ADDRESSING THE PARALLEL RISKS OF PREGNANCY AND HIV

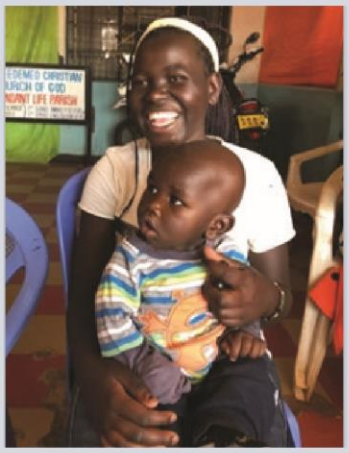
AIDSFREE JUA PROGRAM FOR PREGNANT ADOLESCENTS, ADOLESCENT MOTHERS, AND THEIR CHILDREN IN KENYA

The AIDSFree *Jielimishe Uzazi na Afya* (JUA) program is an innovative home visiting model designed to improve health and social outcomes for a highly vulnerable and neglected group: pregnant adolescents, adolescent mothers, and their infants. The model built on global evidence on what works for adolescent populations. AIDSFree trained men and women to work with adolescent girls and their households to help their young clients get the information and services they need. The program also addressed the barriers adolescent girls face when using and accessing services, such as harmful social norms which may keep young girls from seeking health care or speaking up about their health needs, and the stigma and discrimination associated with youth pregnancy and HIV. This ensured that the program's impact reaches beyond JUA's clients—and lasts for future generations.

THE JUA PROGRAM

The AIDSFree JUA program (2017–2019) improved HIV and other health and social outcomes for pregnant adolescents and adolescent mothers (age 10–19) and their children (through two years old). The program supported over 380 HIV-positive and -negative adolescent girls and their children in rural and urban communities in three counties: Homa Bay (two wards: Kendu Bay Town and Wangchieng), Kisumu (three wards: Kajulu, Kolwa East, and Miwani), and Nairobi (four wards: Karura, Kangemi, Kabiru, and Gatina).

JUA: Jielimishe Uzazi na Afya is Kiswahili translated to mean **take pride in parenthood and health.**



Client Doreen Kageha Asirigwa, 17 years old, lives with both her parents in Nairobi. Her baby boy was five months old when they enrolled in JUA.

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A CRITICAL INTERVENTION

The parallel risks of pregnancy and HIV for young women, and of vertical HIV transmission for their infants, makes girls and adolescents aged 10–19 years a critically important group. Nearly two million adolescents 10–19 years of age are living with HIV in sub-Saharan Africa,[1] and the number of new HIV infections among adolescents is expected to increase by 2030. One in five adolescent girls and young women in sub-Saharan Africa becomes pregnant by age 18—a rate that will result in an estimated 16.4 million adolescent mothers by 2030.[2] More than half (51 percent) of all new HIV infections in Kenya in 2015 occurred among adolescents and young people (aged 15–24 years), a rapid rise from 29 percent in 2013.[3] Teen pregnancy and motherhood rates in Kenya are also high: about one in every five adolescent girls either has had a live birth, or is pregnant with her first child.[4] These adolescents and their infants need support to access—and be retained in—both antenatal care and postnatal services for maternal and child health. These services include HIV prevention, treatment, and care; birth planning and skilled delivery; and family planning. Social services—including opportunities for livelihood, services for gender-based violence, and support for school re-entry/retention—are essential for adolescents and children, especially girls, to survive and thrive.

PARTNERS

The AIDSFree JUA program was a collaborative partnership between international- and Africa-based civil society organizations. It was implemented by the Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree) Project, a five-year project funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the United States Agency for International Development (USAID). The program was managed by JSI Research & Training Institute, Inc. (JSI) and the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), alongside Kenyan civil society partners Make Me Smile, Kagwa, Adventist Centre for Care and Support, and St. John Community Centre. AIDSFree collaborated closely with county health management teams (CHMTs) as well as the sub-county health management teams, throughout the design, implementation, and monitoring of the intervention. The program had

Client Imelda with her husband, baby, and JUA program Home Visiting Team Adolescent Imelda and her husband Bernard joined the JUA Program after the birth of their baby. All three family members are HIV-positive. The HVT Male Facilitator spent time with Bernard, talking to him about the importance of supporting his wife and child's treatment plans. The HVT linked the family to the Rabuor Health Centre and helped the couple navigate a plan for monthly HIV medication adherence assessment and counselling. With JUA support, the couple have adhered to their treatment plan. Recent test results for Imelda and her child show they have both achieved viral suppression.

