



Addressing the needs of adolescent and young mothers affected by HIV in Eastern and Southern Africa

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Acknowledgements

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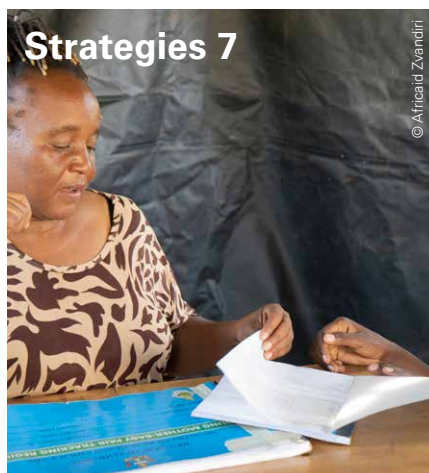
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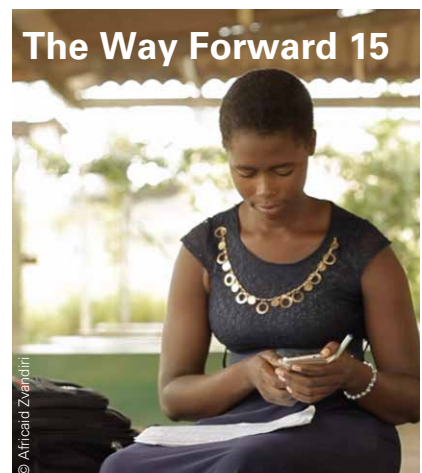
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Acronyms

AGYW	Adolescent girls and young women	HIV	Human immunodeficiency virus
ANC	Antenatal care	MNCH	Maternal, newborn and child health
ART	Antiretroviral therapy	PMTCT	Prevention of mother-to-child transmission
COVID-19	Coronavirus disease 2019	PNC	Postnatal care
ECD	Early childhood development	SGBV	Sexual and gender-based violence
EID	Early infant diagnosis	SRH	Sexual and reproductive health
ESA	Eastern and Southern Africa	UNICEF	United Nations Children's Fund



Eastern and Southern Africa Region: Countries of Implementation





Executive Summary



Adolescence¹ is a period of tremendous opportunity and significant vulnerability. Adolescent and young mothers are a priority population for UNICEF in Eastern and Southern Africa (ESA). In this region, one in four women aged 20-24 years gave birth before the age of 18, reflecting some of the highest adolescent pregnancy rates in the world,ⁱⁱ and 30 per cent of new HIV infections occur among adolescent girls and young women (AGYW) aged 15-24 years.ⁱⁱⁱ

Studies increasingly show that adolescent and young mothers² have poorer maternal health and HIV outcomes as compared to older women. In many countries, AGYW have higher rates of unplanned pregnancy, sub-optimal uptake of antenatal care (ANC) and postnatal care (PNC) and, among women living with HIV, poorer adherence to treatment and lower viral load suppression. Despite these outcomes, AGYW programmes give little attention to managing pregnancy and parenthood while maternal health services treat women the same, regardless of age.

The *Start Free, Stay Free, AIDS Free* framework supports the global goal of ending AIDS as a public health threat among children, adolescents and young women by 2030. While remarkable progress has been made, this ambitious target will not be met without action to provide services and support to adolescent and young mothers, both living with HIV and HIV-free, and their children, particularly in the ESA region.

UNICEF is working with governments and partners to meet the complex needs of adolescent and young mothers in ESA. Six strategies are being employed.

Inclusion of the unique needs of adolescent and young mothers in **national and district plans and strategies** is increasing accountability, funding, programme standardization and scale up.

Evaluations and studies to better understand the experiences of adolescent and young mothers are informing national strategies and programming. Results of this work are shared in the box below.

Research Impact

- Tailored mentor mother models for adolescent and young mothers in Malawi and Zimbabwe.
- Interventions designed to strengthen young parents' resilience in South Africa.
- Scaled up adolescent and young mothers' health services in Uganda.
- Better informed Global Fund proposal and ongoing development of a national social and behaviour change communication strategy in Zambia.

¹ Defined as 10-19 years of age
² For this document, adolescent and young mothers refer to pregnancy and two-years post-birth.



Age-responsive service delivery, social support and multi-sectoral linkages are contributing to adolescent and young mothers' well-being. Health facilities are offering age-differentiated pregnancy and postpartum care. Peers, mentor mothers and community health workers are providing support to adolescent and young mothers and their partners. Intervention results

across countries demonstrate improved HIV and health outcomes for adolescent and young mothers, their children and male partners. Support for livelihoods, early childhood development and continued education have strengthened adolescent and young mothers' self-sufficiency, parenting skills and resilience

Programme results

Peer support contributed to over 90 per cent viral load suppression among adolescent and young mothers in Malawi and Zimbabwe.

In South Africa, 77 per cent of children of adolescent and young mothers living with HIV received an HIV test by the age of two months.

In Malawi, nearly 6,200 children of adolescent and young mothers are participating in playgroups.

In Lesotho, 88 per cent of mothers are engaging in early child stimulation, compared to 62 per cent at the start of the programme.

Men's engagement and family-centred approaches have led to increased numbers of male partners seeking HIV testing,

Improved promotion of positive prevention for discordant couples, and stronger support from family members have been documented.

Humanitarian programming, in response to Cyclone Idai and COVID-19, led to innovative approaches that support health workers, community activists and peer mentor mothers to ensure continued HIV health services for adolescent and young mothers.

