



CQUIN Differentiated MCH Workshop

May 25-27, 2021

**HOPE Project: Group Antenatal and Postnatal Care for
Adolescent Girls and Young Women living with HIV in Kenya**

Judy Odondi

ICAP at Columbia University

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HIV Learning Network

The CQUIN Project for Differentiated Service Delivery

Background

- Adolescents and youth living with HIV (AYLHIV) have lower ART coverage and are at increased risk of interrupting treatment
- Pregnant and postpartum AYLHIV have poorer outcomes (ART uptake, viral suppression and continuity in care)
 - Pregnant AYWLHIV are less likely to receive full package of PMTCT services
- ALHIV in Kenya attended fewer ANC visits, less likely to be on ART and their infants less likely to receive ARV prophylaxis
- Group antenatal care is an intervention that has been shown to improve ANC retention and pregnancy outcomes among adolescents



Group ANC and Postnatal Services

- Differentiated model of care for pregnant and post partum adolescent girls and young women living with HIV (AYWLH)
- ICAP implemented the HOPE Project (group ANC and PNC) in seven health facilities in Siaya and Kisumu Counties, Kenya



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HOPE Antenatal Sessions



Health talk

Nurses conduct interactive and youth-friendly health talks on ANC and PMTCT topics including pregnancy care, ART adherence and birth planning



Self-care

Women measure their own weight and blood pressure and work in pairs to administer ART adherence and TB screening



Exam

Nurses conduct physical exams in private space, including review of information from self-care, answer questions and provide referrals for care as needed



Support Group

Peer-led support group session focused on needs and concerns of pregnant adolescent and young women living with HIV including disclosure and adherence



Additional Services

HOPE services also included: facility social workers available for one-on-one meetings during HOPE sessions, text reminders about HOPE sessions, follow-up by phone when women missed sessions, linkage to community organizations offering resources for education support, income generation, vocational training and other support services.

HOPE Postnatal Sessions



Health talk

Nurses conduct interactive and youth-friendly health talks on postnatal and PMTCT topics including ART adherence, infant care and infant testing



Self-care

Women measure their own weight and blood pressure, weigh infants, review milestones and administer ART adherence and TB screening



Exam

Nurses conduct physical of mothers and infants, answer questions and provide referrals for care as needed



Support group

Peer-led support group session focused on needs and concerns of new adolescent and young mothers living with HIV including adherence and infant testing

Evaluation

Pre-Implementation

353 AYWLH enrolled in ANC

- 54 (41.5%) indicated on ART other facility
- 20 (15.4%) documented as declined ART
- 56 (43.1%) lacked information

223 (63.2%) included in analysis

- Median age: 22 years (IQR*: 20-23)
 - 21.1% <20 years of age
- Median gestational age: 22 weeks (IQR: 16-26)

Implementation Period

388 AYWLH enrolled in ANC

- 100 (78.1%) indicated on ART other facility
- 5 (3.9%) documented as declined ART
- 23 (18.0%) lacked information

255 (66%) attended one HOPE session and included in the analysis

- Median age: 22 years (IQR*: 20-23)
 - 13.5% <20 years of age
- Median gestational age: 19 weeks (IQR: 12-26)

Outcomes: Quantitative



Proportion who were lost to follow-up at 6 months post partum was 10.3% pre- implementation and 6.4 % amongst AYWLH in HOPE project



Proportion of HIV-exposed infants with HIV PCR done by 6-8 weeks was 67% pre- implementation and 83% amongst AYWLH in HOPE project

Outcomes: Qualitative

“The Group ANC and PNC model reduced time clients spent in clinic by half” *(MCH nurse)*

“We received more attention and learned more about our health in group care” - *HOPE participant at JOOTRH*

“I wish we could get this great treatment at the maternity department when we go to deliver” – *HOPE participant at Bondo Hospital*



Challenges

- Individual

- Arrive late for sessions
- Other competing priorities
- No cell phone
- Self transfers between facilities
- No AYWLH mentor mothers

- Health System

- Lack of dedicated staff
- High staff turnover
- Inadequate space
- Registers and data collection tools
- Lack of support from facility leadership



Recommendations

- Engage AYWLH in planning
- Ensure adequate space, since postnatal mothers attend the group sessions with their infants
- Collaboration between MOH and other partners supporting health facilities
- Work closely with each facility especially during the start up phase (work planning, project design, and clinical mentoring)
- Engage local community based organizations to empower them through income generating activities

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Thanks to the adolescents and young women living with HIV