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Reaching adolescent and young mothers through peer mentors

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In South Africa, adolescent girls and young women (AGYW) (15-24 years) account for 40% of the total pregnant population. Teenage pregnancy is estimated at 16% of girls 15-19 yrs, and is driven by socio-economic determinants and limited adolescent-friendly Sexual Reproductive Health and Rights (SRHR) services.

Effectively supporting pregnant adolescents living with HIV typically requires a more personalized, local approach because adolescents living with and at risk from HIV often do not respond to programs and interventions that seek to serve the general population in any community or city. The overall poor retention in care of adolescents living with HIV suggests that context-specific and targeted innovative approaches are needed to support them. Evidence and observations indicate that adherence, retention in care and overall engagement with health services among adolescents improve when peer-based support is offered.

An integrated innovative approach that focuses on providing peer-based facility and household linked psychosocial and health education support to adolescent girls and young mothers to access prevention of mother to child transmission (PMTCT), Maternal Newborn Child and Women's Health (MNCWH), Sexual Reproductive Health and Rights (SRHR) and nutrition services. This is provided for adolescent girls, by adolescent girls. The project enrolled 883 AGYWs at 2 clinics in Tshwane (a district in Gauteng, SA). Findings included:

- 93% retention in care at 24 months after delivery
- 98% HIV re-testing rate
- 98% ART initiation rate
- 86% birth HIV PCR test on exposed infants
- 54% exclusive breastfeeding for infants under 6 months
- 92% of infants were fully immunised

Lessons learnt included:

- Effective bi-directional facility-to-community linkage systems lead to high uptake and utilization of services, and retention in care.
- Targeted case finding and instituting a minimum standard for routine household visits (active follow-up) is key to ensure that clients are provided with relevant support and are retained in care.
- Peer-to-peer mentorship enhances high uptake of services through sharing of experiences and advice, thereby positioning Young Peer Mentors as a key resource to address the needs of pregnant and breastfeeding AGYW.
- Integration of PMTCT outcomes (HIV testing, initiation, viral load suppression) with MNCWH&N outcomes (breastfeeding, family planning, child nutrition, etc.) is key to reducing infant and under-five mortality rates.
- Effective referral and linkage systems to non-clinical services is key to addressing other needs of girls and young women. Most girls expressed a desire to return to school to fulfill their professional and academic dreams. The National Integrated School Health (ISHP) programme would be a key platform to assist girls to achieve better health as well as school outcomes.
- Community mobilizations interventions create expectations on the services to be rendered at the facility, and therefore facility staff must be supported to meet the increased demand for services.

This project is currently being scaled up in the Gauteng and KwaZulu Natal provinces in South Africa.