Learning

Inclusion of adolescent and young mothers as a priority population in national and subnational strategies and plans supports accountability and scaled up programming. Evidence-based interventions, such as decentralized service delivery and strong social support, including by peers, increase use of services and improve health outcomes. Multi-sectoral approaches that support livelihoods, mental health and early childhood development help to address the multiple social and structural challenges faced by adolescent and young mothers.

The way forward

To achieve scale, quality and standardization, differentiated services for adolescent and young mothers need to be included in national policies and plans. Services should be tailored to recognize adolescent and young mothers' unique circumstances

and multi-sectoral needs, including institutionalizing the role of peers and strengthening community-facility linkages and referral pathways to other social services. Adolescent and young mothers should be engaged in conceiving programmes, as peers and as change agents. Improved data collection and research should aim to fill the knowledge gap on how to improve health and well being outcomes for adolescent and young mothers, both living with HIV and HIV-free and their children.

Pregnancy and motherhood force girls and young women into adulthood, whether or not they are emotionally, cognitively or physically prepared. HIV infection adds another challenging dimension to their lives. Adolescent and young mothers, both living with HIV and HIV free, have the right to correct information, quality support and respectful health services that are responsive to their needs, including offering multiple services, either directly or through linkages and referrals. The experiences and learning captured in this document can be built upon to fulfill these rights. It is unlikely that global goals to eliminate HIV and AIDS and secure adolescent reproductive health and well-being will be reached unless these tailored services and support are provided.

Background



Adolescence (defined as 10-19 years of age) is a period of both great opportunity and significant vulnerability.^{vi} Adolescents experience intense physical, psychological, and emotional changes as they make the transition from childhood to adulthood. Adolescence is also a time when many young people become sexually active and, as a result, are vulnerable to sexually transmitted infections, including HIV, as well as unplanned pregnancy, and complications related to early pregnancy and childbirth.

Adolescent pregnancy results in poorer maternal and child health outcomes, including preterm delivery, eclampsia, stillbirth, low birth weight, neonatal complications, and maternal mortality.^{vii viii} Adolescent pregnancy often leads to girls missing school or dropping out altogether, potentially reducing their economic opportunities and negatively affecting their children's health and nutrition.^{ix}

The combined impact of early motherhood and HIV is particularly challenging, especially when the pregnancy is unplanned. Girls who are tested and newly diagnosed with HIV during ANC have to cope with a pregnancy confirmation, a positive HIV diagnosis, initiation onto lifetime treatment and potentially HIV and pregnancy-related stigma among other challenges.

When compared with older women, adolescent and young mothers fare less well at various points along the prevention of mother-to-child transmission of HIV (PMTCT) continuum, including high unmet demand for contraception, lower rates of retention in HIV care and treatment and higher new infections of HIV during

pregnancy and breastfeeding, posing risks to their health and increasing the likelihood of mother-to-child transmission of HIV.³ Despite these adverse outcomes, most HIV and health services treat women the same, regardless of age, and programmes for AGYW give little attention to managing pregnancy and parenthood.

In South Africa, the Hey Baby study found that only half (179/364) of the children of adolescent and young mothers living with HIV received ART as either prophylaxis or treatment, falling far short of the global target of 95 per cent.

Cluver L. et al. Baseline Report of the Hey Baby study. Universities of Cape Town and Oxford and University College London, 2020.

The global *Start Free, Stay Free, AIDS Free* framework supports the global goal of ending AIDS as a public health threat among children, adolescents and young women by 2030. The framework aims to eliminate mother-to-child transmission of HIV; support children, especially girls, to stay HIV-free through adolescence and young adulthood; and, ensure all children and adolescents living with HIV are diagnosed, treated and cared for, so that they can remain AIDS-free.^x Remarkable progress has been made over the past two decades, including decreasing the annual number of new child infections resulting from mother-to-child-transition of HIV by more than two thirds since 2004 and more than half since 2010.^{xi} However, the data is

³ PMTCT services include maternal HIV testing, antiretroviral therapy for mothers with HIV, prophylactic treatment for HIV exposed infants, infant HIV testing, and antiretroviral therapy for HIV-infected infants.

also clear that these ambitious targets will not be met without urgent action to provide services and support that meet the needs of adolescent and young mothers, both living with HIV and HIV-free. This is particularly true in ESA where AGYW face an alarming risk of early pregnancy and HIV:

- In the ESA region, one in four women aged 20-24 years gave birth before the age of 18, reflecting some of the highest adolescent pregnancy rates in the world.^{xii}
- Thirty per cent of 730,000 new HIV infections in 2019 occurred in AGYW.^{xiii}
- Population-based studies in seven ESA countries found that only 46 per cent of AGYW living with HIV were aware of their HIV status, 85 per cent of those who knew their HIV positive status were on treatment, and just 45 per cent of AGYW on treatment were virally suppressed.^{4 xiv}

Compounding the adverse effects of early pregnancy and HIV, the ESA region has high rates of sexual and gender-based violence (SGBV) against women and girls. In seven ESA countries, approximately 20 per cent of AGYW report having experienced sexual violence from an intimate partner.^{xv}

Adolescent and young mothers, both pregnant and breastfeeding, are a priority population for UNICEF in the ESA region. This document aims to describe UNICEF's efforts with governments and partners; share national level interventions, research findings and implementation strategies; and suggest ways in which policy makers, researchers, programme managers and implementers can strengthen HIV and health services for adolescent and young mothers.



