



AIDSFree JUA (Jielimishe Uzazi Na Afya) Program

Our Girls' Voices—A Story Book

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) with the United States 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 the U.S. President's Emergency Plan for AIDS Relief by providing capacity development and technical support to USAID missions, host-country governments, and HIV implementers at local, regional, and national levels.

Recommended Citation

AIDSFree. 2019. *AIDSFree JUA (Jielimishe Uzazi Na Afya) Program: Our Girls' Voices*. Arlington, VA: Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree) Project.



This publication is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of Cooperative Agreement AID-OAA-14-00046. The contents are the responsibility of AIDSFree and do not necessarily reflect the views of USAID, PEPFAR, or the U.S. Government.

Cover photo & all photos unless otherwise noted by: Gibson Kabugi/EGPAF, 2019

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Acronyms

ANC	antenatal care
ART	antiretroviral therapy
ARV	antiretroviral
GBV	gender-based violence
HF	household facilitator
HVT	home visiting team
JUA	Jielimishe Uzazi na Afya
MNCH	maternal, newborn, and child health
PMTCT	prevention of mother-to-child HIV transmission
PNC	postnatal care
STI	sexually transmitted infection

Acknowledgments

Strategic direction and leadership for the original JUA design and model was provided by Marcy Levy (JSI/AIDSFree), Aida Yemaneberhan (EGPAF/AIDSFree), and Job Akuno (EGPAF/Kenya). Early design, including the design of the Home Visiting Team model, were led by Fabio Saini (Consultant/Bangkok), with support, feedback and reviews by Job Akuno, Lucy Matu, Rogers Simiyu, and David Kimosop (EGPAF/Kenya). Mark Tomlinson (Stellenbosch University) provided feedback on the early outline for the program. Jennifer Pearson (JSI/AIDSFree) managed an in-depth revision of program materials, with technical support from Alexandra Coombs (JSI/AIDSFree) and technical review by Malia Duffy (JSI/AIDSFree) and Judith Odionyi, Anne Mwangi, Michael Waweru, Maryanne Ombija, and Judith Kose (EGPAF). Overall AIDSFree JUA program management was led by Marcy Levy (JSI), Aida Yemaneberhan (EGPAF), Helen Cornman (JSI), Jennifer Pearson (JSI), and Alexandra Coombs (JSI).

The AIDSFree JUA team would like to acknowledge the hard work and commitment of the AIDSFree JUA Kenya team and the JUA community-based partner staff, who worked as passionate advocates and tireless champions for pregnant adolescent and adolescent mothers. Thank you to AIDSFree/EGPAF Program Manager Job Akuno, and the team of Samuel Odoung, Tabitha Ndebe, Sarah Moni Abat, Felix Wenwa, and Triumphosa Ocholla, with support by EGPAF/Kenya Country Director Eliud Mwangi and EGPAF/Regional Director David Muthama. Community partners [Make Me Smile](#), Kagwa, [Adventist Centre for Care and Support](#), and [St. John Community Centre](#) skillfully managed day-to-day implementation and management. We also acknowledge the support of the Country Health Management Teams and Sub-County Health Management Teams in all program areas for their support.

Thank you to Gretchen Bachman, Nida Parks, and Anouk Amzel with USAID/Washington, and Rose Mokaya and Isabella Yonga with USAID/Kenya for their ongoing support of the program.

The AIDSFree team is indebted to the excellent work of a number of home visiting programs and adolescent HIV programs, including: Mothers2Mothers, Philani Plus, [ICAP Columbia](#), [the Millennium Villages Project](#), [the Community Engagement Working Group of the Inter-Agency Task Team \(IATT\) for Prevention and Treatment of HIV Infection in Pregnant Women](#),

[Mother and Children, the Population Council](#) and WHO's [Adolescent HIV Testing, Counselling and Care Implementation Guidance for Health Providers and Planners](#)—and has drawn on these training materials and resources in developing this program.

