
HIV and AIDS

Social and Behavioral Science Research (SBSR)

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Implementing a multi-sectoral HIV prevention program: Insights from the DREAMS Implementation Science research portfolio

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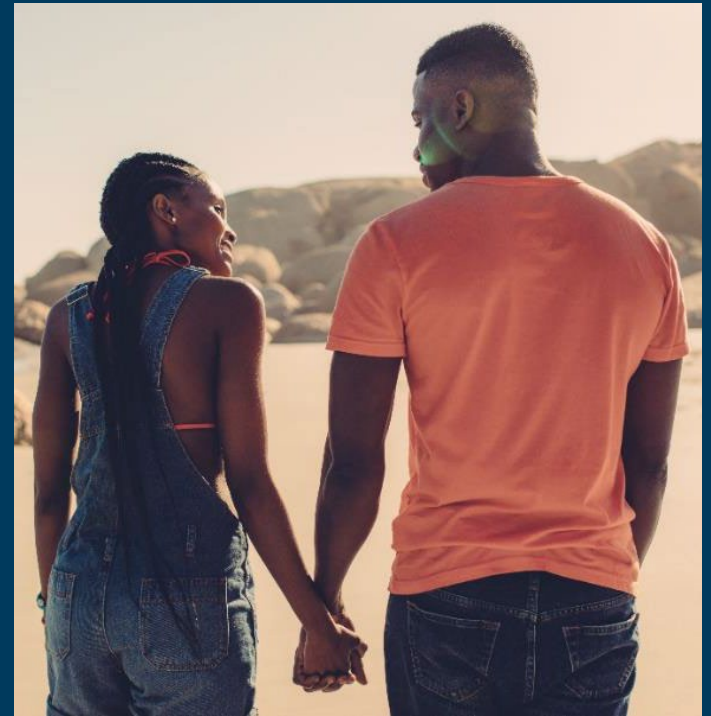


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IMPLEMENTING A MULTI-SECTORAL HIV PREVENTION PROGRAM

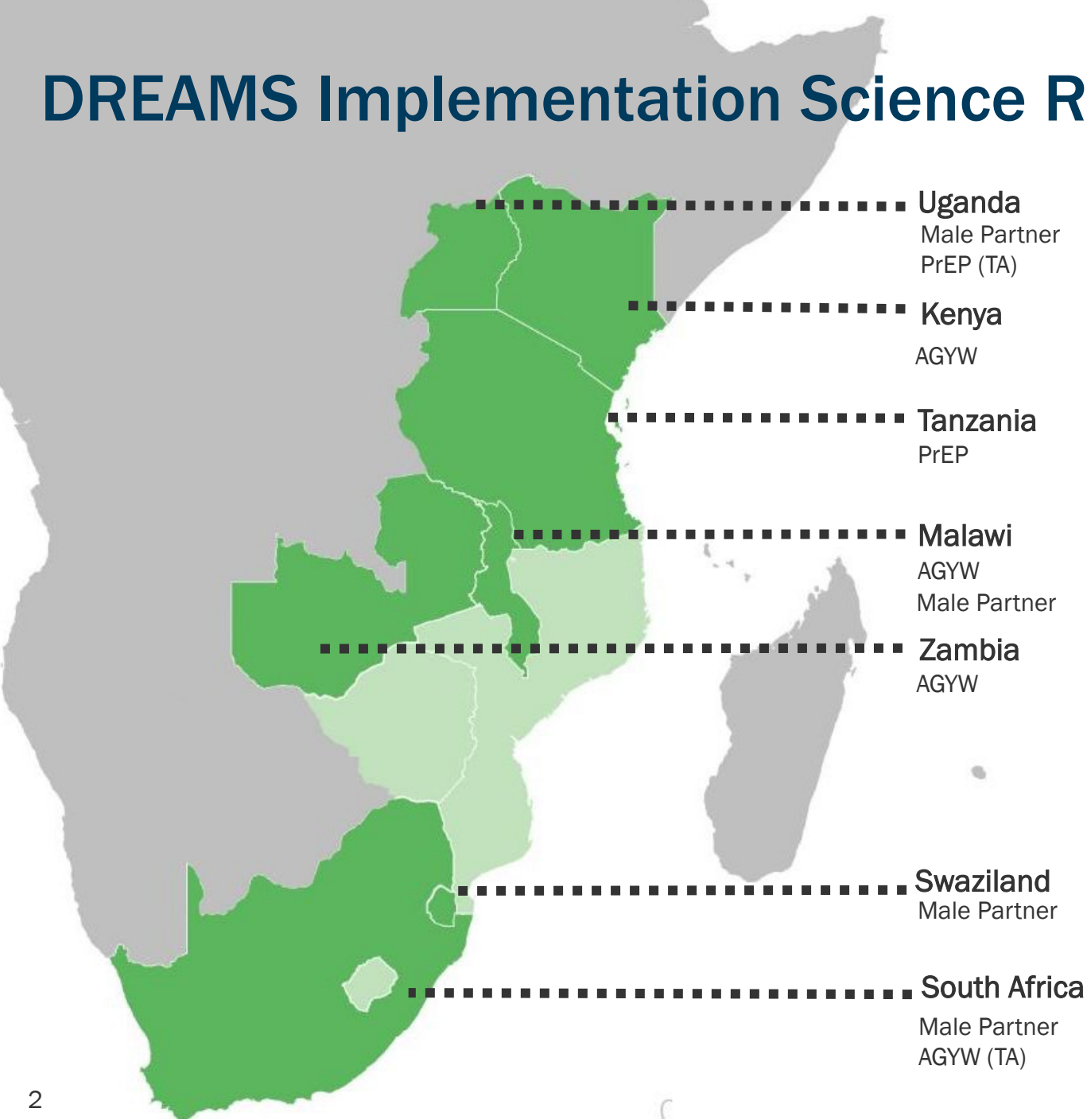
Insights from the DREAMS
Implementation Science
Research Portfolio