4 Eswatini, Lesotho, Malawi, Tanzania, Uganda, Zambia, Zimbabwe

Strategies to meet adolescent and young mothers' HIV and health needs



Six key strategies are being employed to enhance support and improve outcomes for adolescent and young mothers.

1. Generating and using evidence to inform policies and programmes

Several studies have been conducted to increase understanding of the HIV and health-related needs⁵ of adolescent and young mothers and their experiences within the health system.

In Malawi, where mother-to-child transmission of HIV has been notably reduced, data suggest that adolescent and young women have poorer outcomes than older women throughout the PMTCT continuum. To further understand and address this gap, UNICEF collaborated with the Ministry of Health and research and implementing partners to conduct formative qualitative implementation research with adolescent and young mothers living with HIV.^{xvi} Sixteen focus group discussions were held in 4 districts with 72 adolescent mothers living with HIV (aged 15–19 years); half had experience with mentor mother programming and half did not. While most participants cited good health for themselves and their children as motivating factors to remain in care, they also indicated a desire for young mother peer-led support that would facilitate community-facility linkages, strengthen family support and pragmatically address barriers to care and treatment.

The study's findings and recommendations were used to tailor a mentor mother model for adolescent and young mothers, now operational in one pilot district.

"I would have loved to have a young mentor mother because we are at the same stage and have gone through the same situation, while with an older woman our ways of thinking would be different" (Study participant, Malawi)

UNICEF Zimbabwe, in collaboration with the Ministry of Health and Child Care and implementing partners conducted a mixed method operational research study of 177 young mothers living with HIV (aged 17-24 years), all of whom had been initiated on antiretroviral therapy (ART) and recently enrolled in a young mentor mother programme. The study determined the women's clinical, psychological, social, virological and immunological characteristics and assessed their children, both HIV-exposed and HIV-infected, for child development outcomes. The study also explored how young women's transition to motherhood shaped their capacity to manage disclosure of their HIV status and treatment adherence.^{xvii} Findings confirmed the linkage between social support and adherence to treatment and led to implementation of a young mentor mother programme across several districts.

⁵ In this document, health needs include sexual, reproductive and maternal health.



To determine adolescent and young mothers' knowledge and use of HIV, health, and SGBV services in Zambia, UNICEF supported a qualitative Knowledge, Attitudes and Practices Survey. Survey findings were reviewed by HIV, health, child protection and communications stakeholders to ensure a multi-pronged follow up to the issues identified. The findings informed the Global Fund proposal and are currently being used to advocate for reduced barriers to services, leverage policy change, and develop a national social and behaviour change communication strategy.

UNICEF Uganda supported an end-of-pilot evaluation of the Uganda Ministry of Health's group ANC and PNC programme for AGYW. Designed to increase use of HIV and health services and to encourage women to improve their self-care, group discussions are used to build peer support and deliver essential health information. The health education sessions are scheduled around women's ANC and PNC visits, and children's immunization schedules. The evaluation findings resulted in the inclusion of group ANC and PNC

in the National AGYW HIV Prevention Strategy and the National Elimination Plan for MTCT and are being used to inform phased scale up to 318 health facilities.

UNICEF ESA Regional Office has partnered with Oxford and Cape Town Universities to support Hey Baby (*Helping Empower Youth Brought up in Adversity with their Babies and Young Children*), a longitudinal study of the health and well-being of adolescents and their young children in South Africa.^{xviii} The study is assessing pathways to resilience among adolescent families living in adversity, including HIV-affected households. Using innovative participatory research methodologies, the Hey Baby research group has completed baseline data for 1,025 adolescents and their children. In addition to understanding what puts young parents and their children at risk, the study is identifying entry points for programming and social, health and economic support services that may improve outcomes for adolescent parents and their children.

Key findings across studies:

Similar results and recommendations are emerging across studies, reflecting the shared vulnerabilities of adolescent and young mothers in the ESA region and confirming the importance of tailored interventions. Collaboration with policy makers, researchers and implementers from the start ensured that findings contribute to national plans and strategies as well as to programme design and implementation.

Barriers to accessing HIV and health services:



Women cited inadequate information on the benefits of ANC, PNC and PMTCT services, lack of family support, fear of rejection and stigma, poor confidentiality at facilities, judgmental health workers, long distances, inadequate transport and associated costs as challenges to benefiting from HIV and health service delivery.

Adherence and viral load suppression:



Non-disclosure to male partners and family members, stigma and discrimination, drug side effects and drug fatigue were reported as the main causes of non-adherence. In the Zimbabwe study, common mental health conditions were associated with poor adherence while low viral suppression in infants was associated with low maternal viral load suppression.

Male partners:



Echoing results from other studies^{xix}, participants in all three studies noted limited disclosure of HIV status to their male partners, primarily due to fear of spousal rejection and accusations of infidelity, yet as previously noted, disclosure was closely linked to self-reported adherence to ART and, in the Zambia study, to early infant diagnosis (EID). In Zimbabwe, interviews

with male partners found that men also struggle with disclosing that they are living with HIV, with some opting to present for HIV testing with their partners as first timers despite already knowing their HIV status.

Child health:



Of 173 children who were developmentally assessed in Zimbabwe, 12.7 per cent were unable to do three or more items typical for children of their age on at least two of the domain scales of gross motor, fine motor, social and language skills, raising concerns about early childhood development. Notably, child development assessments and early childhood development are important components of the adolescent and young mother programmes in Lesotho, Malawi, South Africa and Zimbabwe.

