Aastha Continuum of care service delivery model
Welcome to FHI 360 e-Tutorial on Continuum of care for PLHIV Sex workers (SWs)

This e-Tutorial describes the purpose and benefits of a focused approach on Continuum of Care (CoC) that enables SWs living with HIV to access care & treatment services. This e-Tutorial takes approximately one hour to complete.

After completing this e-Tutorial, participants will know that:

- A strong referral service, dedicated staff, psycho-social support from community, other PLHIV and treatment buddies are essential components for empowerment of PLHIV members
- The significance of care and treatment strengthens follow-up and reduces ART loss-to-follow up
FHI 360 E-tutorial on Continuum of care

- **Main Menu**
  - Lesson I: Aastha CoC: Referral Services
  - Lesson II: Aastha CoC: Buddy System
  - Lesson III: PLHIV Support Group
  - Pre test questionnaire
  - Knowledge Quiz/Post test questionnaire
Lesson I: Aastha CoC: Referral Services

• Why was the Aastha CoC system introduced?
• What is Aastha CoC: Referral Services?
• Why is Aastha CoC Referral Services important?
• Go to lesson now
Lesson I: Aastha CoC: Referral Services

Why was Aastha CoC system introduced?

Aastha is a HIV prevention program for the SWs and after testing it is important to link the PLHIV SWs with care, treatment and support services. Aastha CoC was introduced to engage SWs living with HIV in care and treatment services through a strong referral system based on their needs.
FHI 360 E-tutorial on Continuum of care
Key challenges to CoC services

- Accompanied referrals to services
- High probability of drop out prior to Pre-ART registration
- Monthly ART adherence

- Hours of operation
- Long waiting time
- Distance/Travel time
- Service provider attitudes

- Strong fear of stigma & discrimination (brothels & bars)
- Decreased accessibility of services for eligible positives

- Multiple visits to ART centre for collection of blood samples and for collection of test results

THE SCIENCE OF IMPROVING LIVES
Lesson I: Aastha CoC: Referral Services

What is Aastha CoC: Referral Services?

Aastha CoC includes providing services to PLHIV SWs as per their needs, through strong referral mechanisms. The referral staff includes project counselor and Aastha Sakhi/Aastha Buddy. The referral staff assists the patient in determining needs and how best to meet them. The referral staff provides accompanied referrals to PLHIV SWs in need of services, if required.

The referral staff maintains confidentiality about each patient and protects confidentiality of patient’s records. The referral staff assists the patient in the referrals for healthcare including positive prevention, Nutritional support, ART registration in the Government centers, Economic support/employment, mental health, PLHIV support group, legal assistance, spiritual support and home based care.
Lesson I: Aastha CoC: Referral Services

What is Aastha CoC: Referral Services?

Initiation of a referral network will include a participatory mapping exercise with the project staff to do a listing of organizations providing need based services to PLHIV SWs which are not provided by the project. Listing includes Government hospitals, ART centers, RNTCP centers, Community care centers, local NGOs, lawyers, etc. A referral directory giving information of different organizations and details of services provided by them is prepared.

Referral process includes developing a service plan that defines patient’s needs and steps to meet those needs. The referral staff makes referrals and coordinates delivery of services. The referral staff tracks referral requests and follow up to ensure patient’s needs are met. The referral staff maintains a record of meetings with the patient, the referrals made for the patient, the outcomes of the referrals. The documentation is maintained in the patient’s referral record.

The tools to facilitate referral process includes: - Directory of services, Referral Form, PLHIV Referral tracking form and Referral register. (*All tools attached*)
Flowchart on the referral process

Referring Organization

- Make referral
  - Step 1: Directory:
    - Consult
    - Find provider
  - Step 2: Referral form:
    - Fill out part A
    - Give to client
  - Step 3: PLHIV tracking form:
    - Fill out
    - Place in client file

Follow up

- Referral form:
  - Review form returned by receiving org or client
- PLHIV tracking form:
  - Update
- Referral register:
  - Complete
  - Update

Receive client

- Referral form:
  - Client takes to provider
- Referral register:
  - Complete
  - Update

Receiving Organization

- Referral form:
  - Fill out part B
  - Return to referring agency or client
## PLHIV diary

