



2<sup>ND</sup> AFRICAN WORKSHOP ON

# WOMEN & HIV 2025

THE QUEST FOR WELLBEING AND LONGEVITY



2025

## ABSTRACT BOOK

**2nd African Workshop on Women & HIV 2025**

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# ORAL ABSTRACT PRESENTATIONS

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1

## Challenges Faced by LBQ Women Living With HIV in Rural Settings of Eastern Uganda.

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This research investigates the experiences of LBQ (Lesbian, Bisexual, and Queer) women living with HIV in the rural settings of Eastern Uganda, focusing on their sense of belonging, challenges in healthcare access, and their perspectives on laws and policies that impact their lives.

The study involved 64 participants, the majority (42.2%) aged 18-24 years, followed closely by 25-30 years (40.6%). Education levels varied, with most having secondary (40.6%) or tertiary education (29.7%), while 20.3% had no formal education. Despite these educational backgrounds, only 48.4% had a reliable source of income, highlighting economic vulnerability. HIV transmission routes were predominantly through partners (65.6%), with others born with HIV (25.0%), or infected through rape, friends, or sex work. Most respondents (78.1%) were on ART, and a majority had been on ART for more than a year.

The study found that a large portion experienced high levels of isolation, with 40.6% living alone, 25.0% staying with friends, and only 4.7% cohabiting with partners. Social support was minimal, as 64.1% reported not having friends to discuss key issues like HIV treatment adherence, safe sexual practices, and managing stigma and discrimination. The lack of trusted friends or companions worsened feelings of loneliness and mental health issues, with respondents expressing that their interactions were often limited to healthcare workers or small peer networks. Meetings with friends, when they occurred, were often focused on managing safety in a homophobic community, with some participants stating that these meetings were essential for their mental health.

In healthcare settings, 25.0% consistently visited health facilities, with 67.2% attending irregularly

and 7.8% avoiding them entirely. The majority sought ART services but also needed SRHR (Sexual and Reproductive Health Rights) services, including STI testing and treatment. However, 75.0% reported that healthcare facilities lacked essential commodities, such as medication and lubricants. Discrimination from healthcare workers due to sexual orientation was a major deterrent, alongside concerns about inadequate provider training and long wait times in public health facilities.

Participants also cited the fear of criminalization, especially after the passing of the Anti-Homosexuality Act, as a barrier to accessing care. Regarding laws and policies, 68.8% of the participants were aware of discriminatory legislation, though many could not name specific laws. The Anti-Homosexuality Act, Anti-Pornography Law, and cultural and religious restrictions were frequently mentioned as contributing to heightened stigma and exclusion. These laws not only undermined their access to health services but also restricted their social acceptance within their communities. Respondents highlighted the urgent need for policy reforms, greater legal protection, and improved training for healthcare workers to address these systemic issues.

In conclusion, the study underscores the profound sense of isolation, inadequate healthcare access, and legal discrimination experienced by LBQ women living with HIV. The findings call for targeted interventions that enhance social support networks, ensure non-discriminatory and comprehensive healthcare, and address the legal frameworks that perpetuate stigma and human rights violations.



2

## The Impact of Community and Peer Support on ART Adherence and Well-being among Women Living with HIV in Kenya and Malawi

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**Background:** Adherence to antiretroviral therapy (ART) is essential for achieving viral suppression and improving health outcomes among women living with HIV (WLHIV). However, adherence rates are often hindered by social stigma, isolation, mental health challenges, and structural barriers. The YouthWise (YW) project, implemented from 2021 to 2024 in Kenya and Malawi, focused on empowering young WLHIV through a holistic, community-based approach that integrated peer-led support and community involvement.

**Inputs and Approaches:** The YW project employed a youth-centered, multi-layered approach that included key components:

**Peer Support Groups:** These groups provided safe spaces in both Kenya and Malawi, allowing WLHIV to share experiences, receive emotional support, and access vital information on ART adherence.

**Tailored self-care resources:** Adapted from WHO guidelines, this youth-friendly toolkit offered practical information on ART adherence, mental health, and general self-care. Almost 80% of survey respondents were familiar with the toolkit, and 67% had used it, with 74% rating it as “easy” or “very easy” to follow.

**Local and Community Partnerships:** Partnering with local networks, enabled efficient implementation of peer support groups and fostered community ownership, providing culturally sensitive support to reach more WLHIV.

**Capacity Building for Peer Mentors:** Extensive training on HIV self-care, mental health, and facilitation skills empowered peer mentors to

effectively guide sessions, share knowledge, and support participants in adherence practices.

**Materials and Methods:** This impact study used a mixed-methods approach, collecting quantitative data from surveys and qualitative insights from focus groups and safe circles across four sites in Kenya and Malawi. Ninety-three WLHIV (aged 19-34) participated in the study, providing data on ART adherence, self-care practices, and social support networks.

