



THE POWER OF DREAMS

HIV PREVENTION FOR AGYW IN WESTERN KENYA

BACKGROUND

HIV AMONG ADOLESCENT GIRLS AND YOUNG WOMEN

Globally, there has been a slow but steady decline in the number of new HIV infections. However, for some groups of people, HIV infection is on the rise. Adolescent girls and young women (AGYW) are disproportionately affected by and account for up to 67% of new HIV infections in sub-Saharan Africa. Each week there are about 7,000 new HIV infections among AGYW aged 15 to 24 in sub-Saharan Africa. Young women are also twice as likely to be HIV-positive compared to men.ⁱ

To address this urgent need, the United States President's Emergency Plan for AIDS Relief (PEPFAR) and partners launched Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS), a public-private partnership designed to reduce the rate of HIV among AGYW in 10 of the highest HIV-burden countries in sub-Saharan Africa.ⁱⁱ DREAMS offers a prescribed comprehensive core package of evidence-informed behavioral, biomedical, and structural interventions for primary HIV prevention.

HIV PREVENTION IN WESTERN KENYA

With a population of 48 million, Kenya has 1.5 million people who are living with HIV, and in 2017, AGYW aged 15 to 24 accounted for one third of all new infections.ⁱⁱⁱ This increased vulnerability stems from various structural and social barriers including social isolation, limited education opportunities, poverty, discriminatory gender norms, and gender-based violence (GBV).

ⁱ UNAIDS Fact Sheet

ⁱⁱ Subsequently in COP 18, these were increased by 5 to a total of 15 countries.

ⁱⁱⁱ Kenya National AIDS Council

As a PEPFAR-funded USAID implementing partner in western Kenya, PATH has been a leading HIV services provider engaged with key government stakeholders, local implementing partners, and community-based organizations. Since 2011, PATH's work has included strengthening health structures across nine counties of western Kenya through the United States Agency for International Development's (USAID's) PEPFAR-funded AIDS, Population, and Health Integrated Assistance (APHIA) plus project, and currently through the PEPFAR-funded USAID Afya Ziwani project, beginning in 2017 and operating through 2022. From 2011 through mid-2019, the two projects provided HIV testing services to more than 7 million individuals, identified more than 100,000 new HIV-positive individuals, supported more than 120,000 people living with HIV (PLHIV) on antiretroviral therapy, and reached a current 89% viral suppression rate. PATH has built the capacity of health care workers and structures to deliver high-quality HIV, tuberculosis, and other services; strengthened linkages between health facilities and communities to facilitate access to HIV care and treatment; and established community support systems for PLHIV and their families.

Key HIV prevention efforts under APHIAplus and Afya Ziwani have included voluntary medical male circumcision (VMMC), pre-exposure prophylaxis (PrEP), and social and behavior change (SBC) interventions to create demand for health services, promote healthy practices, and address harmful gender and sociocultural norms through small group and one-on-one sessions using evidence-based behavioral interventions (EBIs). These EBIs include My Health My Choice, SHUGA, Splash Inside Out, Sister to Sister, Families Matter! Program, and Healthy Choices for a Better Future. To support demand-generation for HIV prevention services, PATH has worked through existing community structures, including community health extension workers as lead mobilizers at facilities, and with community health volunteers, peer educators, female champions, satisfied clients, and HIV testing service providers as additional mobilizers.



Above: Adolescent DREAMS girls consult at a safe space.

Figure 1. DREAMS core package of interventions.

- 1 Empower Girls and Young Women**
 Interventions for this population aim to empower girls and to reduce their risk for HIV and violence.
- 2 Reduce Risk of Sex Partners**
 This activity aims to characterize “typical” sexual partners of adolescent girls and young women in order to target highly effective HIV interventions.
- 3 Strengthen Families**
 Interventions for this population aim to strengthen the family economically, as well as in their ability to parent positively.
- 4 Mobilize Communities for Change**
 These interventions aim to educate girls, young women, and young men, as well as mobilize communities.

DREAMS IN KENYA

The core package of interventions (Figure 1) under DREAMS is designed to address the various structural drivers that increase HIV risk for AGYW, both health-related and beyond. The primary goal is to reduce HIV infections among vulnerable AGYW. The interventions target AGYW who are at the highest risk of HIV infection, their male sexual partners (MSPs), families, and communities.

As part of the objective to reduce AGYW HIV risk through reaching typical MSPs, the DREAMS initiative works with AGYW to characterize and rank MSPs per geographic area, age, occupation, and reasons for engaging in sex. Thereafter, Afya Ziwani works with linked health facilities to conduct planned outreaches at MSP meeting points to facilitate male uptake of key HIV prevention services such as referral for VMMC, provision of condoms, and HIV testing services with enrollment to treatment.

AGYW risk and vulnerability are determined based on established criteria and includes AGYW who are married and/or are parents or caregivers, orphaned or have no caregivers, sexually exploited, survivors of violence, living with critically ill parents, living in informal settlements and fisher communities, and/or in and out of school.