### Individual Tracker of PLHIV

<table>
<thead>
<tr>
<th>Sr No</th>
<th>ID/PID</th>
<th>Typology</th>
<th>Status</th>
<th>Category</th>
<th>Month of Detecting ( + \ve )</th>
<th>Age at the time of detecting ( + \ve )</th>
<th>Disclosed Status</th>
<th>ART</th>
<th>CD4 DONE (T cells)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes/RNd</td>
<td>If, Yes/No Month</td>
<td>Date of Art Registration</td>
<td>Date of Conversion to ART</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Remarks**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Month 1</th>
<th>Month 2</th>
<th>Month 3</th>
<th>Month 4</th>
<th>Month 5</th>
<th>Month 6</th>
<th>Month 7/Month 8</th>
<th>Month 9</th>
<th>Month 10</th>
<th>Month 11</th>
<th>Month 12</th>
<th>Month 13</th>
<th>Month 14</th>
<th>Month 15</th>
<th>Month 16</th>
<th>Month 17</th>
<th>Month 18</th>
<th>Month 19</th>
<th>Month 20</th>
<th>Month 21</th>
<th>Month 22</th>
<th>Month 23</th>
<th>Month 24</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Prevention Counseling - Monthly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monthly Screening for STIs, Ch &amp; TB in Asstющего Order - Monthly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member of PLHIV Support Group within 6 months of testing positive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre ART registration within 1 month from disclosure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CD4 done every 6 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accompanied referrals to the ART centre for collecting ART medications on a monthly basis for the first six months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Received at least one session counselling on nutritional intervention at the time of initiation of ART</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ART count every month</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subsequent ART count</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CD4 &amp; Viral Load Nutrition support provided</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal support provided</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**fhi360**

**THE SCIENCE OF IMPROVING LIVES**
PLHIV Counselor

Socio-economic Support

Economic Support

Nutrition

Legal Support

Referrals

TB

CCCs

Hospitals

PLHIV Support Group

Positive Prevention

Counseling

Aastha Clinic

Monthly screening STIs, OIs & TB

Treatment of Basic OIs & STIs

Pre- ART

Monthly ART

CD4 testing

ART

Outreach

Outreach

Outreach
• **Lesson I: Aastha CoC: Referral Services**

• **Why is Aastha CoC Referral Services important?**
  
  Aastha CoC Referral mechanism builds bridges between Government health facilities and services thereby establishing a sustainable system of making services available and accessible to the PLHIVs. A strong referral service, a dedicated staff, psycho-social support from community members, support from other PLHIV members, and treatment buddy are the essential components for empowerment of PLHIV members.

• PLHIV SWs to maintain a positive well-being – mental, physical and emotional – must be connected with a system of care, support and treatment which fulfills their specific needs, a system which translates into the Aastha CoC framework.
Lesson II: Aastha CoC: Buddy System

- Who is an Aastha Buddy/Sakhi?
- Criteria for selection of a Buddy/Sakhi?
- Role of Aastha Buddy/Sakhi?
- Go to lesson now
Lesson II: Aastha CoC: Buddy System

Who is an Aastha Buddy/Sakhi?

A Aastha Buddy/Sakhi is someone who is chosen by a HIV positive SW to whom he/ she discloses his/ her HIV status, apart from the Project Counselor. Aastha Buddy may or may not be from the SW community, could be someone from the clinic staff or could also be another PLHIV who willingly takes responsibility of providing accompanied referrals to PLHIVs in need of services and continuous follow up.

The Aastha Buddy is an important support for the Counselor in the follow-up mechanism and forms an important link in the follow up mechanism for care & support services.
Lesson II: Aastha CoC: Buddy System

Criteria for selection of a Buddy/Sakhi?

- A buddy understands and is committed to the goals of the project
- A buddy resides in same geographical area
- A buddy is conversant in the local language or language most commonly used by the PLHIV SWs
- Demonstrate confidence and leadership skills and possesses good communication and interpersonal skills
- Agrees to the necessary commitment of time towards his/her responsibilities
- Non-judgmental attitude toward PLHIV members
- Willingness to support and care for HIV positive people on a volunteer basis
- Knowledge about the care and support needs of HIV positive people
- Shows interest for new learnings
- Sensitive towards the problems and difficulties faced by HIV positive people at different levels
- Semi-literate with basic record keeping skills
- Maintain confidentiality of HIV positive individuals status as well any information shared by them
Needs to be written from the PLHIV point of view for example s/he is very close to the PLHIV, s/he cares and support the PLHIV,
Abhishek Jain (India - Mumbai), 12/4/2012
Lesson II: Aastha CoC: Buddy System

Role of Aastha Buddy/Sakhi?