Finally, the team would like to thank and acknowledge the huge efforts and excellent work of the inaugural 384 Home Visiting Team members and the many community, school and health facility champions who worked with the JUA team to provide a more supportive environment for pregnant adolescents, adolescent mothers, and their children.

We dedicate this report to the memory of AIDSFree JUA staff member Carren Amolo.

Background

The AIDSFree JUA program (2017-2019) worked to improve HIV and other health and social outcomes for pregnant adolescents and adolescent mothers (age 10-19) and their children (through two years old).

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.

Jielimishe Uzazi na Afya

In Kiswahili, means “take pride in parenthood and health.” It encourages the pregnant adolescent to be confident and have self-worth during pregnancy and to seek health services as appropriate.

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

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.

Effective response to pregnant adolescents, adolescent mothers, and their children requires understanding and responding to the health and social factors that pregnant adolescents and adolescent mothers in high HIV-prevalence settings experience. Antenatal care (ANC) remains a significant entry point for HIV testing for adolescent women. It also provides a base for expanding adolescent-focused HIV prevention and treatment services for both HIV-negative and HIV-positive adolescents. JUA focused on supporting access to and retention in ANC, including PMTCT services, as well as postnatal mother-baby services.

JUA focused on building resilience and the capacity of adolescents to solve problems. The program also promotes strong networks for referral to critical health and social services—including, but not limited to, services that respond to gender-based violence (GBV), services that help adolescent return to school, and services that help adolescents find a livelihood.

The model built on global evidence on what works for adolescent populations. To inform the program's design, the AIDSFree team conducted an extensive review of existing peer-reviewed and gray literature and a review of existing home-visiting programs for adolescents and for pregnant women generally. A review of data—including such topics as adolescents' retention and loss to follow-up in the ANC and PMTCT continuum—highlighted key barriers and needs these adolescents face.

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 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.
- **Household facilitators:** A pair of facilitators (one female, one male) 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.

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.

This story book highlights the voices of the girls—and their families—supported by the AIDSFree JUA program.

**Empowered for Safe Pregnancy, Safe Birth,
and Safe Child Care**

My Baby Is Different

“My mentor realized that my son was not moving his limbs as he should,” says Jacinta, describing her first interaction with the AIDSFree JUA program. “I had never seen my baby sit upright, crawl to touch things, nor hold his neck—but I never knew that was a problem. I always thought that one day he will.”

It was after this initial assessment that the JUA team referred the baby to the Jaramogi Oginga Referral and Teaching County Hospital for further assessment.

At the hospital, the doctors told her that her son had a problem and would need therapy in the hospital every other day to resolve the problem. Later through the JUA team, Jacinta learned that her son had suffered birth trauma and developed Erbs Palsy.

This news added a new angle to her already complicated life. “The challenge of taking my child for therapy had an impact on my personal health, since I am HIV-positive and need to adhere to my treatment. With my baby constantly getting sick and hospitalized, I focused on his recovery and this impacted my health as I missed taking my drugs,” Jacinta explains.

“This JUA Program has supported me to pay my hospital bills. They helped me to move in with my sister who lives closer to the health facility, where I can follow up on my health and that of my son,” says Jacinta.

“Since then, my viral load has reduced from 21,700 copies to 2,200. My baby is HIV-negative, and he has begun standing and learning to hold his neck. I owe all this to JUA, who even bought me a therapy ball. It calms my baby whenever he is irritated,” she says.

My Swelling Stomach

Seventeen-year-old Benter could tell that something was happening to her stomach as it kept growing bigger, but she did not want to admit that she could be pregnant. She wore a sweater at all times to hide her swelling stomach.

Meanwhile, in Angola Village, Kolwa East, Kisumu County, the AIDSFree JUA team had begun home visits to pregnant and breastfeeding girls. When they came to Benter's home, she knew that it was time to face reality.

"When I got home from school that day, I found the JUA team speaking with my parents and I was terrified. I thought my father would chase me from home," says Benter.