**Results:** Adherence and Viral Suppression: Of the participants, 94% were on ART, with 82% reporting consistent adherence. An impressive 89% of participants reported an undetectable viral load, underscoring the effectiveness of sustained ART adherence.

**Self-Care and Physical Health:** About 88% of participants reported feeling “healthy” or “very healthy,” and 89% believed they practiced good self-care. Familiarity with the self-care toolkit was linked to increased confidence in health management and better physical health outcomes.

**Mental Health and Well-Being:** While 79% of participants reported good overall health, mental health remained challenging, with only 68% rating it as “good” or “very good.” The project’s focus on stigma reduction, self-acceptance, and supportive environments addressed some mental health needs, but future efforts should prioritize further mental health support.

**Community and Social Acceptance:** Positive shifts in community attitudes were evident, with 74% of participants feeling “accepted” or “totally accepted” in their communities. Additionally, 95% rated their YouthWise support groups as “supportive” or “totally supportive,” emphasizing the critical role of peer support in fostering a sense of belonging.

**Conclusion:** The YW project’s community-driven, peer-led approach had a measurable impact on ART adherence, viral suppression, and well-being among WLHIV in Kenya and Malawi. Through safe spaces, tailored self-care resources, and community partnerships, YW successfully addressed key barriers to adherence, improving quality of life for participants.



3

## Enhancing HIV Knowledge on Viral Load Suppression among Community Health Promoters in Siaya County

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**Background:** This Quality Improvement (QI) project focussed on equipping Community Health Promoters (CHPs) with targeted HIV management training to improve viral load suppression rates among adolescents living with HIV (ALHIV) in Siaya County, Kenya. Siaya County, exhibiting an HIV prevalence of 13.2% and a mother-to-child transmission (MTCT) rate of 4.3%, is among the regions most affected by HIV in Kenya. ALHIV in Siaya demonstrate sub-optimal viral load suppression rates, specifically within the adolescent demographic, which challenges the attainment of the UNAIDS goal of 95% suppression. Although CHPs are essential front-line health agents with established community trust, their potential in HIV Quality Improvement (QI) efforts has remained largely untapped.

**Methods:** During a data review meeting held at Alego Usonga sub county, attended by facility in charges and sub county team, it was established that VL suppression was sub optimal at 78% and BaraAgulu was among the facilities that had lowest ALHIV suppression at 57%. A multidisciplinary QI team comprising clinical officers, adherence counselors, data managers, peer educators, and CHPs conducted a root-cause analysis using the Fishbone method. This analysis identified barriers to viral load suppression, including HIV stigma, non-disclosure, treatment literacy gaps among caregivers and CHPs, as well as logistical challenges such as limited healthcare accessibility due to distance. The team utilized a ranking matrix where CHP involvement in follow up received the highest score. The rationale for their selection was that they were conducting household visits in their other roles aligned to other program areas.

In response, the project trained 15 CHPs from Bar Agulu CU on tailored HIV education and viral load suppression strategies, emphasizing household-level interventions for ALHIV aged 10-19 years. Structured training sessions, held over three days in October 2022, provided CHPs with the necessary tools and skills for monthly reporting, facilitating systematic follow-up, and identifying specific challenges such as adherence, stigma, and the need for referrals to clinical services. CHPs were subsequently assigned 31 ALHIV (2 ALHIV per CHP) to monitor and support based on geographic catchment areas.

**Results:** At 6 months following the CHP intervention, 29 of 31 (93.55%) adolescents achieved viral load suppression. The findings suggest that trained CHPs can play a transformative role in adolescent HIV care by mitigating household-level adherence challenges and reinforcing clinical care through trusted community-based relationships. The project also revealed that stigma and non-disclosure were predominant barriers, which CHPs were able to address effectively by demystifying myths, while mental health issues were being referred for further management.

**Conclusion:** This QI initiative demonstrates that integrating CHPs into structured HIV care can significantly enhance adolescent viral suppression rates. By training and supporting CHPs in focused HIV interventions, health systems may achieve more comprehensive, sustainable outcomes for HIV management. The project's scope, however, was constrained by the absence of a control group and limited follow-up duration, which precluded long-term outcome assessment.





4

## Enhancing Mental Health Screening for Adolescent Girls and Young Women Living with HIV: A Continuous Quality Improvement Approach at TASO Entebbe

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**Background:** Mental health screening for adolescent girls and young women (AGYW) living with HIV presents a significant challenge in resource-limited settings like Uganda, particularly in the 24 island regions served by TASO Entebbe. Despite heightened vulnerabilities such as high HIV prevalence, socio-economic hardships, and gender-based violence, only 17%(83%gap) of AGYW attending HIV clinics had undergone mental health screening by January 2024. This gap results from misconceptions about the importance of mental health among AGYW, their peers, and parents, along with a healthcare system that prioritizes physical health during routine HIV care at the expense of mental health assessments. Consequently, undiagnosed mental health conditions exacerbate HIV-related health outcomes and hinder overall well-being. This underscores the urgent need for a comprehensive, integrated approach to prioritize mental health screening and care within HIV services for AGYW in these vulnerable settings.