Sanyukta Mathur, DrPH MHS, Jerry Okal, PhD, & Julie Pulerwitz, ScD

*PEPFAR DREAMS Annual Meeting
14 December 2020*

DREAMS Implementation Science Research



Evidence generation intended to refine programs

10 research activities across **7** DREAMS countries

Suite of tools and resources to strengthen capacity for AGYW programming

- [Building Girls' Protective Assets: A Collection of Tools for Program Design](#)
- [The Girl Roster™: A Practical Tool for Strengthening Girl-Centered Programming](#)
- [Making the Most of Mentors: Recruitment, Training, and Support of Mentors for Adolescent Girl Programming—Toolkit](#)
- [More Than a Backdrop: Understanding the Role of Communities in Programming for Adolescent Girls—Action Guide](#)
- [Building Evidence to Guide PrEP Introduction for Adolescent Girls and Young Women](#)
- [It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education](#)



<https://www.popcouncil.org/girl-centered-program-resources>



Engaging AGYW

AGYW's motivations for program engagement differ by age group

- AG more receptive to knowledge, skills, and building social networks
- YW keen to access skills, training, and tangible resources or options to enhance their livelihoods

In my opinion, I feel that for the people to be motivated, we should be providing [them] with money to start a business....At the moment, the people are demotivated...and we don't know ways which can encourage them....

— DREAMS implementing partner, Malawi

Strategies for engaging AGYW

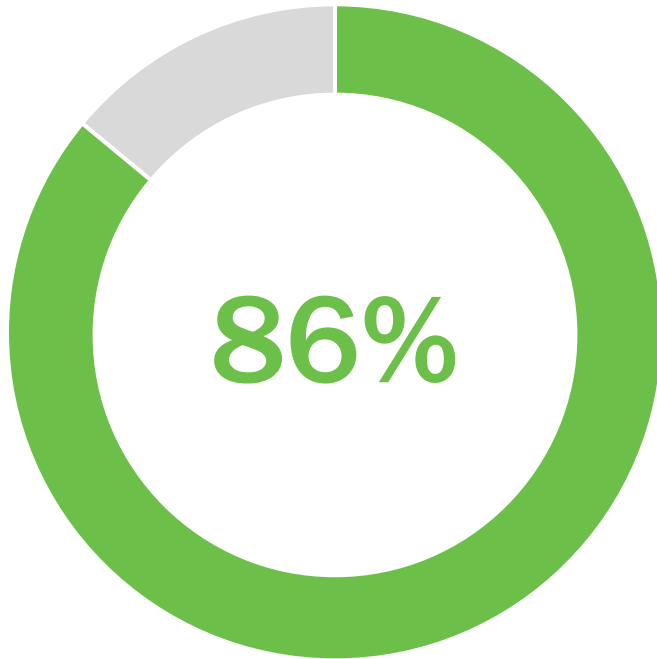
Initiating engagement

- Community leaders helped identify the most vulnerable girls
- Household visits gained trust/approval of family members and informed AGYW about DREAMS

Sustaining engagement

- Personal, confidential nature of relationship with mentors
- Provision of material support
- Provided social opportunities for youth to engage (e.g., sport activities)

Mentors were key to program implementation



Felt comfortable **seeking advice or referral from mentor**

They could come and ask if there is any problem that they have. They are free to come so I feel like there is that relationship between me and the AGYWs because I am very open to every AGYW I have in my safe space. So I like it. It is like my family has grown bigger now.

—Mentor, Zambia

Malawi (n=1,295), similar results in Kenya and Zambia

Mentor challenges and support needed to address them

Challenges Experienced	Support Needed
Doubts from community members about ability to teach/lead sessions	Desire for additional training and workshops to reinforce/practice skills (e.g., GBV, PrEP, HIV prevention, skillful parenting)
Limited material support & logistical challenges	Salary or increased monetary support (e.g., increased stipend, airtime, transportation), and adequate materials (e.g., curriculum materials) and supplies (e.g., condoms)
Parents dropped AGYW from program & partner disapproval due to lack of immediate, tangible incentive	Assistance in gaining program buy-in from parents and partners of AGYW, and local/village leadership to increase and retain AGWY participation

Educational support & economic intervention helped retain AGYW in programming

I do feel it has changed the lives of other girls...it has changed them because some of them have got school fees that they can pay and... The DREAMS have also cared for them very well....

— AG, Kenya

DREAMS has changed the lives of other girls and in community. ...They have created different programs that keep young women busy like they have opened salon, barber shop, tailoring, and computer courses too

— YW, Kenya

Program implementers need support too

- Tools to map AGYW in program community, and assess community resources that AGYW have access to
- Tools to strengthen skills/capacities of program mentors
- Training and partnerships to strengthen non-health components of the program
- Identify male partners of AGYW
- Use of program data to assess program effects

Implementers need new systems of communication, coordination, and management across organizations