Peer support:



In Zambia and Uganda, young mothers expressed enthusiasm for group education with other young mothers where they could freely share their concerns and explore a range of issues. Study participants in Malawi and Zimbabwe indicated their preference for young peer mentor mothers who had successfully navigated the PMTCT continuum.

Research Impact

- Tailored mentor mother models for adolescent and young mothers in Malawi and Zimbabwe.
- Interventions designed to strengthen young parents' resilience in South Africa.
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- Better informed Global Fund proposal and ongoing development of a national communication and behaviour change strategy in Zambia.

2. Influencing government policies, plans and strategies

Inclusion of the unique needs of adolescent and young mothers in national plans and strategies demonstrates government leadership and commitment while helping to ensure accountability for resource allocation to service delivery. Embedding standardized packages of care into government plans also provides the framework for national scale up to reach more adolescent and young mothers.

In Botswana, UNICEF supported the government and partners to include differentiated programming for adolescent and young mothers in national plans, strategies and service delivery guidelines. Emphasis was given to translating policies and strategies into implementable priority actions. One result of this effort was catalyzed funding to scale up implementation of district-wide action plans for adolescents and young people, including young mothers, in 10 priority districts.

Results from "Empowering Young Mothers" in Lesotho, a UNICEF-supported peer mentor mother programme, are being used to inform the revision of Lesotho's national Essential Health Package, guaranteeing the prioritization of adolescent and young mothers in the minimum package of health care.

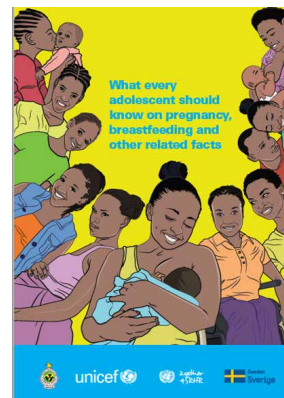
3. Improving service delivery for adolescent and young mothers

Adolescent girls and young women require a range of health services and information that explicitly acknowledge their experiences and evolving capacities. To address this need, UNICEF is working with governments, civil society and adolescents to develop national guidelines, services and tools to contribute to consistent, quality service delivery for adolescent and young mothers.

In both Botswana and Tanzania, the government adopted standard operating procedures tailored to adolescents and young women that emphasize the importance of building respectful, supportive relationships and

understanding the context of the pregnancy/postpartum experience. The standard operating procedures address HIV service delivery, mental health, contraception, gender-based violence and financial barriers to health care and are currently being piloted prior to national implementation.

UNICEF's implementing partner in Malawi, Baylor College of Medicine Children's Foundation, has introduced young motherhood clinics within health facilities that offer comprehensive HIV, sexual and reproductive health (SRH) and maternal and child health services, as well as screening and referral for cervical cancer, nutrition, SGBV and mental health. Through Bayers' Young Mothers' Support Group in Botswana, young mothers receive support for treatment adherence, psychosocial and mental health, HIV prevention and SRH, drugs and substance abuse, and support for their infants' well being during the monthly group meetings.



In Zimbabwe, UNICEF supported production and distribution of "What Every Adolescent Should Know on Pregnancy, Breastfeeding and Other Related Facts," a comprehensive and adolescent-friendly information package developed in consultation with adolescents and in collaboration with government and civil society.

4. Strengthening social support for adolescent and young mothers

The importance of social connections to adolescent and young mothers' health and well-being cannot be overestimated. Once a girl's pregnancy is known, she is likely to withdraw from school, lose important friendship and community networks, and face pregnancy-related stigma.



Peer support has been an important component of programmes for adolescents living with HIV and PMTCT.^{xxi} However, these programmes are generally not tailored for adolescent and young mothers. Based on available evidence, including formative research,

UNICEF Lesotho, Malawi, South Africa and Zimbabwe are supporting facility and community-based peer-led interventions that address the unique needs of adolescent and young mothers.

Overview of Community-Based Peer-Led Models

Who provides support	What support is provided	How support is provided
<ul style="list-style-type: none"> Young and adult mentor mothers Peer champions (male and female) Facility and community-based health care workers Community activists 	<ul style="list-style-type: none"> A combination of: <ul style="list-style-type: none"> Psycho-social support Information on HIV, SRH Screening for STIs, nutrition, TB, SGBV and mental health Child development assessments and early childhood development Birth registration Income generation Linkage to continued education 	<ul style="list-style-type: none"> Group education sessions Peer support groups Information packages Individual, couples and family counseling Client management (Client Master Cards, Daily Register, Client Appointment Diary, Monthly Aggregates, Screening and Referrals) Home visits mHealth Referrals Multi-sector collaboration

Implementing partners include mothers2mothers and Baylor Paediatric Center of Excellence in Malawi, mothers2mothers in South Africa, Africaid Zvandiri in Zimbabwe and Help Lesotho in Lesotho. Early programme results (2019-2020) from the four countries have demonstrated impressive reach and contribution to increased access to HIV and health services, early diagnosis of HIV for children, couples/partner testing, treatment adherence and retention, and viral load suppression.

Based on implementing partners' progress reports⁶, results for adolescent and young mothers included the following:

- In South Africa, over 9,963 adolescent and young mothers, living with HIV and HIV-free, have received HIV and health services and psychosocial support. Nearly 7 per cent of women were newly diagnosed with HIV and linked to care and treatment. In addition, 79 per cent of 833 young pregnant women were enrolled in ANC by 20 weeks.
- After six months of implementation in Malawi, adherence to treatment was 71 per cent among adolescent and young mothers attending safe motherhood clinics and 100 per cent among mothers in the peer mentor programme, compared to 49.7 per cent at population level.^{xxiii} Over 99 per cent of the young mothers receiving peer support who had viral load testing were virally suppressed.

