



Girl-POWER:

An Innovative Approach to Addressing the Triple Threat and Optimizing Outcomes for Pregnant and Breastfeeding Adolescent Girls and Young Women in Kenya



Background to the Triple Threat Among Adolescent Girls and Young Women

Adolescent girls and young women (AGYW) are a uniquely vulnerable population who are exposed to risks that affect their overall health and wellbeing. HIV, gender-based violence (GBV), and teenage pregnancy are among those most prevalent; this is known as the triple threat.

The prevalence of HIV among AGYW in Kenya is two to three times that of boys in the same age group.¹ The incidence among this population is also higher than that of other age groups. Every week, approximately 6,200 young women between 15 and 24 years of age are newly infected with HIV.² Similarly, AGYW experience violence that has implications for both HIV risk and unintended pregnancy, as well as their general wellness. Teenage pregnancy continues to be a global challenge, particularly in sub-Saharan Africa; 18% of adolescent girls 15-19 years have already had a child or are currently pregnant in Kenya.³

Homa Bay County, Kenya, has one of the higher rates of teenage pregnancy, with 23% of AGYW 15-19 years having ever been pregnant, according to the Demographic Health Survey. Adolescent girls are at an increased risk of experiencing worse outcomes during pregnancy and delivery.⁴ Teen mothers are nearly twice as likely to stop or skip prenatal care in their first trimester compared to older mothers. The National AIDS & STI Control Program reports that there were approximately 173,228 youth living with HIV in Kenya in 2021. With support from ELMA Philanthropies, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) developed Girl-POWER (protected, optimistic, wise, empowered, and resilient), a layered, peer-centered, case management approach. Girl-POWER responds to risks and vulnerabilities concerning the triple threat for pregnant and breastfeeding (PBF) AGYW in Homa Bay County, Kenya, through a coordinated response focused on HIV, pregnancy, and GBV.

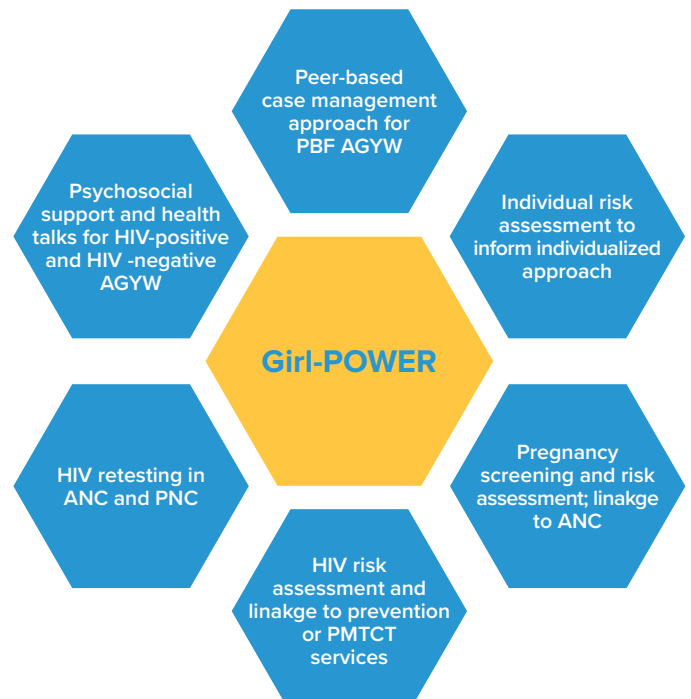


Figure 1. Girl-POWER activities



Girl-POWER

While many programs target AGYW for pregnancy prevention and antenatal care (ANC) programs or HIV prevention and treatment programs, few combine both aspects of young women’s healthcare. The Girl-POWER initiative is a high-impact intervention package that covers ANC care for AGYW; AGYW-focused prevention of mother-to-child transmission of HIV (PMTCT); case management for prioritized AGYW in ANC; management of labor and delivery and postpartum care for AGYW; prevention of HIV, sexually transmitted infections (STIs), GBV, and unwanted pregnancy; and tailored retention activities to support ongoing engagement in care for AGYW. Health care workers and AGYW peer mentors were trained and sensitized on

optimizing these interventions, including awareness for GBV; HIV retesting in ANC; mental health and depression in pregnant and postpartum AGYW; and AGYW-focused PrEP.

