

# Making Referrals in the Context of VMMC Services

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SESSION 17



# Three Kinds of Referrals

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Passive

Facilitated

Active

# Passive Referrals

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The adolescent client is given the details of another service in order to make his own appointment.

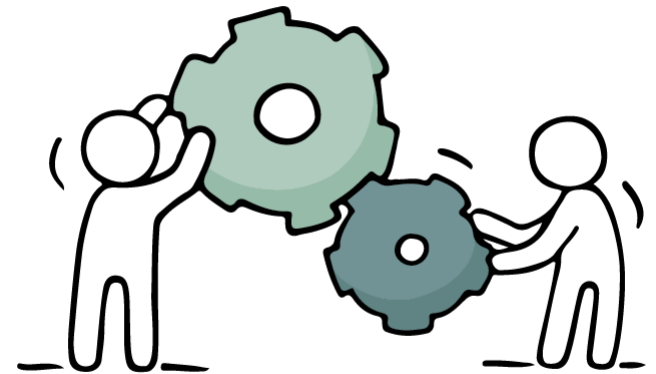
Passive referrals are **not** preferable for adolescents.

# Facilitated Referrals

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These occur when an adolescent client is given **limited** help to access another service.

For example, with the client's permission, the health care worker might make an appointment with another service on the client's behalf.



# Active Referrals

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- The health care worker contacts another service in the presence of the client **and makes the appointment for him.**
- With the client's consent, the health care worker conveys information from his/her assessment of the adolescent to provider(s) at the other service.
- Such referrals are necessary when clients are unmotivated, unlikely, or unable to go to other services by themselves.
- Ideally, all referrals of adolescents should be active.
- Volunteer community advocates and mobilizers should conduct active referrals.
- Due to time constraints, VMMC services must prioritize which referrals should be active.
- Linking HIV-positive clients to care and other HIV-related services should be active.

# The Link between Motivational Interviewing and Making Effective Referrals

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By facilitating discussion aimed at **helping clients identify their own desire and/or ability to change or address a target behavior**, including health-seeking behaviors, motivational interviewing (MI) can help encourage an adolescent client to go to other services to deal with issues that are not addressed by VMMC services (family planning, sexual/reproductive health, gender-based violence, etc.).

MI helps ensure that adolescents make their **own** choice to go to referrals, not simply because they are told to go.

# Questions

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Are there any questions?