- In South Africa, at two years post-child birth, 93 per cent of women were retained in care.
- In Zimbabwe, 93 per cent of 611 mothers were virally suppressed, compared to 47.9 per cent at population level.^{xxiv}
- Use of modern contraceptive methods increased in Lesotho from 51 per cent at baseline to 88 per cent.

"The Young Mentor Mother training empowered me with knowledge about living positively with HIV. I now understand how I can be the best mother to my daughter and keep her viral load low. I feel confident to share my knowledge with other young mothers. I have made lifelong friends, with shared experiences as mine. I no longer feel alone." (Young mother, Zimbabwe)

Building a supportive environment is part of all programmes as adolescent and young mothers, especially those living with HIV, state that lack of support from their male partners and family members affects their use of health services, including ANC attendance, adherence to ART, retention in care, and early infant diagnosis. Across programmes adolescent and young mothers report that improved relationships have led to increased adherence and use of HIV and health services.

6 Implementing partners submit quarterly progress reports are to UNICEF



- In Lesotho, partners and mothers-in-law are invited to quarterly meetings to gain information on HIV, SRH and SGBV.
- In Malawi, South Africa and Zimbabwe, couples are offered joint counselling and HIV testing. In 2019, mentor mothers in Malawi counselled 45 discordant couples on positive prevention.
- In Zimbabwe, 47 per cent of male partners were tested for HIV and, of the 56 per cent of partners diagnosed with HIV, 96 per cent were initiated on ART.

All of the programmes emphasized the importance of including interventions specifically tailored for infants and children. See box below for related key results.

Results for children of adolescent and young mothers

Lesotho: 88 per cent of mothers are engaging in early child stimulation, compared to 62 per cent at the start of the programme.

Malawi: 60 per cent of infants of mothers living with HIV received an HIV test by six weeks and 95 per cent of those testing positive were initiated onto treatment. All children were screened for malnutrition. Approximately 6,191 children participated in playgroups, benefitting from child stimulation, while children aged 0-2 were assessed against child development milestones during home visits.

South Africa: Of 1,187 infants exposed to HIV, 95 per cent received early infant diagnosis at birth; 2.9 per cent were HIV positive. Mothers reported increased exclusive breastfeeding and immunization coverage. Zimbabwe: Nine of 577 children tested were HIV infected and initiated on ART.

5. Fostering multi-sectoral linkages and programming

UNICEF and its implementing partners work closely with other sectors, including education, early childhood development, child protection, and social protection to ensure comprehensive and layered support. This collaboration across sectors has leveraged programme investments and increased coverage and impact for adolescent and young mothers and their children.

The importance of addressing mental health concerns was highlighted in four country programmes after formative research noted the prevalence of depression and anxiety. In Zimbabwe, 64 per cent of 1,014 adolescent and young mothers were screened for common mental health conditions and 277 mothers were referred for further support and services. In South Africa, over 3,800 adolescent and young mothers are screened monthly for mental health while in Lesotho, at the end of the first year of programme implementation, the majority of adolescent and young mothers felt “more hopeful about the future.”

Given the alarming level of SGBV in the region, all country programmes provide SGBV screening and referral. For example, in South Africa, over 3,800 adolescent and young mothers are assessed for SGBV every six months while in Lesotho at least 10 adolescent and young mothers were referred to and received services from the Child and Gender Protection Unit.

To promote financial independence, the Lesotho programme offers 'starter kits'. Within one year the percentage of adolescent and young mothers generating their own income increased from 2 to 73 per cent. The Lesotho programme also facilitates adolescent and young mothers' return to education, including vocational training and distance learning.

"The support and starter pack from Help Lesotho and my peers helped me a lot. I am very glad because I [will] go back to school next year. I can buy food and take myself and my child to hospital when we are sick." (Help Lesotho programme participant)

6. Reaching adolescent and young mothers during emergencies

Integrating HIV-related issues into risk-informed programming and humanitarian responses is fundamental, especially in high prevalence settings. Humanitarian crises exacerbate vulnerability to HIV as risk behaviour increases, access to health care is impeded and already fragile health services and community systems are eroded.

The challenges of natural disasters and pandemics does not stop the need to provide HIV and health services. UNICEF has supported innovative approaches to protect the continuity of these services, including for adolescent and young mothers.

In 2018, after Cyclone Idai devastated large areas of Malawi, Zimbabwe and Mozambique, UNICEF supported the government and partners to ensure that support for adolescent and young mothers, particularly those living with HIV, was included in the humanitarian response.^{xxv} In Beira, Mozambique where over 146,000 people were displaced, UNICEF supported CUAMM (Doctors with Africa) to rapidly mobilize local structures to provide case management and follow up for adolescents and young people living with HIV, especially adolescent and young mothers. Adolescent-friendly health services provided HIV testing to 17,774 AGYW, diagnosing 438

(2.4 per cent) as positive. Seven health officers and 150 community activists conducted over 2,800 home visits for active case finding of pregnant and breastfeeding women who had been lost to follow-up and/or missed HIV-related appointments. Approximately half of the 692 pregnant and breastfeeding women on ART lost to follow-up were AGYW, 79 per cent of whom were traced and returned to care.