Girl-POWER is implemented across 36 health care facilities in Homa Bay County and spearheaded by 40 trained AGYW who serve as peer mentors. These peer mentors are AGYW who have been pregnant and/or are young mothers themselves and who have been trained and integrated into the client flow at supported health care facilities. Their role is to provide tailored, individualized support throughout pregnancy, delivery, and the postnatal period for the mother and infant. This support includes managing the client's care by helping AGYW navigate the care continuum through different health care providers, linking them to counselling services where appropriate, and ensuring ongoing engagement in care for the mother-infant pairs.

All AGYW (aged 10-24 years) visiting an outpatient department (OPD) at a Girl-POWER facility receive a standardized pregnancy risk assessment to identify suspected, at-risk, and confirmed pregnancy status. AGYW confirmed pregnant are enrolled in G-POWER or linked to pregnancy prevention services, if screened negative. STI screening, linkage, and navigation to GBV and HIV services are also provided by peer mentors for all AGYW presenting for pregnancy screening. All PBF AGYW are enrolled in Girl-POWER, regardless of HIV

status, and they complete an individualized case contact form with an AGYW peer mentor. A case management form guides the individualized care plan for the AGYW with messaging, mentorship, and social support needs throughout their pregnancy, delivery, postpartum, and early motherhood period including: tailored resources about HIV prevention; adherence to antiretroviral therapy (ART) or pre-exposure prophylaxis (PrEP); antenatal care; postnatal care (PNC); nutrition; GBV care and/or prevention; and early childhood development information, support, and services, including regular HIV retesting for the mother-baby pair. AGYW who are not pregnant receive pregnancy prevention messaging and access family planning methods if applicable. All AGYW who test positive for HIV are immediately linked to ART, and those who test negative are counselled about pre-exposure prophylaxis (PrEP) and initiated when eligible.

Girl-POWER was intentionally designed to identify pregnancy early and offer facilitated linkage to quality services for AGYW while addressing the triple threat. As compared to the standard of care, Girl-POWER integrates activities focused on the needs of HIV-positive and HIV-negative AGYW and makes sure that these needs are prioritized to ensure continuation of treatment and prevention, as well as optimized GBV screening, identification, and linkage to treatment and post-violence care if needed.



Figure 2. Added value of Girl-POWER

Girl-POWER has shown to be effective in reaching and providing quality, individualized care for HIV-positive and HIV-negative PBF AGYW and their infants. From January through December 2022, improvements in the care cascade have been documented including:

- Early identification of PBF AGYW and linkage to ANC or PMTCT
 - 26,764 pregnant risk assessments were conducted; 39% AGYW were confirmed pregnant
 - 99% of AGYW confirmed pregnant were linked to ANC (Figure 3)
- Implementation of HIV retesting along the ANC and PNC cascade, following up on missed opportunities for retesting, and identification of seroconversion cases for prompt ART initiation
 - 92% of pregnant AGYW were tested at first ANC with an overall 1.5% HIV positivity
 - 72% (16,902/23,469) of PBF AGYW eligible for testing were tested for HIV from January to November 2022
 - Predominate reason for non testing was stock out of testing kits
- Low rates of seroconversion along the pregnancy and postnatal cascade observed among PBF AGYW in the Girl-POWER program
 - HIV positivity was the highest at first ANC at 1.5% reducing to between 0–0.2% across the remainder of the ANC and PNC cascade among PBF AGYW in Girl-Power from January–November 2022 (Figure 4)
- Improvement in AGYW delivery by skilled birth attendants at health care facilities
 - 99% of AGYW who delivered were supported by a skilled birth attendant