Soon the group called her to the room for a discussion. "My mother explained that all along the entire family knew I was pregnant and that from the meeting they'd held with the JUA team, they were convinced that supporting me with my pregnancy was the best option under the circumstances," said Benter.

The JUA team visits focused on counseling Benter's parents until they also agreed to let her continue her education. Benter continued with school until her baby was due. She successfully delivered her baby and remained at home to take care of her infant until she was able to resume school.

When Benter goes to school her baby is taken care of by her mother. Benter is now preparing to sit for her final secondary school examination.





Photo: Gibson Kabugi/EGPAF,2018

My Child Is Well Thanks to JUA

After she gave birth, Anyango had trouble coming to terms with motherhood. She clung to her teenagehood, and the baby was not fitting in with her plans. Anyango's mother is living with HIV but she did not always adhere to treatment and was prone to opportunistic infections. She was too ill to care for her grandchild.

With an ailing grandmother and a mother who did not know much about raising an infant, the baby fell ill. The baby became acutely malnourished and anemic and developed limb fixation from sleeping on one side for too long. In addition, the baby had painful bed sores.

Fortunately, the JUA team was able to trace the family and refer the baby to the hospital for treatment. The baby is now doing well, and Anyango has gotten the mentorship she needs to care for her child. In addition, Anyango's mother was relinked to her treatment facility and is adhering to her HIV medication.

JUA Saved Mother and Baby

“My mother and the JUA mentor gave me support and advice, which helped me to make the right decisions about my health and my baby,” says Brenda.

Without this support, Brenda would not have been able to be open and confident about her pregnancy.

When Brenda went into labor at 2 a.m., “My mother and I were scared. I remember feeling a sharp pain at the back of my forehead and falling down,” says Brenda.

Brenda’s mother called the JUA male facilitator, Mr Elly, who has a motorbike and lives nearby, and they rushed Brenda to the nearby health facility. But there was no facility staff, so they moved to the next health center. By this time, the labor pains were getting increasingly painful and the nurse found that Brenda’s blood pressure was very high. She needed higher level assistance which the facility could not provide. “I was referred to Ahero County Referral hospital, two hours away,” said Brenda.

When they arrived at the hospital, Brenda was rushed to the delivery room, supported by the nurse, her mother, and her mentor. “The delivery was a blur. I only remember waking up and finding my baby lying beside me,” says Brenda.

The associated medical bills were high, but with the intervention of the AIDSFree JUA team, the bills were waived, and Brenda was discharged.

Later, the JUA team visited Brenda at home to give her a Mama Pack and a lantern. The Mama Pack consists of essential items for new mothers, such as laundry soap, baby shawls, baby linens, and a washbasin.

“I have resumed school. I can read and do my homework in the evening with the lantern JUA provided. And my baby is doing well,” says Brenda. She hopes to continue her studies and become a doctor some day.



A Baby and a Plan

“My mother, being a single mother, was always busy working casual jobs to make ends meet,” says 17-year-old Esther. “Because of this, she would leave the house early and return home late. I had no one to confide in about the secret things I was experiencing as a teenager.”

With her mother away, Esther soon gave in to peer pressure. “My friends suggested I get a boyfriend. Immediately after I got intimate with my boyfriend, I missed my periods,” she says. “It felt like a nightmare. I had gotten pregnant by a man that I barely knew.”

“My mother and I had not been very close. I did not share with her the changes I was undergoing. It was always a sensitive issue to bring up.”

When Esther’s mother finally discovered that her daughter was pregnant, she was disappointed. She was not willing to feed another mouth, so the JUA team had a difficult task convincing Esther’s mother to support her daughter.

“The JUA team had to visit my mom early in the morning before she left for work,” says Esther. After a lot of convincing, she agreed that Esther would keep the pregnancy and remain in her home.

