







ANA PATSOGOLO ACTIVITY

## Implementing DREAMS Programming in Malawi

### Preventing new HIV infections among adolescent girls and young women

In Malawi, HIV prevalence rates for girls and young women ages 15-24 are more than double that of their male counterparts (3.6% vs. 1.5%), and nearly three times higher among the 25-29 age band (13.6% vs. 4.7%). Given the intersecting challenges of poverty, negative gender norms, and limited access to health, education, and social protection services, there is no single HIV prevention intervention for adolescent girls and young women (AGYW) that works on its own. Therefore, mitigating HIV risk factors for AGYW requires a multi-sectoral approach.

Through DREAMS, the Ana Patsogolo ("Children First") Activity provides a combination of behavioral, structural, and bio-medical interventions that address the complexities of AGYW's lives. Moving away from siloed and vertical programming, APA provides a layered package of multi-sectoral, evidence-based interventions to address the overlapping factors that make AGYW vulnerable to HIV. APA tailors interventions based on age, HIV risk profiles, and individual circumstances so that adolescent girls and young women receive the sexual and reproductive health (SRH) and social protection services that are most relevant to helping them stay HIV free.

APA is in its second year of implementation and **reaches more than 55,000 AGYW annually** through layered participant-centered DREAMS interventions delivered in close collaboration and coordination with a range of clinical and social protection service providers.

The Ana Patsogolo Activity (APA) is a five-year PEPFAR and USAID-funded project to prevent new HIV infections and reduce vulnerability to HIV through integrated prevention and response interventions for OVC and AGYW in southern Malawi. Led by the Bantwana **Initiative of World Education** Inc. (WEI/Bantwana) in collaboration with four Malawian local partners, APA delivers DREAMS programming at scale in targeted high HIVburden districts.

## **Key Pillars of APA's Approach**

### Inclusive, participatory DREAMS Clubs

APA-trained and supported **DREAMS** Club Facilitators (**DCFs**) deliver DREAMS interventions, provide mentoring, and actively manage referrals for social protection and clinical services. Club sessions take place weekly in community safe spaces in close proximity to where girls live and follow a schedule that enables them to balance participation in DREAMS Clubs with their other responsibilities. As mentors, DREAMS Club Facilitators play multi-dimensional roles, including:

- ➤ Delivering the DREAMS Toolkit and financial literacy curricula;
- ➤ Actively linking beneficiaries to a range of social protection interventions and clinical services (SRH, GBV, education, parenting support, economic strengthening);
- > Tracking attendance and retention; and
- ➤ Monitoring and reporting service completion.

APA prioritizes hiring qualified DREAMS Club graduates as facilitators and currently works with 787 DCFs.

Fazila Kazambe, 29, DREAMS Club Facilitator



"In my community, most girls had no idea where to get help when faced with GBV. Some had dropped out of school due to parental negligence.

I am happy that I have seen at least 18 girls go back to school after my interactions with their parents/caregivers as well as the girls.

This motivates me a lot."

### Layering of Interventions

Layering is critical to the success of DREAMS and it requires tracking and coordination with a range of partners to ensure that every AGYW completes the full package of interventions that address issues and awareness beyond HIV, with the goal of increasing AGYW's self-confidence, assertiveness, goal-oriented behaviors, and ability to negotiate safe sex. The key layers include economic strengthening (especially for older and out-of-school AGYW), financial literacy, curricula for violence prevention, family planning to avoid unwanted pregnancy, PrEP, psychosocial support, education support (school fees, uniforms, textbooks), HIV screening/testing, and referrals for post-violence care.

	APA DREAMS Interventions by Age Band		
	10-14 yrs.	15-19 yrs.	20-24 yrs.
Primary Package	<ul> <li>Screening for HTS/HTS referral</li> <li>Contraceptive information</li> <li>Condom information</li> </ul>	<ul> <li>Social Asset Building (DREAMS Toolkit)</li> <li>Financial Literacy (Aflateen)</li> <li>Screening for HTS/HTS referral</li> <li>PrEP education/information</li> <li>Contraceptive information/FP</li> <li>Condom information</li> </ul>	<ul> <li>Social Asset Building (DREAMS Toolkit)</li> <li>Financial Literacy (Aflateen)</li> <li>Screening for HTS/HTS referral</li> <li>PrEP education/information</li> <li>Contraceptive information/FP</li> <li>Condom information</li> </ul>
Secondary Package	<ul> <li>Positive Parenting for caregivers (Families Matter Program)</li> <li>Access to Post Violence Care services</li> <li>VSLA+ for caregivers</li> </ul>	<ul> <li>Families Matter Program</li> <li>PrEP screening and uptake (YFHS)</li> <li>Economic strengthening (Siyakha)</li> <li>Youth VSLA+</li> <li>Access to Post-Violence Care services</li> </ul>	<ul> <li>Access to contraceptive services/FP</li> <li>Access to condoms</li> <li>PrEP screening and uptake (YFHS)</li> <li>Economic strengthening (Siyakha)</li> <li>Youth VSLA</li> <li>Access to Post Violence Care services</li> <li>Families Matter Program for caregivers</li> </ul>
SASA! and SASA! Faith for community mobilization and norms change			





"I have learnt a lot about how I can protect myself from HIV and also how I can prevent unplanned pregnancy.