- Comprehensive care and support for HIV-exposed infants
- Integration of social support and social protection
 - 3,291 AGYW were linked to social protection programming (OVC and DREAMS)
- Provision of psychosocial support (PSS) for HIV positive and negative PBF AGYW
- Integrated FP counseling and services
 - 11,665 AGYW were provided with FP counselling and/or services
- Strong PrEP uptake and adherence among PBF AGYW
 - 5,929 AGYW were on and continued to take PrEP (Figure 5)
- Integration of early childhood development (ECD) into PNC and PSS
- Facilitating school re-entry for PBF AGYW
 - As at January 2023, there were 1,499 AGYW who were active in school at the ANC while 1,943 were active at the PNC
- Increased identification of GBV cases among AGYW and linkage to care and support
 - There was a 12% GBV case identification rate (5,008 AGYW) with an 88% referral rate to care

From January to December 2022, **26,764** AGYW were screened at the OPD, with 9,795 being referred for confirmatory pregnancy testing. Overall, **3,836 (39%)** were screened positive for pregnancy and **99% (3,798)** were linked to antenatal services (see Figure 3).

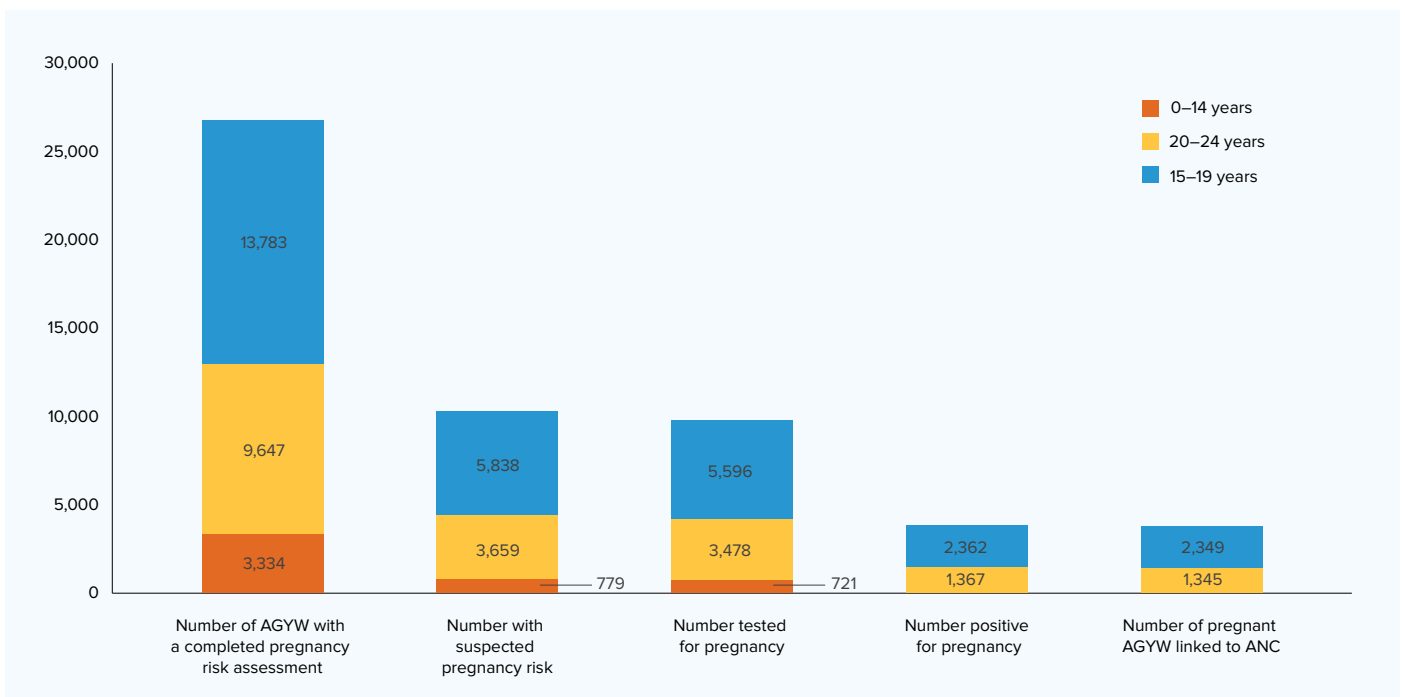


Figure 3. Pregnancy assessment, identification, and linkage cascade for AGYW presenting to health care facilities supported by Girl-POWER from January to December 2022

