Promising short-term outcomes among adolescent girls and young women participating in Zambia DREAMS



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BACKGROUND

Girls and young women account for 74 percent of new HIV infections among adolescents in sub-Saharan Africa. Helping girls develop into Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe women is the goal of the DREAMS initiative- a PEPFAR-funded partnership aimed at reducing HIV infections among adolescent girls and young women (AGYW) in ten sub-Saharan African countries. In Zambia, Pact has been implementing DREAMS since 2015 through the USAID/Zambia Community HIV Prevention Project (Z-CHPP) in 11 districts across five provinces; whereby Pact works closely with local partners to promote increased adoption of high-impact HIV services and protective behaviors among AGYW ages 10-24 years old.

DREAMS uses an integrated 'Safe Space' model as the primary platform for reaching AGYW with a package of services. Safe Spaces are community locations where AGYW can meet in a safe and confidential environment and where AGYW gather to follow a tailored 13 week Stepping Stones Curriculum. The Stepping Stones curriculum is taught by an experienced female mentor and covers topics such as communication in relationships, HIV prevention, family planning, and financial literacy. In addition to Safe Spaces, DREAMS Centers are in each zone, where DREAMS participants and their sexual partners can access services seven days a week.

While DREAMS is built on evidence-based interventions, sectoral gaps remain in understanding the relationship between specific activities and associated benefits to participants. To begin filling some of these gaps, Pact conducted an outcomes assessment to determine the extent to which participation in the core DREAMS activity- a 13-week HIV education curriculum (Stepping-Stones)- led to positive immediate outcomes among AGYW.

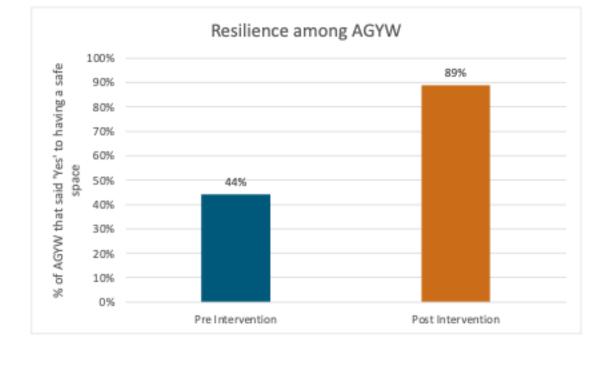
METHODS

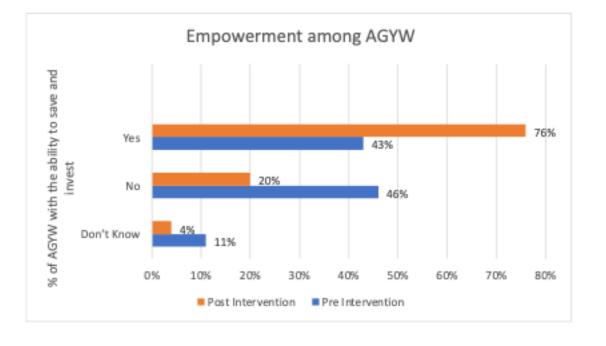
Pact works through 40 DREAMS centers across Zambia, each staffed with 3-4 mentors, where AGYW are enrolled by cohort on a rolling basis and assigned to a mentor. Using a single-stage cluster sampling approach, 2,392 AGYW aged 10-24 were recruited into the study between November 2019 and March 2021 across three cohorts. Groups of AGYW under each DREAMS mentor were considered a "cluster"; and a sample of clusters was chosen using random sampling, with the mentor as the primary sampling unit (PSU). To reach the desired sample size of 629 AGYW per cohort, 11 randomly selected mentors administered a quantitative survey tool to their entire cluster-both at enrollment into the 13-week DREAMS curriculum and again at graduation. The survey tool was designed to capture changes in key immediate outcomes expected from participation in DREAMS including: resilience, HIV knowledge, stigma, empowerment, selfagency, self-esteem and mental health. Post analysis was used to compare distribution of categorical variables among the same cohort of AGYW before and after completion of the Stepping-Stones curriculum.