**Methods:** To address this gap, TASO Entebbe, in partnership with the African Diversity and Inclusion Centre, implemented a Continuous Quality Improvement (CQI) intervention from January to June 2024. Using the Plan-Do-Study-Act (PDSA) cycle, the initiative integrated mental health screening into routine HIV care for AGYW aged 10–24. Over 50 healthcare providers were trained on standardized tools, including the PHQ-9 and GAD-7, reframing mental health as a medical condition requiring care alongside physical health. Monthly workshops reinforced skills to ensure

sustainable integration. Over 260 AGYW and their families participated in peer-led support groups and educational sessions utilizing culturally adapted cognitive-behavioral therapy (CBT) materials to reduce stigma. Peer networks were strengthened through WhatsApp groups and video storytelling campaigns, while a 24/7 hotline facilitated referrals for AGYW with mental health concerns. Data was collected through standardized screening tools, checklists, and questionnaires to assess impact and guide iterative adjustments.

**Results:** Quantitative analysis revealed an increase in mental health screening rates among AGYW, rising from 17% in January to 95% by June 2024. Among those screened, 15% were identified with mild to moderate depression or anxiety. Peer-led discussions engaged over 150 AGYW families, while the 24/7 hotline received over 345 calls. Qualitative findings indicated significant community engagement, with participants expressing increased awareness and acceptance of mental health as an essential component of overall well-being.

**Conclusion:** The significant increase in mental health screening rates among AGYW, coupled with the identification and referral of those with mild to moderate mental health concerns, underscores the success of community-driven approaches. Peer-led discussions, culturally adapted materials, and utilizing a 24/7 hotline proved instrumental in reducing stigma, promoting awareness, and fostering community engagement. These strategies enabled timely identification and care for AGYW living with HIV while normalizing mental health as an essential component of overall well-being. This model highlights the effectiveness of integrating mental health care into HIV services and provides a scalable framework for addressing similar challenges in comparable settings



5

## Patterns of Cardiovascular Risk and Disease in HIV-positive Adults on Anti-retroviral Therapy in Mozambique

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**Background:** With improved access to anti-retroviral therapy (ART) the focus of HIV treatment is changing to reducing chronic co-morbidities and their effects, but guidelines for HIV care in many African countries do not include screening for cardiac disease. Our study aimed to determine the pattern of cardiac abnormalities in HIV-positive patients on ART.

**Methods:** We implemented a prospective, observational study for 24 months on a random sample of adult patients seen at a dedicated HIV clinic in Mozambique. Demographic, clinical and full cardiovascular evaluations were performed on all participants.

**Results:** We enrolled 264 HIV-positive patients (mean age 39.3 years; 186 female, 70.5%). The mean time on ART was 46 (SD 36) months and most had low viral load (174, 65%). Obesity (45, 17%), overweight (65, 24.6%), hypertension (54, 20.5%) and severe anaemia (21, 8.3%) were frequent. Diabetes was present in four patients (1.5%). The most important conditions in 252 patients submitted to echocardiography (88, 34.9% had cardiac abnormalities) were: severe rheumatic heart valve disease (six), severe dilated cardiomyopathy (five), aortic degenerative disease and congenital heart disease (in three patients each).

At 24-month follow up, six of the 252 patients had died; of the 196 reviewed on echocardiography 29 had progressed and two improved their ventricular systolic function.

**Conclusions:** This young cohort of HIV-positive patients on ART showed lower occurrence of tuberculous pericarditis and dilated cardiomyopathy but high cardiovascular risk, as assessed by the presence of obesity, hypertension and anaemia.

Cardiac abnormalities needing multidisciplinary care were also found. There is a need for tailored cardiovascular risk stratification and screening for cardiovascular disease in HIV-positive patients on ART in Africa.



6

## Evaluating the Impact of Doluteravir Based Antiretroviral Therapy on Glycaemic Control in HIV/TB Co-infected Patients: 'A Cross Sectional Study'

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**Background:** Dolutegravir (DTG) has emerged as a cornerstone in the treatment of HIV. However, emerging evidence suggests its potential association with hyperglycaemia. In HIV/TB co-infection, due to drug-drug interaction, there is significant alteration of DTG pharmacokinetics, requiring a double dosage to maintain therapeutic levels. This study aimed to explore the association between DTG dosage in HIV/TB co-infected patients and hyperglycaemia.