Esther was able to deliver her child safely and has been taking care of her child. “I also chose a family planning method to ensure I do not get pregnant again,” says Esther.

“I would not wish to put my child through the tough situations I had with my mother. I have learned to be a good mother and I can make healthy choices because I now know a lot about my health.”

Empowered for Behavior Change

Living Positively as a Family

Imelda, who is living with HIV, had a difficult delivery. Her infant tested positive for HIV at 6 weeks. Imelda kept moving from one caregiver to another during the first weeks after delivery, and this made it difficult to keep appointments.

Eventually, Imelda married her baby's father, Bernard, who is also living with HIV and is on treatment. At the Rabuor Sub-county Hospital, Imelda discovered that she and her infant had a high viral load. Moreover, her husband—who had previously had an undetectable viral load—began to show an increased viral load. The JUA team, along with the facility peer educator, visited the couple at their home, in Angola Village, Kolwa East, Kisumu County. During the visit it was discovered that Imelda needed support in keeping the hospital appointments.

Afterward, Bernard agreed to buy a phone for Imelda, to remind her of treatment time. He also said that he would accompany her to the facility and use a condom correctly and consistently. Since this time the couple and their infant have achieved a low viral load.

JUA Was the Turning Point for My Life

When the JUA team met Ann, she had lost hope because of pregnancy and the hardship at home. She was four months pregnant and had not considered seeking antenatal care (ANC).

On several subsequent visits, the JUA team failed to find Ann at their home for her counseling sessions.

The team discovered that Ann was engaging in sex work as a means of getting income to support her mother and younger brother. Consequently, they educated her on safer sex and the effects of drug abuse. Her mother attests to her daughter's transformation as a result of JUA's efforts.

"She no longer keeps the bad company of friends she used to; [she doesn't] abuse drugs nor exchange her body for money," explains Ann's mother. "She had not attended ANC before the project, but she fully followed through with her clinic appointments and delivered successfully in a health facility."

With a changed lifestyle, Ann was also linked to another organization that supported her with startup funds for a salon business where she does hairdressing to earn a living and support her mother and other siblings.

My Turning Point

Eighteen-year-old Milka Ruguru was born with HIV and had a difficult time with lifelong ART treatment. She disclosed to the JUA team that she has been taking the ARV treatment without knowing why.

“I kept asking the nurses why the disease for which I was taking drugs was not clearing, but they never gave me a straight answer. This made it difficult to adhere to the drugs,” she explains.

Things got worse when Milka got pregnant. Because she was not adhering well to the treatment her baby was at risk of contracting HIV. Now on second line antiretroviral (ARV) medicine, Milka complained that the tablets were too big for her to swallow. She would skip taking drugs for up to five days, depending on her mood.

JUA stepped in in time to help her understand her situation. The JUA team invited Ruguru to a HIV treatment and care support meeting where she learned all about living positively. After the meeting, Ruguru committed to taking her drugs and was able to suppress the virus within three months. She kept her appointments and never missed her dose.

“Attending that support meeting changed my attitude towards ARVs and my infant’s syrup. I will never miss my treatment,” says Ruguru.

I Have Better Resilience

Eighteen-year-old old Jackline thought that marriage to her father's baby would solve her problems. But a few months into the marriage, he chased her from the home. Jackline told the AIDSFree JUA team that they had often quarreled because of trust issues.

The male JUA facilitator reached out to the husband to try and reunite the two, but it didn't work. Meanwhile, the team mentor supported Jackline to attend her ANC clinics until she delivered successfully at the facility.

Jackline, was devastated with her situation. But with the help of the team, she was able to trace her relatives' contacts and was relocated to her family home. Jackline was supported to start a small business to help her take care of herself and her baby.

Quitting and Reforming

Maureen, a JUA beneficiary teen mother to a 7-month-old infant, was not easy to find. Maureen had been part of a slum gang which was responsible for unrest in the community. She was often away from her baby, hanging out with other gang members.