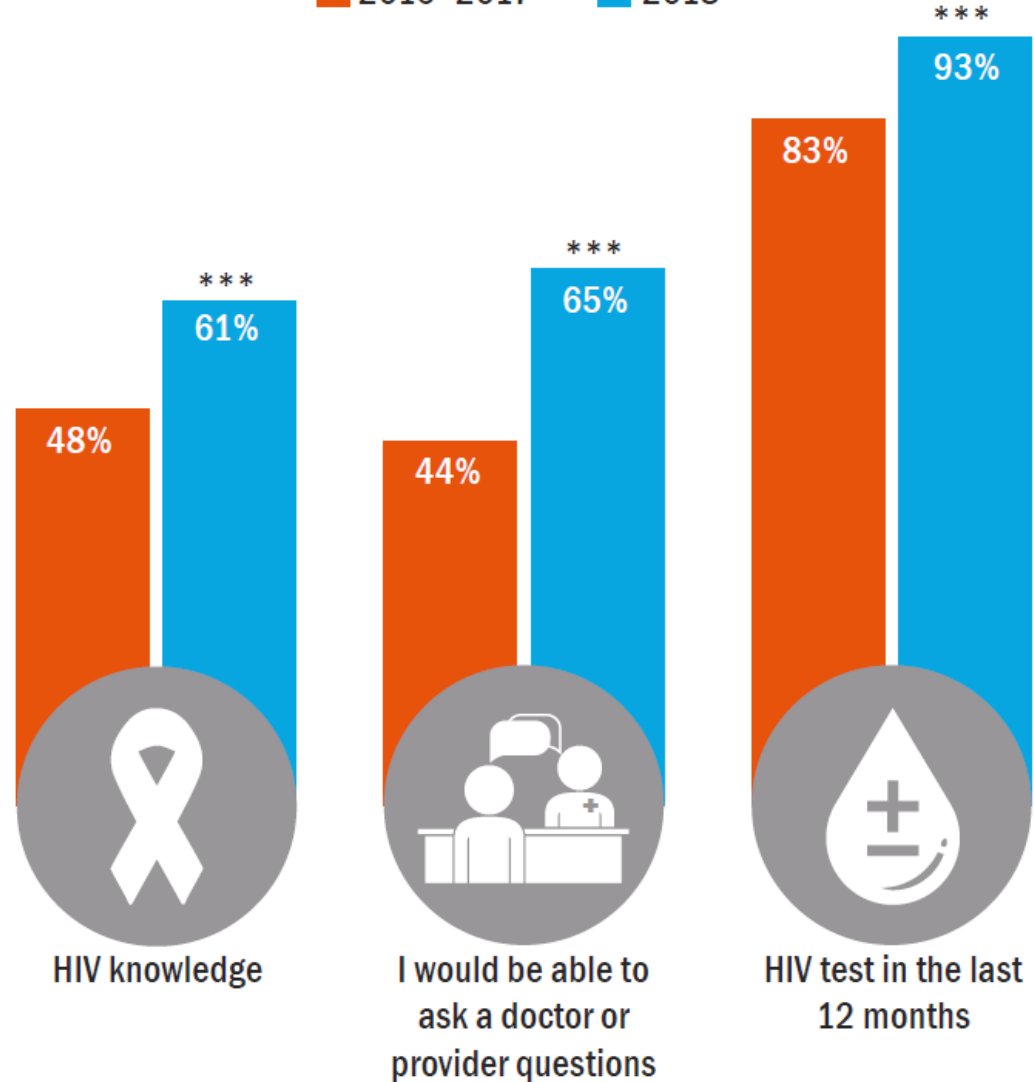
At the beginning everyone was trying to figure out how you put the pieces together. Everyone was running with their own targets, but I think even at the community level, there were different partners implementing DREAMS, so sometimes the schools were confused....

— DREAMS implementer, Zambia

HIV risk reduction

Need to sustain significant improvements in HIV knowledge, self-efficacy, & HIV testing

Malawi (n=1,255)
2016-2017 2018



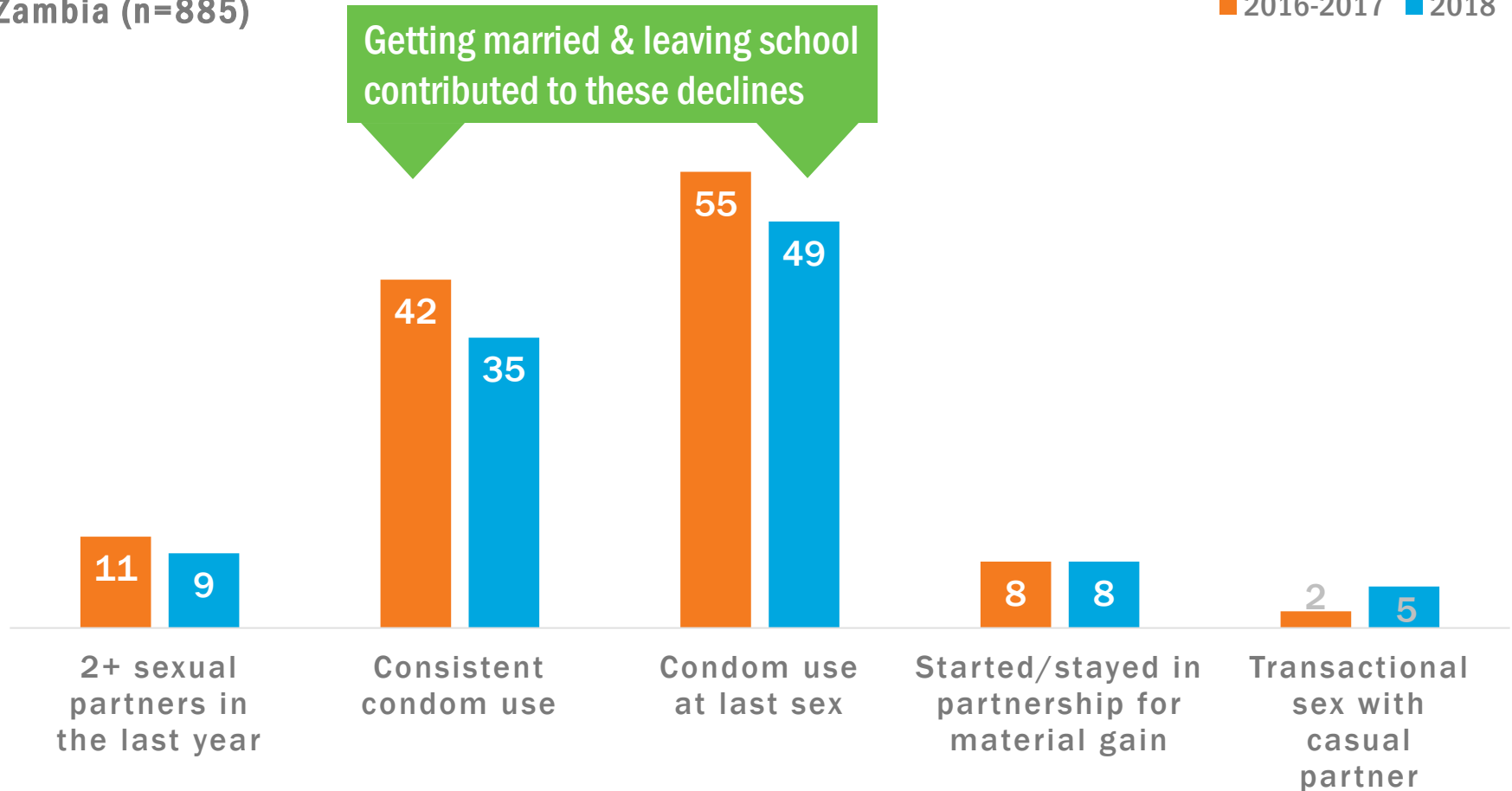
***p<0.001

Note: similar results in Kenya and Zambia

Need to redouble efforts on supporting HIV risk avoidance during key life transitions

Zambia (n=885)

2016-2017 2018



What pathways reduced likelihood of transactional sex?