**Methods:** The study involved a cohort of 162 participants whose glycaemic status was evaluated through the measurement of glycosylated haemoglobin (%HbA1c) levels. Participants were categorized into three distinct subgroups: 55 individuals were HIV/TB co-infected and receiving rifampicin along with a double dose of DTG, 62 were HIV mono-infected on a standard single dose of DTG, and 45 were TB mono-infected receiving standard TB treatment. To analyze the data, Fisher's exact test was employed to assess the association between categorical variables across the DTG subgroups. Additionally, the Spearman correlation test was utilized to determine the strength and direction of the relationship between HbA1c levels and DTG dosage. A p-value of less than 0.05 was deemed statistically significant.

**Results:** The analysis revealed a Spearman correlation coefficient (r) of 0.35, indicating a moderate positive relationship between %HbA1c levels and DTG dosage. This suggests that as the dosage of DTG increased, so did the HbA1c levels, with a highly significant correlation (p < 0.001). Specifically, individuals on a daily regimen of 100mg DTG exhibited a threefold increased risk of

developing hyperglycaemia compared to those on a 50mg dosage. Furthermore, when comparing to a baseline of 0mg DTG, those on 50mg had a twofold risk, while those on 100mg faced a fivefold risk of hyperglycaemia. Notably, a lack of knowledge regarding familial diabetes history was associated with a marginally significant odds ratio of 3.90 (p = 0.049). Alarming, it was estimated that 90% of participants would develop hyperglycaemia within approximately 4.5 months of initiating a 100mg DTG regimen.

**Discussion:** The findings of this study underscore the complexities involved in managing HIV/TB co-infection, particularly regarding the metabolic implications of DTG dosage. The necessity to double the DTG dosage in the presence of rifampicin to counteract drug-drug interactions may inadvertently elevate the risk of hyperglycaemia. This is particularly concerning given that a significant proportion of co-infected participants exhibited HbA1c levels indicative of diabetes mellitus (DM) or impaired glucose regulation (IGR). The metabolic effects of DTG on glucose homeostasis warrant further investigation, as they could have profound implications for the management of patients with HIV/TB co-infection.

**Conclusion:** In conclusion, this study establishes a positive correlation between DTG dosage and HbA1c levels, indicating that higher dosages may lead to an increased risk of hyperglycaemia. These findings highlight the need for careful monitoring of glucose levels in patients receiving DTG, especially those with co-infections.

**Recommendations:** To mitigate the risk of DTG-related hyperglycaemia, it is essential to implement regular glucose monitoring and consider adjunctive interventions. This proactive approach can help manage potential metabolic side effects, ensuring that patients receive effective HIV treatment while minimizing the risk of developing diabetes-related complications.



7

## Non-Communicable Diseases: A Significant Cause of Death among People Living with HIV in Nigeria

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**Background:** Antiretroviral therapy (ART) has significantly reduced AIDS-related deaths, yet death rates remain higher among people living with HIV (PLHIV) compared with individuals without HIV. This has been partly attributed to a higher risk of non-communicable diseases (NCDs) among PLHIV. Providing insights into NCDs' contribution to the cause of death among PLHIV will guide priority setting for the reduction of mortality amongst them.

**Objective:** This study aims to describe the pattern of deaths attributable to NCDs among PLHIV in Nigeria.

**Methods:** Verbal autopsy (VA) data for 11,239 deceased PLHIVs from 657 ART facilities in 33 states was collected from the Nigeria HIV Mortality Surveillance database between August 2021 and October 2024. Causes of death (COD) were determined using the SmartVA-Analyze (Tariff 2.0 algorithm), and descriptive data analysis was performed in Microsoft Excel.

**Result:** VA data was used to determine the COD for 11,239 PLHIVs, comprising 6,245 (55.6%) females and 4,994 (44.4%) males. The leading COD was AIDS, accounting for 3,313 deaths (29.5%), followed by non-communicable diseases at 2,136 (19.0%). The most common NCDs were stroke (551; 25.8%), acute myocardial infection (424; 19.9%), diabetes (356; 16.7%) malignancy (265; 12.4%), and chronic kidney disease (235; 11.0%). Among (204; 17.1%) women with malignancies, breast cancer 131; 6.1%) and cervical cancer (26; 1.2%) were the most common. In men, prostate cancer (18; 0.8%) and stomach cancer (6; 0.3%) were most prevalent. For adults aged 15+, the leading NCDs included stroke (550; 25.3%), acute myocardial infection (423; 19.4%), diabetes (356; 16.4%), chronic kidney diseases (229; 10.5%),

breast cancer (131; 6.0%) and cirrhosis (126; 5.8%). In the pediatric group (<15), the main causes were digestive diseases (38; 82.6%), childhood cancer (33; 71.7%), chronic kidney disease (6; 13.0%) and other non-communicable diseases (2; 4.3%).

