

DREAMS: Intervening to Prevent HIV infection among Adolescent Girls and Young Women in Nairobi

Key highlights

- The knowledge of HIV status among AGYW who were invited to participate in DREAMS was high. About 7 in 10 girls invited to participate in DREAMS compared to about 5 in 10 non-DREAMS participants knew their HIV status.
- New HIV infections among AGYW have continued to decline over time. Among 716 girls who were HIV negative in 2017, we found only 13 (1.8%) who were HIV positive after 5 years of follow up.
- DREAMS created an enabling environment for AGYW empowerment within their context by enhancing capacities to make choices, use of their voices and provided resources to reduce SRH risks
- DREAMS reached out to most of the vulnerable girls in the community and by 2022 around 85% of AGYW had been invited to participate in DREAMS. DREAMS was broadly accepted and created safe spaces for AGYW to learn, share challenges and offer mutual support.



The context

In Kenya, over half (51%) of all new HIV infections in 2015 occurred among adolescents and young people (aged 15-24 years), with young women accounting for 33% of the total number of new infections.¹ Additionally, the 2018 Kenya Population Based HIV Impact Assessment (KENPHIA) report indicates that the HIV prevalence among women in urban areas was 6.7% compared to men at 2.7%.²

The Determined, Resilient, Empowered, AIDS-free, Mentored, Safe lives (DREAMS) interventions are a package of evidence-based interventions that are being implemented in over 15 countries since 2016, with the aim of reducing the risk of new HIV infections among adolescent girls and young women (AGYW) aged 10-24 years.

What did we do

The African Population and Health Research Center (APHRC) and partners conducted an impact evaluation of DREAMS interventions during 2017 to 2022 in two communities in Nairobi. This report summarises the findings of the longer term impact of DREAMS interventions on HIV prevention by 2022.

We collected data from the general population of Adolescent Girls and Young Women (AGYW), service providers and community stakeholders in Korogocho and Viwandani. We randomly selected a group of about 1,200 AGYW in 2017 (*intervention recipients and non-recipients*) and interviewed 889 of them in 2022. We also conducted qualitative interviews with AGYW and other stakeholders.

¹<https://nsdcc.go.ke/hiv-situation-in-kenya/>

²National AIDS and STI Control Programme (NASCO), Preliminary KENPHIA 2018 Report. Nairobi: NASCO; 2020.

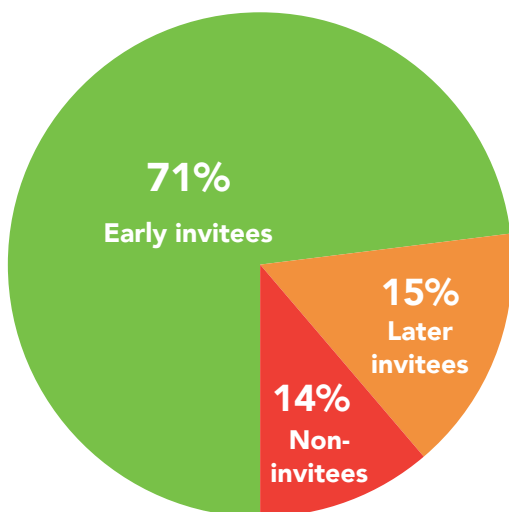
The findings

1: The impact of DREAMS on measures of HIV prevention and sexual & reproductive health

At the time of enrolment about 32% of the respondents were living in a household that was food insecure, 32% had attended primary school but not secondary school, and 19% were orphans. About 59% of AGYW had never had sex, 13% were sexually active and 28% had been pregnant.

Overall, about 82% of the cohort which was recruited in 2017 was retained by 2022,

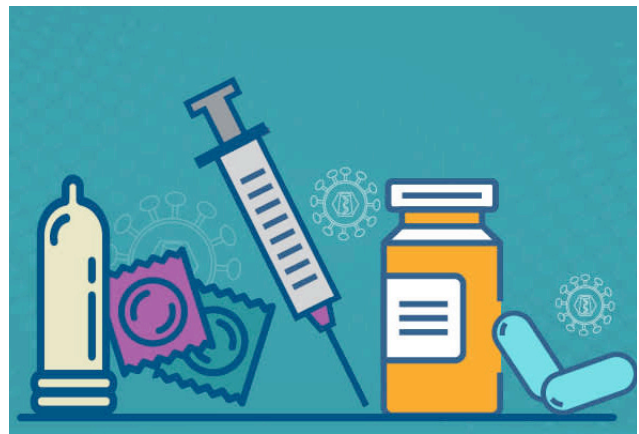
- Follow up was generally higher among the younger age cohorts (15-17 years) than older cohorts (18-22 years), those in school at the time of recruitment and those invited to DREAMS and it was also higher among AGYW who had never had sex at the time of recruitment compared with those who had been sexually active
- Among the AGYW followed up in 2022, 14% were non-invitees (not invited to DREAMS by the time of follow-up in 2022), 71% were early invitees (invited to DREAMS during 2016-2018), and 15% were later invitees (invited to DREAMS during 2019-2022).