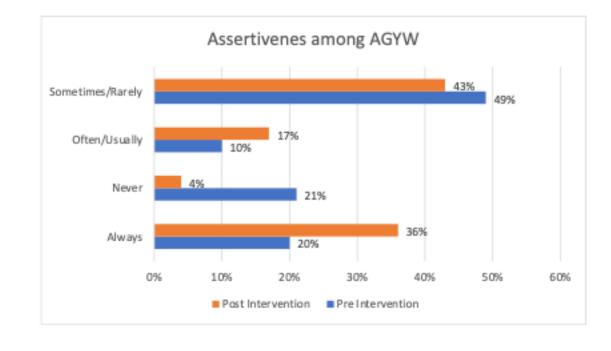
RESULTS

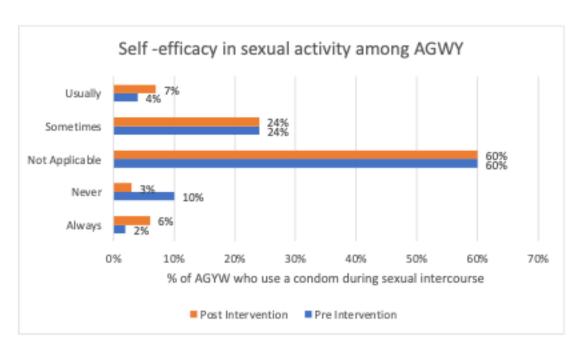
Results demonstrated improvement in at least some elements under each of the immediate expected outcome categories assessed. Findings showed an increase in AGYW who reported factors of resilience, measured through having a safe place to meet with peers and feeling of connectedness, from 44% (1,039 pre-intervention to 89% (2,117) post-intervention, and those that reported at least having one trusted female friend was 45% (1,349) at pre-intervention and 81% (1,847) at post-intervention. There was also an increase in HIV knowledge: 82%(1,858) of AGYW post-intervention believed that having multiple sexual partners increases the likelihood of contracting HIV compared to 60%(1,360) pre-intervention; and 3% (80) at post-intervention believed that HIV cannot be cured by ARVs compared to 15% (341) pre-intervention;41%(882) post-intervention believed that HIV positive females can infect their babies with HIV as compared to 36%(780) at pre-intervention. Results further demonstrated a decrease in anticipated stigma if testing HIV positive from 39% (815) pre-intervention to 24% (509) post-intervention.

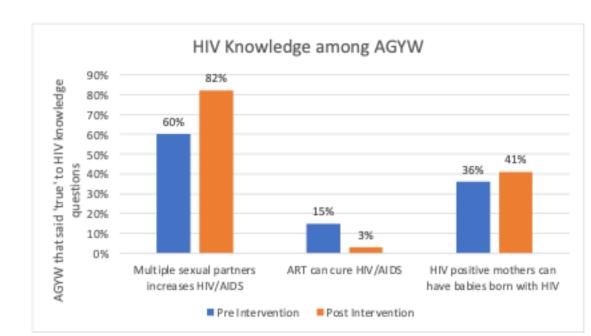
Other findings showed that AGYW were more financially empowered at graduation from DREAMS, as seen by a reported increase in ability to save money and invest it: 76% (1,475) post intervention as compared to 43% (845) pre intervention said yes, 20% (339) postintervention compared to 46% (887) pre-intervention said no and 4%(70) post-intervention compared to 11%(212) pre-intervention said they did not know. Empowerment also enhanced assertiveness, selfefficacy in sexual activity and self-reliance among girls, as shown in the graph below. Self-Agency and self-esteem results also showed increases, as seen by self-reported capacity to set and act on short term personal goals: 8% (181) at pre intervention to 20% (447) at post intervention; and an increase in proportion of participants who reported it was easy for them to list five things they like about themselves: 31% (700) strongly agreed at pre intervention while 44% (1,004) strongly agreed at post intervention. Participants also responded to a set of standard mental well-being questions folded into the tool; and results showed an improvement in mental health, as depicted in the graph below.

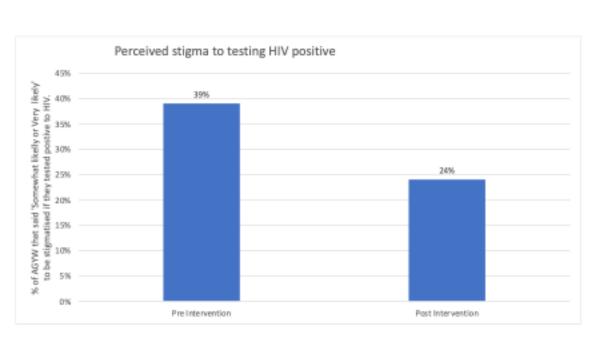












CONCLUSIONS

AGYW. This is demonstrated in the results obtained at post intervention as compared to pre intervention period. DREAMS appears to immediately enhance resilience by creating a safe space for all girls to connect with peers, increase the HIV knowledge among girls, reduce stigma perception and enhance assertiveness as well self-efficacy in sexual activity among AGYW.

NEXT STEPS

Pact is currently conducting follow-up study with a sample of program participants at least 12 months post-graduation to assess the extent to which the immediate gains identified in the outcomes assessment are retained in the years following DREAMS participation. Findings from both studies will be used to inform adaptation of current and optimal design of future HIV programming for AGYW aged 10 – 24 years in Zambia. Pact further recommends an ex-post study to assess longer term changes and lasting impact among DREAMS participants, as well as incorporation of control groups from non-intervention locations into future operational research of DREAMS programming. Findings will help fill existing gaps in the evidence base, which is critical for more effective data-based decision making on program design and resource allocation.

ACKNOWLEDGMENTS

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