[1] United Nations Children's Education Fund (UNICEF). 2016. For Every Child, End AIDS. Seventh Stocktaking Report, available at https://www.unicef.org/publications/index_93427.html

[2] K. G. Santhya and S. J. Jejeebhoy, "Sexual and Reproductive Health and Rights of Adolescent Girls: Evidence from Low- and Middle-Income Countries," Global Public Health 10 (2015):189–221.

[3] Kenyan Ministry of Health/National AIDS Control Council. 2016. Kenya AIDS Response Progress Report 2016, available at https://nacc.or.ke/wp-content/uploads/2016/11/Kenya-AIDSProgress-Report_web.pdf

[4] Rutgers and the Government of Kenya. 2017. "Fact Sheet: Teenage Pregnancy – Kenya" Available at https://www.rutgers.international/sites/rutgersorg/files/PDF/RHRN-HLPF_A4leaflet_Kenya.pdf

strong linkages with national programs that work to support orphans and vulnerable children, address gender-based violence, and help girls pay for their school fees.

PROGRAM MODEL

The JUA design offered a case management model in which home visiting teams (HVTs) provided individualized services for adolescents and their households. The HVTs were recruited through a comprehensive process that identified individuals with the skills and previous community-level training to support adolescent girls. Intensive training (using specially-designed JUA curricula, tools, and job aids) ensured that the HVTs were well prepared for the challenging and rewarding work of engaging with adolescents and households and working as a team. The HVTs focused on three goals: ensuring that the adolescents received antenatal, postnatal, and/or HIV prevention and care services; ensuring that babies received services for their health and development; and building the adolescents' resilience and empowerment. The HVTs consisted of:

Mentors who offered peer support for pregnant adolescents and adolescent mothers to help them access and remain in antenatal and postnatal health services, including prevention of mother-to-child transmission of HIV and HIV prevention services. Mentors also helped their adolescent clients to access support for livelihoods, protection from gender-based violence, and school retention or re-entry.

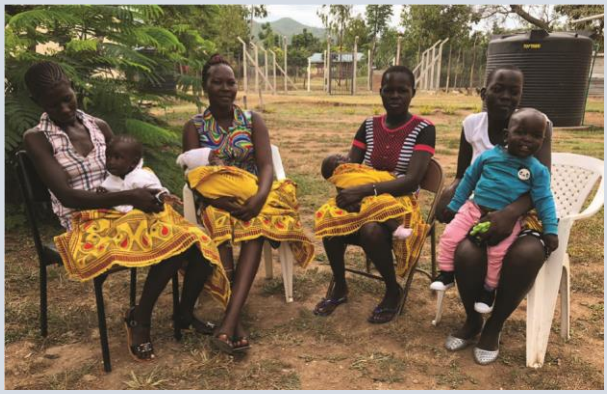
Female and Male Household Facilitators who worked with parents/guardians, male partners/husbands, and other members of the young woman's household to address structural barriers to care, decrease HIV- and pregnancy-related stigma and discrimination, support family conflict resolution, and mobilize support.

Supervisors who ensured that the HVTs were performing well as teams; helped with challenging cases and navigation of referral services; and follow up to be sure that teams adhered to program-established quality standards.

Partnerships with community, facility, and school stakeholders fostered a welcoming and supportive environment for each adolescent and her child.

PROGRAM RESULTS

In 2018, the AIDSFree JUA program trained 167 individuals to serve as HVTs. These mentors, household facilitators, and supervisors identified and engaged with 960 pregnant adolescents and adolescent mothers, enrolling 384 of them in the JUA program. To determine eligibility, reduce bias in the selection process, and ensure JUA prioritized the most vulnerable adolescents and households, the HVTs used a *Vulnerability Screening Tool*. This Tool provided an assessment of a potential client's vulnerability, looking at HIV status and other factors including school status of the adolescent, mental



JUA Clients and their Infants Adolescent mothers enrolled in the JUA Program share their experiences. The infants are wrapped in blankets given to the adolescent mothers as part of a JUA program "*mama pack*" that provided these mothers with essential items. The mama pack also included laundry soap, baby shawls, sanitary napkins, baby linens, a washbasin, and petroleum jelly.

challenges, physical disabilities, living in a child-headed household, and age (with those between 10–12 years of age being flagged as the most vulnerable).