**Conclusion:** This work highlights the importance of closely monitoring the causes of death among PLHIV. Information on mortality trends for PLHIV would guide the implementation of fit-for-purpose interventions to prevent avoidable deaths. Ultimately, these targeted interventions can support the provision of appropriate standards of care, thereby improving their treatment outcomes and reducing mortality rates amongst HIV-positive individuals.



13

## Community-Based Integrated Sexual Reproductive Health and HIV Services Increased the Clinical Services Uptake among Underserved Rural Adolescents and Young Adults: A Cluster-Randomized Stepped-Wedge Clinical Trial, KwaZulu Natal, South Africa

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**Background:** KwaZulu-Natal (KZN) has high HIV, sexually transmitted infections (STI), and teenage pregnancy rates. Adolescents and young adults (AYA) face barriers to accessing facility-based primary health care. We describe AYA's uptake of services through accessible youth-friendly, mobile sexual reproductive health (SRH) and HIV services in northern KZN.

**Methods:** We conducted a cluster randomized stepped-wedge trial (SWT) in 40 communities in rural KZN (ClinicalTrials.gov Identifier – NCT05405582) from 06 June 2022 to 05 March 2024. Communities were randomly allocated to receive the early or delayed roll-out of the intervention: trained peer navigators mobilized AYA into nurse-led mobile clinics that visited each community regularly and provided SRH, HIV testing, and status-neutral HIV care or prevention (ART or PrEP). Here we report on the pattern of services received in the mobile clinics during the first period of the SWT (early intervention).

**Results:** From 06 June 2022 to 05 March 2024, 2904/13,000 (22% of the AYA population) attended the mobile clinics. The median age was 22 years (interquartile range 18-26), 35% (n=1019) were aged 20-24, and 58% (n=1686) were female. About 98% (n=2847) received point-of-care HIV testing, with 10% (n=260) being found to be living with HIV, almost half of whom (n=106) were newly diagnosed and started on ART. About 40%

(n=1157) of those who were HIV-negative started PrEP. 65% (1088/1686) of females received contraception and 84% (1000/1218) of men were circumcised. About 5% (55/1254) of women tested positive for pregnancy at baseline. Among 663 (56%) who were offered a PAP smear, 5% (n=33) accepted it and 5% (1/21) had an abnormal result. Of 1980 that tested for gonorrhoea, chlamydia, or trichomonas sexually transmitted infections (STIs), 29% (n=564) tested positive for any curable STI, higher amongst women 36% (416/1159). The most common STI detected was chlamydia 24% (n=465) and was higher among women (28% [327/1159]).

**Conclusion:** Community-based mobile youth-friendly integrated SRH and HIV services reached AYA, including young men, with high unmet sexual health and HIV care and prevention needs in this rural community demonstrating that these services have the potential to augment South African Department of Health services, to support access for AYA in rural communities.



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## Examining Partner Notification Outcomes in Relation to Women's Pre-exposure Prophylaxis (PrEP) Uptake: A Tracing Analysis at Bwaila STI Clinic

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**Background:** Women in sub-Saharan Africa face disproportionate HIV exposure due to socio-economic and cultural factors. In 2022, they accounted for 63% of all new HIV infections, reflecting a significantly higher prevalence compared to men. This study examined the impact of integrating Pre-exposure prophylaxis (PrEP) within assisted partner notification (aPN) to increase PrEP uptake among female partners of individuals with sexually transmitted infections (STIs) at the Bwaila STI Clinic in Malawi.

**Methods:** We did a secondary analysis of a prospective cohort study, where PrEP-eligible individuals presenting with STI symptoms were enrolled and started on PrEP, and their recent sexual partners were identified for referral and tracing. Partners were traced using phone and physical methods to assess PrEP eligibility and facilitate linkage to care.

**Results:** 57 female partners were named by 41 male index participants who had initiated PrEP. 39(67%) of the named female partners presented to the clinic. Of these, 20(51%) initiated PrEP. The median age of the females that presented to the clinic was 28 (interquartile range [IQR] 23, 31). For the 49% that did not initiate, reasons for not starting PrEP included currently living with HIV or declining PrEP for personal reasons. Despite challenges in reaching certain partner types, phone tracing achieved high success rates in contact establishment.

**Conclusion:** Integrating PrEP with aPN effectively reaches and supports women at risk for HIV, demonstrating its potential as a targeted prevention strategy for women in high-incidence regions. Strengthening aPN services within PrEP programs offers a promising approach to address women's unique HIV prevention needs.