AG who completed the social asset building curriculum & received educational support

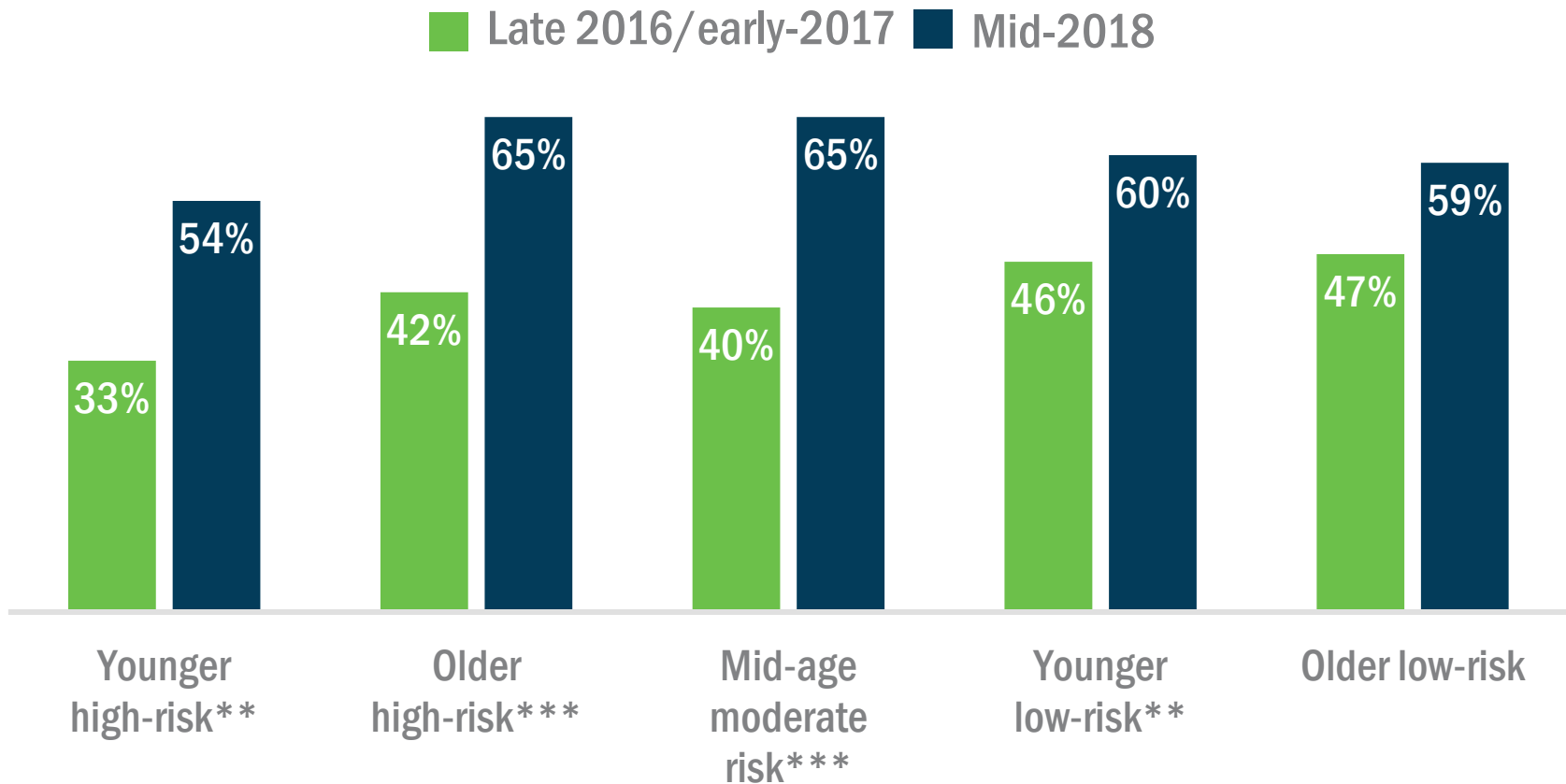


YW who completed social asset building curriculum, received YFHS, & educational support, if no economic support



Study sites: Lusaka & Ndola, Zambia, (n=380 15-19 yrs; n=342 20-24 yrs), CART analysis

Improvements in HIV testing among men, especially among highest risk profiles



p<0.05, *p<0.001

Study site: Eswatini, n=1,391 men ages 20-34 across all DREAMS Tinkhundla
Risk profiles were developed via latent class analysis

PrEP for AGYW

Clear recognition that social and gender norms increase HIV risk for AGYW



- Inconsistent or no condom use in relationships
- Lack of trust in relationships
- Gender norms prohibiting refusal of sex with partner
- Sexual violence (FSWs)



- Inconsistent or no condom use in relationships
- Lack of trust in relationships