- Provide information and education regarding ART services and its importance
- Provide accompanied referrals to PLHIV SWs to the Government ART centre for Pre- ART registration, baseline CD4 testing, and initiation of ART
- Follow up with the PLHIV SWs on the pre-requisites of ART registration and repeat CD4 testing every six months
- If PLHIV is on ART, monitor ART adherence and also assist the PLHIV SWs in managing side effects if required
- Follow up with the PLHIV SWs to ensure that they make visits to the Aastha clinic every month for screening of OIs and STIs and positive prevention counseling
FHI 360 E-tutorial on Continuum of care

• Lesson II: Aastha CoC: Buddy System

• Role of Aastha Buddy/Sakhi?
  – Provide information and assistance to become member of the PLHIV Support Group and to attend the
  – Support Group meetings on a regular basis
  – If needed, provide accompanied referrals to PLHIV SWs for other services like nutrition support, legal
  – assistance, economic support, skill development activities, PPTCT services, getting admission in schools
  – and hostels for their children etc.
  – Conduct home visits for PLHIV SWs who are irregular with clinic appointments for monthly screening of
  – OIs & STIs and positive prevention counseling
FHI 360 E-tutorial on Continuum of care

- A focused approach integrating a buddy system into a CoC enables SWs living with HIV to access care & treatment services

- Believed mechanism:
  - Buddies help PLHIV understand the significance of care and treatment, strengthen follow-up and reduce ART loss-to-follow up
  - A strong referral service, dedicated staff, psychosocial support from community, other PLHIV and treatment buddies are essential components for empowerment of PLHIV members
FHI 360 E-tutorial on Continuum of care

• Introduction of a buddy system into CoC programs for SWs living with HIV can increase linkages to care and treatment services.

• Encouraging beneficial disclosure among buddies is critical for improved CoC services.

• PLHIV SWs to maintain a positive well-being – mental, physical and emotional – must be connected with a system of care, support and treatment which fulfills their specific needs, a system which translates into the Aastha CoC framework.
FHI 360 E-tutorial on Continuum of care

- Lesson III: PLHIV Support Group
- Key feature of a PLHIV Support group
- Procedure for formation and strengthening a PLHIV Support Group
Lesson III: PLHIV Support Group

Key feature of a PLHIV Support group

- PLHIV Support Group helps in developing Cohesiveness and among PLHIV SWs through a supportive environment, leading to empowerment and greater uptake of services
- Support groups help members to better understand clinical services and give them support to seek and adhere to different services
Lesson III: PLHIV Support Group

Procedure for formation and strengthening a PLHIV Support Group

- Project counselor will inform every PLHIV SW about the Support Group during the positive prevention counseling sessions.
- Project counselor will inform every PLHIV SW on the advantages of becoming a support group member.
- Project Counselor will ensure that every PLHIV becomes a support group member within three months of testing positive.
- Those PLHIV SWs who are willing to join the support group should give voluntary consent for disclosure of their positive status with the other PLHIV SWs in the group.
Lesson III: PLHIV Support Group

Procedure for formation and strengthening a PLHIV Support Group

- Every Support Group should have monthly meetings with all the members.
- Each Support Group will identify PLHIV group leaders.
- Project counselor will mentor the PLHIV group leaders to conduct support group meetings.
- Exposure visits to the Government ART centers and Community Care Centre will be organized to capacitate the PLHIV group leaders and members to provide accompanied referrals to other PLHIV SWs for ART and care and support services.
- Exposure visits to organizations providing nutrition support, economic support, legal support etc. will be organized to capacitate the PLHIV group leaders and members to provide accompanied referrals to other PLHIV SWs based on their needs.
Pre test questionnaire
FHI 360 E-tutorial on Continuum of care

- **Pre test questionnaire**

Which among the below should not be a criteria for selection of Aastha Buddy/Sakhi?

- Could be from the outreach team either an ORW or PE
- Residing in same geographical area
- Provide information and assistance to become member of the PLHIV Support Group and to attend the Support Group meetings on a regular basis
- Should have a University degree in Social work
- Person who is given the responsibility of providing accompanied referrals to PLHIVs in need of services and continuous follow up.
FHI 360 E-tutorial on Continuum of care

- **Pre test questionnaire**

The PLHIV Support Groups are

- a. Groups of PLHIV sex workers who come together because they share a common situation.
- b. Groups of Social Workers working in the area of HIV/AIDS.
- c. Groups of family members of PLHIV.
- d. Groups of TI staff.
- e. None of the above.
FHI 360 E-tutorial on Continuum of care

• **Pre test questionnaire**

What is necessary to facilitate an effective referral for ART Registration to the Government centres for PLHIV SW:

• a. Referral Register
• b. Directory of Services
• c. Referral Form
• d. PLHIV Referral Tracking Form
• e. All of the above
FHI 360 E-tutorial on Continuum of care

• **Pre test questionnaire**

What are the roles of a treatment Buddy?

