CQUIN Differentiated MCH Workshop

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

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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
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
  - 200 (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)
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
Thanks to the adolescents and young women living with HIV