Adolescent Mentors for Adolescent Mothers:

Young Peer Mentor support for pregnant adolescent girls and young mothers with HIV/AIDS in South Africa

3 October 2019
OUTLINE

- Context
- Project Overview
- Project Technical Approach
- Key Project Highlights
- Key Learnings
- Moving Forward
- Thank You
**CONTEXT**

- High HIV prevalence among women 15-24 years (26%) [UNAIDS 2016](#)
- Low HIV testing rates amongst pregnant and post natal adolescent and young moms between 15-24 years (68%) [HST 2016](#)
- Low uptake of PMTCT Services
- Early infant diagnosis rate is 63.3% [WHO / NDoH 2014 Report](#)
- 54.4% ART initiation rate [WHO / NDoH 2014 Report](#)
- 20% of HIV positive women EBF [WHO / NDoH 2014 Report](#)
Globally, new HIV infections among adolescents aged 15–19 years are not decreasing as quickly as among children aged 0–14 years.

Source: UNAIDS 2017 estimates.
**CONTEXT**

- 36% of South Africa’s population is youth
- Persons 15-35 years old represent 70% of the total unemployed
- 80% of AGYW not in school are unemployed
- Most pregnancies are unplanned and unwanted
- Double stigma at both community and facility levels
- Major myths and ignorance on AGYW pregnancies
About 4 girls between 15-19 years will become HIV positive every hour in South Africa, that’s 1 every 15 minutes.

https://data.unicef.org/resources/hiv-estimates-for-children-dashboard/
**CONTEXT**

South Africa continues to have the largest AIDS epidemic of any country worldwide

HIV and AIDS epidemiological estimates, global and South Africa, 2015

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<th>GLOBALLY</th>
<th>SOUTH AFRICA</th>
<th>SHARE (%)</th>
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<tbody>
<tr>
<td></td>
<td>Number of people living with HIV in 2015</td>
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<td>Children 0–14 years</td>
<td>1.8 million</td>
<td>240,000</td>
<td>13%</td>
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<td>Adults 15+ years</td>
<td>34.9 million</td>
<td>6.7 million</td>
<td>19%</td>
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<tr>
<td>All ages</td>
<td>36.7 million</td>
<td>7.0 million</td>
<td>19%</td>
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<tr>
<td>People newly infected with HIV in 2015</td>
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<tr>
<td>Children 0–14 years</td>
<td>150,000</td>
<td>5,100</td>
<td>3%</td>
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<tr>
<td>Adults 15+ years</td>
<td>1.9 million</td>
<td>370,000</td>
<td>20%</td>
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<tr>
<td>All ages</td>
<td>2.1 million</td>
<td>380,000</td>
<td>18%</td>
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<tr>
<td>AIDS deaths in 2015</td>
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<tr>
<td>Children 0–14 years</td>
<td>110,000</td>
<td>8,000</td>
<td>7%</td>
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<tr>
<td>Adults 15+ years</td>
<td>1.0 million</td>
<td>170,000</td>
<td>17%</td>
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<tr>
<td>All ages</td>
<td>1.1 million</td>
<td>180,000</td>
<td>16%</td>
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One in seven adolescent girls have already given birth, pointing to a need for strengthening reproductive health services

Percentage of women aged 15–19 years who are mothers or who have ever been pregnant, by geo-type, 2014–2015

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<td></td>
<td>Urban informal</td>
<td>Rural informal</td>
<td>Rural formal</td>
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<tr>
<td></td>
<td>22%</td>
<td>18%</td>
<td>14%</td>
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<td>Urban formal</td>
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<td></td>
<td>9%</td>
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<td>South Africa</td>
<td>14%</td>
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Source: Calculations based on data from SALDRU’s National Income Dynamics Study (NIDS) 2014–2015, Wave 4 (dataset version 1.0) using post-stratified weights that were calibrated to the 2015 mid-year population estimates.

Source: Global goals for every child: Progress and disparities among children in South Africa (2016)
**Project Overview**

- **GOAL:** HIV positive pregnant and postnatal AGYW access PMTCT, are linked to and remain in care, and are virally suppressed; HIV exposed infants access PMTCT and remain HIV negative; and those HIV positive infants are identified, linked to care and initiated on ART.

- **PROJECT OBJECTIVE:** To improve access to and uptake of quality adolescent and youth friendly HIV and PMTCT/MNCWH services among pregnant and postnatal adolescent and young mothers.

- **PROJECT FOCUS:** Provision of peer-based facility-household based health education and psychosocial support to adolescent and young mothers to access PMTCT/MNCWH services in 5 districts across Gauteng and KwaZulu Natal.
Project Technical Approach

A peer counselling session for HIV-positive mothers

- Peer based service provision
- YOUNG Peer Mentor (18-25 years, experience in young motherhood, HIV status known)
- Active Client follow-up (household based)
- Bi-directional referrals and linkages
- Integrated MNCWH& N/HIV services
Project Technical Approach

FOR ADOLESCENT GIRLS, BY ADOLESCENT GIRLS

- Targeting pregnant adolescent girls and young mothers (aged 15 – 24)
- Supported and empowered by Young Peer Mentors (aged 18 – 25) who are HIV positive and young mothers
Key Project Highlights

**Improved early ANC HIV testing**

- Tshwane district: 59.8%
- National: 66%

**Improved infant HIV testing rates at birth**

- Tshwane district: 59.8%
- National: 68.9%

**Improved ART initiation rates**

- Tshwane district: 96%
- National: 95%

**Improved exclusive breastfeeding rates**

- Tshwane district: 63%
- National: 69%

**Improved immunization coverage**

- Tshwane district: 96%
- National: 95%

**Improved uptake of contraception services**

- Tshwane district: 75%
- National: 74%

**Additional Data**

- Tshwane district: 96%
- National: 68.9%
Key Learnings

- Effective bi-directional facility to community linkages lead to high uptake and utilization of services, and retention in care.
- Active client follow up is key to ensure that clients are provided with adherence education and support and are retained in care.
- Peer to peer mentorship enhances high uptake of services through sharing of experiences and advice.
- Integration of services targeting PMTCT outcomes with MNCWH&N outcomes is key to reducing infant and under-five mortality rates.
- Stakeholder engagement and buy in ensures a holistic provision of relevant services to women and children.
Moving Forward

- Transition to scale up in progress
- From a pilot of 2 facilities, Tshwane has scaled up to 17 facilities with Johannesburg to follow
- With 31 peer mentors trained
- 4,229 Adolescent girls and young women (AGYW) have been enrolled in the project so far
- 3,752 AGYW have received an HIV test and 211 tested HIV positive (5.6%)
- 73.4% of those HIV positive AGYWs have already been initiated on ART
- 502 infants have also already been enrolled
This project is a collaboration between UNICEF, the National Department of Health PMTCT unit and mother2mothers

Thank you to our donor for making the pilot possible and continuing to fund this project

Thank you to all the peer mentors that are willing to make a difference