Supporting adolescent and young mothers during the COVID-19 pandemic

The global COVID-19 pandemic led to country-wide lockdowns and interrupting service delivery in several ESA countries. Help Lesotho, supported by UNICEF, quickly adapted their community outreach to provide continuous support during the lockdown. With 60 per cent of adolescent and young mothers enrolled in the programme having access to a mobile phone, peer mentors switched from in-person to virtual support. Peer mentors provided accurate information about COVID-19 and conducted wellness checks via phone calls, texts and social media. Adolescent and young mothers were reminded of the importance of ANC, PNC, treatment adherence, and early infant diagnosis. Mothers identified as high-risk were referred to Village Health Workers for follow-up. Despite the lockdown, 250 adolescent and young mothers have continued to receive the vital support they need.



Peer mentor reaching out to adolescent and young mothers

Photo: Help Lesotho

Learning



Emerging insights from work with adolescent and young mothers in the ESA region provides new learning to help guide policy development, programming and evidence generation and use that will improve health and well-being outcomes in this priority population.

Favorable policy environments that designate adolescent and young mothers as a priority population facilitate leadership, accountability and programming at scale

Including adolescent and young mothers in national plans demonstrated government commitment and provided the framework for implementation as well as opportunities to scale up programmes and reach more young women.

Nesting interventions within subnational plans helped to assure decentralized leadership, support and accountability in responding to adolescent and young mothers' needs. Collaboration with local health governance teams and community leaders helped to leverage resources, sustain activities, and increase local support for adolescent and young women.

Differentiated service delivery is key to meeting the complex needs of adolescent and young mothers

Service providers recognized the importance of tailoring services for adolescent and young mothers and of offering a range of HIV, SRH, and maternal and child health services at both facility and community level. Importantly, by extending support to mothers to two

years beyond childbirth, programmes contributed to improved early infant diagnosis and treatment, nutrition screening and referral, child development assessments, and early childhood development. With the crucial and full engagement of health facility staff, these tailored approaches increased service uptake and improved the experience of adolescent and young mothers with the health system.

Institutionalizing the role of peers and community service providers complements and extends clinical health care

Several programmes noted the importance of integrating peers and community-based service providers into the health system, rather than creating parallel structures. Peers provided an opportunity to extend health care into the community, engaging adolescent and young mothers who otherwise may not have sought needed services at health facilities. Peers proved effective in conducting community outreach, assisting in daily management of HIV and health issues, and motivating adolescent and young mothers to self-manage their health care. At the same time, it was essential that peer mentors and community volunteers received support from health workers.

The quality of programme implementation and the potential for national scale up were increased by establishing guidelines, standardizing tools for training, service delivery, supervision and monitoring, and articulating clear roles, responsibilities and lines



of communication, including for peer providers and community workers.

Strong social support structures facilitate good outcomes for adolescent and young mothers

Social support is fundamental to health and well-being. Tailored psychosocial support, information sharing and support from peers, partners and families were essential components of interventions, particularly in building adolescent and young mothers' resilience and autonomy and preparing them for parenthood.

Peer-based interventions demonstrated the power of adolescent and young mothers engaging with peers who have had similar experiences, particularly those who had successfully navigated the health system. Peer mentor mothers served as a trusted bridge between young women, communities and health services, helping adolescent and young mothers overcome emotional and social barriers to accessing services.

Studies across countries emphasized the importance of an enabling family environment. Building social support was an important part of all interventions. Engaging partners and families contributed to increased use of HIV and health services and improved the likelihood of adherence to ART and retention in care.

Multi-sectoral partnerships foster a case-management approach

Adolescent and young mothers are affected by multiple social determinants and structural barriers, such as gender inequality, violence, poor access to continued education and poverty. Multi-sectoral, layered programmes that reached beyond the health sector helped to leverage resources while a client-centred approach resulted in adolescent and young mothers benefitting from a range of services, including mental health, SGBV, protection, cash transfers, education and early child development.

Rapid innovative response during emergencies contributed to continuity of service delivery

Several factors contributed to the ability to respond rapidly and effectively to both Cyclone Idai and

COVID-19, including flexible funding, health and lay workers based in the affected communities, strong collaboration with health facilities and innovative problem-solving. For example, during the COVID-19 pandemic, several ESA countries quickly mobilized mobile and wireless communication, using text messages, one-on-one phone sessions, virtual support group sessions and social media platforms to provide credible information, support and referrals. As a result, adolescent and young mothers received vital information, support and clinical care.

Evidence generation, data dissemination and use sharpened the focus and effectiveness of programming

Evaluation and implementation research with adolescent and young mothers ensured interventions were grounded in evidence. Programme design also drew from epidemiological trends and from lessons learnt in PMTCT and adolescent HIV care and treatment programmes. On-going use of programme and service delivery data contributed to intervention effectiveness and scale up.

Sharing programme data and assessments with facilities and district health management teams helped to track results and improve programming at the subnational level. In some countries, governments adopted programme monitoring tools and approaches, institutionalizing the collection and use of age-disaggregated data.

Engaging adolescents and young women throughout policy development, programming and research contributed to programme relevance and effectiveness

As research participants, leaders of support groups, mentor mothers and programme members, adolescent and young mothers shaped policy and programme design and implementation. This collaboration gave adolescent and young mothers the opportunity to contextualize the data, explore and give expression to their current circumstances, and identify and engage in ways to improve their health and the health of their children.