15

## **Bridging the Gaps: Enhancing Pre-Exposure Prophylaxis Uptake among Adolescent Girls and Young Women through Support Groups on the Determined Resilient Empowered AIDS- free Mentored and Safe women (DREAMS) Initiative in Kapiri Mposhi District, Central Zambia**

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**Background:** Adolescent girls and young women (AGYW) remain disproportionately affected by the HIV epidemic, particularly in sub-Saharan Africa. Approximately 9.1% of AGYW aged 15-24 are living with HIV in Zambia. The HIV prevalence rate among AGYW in Zambia is still a national concern. Despite the availability of pre-exposure prophylaxis (PrEP) as a highly effective biomedical intervention for HIV prevention, the uptake and adherence rates among AGYW are alarmingly low. Various barriers contribute to this gap, including stigma, limited access to healthcare services, misinformation about PrEP, and socio-economic challenges. Cultural norms and gender-based violence further exacerbate these issues, creating an environment where AGYW feel marginalized and powerless. The USAID Controlling HIV Epidemic for Key and Underserved Populations (CHEKUP II) Activity aimed to ascertain the effectiveness of PrEP peer support groups in DREAMS Sites in Kapiri Mposhi District.

**Description:** Between October 2023 to September 2024, using trained biomedical mentors under the DREAMS Initiative, the USAID Controlling HIV Epidemic for Key and Underserved Populations (CHEKUP II) Activity addressed the barrier of PrEP uptake through formation of peer support groups

in Kapiri Mposhi. AGYW who had earlier accessed PrEP engaged their peers in five support groups.

**Lessons Learnt:** 5,308 Adolescent Girls and Young Women in Kapiri Mposhi accessed PrEP against a target of 1,654 compared to 3,144 in 2022. The increase in PrEP uptake signifies acceptability of the service while highlighting the significant role of peer support. Peer supporters leveraged on their lived experiences to exchange information, correct misconceptions and provided support for each other. Supportive peer networks enhanced comfort levels and encouraged PrEP uptake.

**Recommendations:** Content of the PrEP support groups should be tailored to address specific needs, concerns and local contexts of participants while focusing on the unique experiences of adolescent girls and young women in different settings.

Enhancing community involvement in support group activities ensures cultural relevance, better health and sustainable outcomes.

**Conclusion:** This abstract underscore the importance of PrEP support groups in enhancing uptake among adolescent girls and young women. The realities of PrEP uptake among adolescents highlight the need for targeted interventions that address the unique barriers this population faces. By fostering supportive environments, educating adolescents, and improving access to healthcare, we can promote higher rates of PrEP uptake and better sexual health outcomes among young people.





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## Establishing a Clinical Lactation Pharmacokinetic Framework to Inform Treatment in Breastfeeding Mothers – A Case of the MILK Program

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**Background:** Infant exposure to medicines used for treatment of maternal conditions whilst breastfeeding poses a risk to the infant and can interfere with the treatment of maternal conditions [1]. Globally, an estimated 50% of breastfeeding mothers require medication, with limited evidence of safety to the breastfed infant [2]. In resource-constrained settings, like Uganda, a huge burden of infectious diseases, and high rates of breastfeeding, a significant proportion of breastfeeding infants are exposed to medicines. We share our experiences in establishing a clinical lactation pharmacokinetic platform for characterization of maternal-to-infant transfer of medicines during breastfeeding, under the Maternal and Infant lactation pharmacokinetics (MILK) program at the Infectious Diseases Institute (IDI) highlighting the different key steps from patient recruitment to conclusions about the risk of infant exposure.

**Materials and methods:** Participant recruitment: Breastfeeding mothers receiving recommended first-line treatments for HIV or tuberculosis or malaria as part of routine clinical care were enrolled in different observational pharmacokinetic studies along with their breastfeeding infants. Key maternal and infant demographic and clinical characteristics were documented. Pharmacokinetic sampling: maternal blood and breast milk, and infant blood were sampled at pre-defined time points reflecting the changing drug concentration levels between a dosing interval and across different doses, with the mothers advised to freely breastfeed during whilst on the study. Drug bioanalysis: blood and breast milk concentrations were quantified using liquid

chromatography-tandem mass spectrometry. Lactation pharmacokinetic modelling: plasma and breast milk concentration data were compiled in R () and jointly modelled using the population approach in the NONMEM 7.4.1 to characterise the plasma-to-breast milk disposition across time, quantify the associated inter-individual variabilities and identify influential demographic and clinical factors. Infant exposure was estimated from model-derived breast milk exposure and quantified relative to the standard maternal daily doses.

**Results:** Overall 200 mothers and their breastfeeding infants have been recruited: 152 in the HIV study [3, 4], 20 in the TB study [5] and 30 in the malaria study [6]. A lactation pharmacokinetic workflow for lamivudine, a component of first-line antiretroviral regimen has been fully implemented. From 35 mother-infant pairs intensively sampled, 248 maternal plasma-, 256 breast milk-, and 151 infant blood concentrations were obtained.