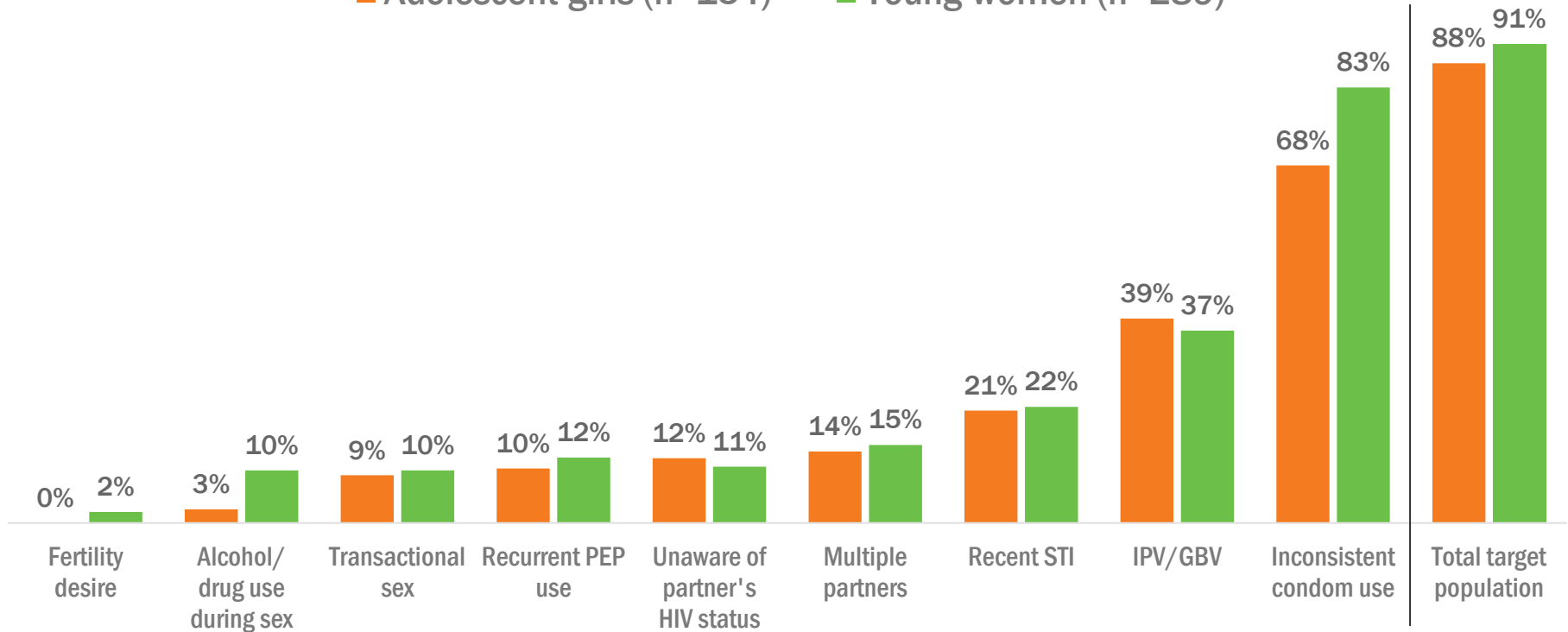
- Inconsistent or no condom use in relationships
- Lack of trust in relationships
- Daughter's health essential for well-being of grandchildren



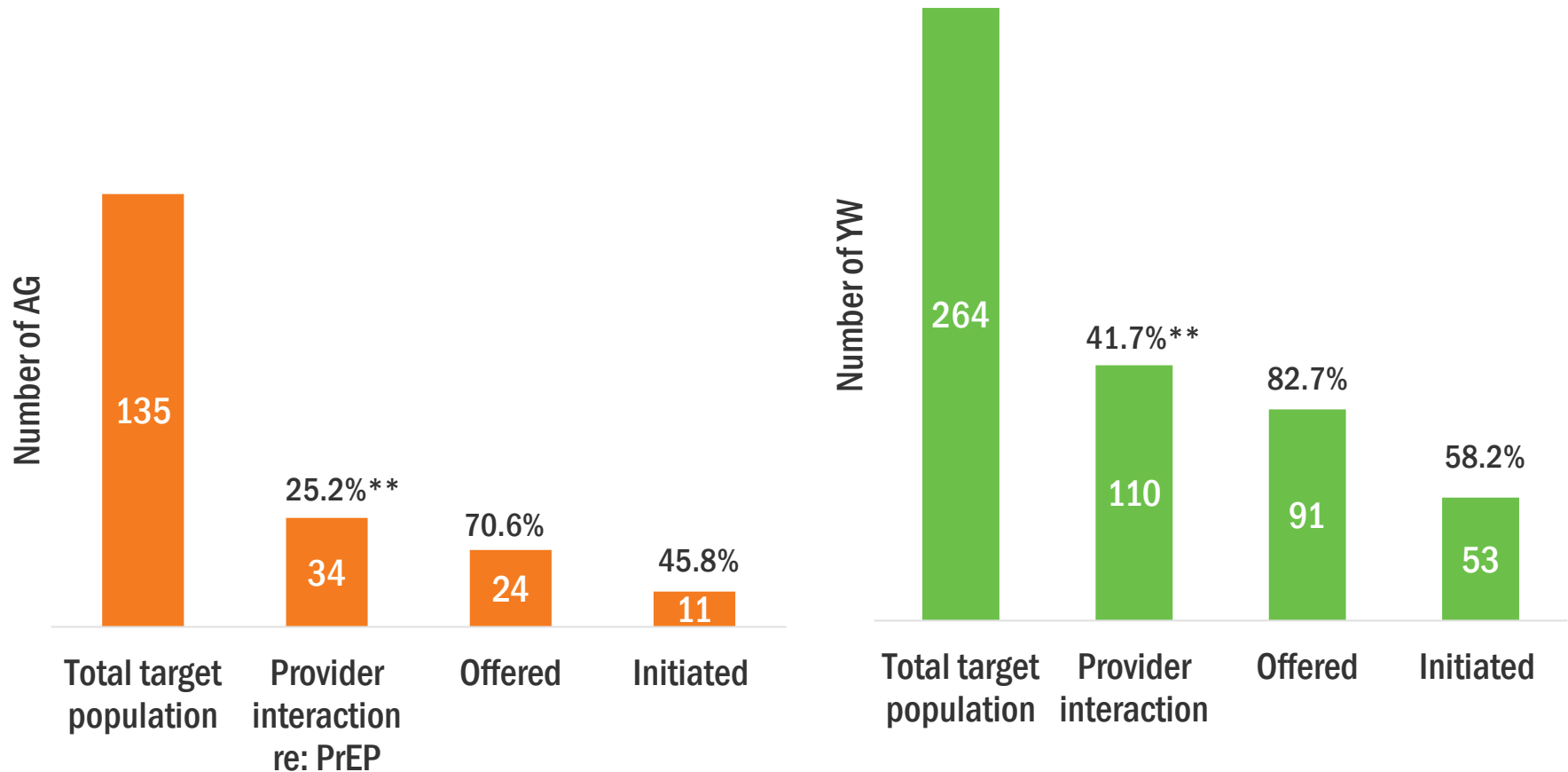
- Inconsistent or no condom use in relationships
- Lack of trust in relationships
- Gender norms prohibiting refusal of sex with partner
- Sexual violence (married AGYW & FSWs)

Most AGYW were eligible for PrEP

■ Adolescent girls (n=154) ■ Young women (n=289)



