

The Role of Adolescent-Friendly Health Services in HIV Prevention and Gender-Based Violence Response among Adolescent Girls and Young Women in Namibia

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Background

- ACHIEVE Namibia, funded by the U.S. Agency for International Development and the U.S. President's Emergency Plan for AIDS Relief, aims to achieve and sustain HIV epidemic control among adolescent girls and young women (AGYW) aged 10–24 years in northern Namibia.
- HIV disproportionately affects AGYW aged 15–24 years, with an incidence of 1.06% compared to 0.03% for young men (NAMPHIA 2017).
- ACHIEVE project implements DREAMS (Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe) interventions in two regions and four districts in Namibia, and partners with 21 public health facilities in coordination with Ministry of Health and Social Services.
- The project builds on country experience in implementation of HIV prevention, sexual and reproductive health (SRH), and post-gender-based violence (GBV) care to strengthen adolescent-friendly health services (AFHS).

Description

- DREAMS interventions include HIV prevention (HIV testing services, pre-exposure prophylaxis [PrEP], linkage to antiretroviral therapy, screening and treatment for sexually transmitted infections), post-GBV clinical care, and SRH services (family planning counseling and provision) provided in adolescent-friendly DREAMS clinics, safe spaces in communities, and schools around the clinics to empower AGYW against acquisition of new HIV infections.
- DREAMS clinics have clear signage, are manned by AFHS-trained providers, actively engage AGYW and use their feedback to improve services, and offer an equitable, affordable, non-judgmental and easily accessible comprehensive package under one roof without gender or social status discrimination.
- The authors performed a retrospective analysis of programmatic data from October 2020 to September 2021 to understand trends in service uptake among AGYW aged 10–24 years

Lessons Learned

- During the period under review, 21,801 AGYW visited the 21 clinics. Of these, 21,334 (98%) were assessed for HIV risk using a standard tool and 16,278 (75%) were found to be at risk (Figure 1). Of those at risk, 11,474 (70%) were tested for HIV, and 11,374 (99%) tested negative.