Maureen spent her money on drugs, and her infant suffered from malnutrition. The JUA team, traced the teen mother through her friends. Once she was located, the team referred Maureen for HIV testing, family planning, nutritional support, and rehabilitative services. Through their intervention, Maureen has left the gang and has refocused her attention to caring for her baby.

I Can Adhere Better to Treatment

Cherop and her husband, Kevin, had married due to her pregnancy. A young serodiscordant couple, Kevin and Cherop had often disagreed when it came to providing for the family and the baby. Their disagreements would often result in violence.

As Cherop often did not have money to pay for transport to the Kiambu District Hospital, she often missed her appointments and that of her baby.

The JUA team, through the male facilitator, counseled Kevin. He agreed to support the needs of the young mother and their child. The team supported Cherop to get a transfer letter from Kiambu Hospital to Githogoro Health Center. Now, the serodiscordant couple can get to the facility more easily and adhere to treatment. The baby tested negative for HIV and is achieving all of the necessary development milestones.



A Chance to Achieve Dreams



I Am an Achiever

“My name is Winnie. At 17 years, I experienced a difficult delivery to twin babies. I was scared and worried that I would never manage to take care of my twins. The JUA team supported me and my grandmother to manage the babies. I had strong desire to pursue my education and become a medical doctor. The JUA team negotiated my readmission to school. I was able to finish my school, and now I have joined Medical College to pursue a diploma in Nutrition and Dietetics.”

I Can Hope Again

Florence, a 17-year-old adolescent mother, did not want to go back to school after conceiving because she was afraid she'd be laughed at. The JUA team continually visited and counselled Florence about returning to school.

“Going back to school did not seem a good idea at that time. I did not want to deal with leaving my baby at home and with aching breasts filled with milk. Also, I was afraid that my friends would say I am a dirty girl because of my leaking breasts,” says Florence.

To allay her fears, the JUA team negotiated leave for Florence and other breastfeeding girls to go home to breastfeed and come back to class. Florence was very happy to get back to school. To her surprise her other students showed her love and support. Florence hopes to become a teacher.





Photo: Gladys Mueni Mutiso/EGPAF, 2018

My Father Gave Me a Second Chance

“My father had been very disappointed with the news of my pregnancy,” says Faith. “The JUA team tried to talk to him to take me back to school, but he kept on refusing.”

Through the male facilitator, the JUA team engaged with Faith’s father. He eventually agreed to have his daughter return to school. Together with Mr Onyango, they negotiated the return plan for the girl and the principal agreed.

“My father has been waking me up on time to prepare for school, while my mother rises early to take care of my son. I named him after my father because he is strong and firm like him.”

Breaking the Sociocultural Barriers

EXPERIENCES OF THE CAREGIVERS

I Was Angry

“My only hope was that all my children would finish school and lead better lives than mine,” says Mr. Okoth. “So when I learned that [my daughter] was pregnant, I was angry. I lost all hope I had about her future.

“It’s only after I met the JUA team at my home, that I changed my mind and decided to take my daughter back to school. I did not agree at first. I thought about it for a while because I had other children in school and the school fee was a strain to me since I have no steady income.

“We decided, together with her mother, that we will take care of our grandson and give the girl an opportunity to finish her school.”

A Village Elder with a Pregnant Daughter

Risper had been chosen as a household head of their village, and her role was, among other things, to ensure that girls stay in school and do not get pregnant. So when her daughter, Rose, got pregnant, it hit Risper hard.

“I was ashamed! How would my villagers view me?” remembers Risper. “I felt so hopeless with her future, but the JUA team came in just in time and supported us to come out of this desperate situation.”

But that was just the first hurdle. Risper’s daughter is a shy girl. Opening up to the JUA mentorship team was difficult. “We had a breakthrough when Rose went to a support group and met other girls like her, and she was able to open up about her pregnancy,” says Risper.