More AGYW need access to PrEP



**p<0.01

Providers want training and integration of PrEP into non-HIV health services

Factors associated with providers' willingness to prescribe PrEP (n=316)

	Adj. IRR ¹ (95% CI)
Sufficiently trained to provide HIV services	1.13 (1.02–1.24)*
Patient-centered care	1.19 (0.98–1.45) ⁺

¹ Adjusted for provider demographics, prior PrEP knowledge, other facility factors (e.g., stockouts)

⁺p<0.10; *p<0.05

- Wanted job aids on youth-friendly care, HIV services, and PrEP, tools to identify who needs PrEP, and IEC materials in local languages
- Suggested providing PrEP in multiple settings, through different types of providers, and within various existing health programs

Young women's experiences with PrEP use

Facilitators of PrEP use

- Efficacy of PrEP for HIV risk reduction
- Control and agency over own HIV risk
- Social support from peers and parents
- Access to PrEP and supportive counseling
- Access to health care services for personal well-being

Barriers to PrEP use

- Pill attributes and dosing regimen
- Side effects & impact on livelihood
- Life transitions and shifting perceptions of HIV risk
 - Mobility
 - Marriage
 - Change in livelihood
- Disclosure and social implications of use
 - HIV-related stigma
 - Relationship conflict

Study site: Uganda (n=55 YW FSWs)

Mathur, S, G Mirembe, J Nanyondo, W Nansalire, D Kibirige, J Matheka, B Mwesigwa, A Tindikahwa, F Kiweewa, M Millard, E Akom, H Kibuuka. 2020. "Side effects, life transitions, and disclosure: reasons for oral pre-exposure prophylaxis (PrEP) discontinuation among young women engaged in sex work in Uganda (PEC0602)." Poster presented at AIDS 2020, San Francisco, CA, USA, 6–10 July.

Anticipated HIV-related stigma

When the peers of my age see a person taking PrEP, they will think that the person has AIDS, or they are very unfaithful hanging out with many partners. They will speak many things and I will be considered as a bad person in the community, a misbehaving person.

—YW, Tanzania

The bad thing about PrEP, it is embarrassing to swallow when you are among people who do not know that it exists because the majority know that the tablets are for people who have the [HIV] virus.

—YW, PrEP User (12 mo), Uganda

Relationship conflict

- Covert PrEP use by AGYW could seed mistrust within the relationship

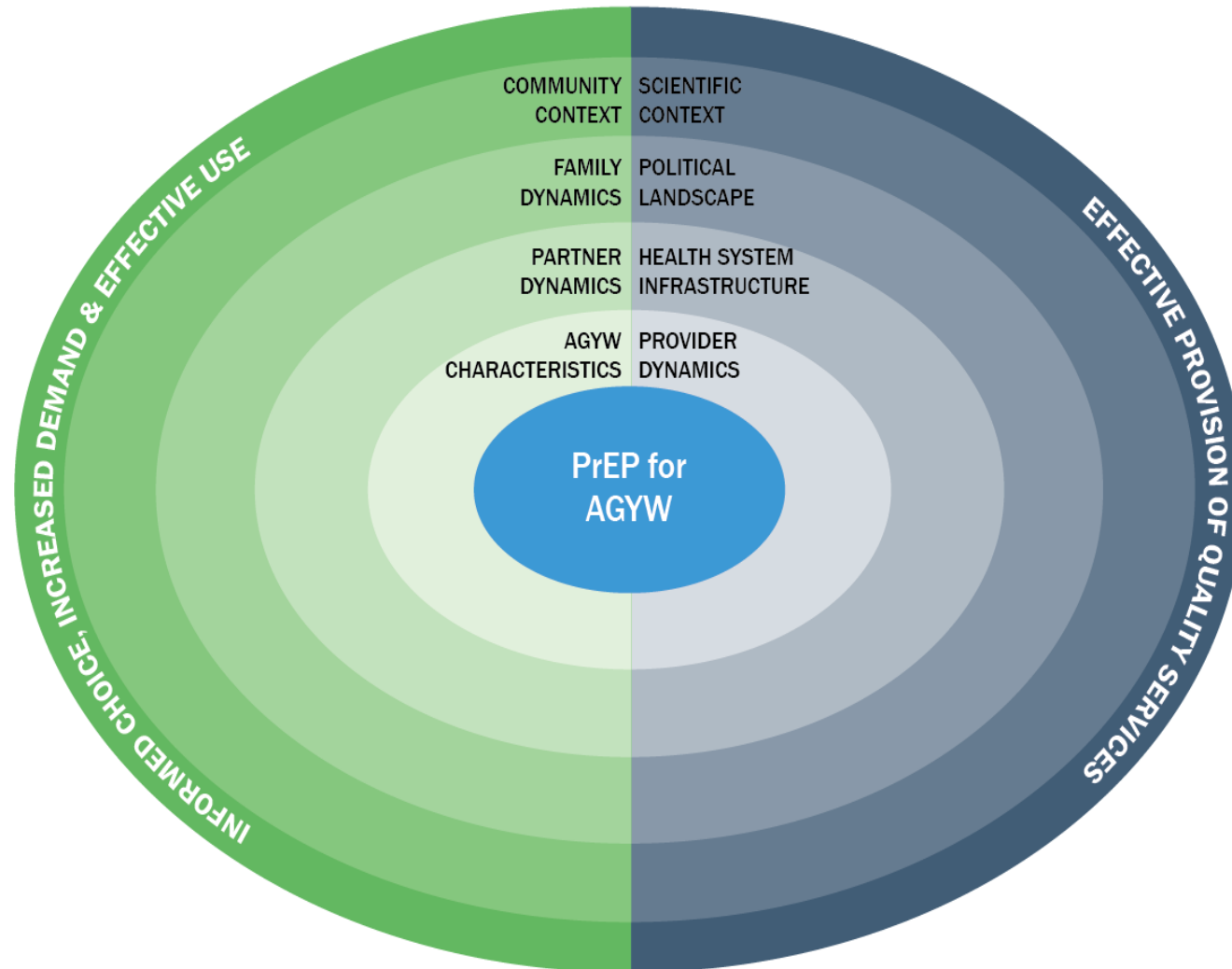
Our relationship will be affected if he is not informed, but if I briefly explain it to him, he will understand I am using PrEP so as to protect myself from HIV infections... if he understands me properly, he can decide to accompany me and begin to take PrEP as well. But if I don't tell him and he finds them on his own, that is where the problem steps in.