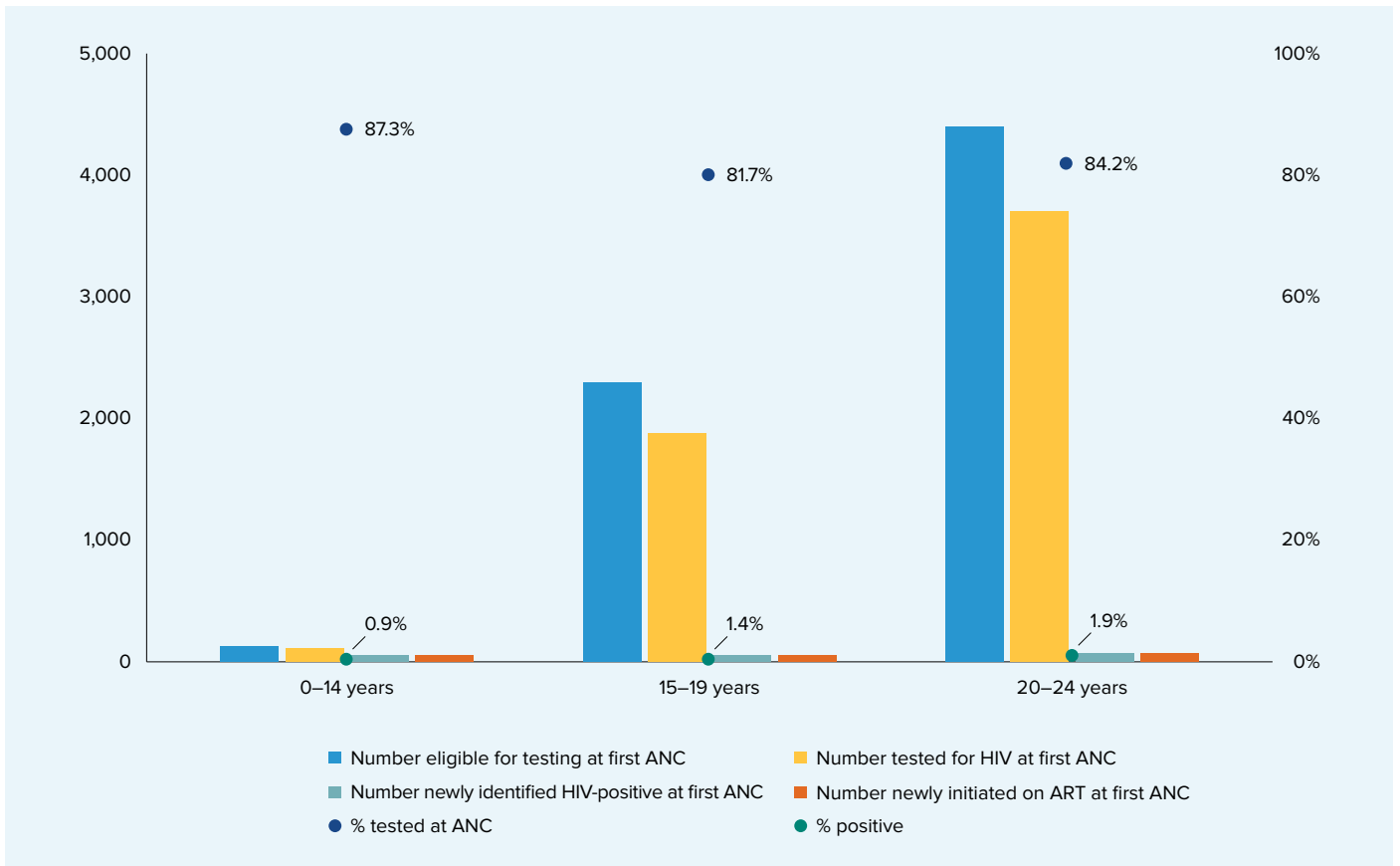


Figure 4: HIV testing at first ANC among AGYW

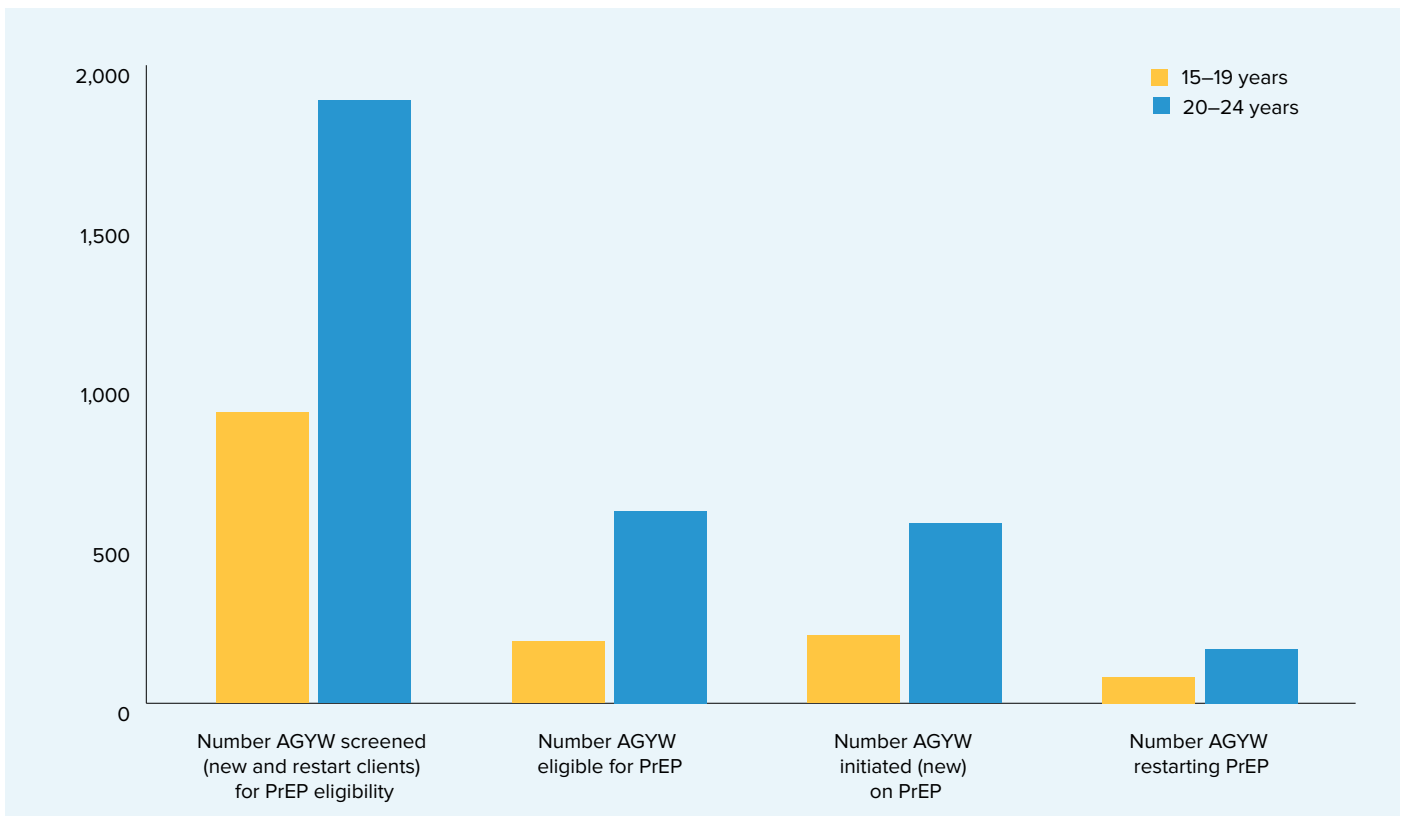


Figure 5: PrEP cascade among AGYW in Girl-Power



Challenges and a Way Forward

Throughout implementation of Girl-POWER, several challenges arose that required programmatic shifts to address limitations:

- Frequent stockouts of commodities for HIV testing services, viral load testing, and pregnancy test kits. In response, the project has been procuring buffer stock of pregnancy determination tests (PDT) and supporting commodity redistribution of stock to sites with stockouts. The project also line-lists PBF AGYW who miss services due to commodity stockouts to ensure they are engaged in testing services once commodities are available. Furthermore, some facilities charge for PDT tests.
- Healthcare worker strikes have also impacted project activities especially services for OPD and maternal and child health (MCH). Clients have nonetheless been provided with ongoing support through the engagement of peer support in the line-listing of clients for appointments to reduce risks of gaps in care.