A one-compartmental mathematical population model was developed to characterise the observed delay in plasma-to-breast milk distribution of lamivudine. A first-order GIT-plasma absorption rate constant of 1.87 h<sup>-1</sup>, plasma clearance of 19.4 Lh<sup>-1</sup> and volume of distribution of 184 L were estimated. A first-order plasma-to-breast milk equilibration rate of 0.245 h<sup>-1</sup> and milk-to-plasma ratio of 1.77 described the breast milk transfer kinetics. The estimated infant exposure was 179.3 µg/kg (125.8, 282.3) translating into a RID % of 3.34 (2.13, 7.20), significantly lower than the 10% recommended threshold for infant safety.

**Conclusions:** We have successfully implemented a clinical lactation pharmacokinetic framework. Using this we showed a 70% higher accumulation of lamivudine in breast milk but with a low resultant relative infant exposure. We are extending this framework to other first-line antiretroviral agents as well as in different therapeutic areas including malaria and tuberculosis.



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## Multilevel Considerations for Research of Long-Acting HIV Prevention Products: A Qualitative Ethical Analysis Among Pregnant and Lactating Women in Kenya

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**Background:** Pregnant and lactating women have been historically excluded from research given greater uncertainty about safety and efficacy. Assessing long-acting (LA) HIV prevention product considerations offers an opportunity to understand important ethical issues shaping product uptake. We aimed to explore multilevel considerations for research of LA HIV prevention products among pregnant and lactating women.

**Methods:** Between October 2022 and January 2023, we conducted in-depth interviews with purposively sampled pregnant and lactating women, health providers, and national stakeholders, from four public health antenatal and child welfare clinics in central and western Kenya. Pregnant and lactating women were eligible if they were ≥15 years old, and were purposively selected and recruited while accessing reproductive health services. We used semi-structured interview guides informed by the social-ecological model (SEM) to understand multi-level considerations for LA products during research. We used inductive and deductive approaches for analysis and organized our findings by SEM.

**Results:** Overall, we interviewed 140 participants. Pregnant (n=37) and lactating (n=43) women, (HCPs (n=40), and national stakeholders (n=20). The median age of pregnant and lactating women was 24 years (interquartile range [IQR] 20-30), and the median education level was 12 years (IQR 10-

13). HCPs were 85% female and included; 67% nurses and 25% clinical officers. We categorized multi-level considerations in implementation research into four social- ecological units of analysis. Client-based factors included; education and decision-making skills, privacy needs, and self-HIV risk assessment. Health facility- level factors reported were the integration of LA products into existing services, provider training, client follow-up mechanisms, and product availability. Additionally, community-level factors reported included partner involvement, HIV prevention stigma, and demystifying existing misconceptions. Further, policy-level considerations included, mode of delivery, testing frequency and modalities, stakeholder and manufacturer involvement, product safety and efficacy, cost and supply chain, and policy-recommended age for use.

**Conclusions:** Our findings highlight multi-level considerations that provide a useful framework for understanding factors that may influence LA product use and delivery during pregnancy and lactation. Researchers, resource allocators, and implementors may consider these factors during research and delivery of LA HIV prevention products in Kenya and similar setting.



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## Leveraging Community Health Workers to Improve Case Identification through Maternal Retesting during Pregnancy, Labour and Breastfeeding at Private Not for Profit Health Facilities in Uganda; A Lesson from Uganda Protestant Medical Bureau

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**Background:** According to UNAID 2021 Spectrum estimates, HIV seroconversion during late pregnancy, Labour and breastfeeding period accounts for 40% vertical transmission. By end of December 2022. The Mother To Child Transmission (MTCT) is the primary source of HIV infections for children in Uganda accounting for 18% of new infections (Uganda Ministry of Health National Elimination Plan II (2018-2023). Maternal retesting for early identification of incident infections can potentially reduce Mother to Child transmission rate. By December 2022, Uganda Protestant Medical Bureau LSDA supported 197 Private Not for Profit Health Facilities had only 47% of the eligible women who were retested for HIV during pregnancy, Labour and breastfeeding period. This was due to heavy load midwives and frontline staffs were experiencing, low demand creating at the supported facilities, reporting gaps and stock challenges of testing kits and knowledge gaps amongst service providers

**Methodology/Description:** The project identified 380 community Health workers (Peer mothers, para-social workers, mentor mothers, Young Adolescent and Peer supporters, Group Antenatal peers, Linkage facilitators) at the supported 197 health facilities. These were empowered through structured mentorships, coaching and facility Continuous Medical Education sessions about Maternal retesting. The Community Health workers were oriented on utilization of Maternal retesting trackers to follow through eligible

women. PMTCT Clinics are streamlined to minimize missed opportunities in maternal retesting. Front line health workers were mentored on the revised HIV guidelines. Key messages regarding Maternal retesting were translated into the local dialects. Community Health workers conducted routine health education sessions about maternal retesting. HIV testing kits were redistributed across health facilities that lacked to minimize missed opportunities during stock outs. During mentorships, project technical staffs emphasized proper data capture and coding while using the primary tools (registers).