—YW, Tanzania

...he [partner] came across those drugs, and he got out of control...when he found the drugs he became disturbed, furious, threw them, asked me whether I am a commercial sex worker, whether I am infected, if I had infected him. I told him the drugs are not for HIV, fearing to explain further, he would discover what I used to do... he saw them and became furious. He poured them. He beat me to tell him the truth... He beat me and we seriously fought....

—YW, PrEP user (8mo), Uganda

PrEP provision requires multi-level considerations



Addressing gender dynamics/norms

HIV risk, relationship power & violence

Having relationship power strongly associated with:

- ✓ Less sexual/physical violence
- ✓ More condom use at last sex
- ✓ More knowledge of partner's HIV status

Sexual violence experience in the last 12 months

19% From partners (n=597)

21% From non-intimate partners (n=1,778)



AGYW who experienced sexual violence were 2x as likely to report an STI symptom, and anxiety and depression

Mathur S, Okal J, Musheke M, Pilgrim N, Kishor Patel S, et al. 2018. "High rates of sexual violence by both intimate and non-intimate partners experienced by adolescent girls and young women in Kenya and Zambia: Findings around violence and other negative health outcomes," *PLoS ONE* 13(9): e0203929. <https://doi.org/10.1371/journal.pone.0203929>

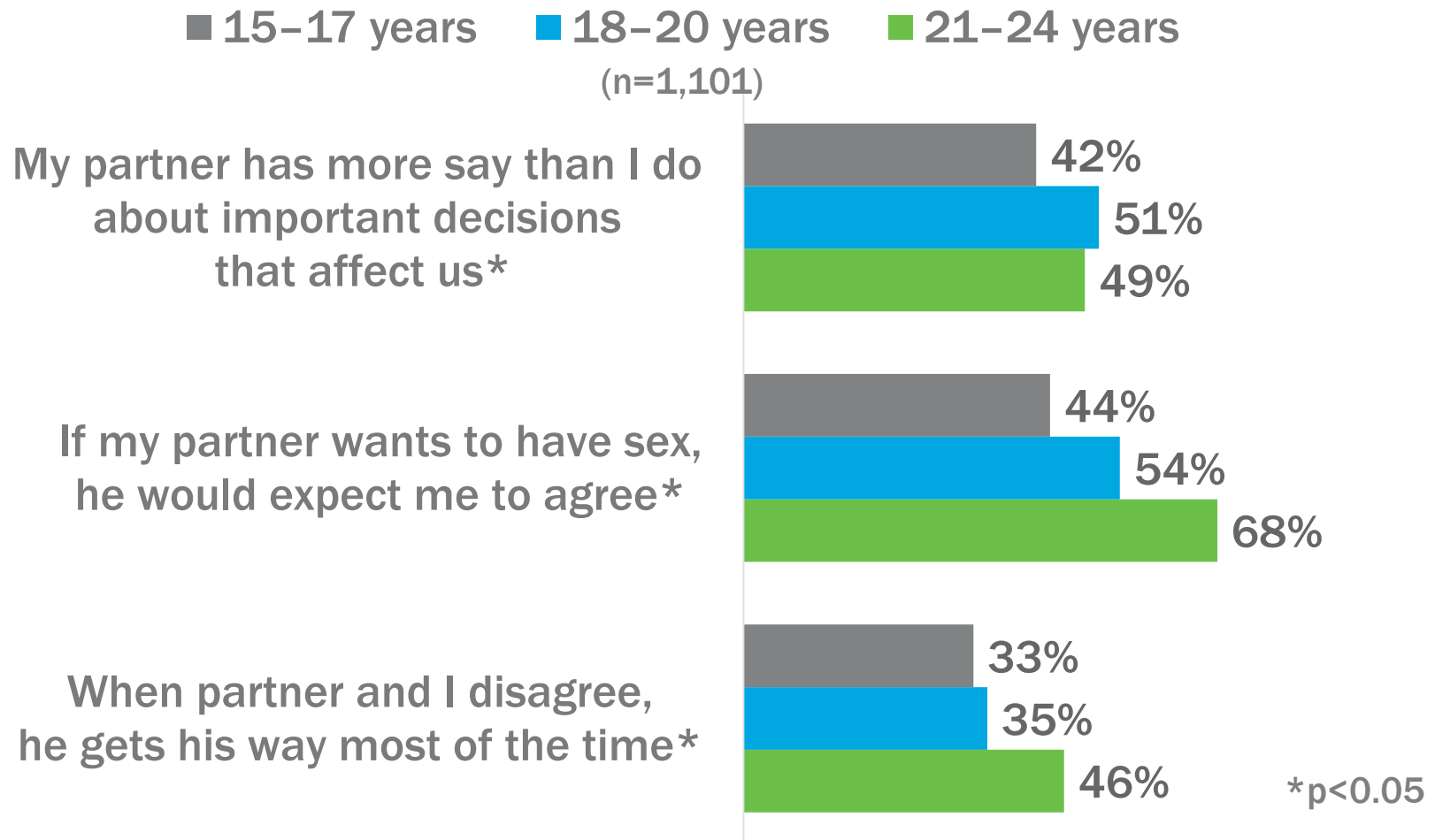
Some decreases in violence seen

Experience of violence in the past year	Kenya (n=736)	
	Round 1 %	Round 2 %
Among sexually active		
Sexual violence from partners	20	9 ^{***}
Among all AGYW		
Sexual violence from non-partners	26	17 ^{***}

- Regressions confirm that AGYW were less likely to experience sexual violence from partners (Adj. IRR 0.43 (0.31–0.59)) and from non-partners (0.65 (0.53–0.81)) over time
- Similar results in Zambia and Malawi

***p<0.001, Regression models adjusted for age, current schooling, marital status, orphanhood status, continuity of program exposure, and site-level clustering

Levels of empowerment can differ across AGYW age groups



Financial autonomy can support empowerment, but only for some

- Financial independence can afford power to reject unwanted or violent relationships
- Women's agency greater in non-marital vs. marital relationships
 - Despite more support for joint household decision-making, married women's agency still heavily influenced by cultural/religious norms of male dominance

When you use his money, you would feel guilt and fail to refuse when he asks for sex.