I was impregnated at the age of 16 in 2019 while I was in Form 3, as at that time I had no idea how I could prevent pregnancy. Now I feel empowered that I am able to protect myself from pregnancy as well as HIV."

Catherine, 19

## Key Pillars, continued

#### Collaboration with Clinical Partners

APA collaborates closely with facility-based implementing partners and conducts joint planning so that clinical outreach workers follow a routinized schedule to bring clinical SRH and HIV testing services to DREAMS clubs at the community level. Through the Ministry of Health, APA trained DREAMS Clubs Facilitators to serve as distribution agents for HIV self-test kits as well as certified them to conduct initial screening and referrals for PrEP. APA staff actively follow up on all clinical referrals to ensure that services are delivered completely and in a youth friendly manner.

## **Delivering Interventions at Scale**

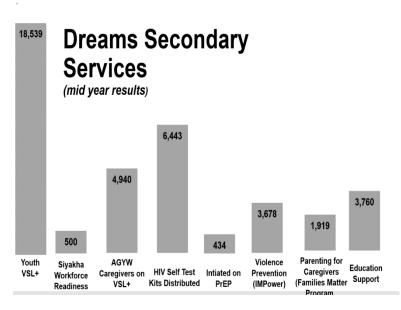
In 2022, APA enrolled 57,638 AGYW in DREAMS, of which:

- ⇒ 90% completed the primary package of service by midyear, and
- ⇒ 75% had completed at least one secondary intervention by midyear.

By streamlining service delivery and improving collaboration with clinical partners, APA has accelerated service delivery for the primary package, significantly reducing dropout rates. As delivery of secondary services scales up in the second half of the year, the majority of AGYW will be able to complete the DREAMS program in one year.

### Progression through DREAMS





## **Illustrative Impacts to Date**

(Data in this section is from a DREAMS completion survey of 13,063 AGYW from the 2021 cohort.)

**Remaining HIV free:** One of the main goals of DREAMS is to ensure that participants remain HIV free. Of the 13,063 AGYW who completed the DREAMS program in 2021, 99.99% (13,045 girls) remained HIV free. For the .01% (18) DREAMS beneficiaries who acquired HIV, APA ensured rapid linkages to care and treatment and enrollment in the OVC comprehensive program.

**Delaying marriage:** Malawi has one of the highest rates of child marriage in the world, with approximately 47% of girls married before the age of 18. Among the 2021 cohort, 99% delayed marriage; of the 1% who did get married, all were 18 or older.

Avoiding pregnancy: In Malawi, 29% of adolescent girls between the ages of 15 and 19 have already begun childbearing. Sexual reproductive health education and services are critical components of DREAMS, equipping AGYW with the knowledge, skills, and services to help avoid early pregnancy. As a result, 98.9% did not have any additional children while participating. Of the 1.1% (139) who did, 48 were married and 91 were single moms.

99.9% of participating AGYW remained HIV FREE

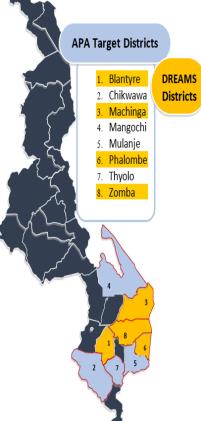
99% of AGYW DELAYED marriage

> 98.9% AVOIDED pregnancy

# Looking ahead: The Way Forward

As APA expands the DREAMS footprint, it will focus on:

- ⇒ Centering AGYW voices by further engaging them in the design, implementation, and monitoring of interventions;
- ⇒ Deepening person-centered approaches that bring services out of facilities and closer to communities so they are more accessible;
- ⇒ Expanding access to self-care strategies such as HIV self-testing
- ⇒ Continuing to promote effective integration of SRH and HIV in preparation for new biomedical prevention technologies on the horizon;
- ⇒ Mainstreaming psychosocial support (PSS) and mental health throughout DREAMS programming;
- ⇒ Ensuring that DREAMS is embedded in local systems for long-term sustainability.



APA has delivered DREAMS in Blantyre, Machinga, and Zomba Districts, since 2020 and will expand to Phalombe District in October 2022.

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<sup>&</sup>lt;sup>1</sup> Malawi Demographic Health Survey 2015-2016.