HIV Testing and Prevention Measures in 2022:

- Nearly all AGYW (99.7%) in Nairobi indicated that it was important for one to get tested for HIV and 98.8% had ever tested,

- A higher proportion of DREAMS invitees (early invitees 99.8%, late invitees 97.7%) had ever tested for HIV compared to non-invitees (94.2%). About one in four had ever disclosed their HIV status to a third party,
- Overall, 86.6% had ever been shown how to use a condom, much higher among early invitees (92.6%) and later invitees (92.4%) than among non-invitees (48.8%),
- About 88% of AGYW knew about PrEP, much higher among early invitees (93%) and later invitees (89%) than non-invitees (62%).
- Overall, only 9% of AGYW had ever taken PrEP, slightly higher among early invitees (10%).



Impact of DREAMS on HIV prevention measures:

- We assessed the impact of DREAMS by comparing three hypothetical scenarios; all AGYW in the community were early DREAMS invitees, all AGYW in the community were later DREAMS invitees, or all AGYW in the community were non-invitees (no DREAMS interventions delivered in the community).
- We estimated that the percentage of AGYW who knew their HIV status would be around 55% if all were non-invitees (no DREAMS interventions in the community), around 71% if all were early invitees, and around 67% if all were later invitees. The estimated increase in the percentage of AGYW who knew their HIV status if all were early invitees compared with if all were non-invitees was around 16%, and the estimated increase if all were later invitees compared with if all were non-invitees was 12%.

2. The impact of DREAMS on HIV incidence among adolescent girls and young women

We observed a low HIV incidence in the two communities, though there was no difference between DREAMS and non-DREAMS beneficiaries. Among 716 girls who were HIV-negative and aged 15-22 years in 2017, we found 13 (1.8%) who were HIV-positive 5 years later in 2022 (when aged 20-27 years). This corresponds to an HIV incidence rate of around 0.4% (4 per 1000 AGYW) per year during 2017-2022.

3. The impact of DREAMS interventions on measures of AGYW empowerment

DREAMS enabled AGYW to be empowered by strengthening their agency (self-belief and courage to make informed decisions), enhanced access and utilisation of resources, and creating a safe environment within the existing community structures and norms.



Agency

- AGYW learned to make better decisions that influence their lives such as completing their education, saying no to sex or early marriage and resisting gender based violence.
- DREAMS promoted leadership skills and offered opportunities for AGYW to lead through peer to peer learning, and mentorship programs
- DREAMS promoted solidarity and mutual support among AGYW and mentors in form of moral or material support towards a common good e.g. saving money together, and protection of other girls in the community.



Resources

- AGYW accessed resources that enabled them to act on choices which improved their SRH. These resources included education subsidies, hygiene products, entrepreneurship skills. AGYW acquired knowledge and skills, and were supported to act on their choices.
- AGYW acquired financial management skills and training (at times start-up capital) and this enhanced financial independence that led to avoidance of transactional relationships.
- AGYW learnt self-control to keep aware from sexual pressure and to avoid places that would expose them to violence or harassment as individuals as well as in a group.



Institutional structures

DREAMS promoted community awareness on AGYW challenges, offered support in addressing GBV and promoted uptake of HIV prevention services such as HIV testing and VMCC among ABYM. There was community acceptance of AGYW engagement in previously male dominated jobs.

Successes and challenges of the DREAMS program

DREAMS reached the most vulnerable AGYW and enabled participants to access multiple interventions. Educational subsidies, financial and other resources such as hygiene packs provided by DREAMS were highly valued by AGYW and the community. Some AGYW who did not receive resources dropped out due to disappointment.

Suggested improvements for DREAMS included:

- Although DREAMS was generally well received by the community, community members said there is a need for greater involvement of ABYM, for instance in SRH education and training, financial training, and educational subsidies.
- Support for mentors, for example psychological support and training (and resources/financial compensation) to fulfil their roles.
- Better targeting to be able to reach all vulnerable AGYW, involvement of ABYM, invest more entrepreneurship and school subsidies to keep beneficiaries in school.



African Population and Health Research Center

P.O.Box 10787-00100

APHRC Campus, Kitisuru, Nairobi, Kenya

Email: info@aphrc.org

Telephone: +254 (20) 400 1000, 266, 244 or 266 255

Mobile: +254 722 205 933, 733 410 102