—20-year-old single student

Male partners of DREAMS AGYW described benefits

- Learning about social/gender norms from partners, and own direct participation
- Commonly cited impacts included:
 - Improved couple communication & conflict resolution
 - Reducing/eliminating side partners
 - More impetus to link to HIV services

[We] now know how to communicate with each other... we no longer have arguments over simple things....

—Male partner, Mukono

The meeting taught me, as a person, to be safe, and practice self-control.... Have one partner [and] stop admiring other women....

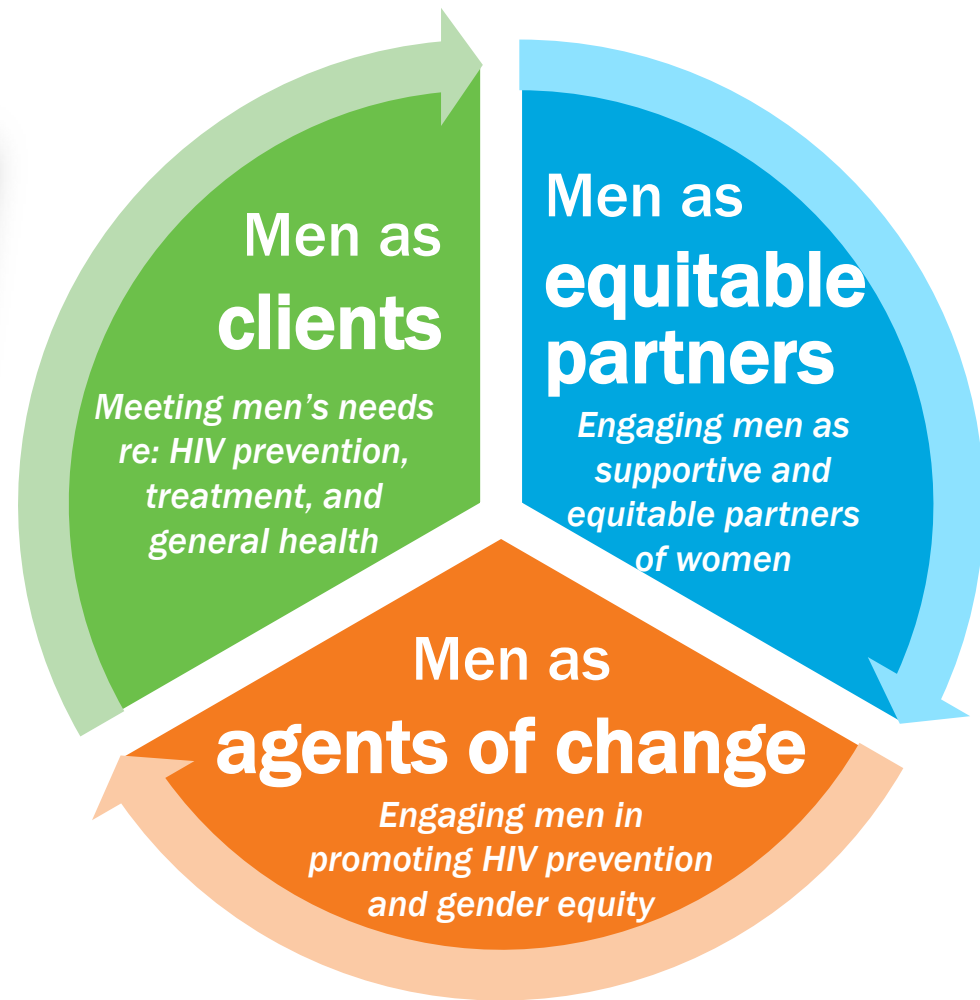
—Male partner, Sembabule

Many DREAMS implementing partners organically incorporated men

...we mobilize men to receive HTC...after that, they are given information on VMMC. But we have encouraged [our CBOs] to engage men further...[for example] we trained some men as male peers in Stepping Stones, to be able to do behavior change among men.

—Implementing partner, Mukono, Uganda

USAID IGWG resource for engaging men & boys...



Pulerwitz J., A. Gottert, M. Betron, and D. Shattuck on behalf of the Male Engagement Task Force, USAID Interagency Gender Working Group (IGWG). 2019. “Do’s and don’ts for engaging men & boys.” Washington, D.C.: IGWG.



DO recognize and meet men's distinct needs.



DON'T engage men at the expense of women.



DO seek to transform harmful gender relations and norms.



DON'T discount the structural barriers men face when accessing health services.



DO gather evidence with men and boys (and not just women and girls).



DON'T start with the assumption that all men are bad actors.



DO start early in the life course.



DON'T overlook the diversity of men and boys in the population.



DO engage men on their own and in groups of men, as well as together with women.



DON'T overlook scale and sustainability for achieving impact.

Where do we go from here?

1. Collective action to sustain emphasis on comprehensive HIV prevention among AGYW
2. Leverage sectoral efforts to address the intersecting factors that influence HIV vulnerability for AGYW
3. Support AGYW to lower HIV risk during key life transitions
4. Support program implementers to reach the “right” AGYW with the “right” programming
5. Engage the “right” men, as clients, as partners, and advocates in HIV prevention efforts
6. Generate evidence to appropriately adapt programs to other settings and monitor sustainability (of outcomes and structures) over time
7. Examine influence of Covid-19 and risk mitigation measures on AGYW health and well-being

Experiences during Covid-19

Phone survey was completed with 603 10- to 19-year-old adolescents in Kisumu, Kenya; HH were part of the DREAMS program communities

- AG spending more time on household chores
- Schooling/learning ongoing for most, but impacted due to limited lessons and access challenges
- 47% skipping meals/food insecurity increased
- 47% report increased feelings of depression and hopelessness
- 54% had difficulty in acquiring sanitary use products
- 13% had experienced physical abuse in the last month

Population Council. (2020) "Social, health, education and economic effects of COVID-19 on adolescent girls in Kenya: Responses from the first round of adolescent data collection, August 2020—Kisumu," COVID-19 Research & Evaluations brief. Nairobi: Population Council.

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