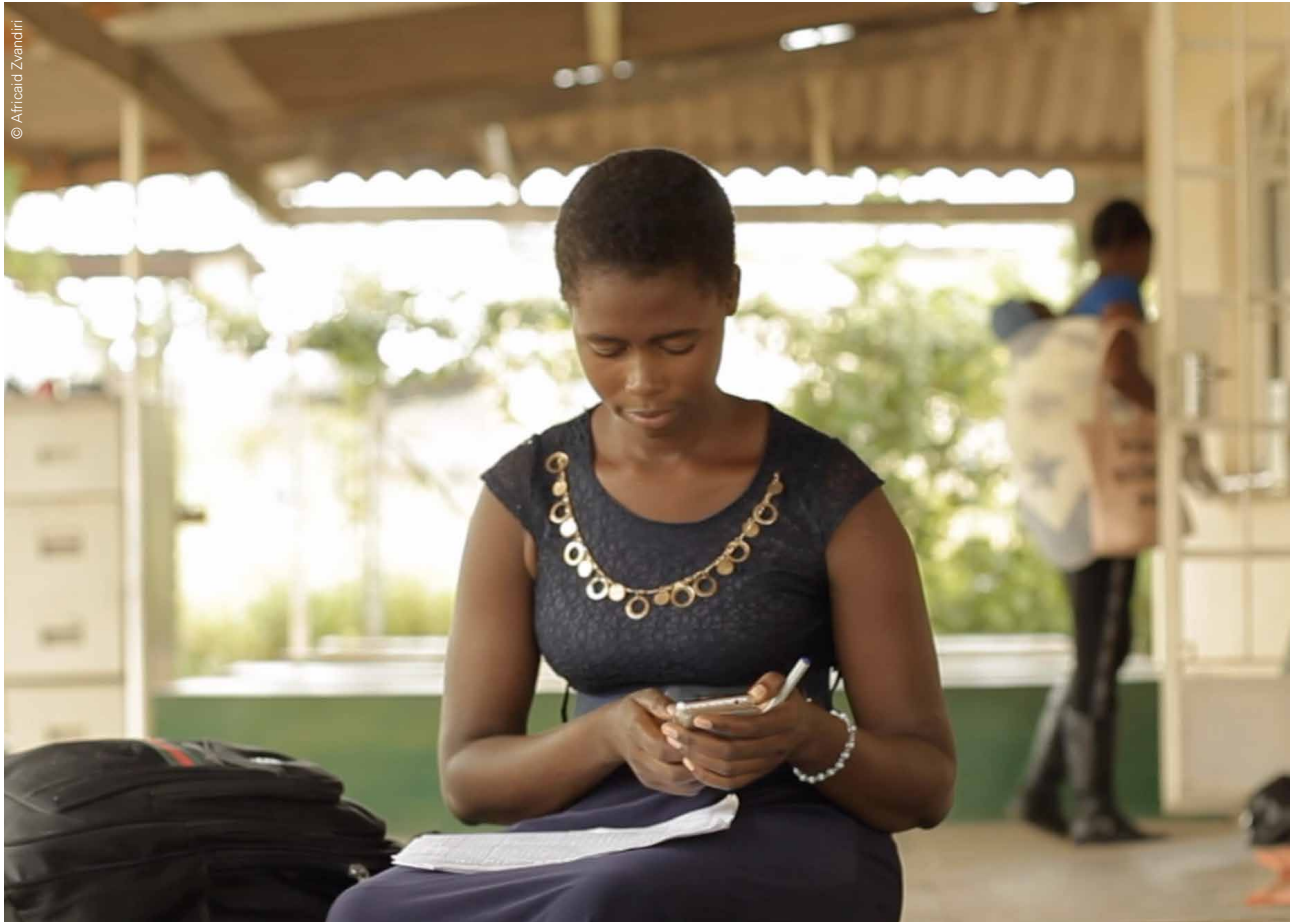


Watch the *Young Mentor Mother Programme (YMM) in Zimbabwe* short documentary here
<https://youtu.be/91lpNnpok0Y>



Watch the *Supporting Adolescent and Young Mothers in Malawi* documentary here
<https://www.youtube.com/watch?v=GecT1Nxxujc>

The way forward



Key considerations are offered for improving outcomes for adolescent and young mothers and their children.