Figure 1: Uptake of AGYW served in AFHS through ACHIEVE Namibia

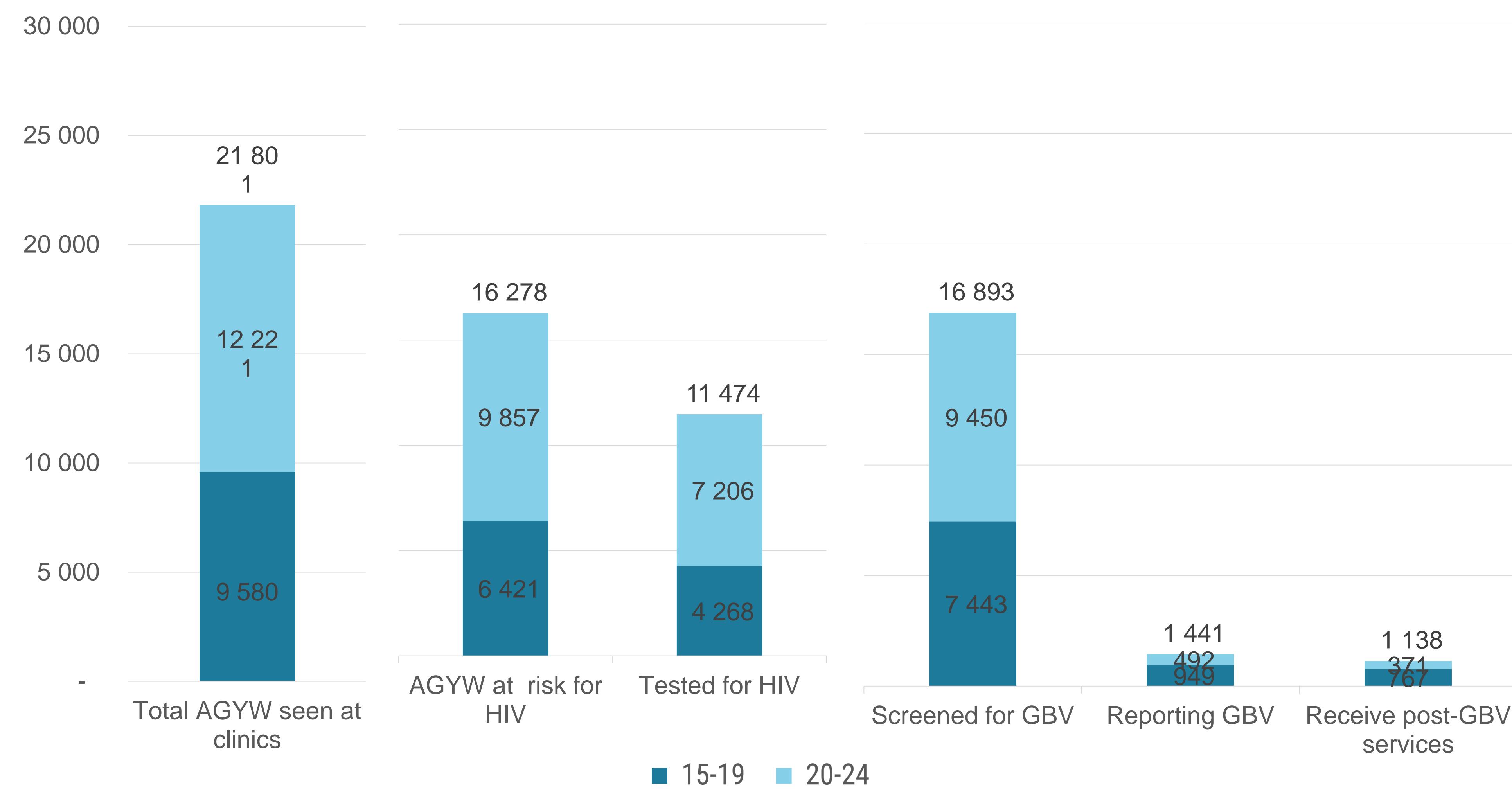
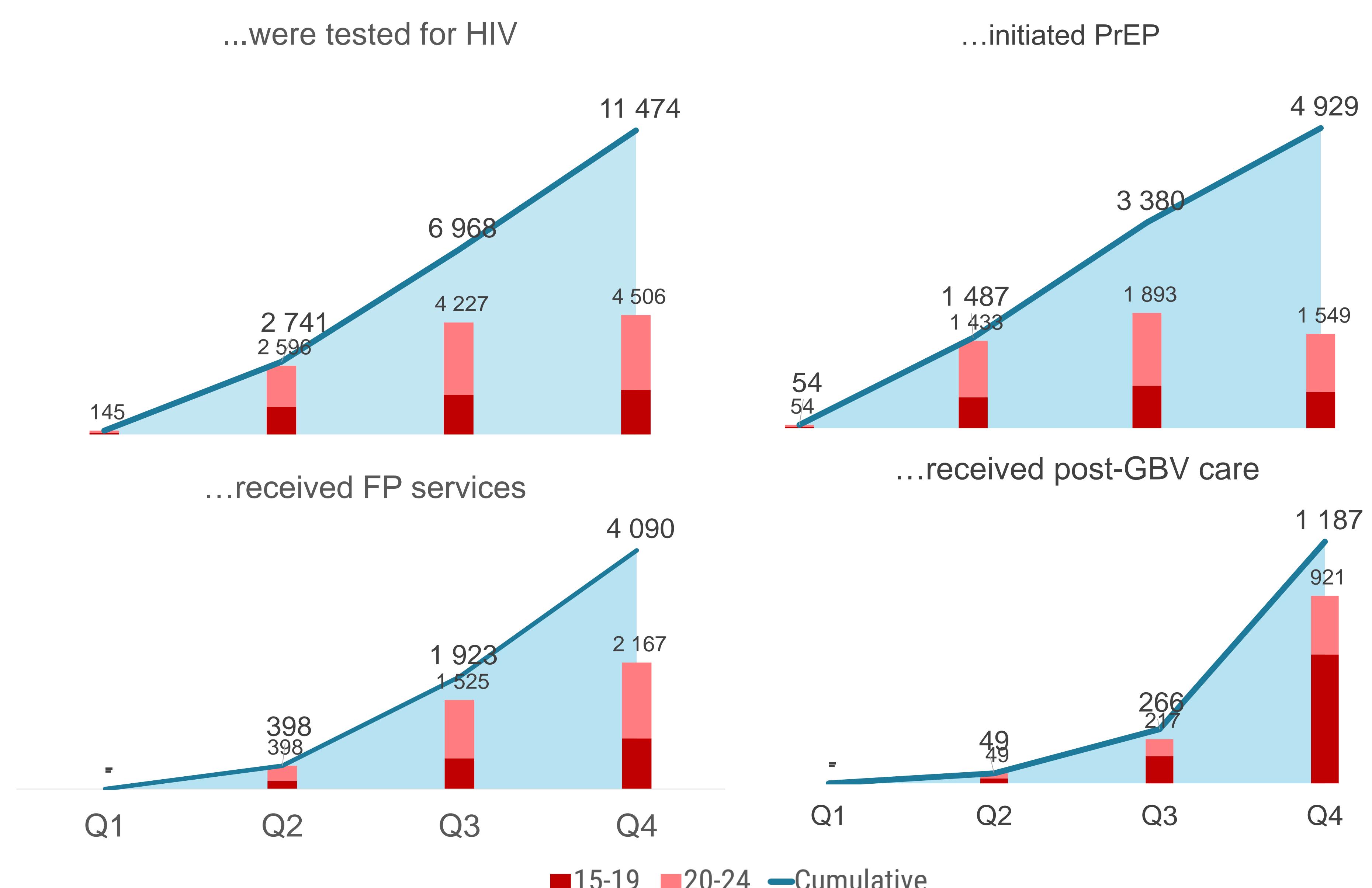


Figure 2: Coverage of services for AGYW who...



Lessons Learned (continued)

- Among those who tested negative, 4,929 (43%) were initiated on PrEP (Figure 2).
- Among those who visited the clinics, 4,090 (19%) of the AGYW received a WHO recommended contraceptive method, and 1,187 (82%) among 1,441 of AGYW reporting GBV cases received post-GBV clinical care (Figure 2).
- Factors that may be associated to achieving these goals include clear signage for the clinic, trained health care workers, and continuous engagement of AGYW in service provision as well as in peer-to-peer support of other AGYW.

Conclusions and Way Forward

- Integration of adolescent friendly health services for AGYW is feasible and acceptable.
- AFHS have the potential to increase access to comprehensive health information and positive outcomes for AGYW by integrating HIV, SRH, and GBV services under one roof.
- More research and programmatic experience is needed to understand the potential for integrating adolescent-friendly SRH and HIV services to support epidemic control in Namibia, as well as the human resources, training, communication materials required to reach vulnerable AGYW at scale.