• a. Monitoring ART adherence
• b. Cd4 testing every 6 month
• c. Positive prevention counselling
• d. Blood collection for CD 4 counts
• e. a,b & c
• f. All of the above
FHI 360 E-tutorial on Continuum of care

• **Pre test questionnaire**

Which is the most important link between the community & project personnel for follow-up, overall scaling up & sustainability of the program?

• a. Peer Educator
• b. Aastha Gats
• c. PLHIV Support Group
• d. Aastha Sakhi/Mitra or Buddy
FHI 360 E-tutorial on Continuum of care

• Pre test questionnaire

What is the level of Confidentiality that a PLHIV member has right to?

a. Post-test counselling can be done individually with a sex worker or in a group
b. The project director, ORW & buddy can share the PLHIV member’s case with the community as role model
c. Test results are to be handed to the individual who underwent the test
d. A & B only
e. C only
f. All of the above
FHI 360 E-tutorial on Continuum of care

Knowledge Quiz/Post test questionnaire
FHI 360 E-tutorial on Continuum of care

• **Knowledge Quiz/Post test questionnaire**

1. What is not a role of Peer Educator with whom the PLHIV SW has disclosed her status in the ART referral process?
   a. Baseline investigations
   b. Updating PLHIV diary
   c. Pre–ART registration
   d. Six monthly CD4 testing

2. PLHIV SW who are not on ART should be monitored for:
   a. Condom use
   b. CD4 testing every 6 month
   c. Drug adherence
   d. a & b
   e. a, b & c

3. What are the socio-economic support systems provided for PLHIV?
   a. Skill development.
   b. Vocational training.
   c. Legal support.
   d. Nutritional support
   e. All of the above
1. Which among the below should not be a criteria for selection of Aastha Sakhi /Sangini?
   a. Could be from the outreach team either an ORW or PE
   b. Residing in same geographical area
   c. Provide information and assistance to become member of the PLHIV Support Group and to attend the Support Group meetings on a regular basis
   d. Should have a University degree in Social work
   e. Person who is given the responsibility of providing accompanied referrals to PLHIVs in need of services and continuous follow up.

2. Which is the most important link between the community & project for overall scaling up & sustainability of the CoC program?
   a. PE
   b. Aastha Gats
   c. PLHIV Support Group
   d. Aastha Sakhi/Mitra or Buddy

3. The PLHIV Support Groups are
   a. Groups of PLHIV sex workers who come together because they share a common situation.
   b. Groups of Social Workers working in the area of HIV/AIDS.
   c. Groups of family members of PLHIV.
   d. Groups of TI staff.
   e. None of the above.
FHI 360 E-tutorial on Continuum of care

• **Knowledge Quiz/Post test questionnaire**

1. Meeting of the PLHIV support group is conducted
   a. By the PD of the TI once every month.
   b. By the Project Counsellor at least once a month.
   c. By the Project Counsellor once in every quarter.
   d. By the Group leader once in every quarter.

2. The following activities are part of the PLHIV support group.
   I. Project Counselor takes the lead in enrolling PLHIV sex workers into the Support Group
   II. Project Counselor conducts Support Group meetings
   III. Project Counselor and Aastha Sakhi/ Sangini/ Mitra provide accompanied referrals to PLHIVs for different services
   IV. PLHIV Support Group leaders enroll new members into the Support Group
   V. All of the above

3. What is necessary to facilitate an effective referral for ART Registration to the Government centres for PLHIV SW:
   a. Referral Register
   b. Directory of Services
   c. Referral Form
   d. PLHIV Referral Tracking Form
   e. All of the above
1. What are the roles of a treatment Buddy?
   a. Monitoring ART adherence
   b. Cd4 testing every 6 month
   c. Positive prevention counselling
   d. Blood collection for CD 4 counts
   e. a,b & c
   f. All of the above

2. Which is the most important link between the community & project personnel for follow-up, overall scaling up & sustainability of the program?
   a. Peer Educator
   b. Aastha Gats
   c. PLHIV Support Group
   d. Aastha Sakhi/Mitra or Buddy

3. What is the level of Confidentiality that a PLHIV member has right to?
   a. Post-test counselling can be done individually with a sex worker or in a group
   b. The project director, ORW & buddy can share the PLHIV member’s case with the community as role model
   c. Test results are to be handed to the individual who underwent the test
   d. A & B only
   e. C only
   f. All of the above
Thank you