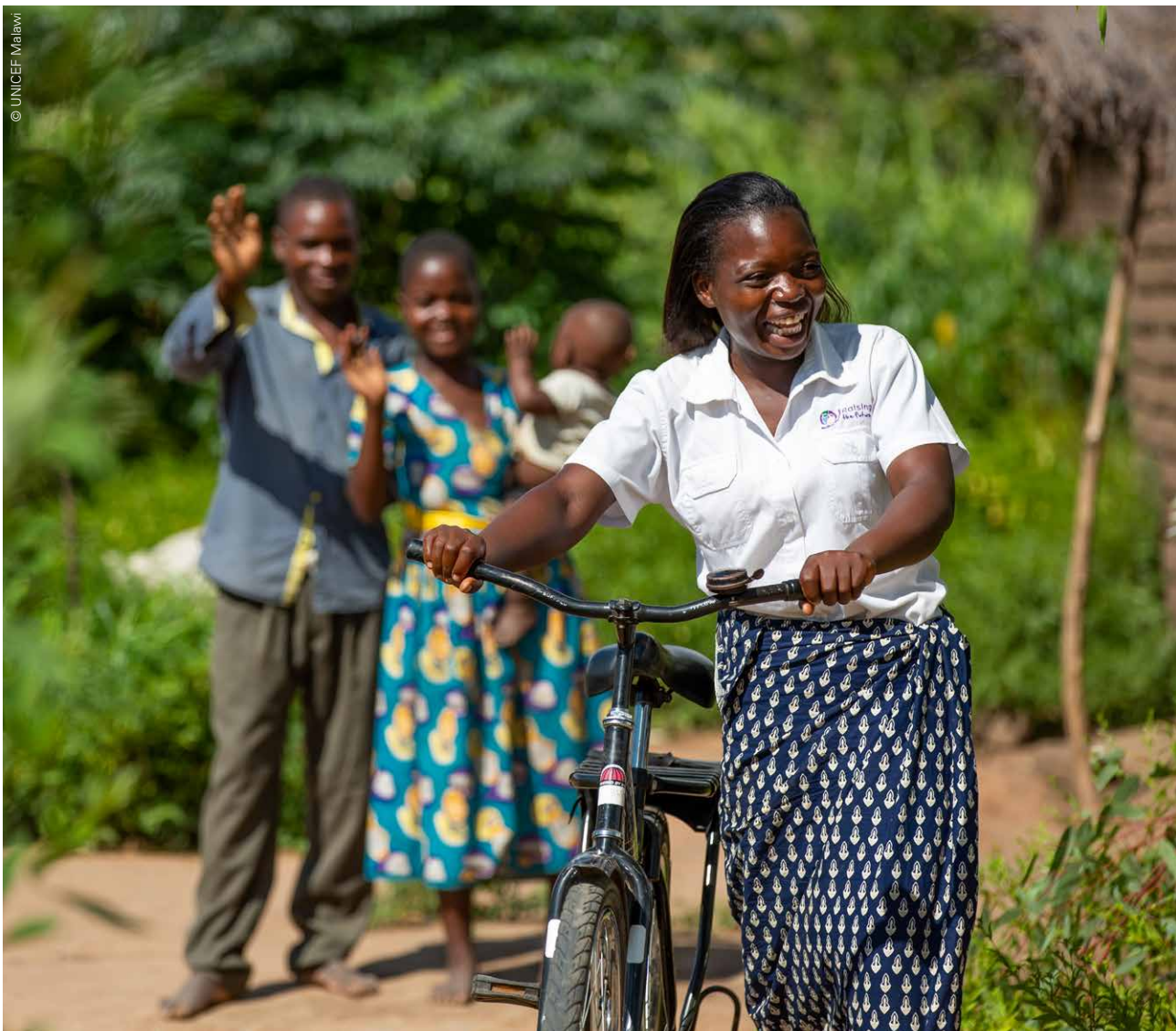
- **Prioritize the needs of adolescent and young mothers in national policies, plans, and essential health packages and commit resources** to ensure implementation of relevant plans and packages at scale.
- **Create opportunities to engage, mobilize and support adolescent and young mothers as leaders and change agents** to improve access to quality health information and services. The programmes described in this document demonstrated how adolescent and young mothers contributed to policy and programme design, linked peers to health services and community resources, provided on-going peer support, enhanced clinical care and promoted self-management. In addition, involving adolescent and young mothers in programme monitoring and evaluation will help ensure that programmes reflect their perspectives and aspirations.
- **Ensure interventions are integrated within broader health services for adolescent and young mothers and their children**, in particular contraception, other sexual and reproductive health services and newborn and child health. This includes ensuring adolescent and young mothers' needs are addressed in national guidelines and standard operating procedures.
- **Design and implement multisectoral, layered programming through service delivery and linkages.** In addition to integrated health services, adolescent and young mothers need child care, further education and livelihood opportunities. This requires active client management along a continuum of health and other social services, including optimizing multiple entry points, strengthening facility-community linkages and referral pathways, and addressing social determinants and structural barriers, such as gender inequity and poverty.
- **Recognize peer providers and community cadres as part of the health care system**, linked to health facilities and community health workers. Include them in training, mentorship and supervision, and institutionalize their role in health promotion and enhancing adolescent and young mothers' social support network.
- **Enhance social support as a critical component of programming** by engaging male partners, family members and others. This is particularly important for single mothers whose support networks may not be obvious.



- **Incorporate interventions for children**, including HIV services, improved infant and young child feeding, nutrition screening, and early childhood development.
- **Plan for emergencies** by assessing potential risks and developing appropriate and innovative strategies that will ensure continued access to HIV and health services, including alternative service delivery and client-centred approaches, such as mobilizing community volunteers and using mobile and wireless technologies, national hotlines and other types of digital support.
- **Increase the use of electronic health records and other strategies to fill gaps in age-disaggregated data.** Sub-national health-information reports should include data on adolescents and young mothers whenever practical and feasible, including through dashboards and data review meetings.
- **Assess the outcomes, feasibility, scalability, sustainability and cost effectiveness of HIV and**

health interventions for adolescent and young mothers and their children.

Pregnancy and motherhood force girls and young women into adulthood, whether or not they are emotionally, cognitively or physically prepared. HIV infection adds another challenging dimension to their lives. Adolescent and young mothers, both living with HIV and HIV free, have the right to correct information, quality support and respectful health services that are responsive to their needs, including offering multiple services, either directly or through linkages and referrals. The experiences and learning captured in this document can be built upon toward fulfilling these and other rights. It is unlikely that global goals to eliminate HIV and AIDS and secure adolescent reproductive health and well-being will be reached unless these tailored services and support are provided.



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