From February 2018 to March 2019, HVTs conducted 7,344 home visits with adolescents to complete individual service plans. Home visits were conducted a minimum of every two weeks during the first six months after contact, and included at least one home visit per month until the child was 24 months old / end of implementation. Nineteen adolescents had pre-existing knowledge of their HIV-positive status, in addition one was newly identified as HIV-positive through the enrollment process. Throughout the course of the program, 18 HIV-positive participants remained active—the other two relocating outside of the catchment area. Only one of the adolescents had a known HIV-positive infant at the time of enrollment. In addition to the mother-to-child transmission of HIV results (*see text box*), HVTs linked adolescents to crucial health and social services. For example, postnatal adolescents enrolled in the program continued to voluntarily use family planning services as a result of the continuous sensitization on the benefits of family planning by the HVTs, with family planning uptake among postnatal beneficiaries rising from 39 percent at baseline to 64 percent at end of project. The HVTs also enabled school re-entry for 69 postnatal adolescents, and helped 10 additional girls at risk of dropping out of school to be retained until completion of their primary and secondary educations.

The JUA Program worked to eliminate mother-to-child transmission of HIV among program beneficiaries.

- 100 percent (20/20) of HIV-positive adolescents were on treatment during pregnancy and after delivery
- 94 percent who gave birth delivered their babies with the support of a skilled birth attendant (higher than the Kenyan national average of 61 percent)
- 100 percent (18/18) of eligible infants received HIV prophylaxis to help them stay HIV-negative—at end of implementation 100% of infants enrolled had an up-to-date polymerase chain reaction (PCR) test, and zero seroconversions were observed.
- 100 percent of postnatal clients with infants under six months of age were mentored on exclusive breastfeeding
- 94 percent of adolescents (17/18) had achieved viral suppression at end of implementation.

In addition to mentoring and counseling the adolescents, the AIDSFree JUA program worked directly with household members and male partners so they better understood the challenges the adolescent faced, and the importance of her receiving antenatal and postnatal care as well as HIV services. To do so, the program developed a checklist to categorize household support. At baseline (384 beneficiaries), 56 adolescent clients were from "non-supportive" households, 111 from "partially supportive" households, and 217 from "fully supportive" households. Of the 56 households initially determined to be not supportive, all were observed as partially or fully supportive by the end of the program. Overall, the JUA program increased household supportiveness from 57 percent to 85 percent.

DISCUSSION

Through the support of USAID, the AIDSFree JUA program's innovative home visiting case management model improved health and social outcomes for pregnant adolescents, adolescent mothers, and their infants in Kenya. The inherent design of AIDSFree JUA—working with not only the adolescent herself, but her parents, caregivers, community members, as well as engaging men—sought to address critical socio-cultural and behavioral barriers in accessing and utilizing health services. AIDSFree used both female and male facilitators to reach all members of the adolescent's household. It was critical for HVTs to reach the adolescents' parents and guardians, as they

directly impact girls' ability to receive medical care, attend school, and work outside the home. By engaging the family during the visits/counselling sessions, HVTs enhanced the relationship between the parents and adolescents. HVTs also played a critical role in reducing stigma directed at pregnant adolescents and adolescent mothers in their communities, including through engagement with schools and health facilities. The AIDSFree JUA team worked closely with community health facilities to ensure these facilities were ready to accept pregnant adolescent clients and new young mothers without stigma, and ensure functioning bidirectional referrals.

TRANSITION & RECOMMENDATIONS

At the end of the program, adolescent clients were transitioned to services throughout their areas, including OVC and *Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe women* (DREAMS) programming, services for HIV care and support, and initiatives to support payment of school fees.

Overall, the achievements of the AIDSFree JUA program demonstrated how critical it is to consider a girls' entire environment—peers, family, school, healthcare, and community—when supporting her through her pregnancy, delivery, and successful early motherhood. However, there is a great need to support vulnerable pregnant adolescents and adolescent mothers throughout Kenya. A key issue that should be addressed in further scale-up includes incorporating a cash transfer component and/or similar solution to support adolescent mothers with covering child care costs to allow for adolescents to return to school or work. In addition, funding to cover sanitary pads, drugs, medical tests and scans, and delivery is also recommended.

For more information, please visit: https://aidsfree.usaid.gov/resources/jielimishe-uzazi-na-afya-activity

Photos by Marcy Levy, JSI/AIDSFree

ABOUT AIDSFREE

The Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree) Project is a five-year cooperative agreement funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Agency for International Development (USAID) under Cooperative Agreement AID-OAA-A-14-00046. AIDSFree is implemented by JSI Research & Training Institute, Inc. with partners Abt Associates Inc., Elizabeth Glaser Pediatric AIDS Foundation, EnCompass LLC, IMA World Health, the International HIV/AIDS Alliance, Jhpiego Corporation, and PATH. AIDSFree supports and advances implementation of PEPFAR-by providing capacity development and technical support to USAID Missions, host-country governments, and HIV implementers at the local, regional, and national level.

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