key populations, acquire new skills. They also gain new responsibilities. While new areas of work is interesting, it also means more work, with the same, if not greater, number of clients. Providers report that they have managed their increased workload by improving collaboration with colleagues and delegating certain tasks to others.



Nantumbwe Annitah (UYDEL Masooli), 18, performs a traditional dance. Uganda Development Link Masooli is a home for all ages between 9 - 25 years. It is supported by Community Health Alliance Uganda and other partners. © 2016 International HIV/AIDS Alliance

- **Allowing for higher costs initially when setting up integrated services and training staff.** Training staff to provide services requires an investment. It also entails collaboration with the ministry of health to ensure that facilities have the right equipment, commodities and supplies for clients.
- **Combating stigma and discrimination from and towards health care providers.** This has the potential to undermine the effectiveness of integrated services, no matter how efficient they may be in other respects. Link Up's integration 101 training courses² have enabled service providers to reflect on their attitudes towards young people and key populations.
- **Reaching those who are most vulnerable but least likely to access services.** This includes young people and key populations such as sex workers and men who have sex with men. This challenge has been overcome through peer to peer approaches, whereby young people in Link Up from different key population groups have been empowered to reach their peers. They know where to find their peers, and how to communicate and reach them with tailored information and services. Another strategy has been to collaborate with organisations working with sex workers, people living with HIV and LGBTI communities to identify appropriate venues and hotspots for outreach.

For clients:

- **Fears of poor quality services elsewhere.** Some young people in the project state that they do not want to be referred to other services, for example TB services. They are concerned that they might not receive the same standard of care that they are used to in facilities supported by Link Up where providers are trained and have experience in working with young people, including young people from key populations.
- **Occasional stock-outs of HIV test kits, STI drugs and ART.** This can be off-putting for young people who have busy lives and do not want to return for services.

6. Lessons learned, good practices and recommendations

Training on attitudinal issues is critical in ensuring non-judgmental and confidential service provision to young people from key populations. The integration 101 training tool is useful in encouraging providers to think about their personal attitudes and perspectives and how these impact on the way in which they provide services. Young people's engagement in all aspects of programming is key. At NTIHC, young people's involvement in service delivery has made it a friendly space; while MARPI's work with young peer educators

²International HIV/AIDS Alliance, Link Up (2015), 'Sexual and reproductive health and rights, and HIV: 101 workshop guide'. Available at: http://www.aidsalliance.org/assets/000/001/769/LinkUp_101_SRHRintegration_FINAL_original.pdf?1441105738



has enabled them to connect with young people from key populations who would not otherwise be reached due to a fear of stigma and discrimination. All providers report that their experience of working on Link Up has taught them to recognise the diversity that exists among young people (their multiple vulnerabilities) and tailor services accordingly. This requires considering age-appropriateness and the particular experiences and circumstances of an individual, while recognising that young people mature at different paces.



Naguru Teenage Information and Health Centre offering services at Kinawataka a Kampala suburb.
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It is critical that young people are not labelled because their feelings about themselves, their identities and behaviours change over time. Providing integrated services is achievable. Most staff are supportive of integration. It requires a change in mindset at provider level, which can be facilitated through training and mentorship. It also requires health facilities to undergo reorganisation and support providers in managing their increased workload and stress, as well as to adjust the way they promote and offer services. Given commitment from health facilities, it is possible to move towards increased integration of services, provided that there are sufficient resources, training and mentorship for health facilities.

7. Conclusions and future plans

Link Up has strengthened the skills and capacity of health care providers to offer integrated SRH and HIV services. The skills which have been built will endure beyond Link Up.

Additionally, to foster sustainability beyond Link Up, the 11 district health offices and health facilities in charge have incorporated the youth corners within their budgets and allocated health workers the responsibility of running them. Link Up only operated in 11 districts in Uganda and worked with specific partners. Scaling up training – to enable more providers to offer integrated care to clients – is therefore key. With only a few providers able to do this, it places a burden on the few.

While offering a comprehensive range of services is critical in responding to the needs of young people, it is nevertheless vital to ensure that young people who have specific needs, such as young people living with HIV, continue to get the attention and care they require. The provision of integrated care must not undermine the importance of specialised services for specific groups of young people.

Link Up's learning about the different models of service provision and the benefits and challenges of integration is valuable as we continue to explore different ways of providing services that respond to the needs of young people.



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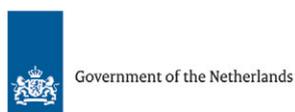


Walking the streets spreading the news of a local health camp in the community. Balimwezo James 29, is a mobilizer of Peer Educators at Naguru and security personnel to the community of Kinawataka.
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LINKUP

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