Rose’s delivery was difficult. She developed a wound that needed to be looked after at home. Then, just days after delivery of Rose’s child, her father was taken ill. Within two weeks, he died. As the family made plans to bury her father, Rose’s wound became septic and she had to be hospitalized again for treatment.

“Although the JUA team had taught us how to take care of the wound, we did not follow the instructions keenly since we were preoccupied with burial plans. We are now focusing on Rose’s health and she is getting better by the day,” shares Risper.





I Am Responsible for the Wellbeing of These Girls

“When the JUA team met with me about a few of the girls who were pregnant in my school, I wasn’t surprised, because I suspected the same,” says Mr. Ouma, a teacher at Osodo Primary School. “But it was disappointing, especially since one of the girls was actually doing very well in school.

“I made it my responsibility to ensure the girls stay in school for as long they could. Together with the team, we reached out to the parents to allow the girls to come back to the school after they give birth and put some measures at home on how the infants would be taken care of while the girls are in school.

“I ensure that the girls have time away from class to go and breastfeed their children and give them leave time to take their babies to clinic. We have worked to make the school friendly to breastfeeding and pregnant girls, so they feel comfortable attending school and have exempted them from the school routine chores.”

I Became Part of the Solution

Madam Beliah had been transferred to teach at Kamolo Secondary School for Boys and Girls.

“I realized that the girls were getting pregnant, some with their fellow students, some with motorbike riders, and it’s because these men are able to provide the girls with money to buy their sanitary towels and shoe polish and pay for transport fare amongst other things. The girls who were pregnant were dropping out of school,” she explains.

The JUA team came in to support one of the girls in the school, Maureen, who had dropped out of school after pregnancy.

“I had been so disappointed by the news of Maureen’s pregnancy because she was doing well in school. At the time she got pregnant, her father had passed away, and she had run away from home to stay with her boyfriend,” adds Madam Beliah.

The JUA team traced Maureen and her mother agreed to take care of the infant as Maureen went back to school.

“I have taken a number of girls under my wing, ensuring that a box of sanitary towels is always in my office for the girls to use. I counsel the girls on how to avoid pregnancy and early marriage. The JUA team was able to complement my efforts and I know that it is having a positive effect in my school,” she concludes.





Protecting Young Girls Is My Passion

Madam Jennipher, the Mayenya Area chief, in Kolwa East, Kisumu County, gave the JUA team entry into the community during the program and supported the team to meet the community elders and conduct introductions. Madam Jennipher had been known at the community level as a mentor and a role model to the young girls in her community.

“At one time, I helped a young girl who had been sold off to marriage,” says Madam Jennipher. “The JUA program has given hope to the teenage girls in this community. I am very passionate about girls’ empowerment and will stop at nothing to ensure that teen pregnancies reduce in my community.”

I Had to Take Charge of the Health of My Own Family

“Being in the JUA project as a male household facilitator really showed me my role as a father and a husband,” says Michael, a JUA male household facilitator. “I took the responsibility to help my wife get to the facility for her postnatal services. She even took up a family planning method, which I had disagreed with previously. Going forward, I feel that my family and I will make better health choices for our lives.”



HOME VISITING TEAM

“Many of the Girls Now Refer to Me as Their Mentor”

“I am a mentor in the JUA project,” says Jane. “The beneficiaries in the project refer other girls who are at risk or have become pregnant. A lot of what I have learned from the project is helping me to constantly improve my life and that of my son.”

Further Information

Visit the AIDSFree website to learn more: <https://aidsfree.usaid.gov/resources/jielimishe-uzazi-na-afya-activity>

Video: [**JUA Project Helps Pregnant Adolescents, Adolescent Mothers, and Their Children in Kenya Access HIV, Health, and Social Services**](#)

JSI Research & Training Institute, Inc.

2733 Crystal Drive, 4th Floor

Arlington, VA 22202 USA

Phone: 703-528-7474

Fax: 703-528-7480

Email: info@aids-free.org

Web: aidsfree.usaid.gov