- Weak community identification of AGYW with linkages to the health care facility continues to persist with a need to intentionally prioritize community-based identification strategies.
- High-volume health care facilities require more than one peer mentor to ensure sufficient support for higher volumes of clients to offer navigation support and case management

Girl-POWER will continue implementing the breadth of its programming and advocate for national scale up to increase the early identification of AGYW through pregnancy screening, pregnancy testing for suspected cases, and subsequent early enrolment in ANC. Girl-POWER will continue to integrate innovative approaches in the provision of quality and tailored care for PBF AGYW, including the addition of a PSS resource for AGYW on PMTCT and *undetectable = untransmittable* (U=U).



Contacts:

Job Akuno—Senior Project Manager/Technical Lead AYP, EGPAF Kenya jakuno@pedaids.org

Eliud Mwangi—Kenya Country Director, EGPAF Kenya; emwangi@pedaids.org

Mary Spencer—Senior Technical Officer, EGPAF Global; mspecer@pedaids.org

Cosima Lenz—Technical Officer Adolescent and Youth, EGPAF Global clenz@pedaids.org

Endnotes

- 1 Kamire, Vivienne¹; Magut, Faith¹; Khagayi, Sammy¹; Kambona, Caroline²; Muttai, Hellen²; Nganga, Lucy²; Kwaro, Daniel¹; Joseph, Rachael H.2 HIV risk factors and risk perception among adolescent girls and young women: results from a population-based survey in western Kenya, 2018, JAIDS Journal of Acquired Immune Deficiency Syndromes: June 02, 2022 - Volume - Issue - 10.1097/QAI.0000000000003021 doi: 10.1097/QAI.0000000000003021
- 2 UNAIDS (2019). Global HIV & AIDS Statistics – 2019 fact sheet (<https://www.unaids.org/en/resources/fact-sheet>)
- 3 <https://dhsprogram.com/publications/publication-FR308-DHS-Final-Reports.cfm>
- 4 Elona Toska, Christina A. Laurenzi, Kathryn J. Roberts, Lucie Cluver & Lorraine Sherr (2020) Adolescent mothers affected by HIV and their children: A scoping review of evidence and experiences from sub-Saharan Africa, Global Public Health, 15:11, 1655-1673, DOI: 10.1080/17441692.2020.1775867