Table 1 illustrates the “layered” interventions, or multiple interventions that are offered simultaneously, to address the various risks that increase vulnerability. For example, school dropout for female students often translates to increased HIV risk in many contexts. The cash transfers and education subsidies are intended to support school retention for the most vulnerable girls and their families, thereby reducing one contributing factor to vulnerability.

For those who are out of school, interventions offered include entrepreneurship training, microenterprise start-up support, and facilitated access to employment and internships. To address evidence that sexual violence increases HIV risk, violence prevention is a component for all age cohorts through the SASA! intervention and other SBC EBIs. SHUGA, for example—one of the EBIs offered—is a television drama series that was developed as a public health intervention that addresses issues affecting young people such as navigating relationships, HIV, and GBV.

Table 1. DREAMS layering table.

INDIVIDUAL			
Age group (years)	10–14	15–19	20–24
Primary individual interventions	<ul style="list-style-type: none"> • Social asset building • School-based HIV and violence prevention • Financial capability training 	<ul style="list-style-type: none"> • Social asset building • HIV and violence prevention¹ • Condom education and demonstration • HIV testing services • PrEP information, education, and communication (18–19) • Contraception information, education, and communication¹ • Financial capability training 	<ul style="list-style-type: none"> • Social asset building • HIV and violence prevention • Condom education and demonstration • HIV testing services • PrEP education • Contraception information, education, and communication • Financial capability training
Secondary individual interventions	<ul style="list-style-type: none"> • HIV testing services/active linkage • Post-violence care 	<ul style="list-style-type: none"> • Condom provision • PrEP provision² • Contraceptive mix (provision)³ 	<ul style="list-style-type: none"> • Condom provision • PrEP provision² • Contraceptive mix (provision)³

	<ul style="list-style-type: none"> • Education subsidies 	<ul style="list-style-type: none"> • Post-violence care • Combination socioeconomic approaches • Education subsidies¹ • Cash transfer 	<ul style="list-style-type: none"> • Post-violence care • Combined socioeconomic approaches • Cash transfer
Range individual-level interventions	3–6	7–14	7–13
CONTEXTUAL (DREAMS subnational units)			
Contextual-level interventions	<ul style="list-style-type: none"> • Parenting/caregiver programming • Community mobilization and norms change • Reducing risk of male sex partners (link to condoms, HIV testing services, VMMC, and HIV treatment) 		
Total contextual-level interventions	3		
<p>Notes: AGYW, adolescent girls and young women; PrEP, pre-exposure prophylaxis; VMMC, voluntary medical male circumcision.</p> <p>¹ Offered in community setting only due to Ministry of Education guidelines.</p> <p>² Only for AGYW ages 18–19 years.</p> <p>³ Contraceptive mix includes provision and active referrals.</p>			

In Kenya, PATH has been a DREAMS partner since 2016, first through APHIAplus in 2016 and currently as part of Afya Ziwani, which implements the core package of interventions in Homa Bay, Kisumu, and Migori counties where HIV prevalence is 20.7%, 16.3%, and 13.3%,^{iv} respectively.

From 2016 to 2018, 77,500 AGYW in Kisumu, Homa Bay, and Migori counties benefited from interventions, including the creation of more than 200 safe spaces and improved access to youth-friendly family planning, HIV, and GBV services.

In fiscal year 2018, there were no HIV sero-conversions among 65,176 AGYW and in fiscal year 2019, there was one sero-conversion out of 27,916 adolescent girls and young women enrolled in DREAMS. This is compared to a background where new HIV infections in 2017 in the three supported counties represented 26% of the national total for 15- to 24-year-olds.

KEY RESULTS TO DATE

<p style="font-size: 24pt; font-weight: bold; color: #c00000;">41,432</p> <p style="color: #c00000;">AGYW, since Afya Ziwani’s launch (October 2017 to March 2019) are fully layered by completing the total DREAMS primary packages of EBIs plus at least one secondary service.</p>	<p style="font-size: 24pt; font-weight: bold; color: #000080;">5,315</p> <p style="color: #000080;">AGYW in FY18 were provided with school fees; of those in their final school year who received fees, 100% graduated secondary school in 2018.</p>	<p style="font-size: 24pt; font-weight: bold; color: #c00000;">5,191</p> <p style="color: #c00000;">AGYW supported in FY19 to continue in secondary school.</p>
<p style="font-size: 24pt; font-weight: bold; color: #000080;">0%</p> <p style="color: #000080;">None of the 65,176 AGYW who received an annual HIV retest sero-converted in FY18.</p>	<p style="font-size: 24pt; font-weight: bold; color: #000080;">0.004%</p> <p style="color: #000080;">One of the 27,916 AGYW who received an annual HIV retest sero-converted in FY19 (and was enrolled in care and treatment).</p>	

^{iv} <https://nacc.or.ke/wp-content/uploads/2018/12/HIV-estimates-report-Kenya-20182.pdf>