**Results:** Gradually, Maternal retesting gradually improved from 47% as of October 2022 to 94 % as of September 2024. Between October 2023 and September 2024, 115071 women were retested for HIV during pregnancy, Labour and breastfeeding. Over 219 women were diagnosed with HIV and started on treatment in project year four.

**Discussion:** Pregnant women, those due for Labor/delivery and the breastfeeding ones are at a potential risk of HIV acquisition therefore require being retested to identify those who seroconverted at the earliest opportunity in order to reduce Mother to Child Transmission. Community Health workers are a resource in delivering health education messages regarding maternal retesting to the eligible women in order to create demand at the facilities/communities.

**Recommendations/ Conclusions:** Community Health workers should be empowered through trainings and mentorships to improve their knowledge on sustainable service provision of services.

In order to minimize Mother to Child Transmission of HIV, Health facilities should track maternal retesting routinely among the Pregnant, those in labor and breastfeeding women.



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## Perceptions and Experiences of Menopause among Women with HIV in Kenya: A Cross-sectional Qualitative Study

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**Background:** The menopausal transition has important implications for women's health. Common symptoms include hot flashes, sleep disruption, mood and cognitive changes, and sexual dysfunction. Women with HIV (WWH) are now living longer and are especially affected by menopause; evidence shows they experience more severe symptoms than seronegative women, which can affect adherence to HIV care and treatment. Although sub-Saharan Africa has the highest proportion of WWH worldwide and this population is aging, we know little about how WWH in the region experience menopause and manage associated symptoms.

**Methods:** We conducted a cross-sectional qualitative study with midlife WWH in Siaya, Kenya, as part of a larger study on intersectional stigma among women aging with HIV. We conducted 21 in-depth interviews and five focus group discussions (each with 6-8 WWH) aged 50+ years and either married or widowed. For women who provided informed consent to participate and be audio recorded, we asked about symptoms of menopause they have experienced and treatments they have used to manage those symptoms. Audio recordings were simultaneously transcribed and translated from the original Dholuo into English. Data were double-coded using Dedoose qualitative analysis software and analyzed thematically by a cross-country team using a combined inductive and deductive approach.

**Results:** Awareness of the link between menopause and sexual intimacy rose to the top of

our findings about WWH's perceptions of and experiences with menopause. Some participants believed that a lack of intimacy was associated with early menopause—"The reason the periods stop even before 50 is that a woman who does not have sexual relations, her periods stop"—and in at least one case a participant's healthcare provider confirmed this belief. In addition to hot flashes and sleep disruption, lack of sexual desire was one of the most reported symptoms that concerned participants—"Now you know that when you have braked [stopped menstruating] then that much desire for a man you now don't have." However, many women felt menopause was a natural process that did not require intervention. Those who sought relief from symptoms mainly used herbal remedies, and despite participants' concern about their libido, most refused treatment when offered—"No, I did not long for [treatment]. I just decided to let it be." In a few cases, participants perceived a link between HIV and menopause, but it was not clear that these participants were able to differentiate between the complete cessation of menstruation (menopause) and disruptions caused by severe illness or the start of antiretroviral therapy.

**Conclusions:** Our findings suggest that WWH in Siaya are highly aware that menopause affects libido and sexual intimacy, although some participants had misconceptions about this relationship, and few were motivated to manage associated symptoms. This aligned with our findings that many participants felt menopause was a natural process that did not require management. Further, limited understanding of factors associated with early menopause suggests a need for education. WWH may also need education on the relationship between menopause and HIV specifically, but more research is needed.



# MINI-ORAL ABSTRACT PRESENTATIONS

2nd African Workshop on Women & HIV  
2025

Hybrid Meeting

27-28 February 2025  
Nairobi, Kenya



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## Resilience and Recovery: Supporting Pregnant and Breastfeeding Adolescents and Young Mothers through Mentorship and Empowerment – A Case Study of Butula Sub-County, Busia County, Kenya.

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**Background:** Adolescents and young persons (AYP) aged 10-24 represent 34% of Kenya's population. Busia County, particularly Butula Sub-County, has a troubling teenage pregnancy rate of 26%, significantly higher than the County's average of 19.2%. Adolescent motherhood poses severe challenges, affecting physical, emotional, and socio-economic well-being. This is compounded by a high rate of new HIV infections, with 43% of new cases in Busia County occurring among AYPs. Teenage pregnancy is also a form of sexual violation given the minors' inability to consent. To address these issues, Butula Sub-County has initiated a mentorship and empowerment program aimed at enhancing self-esteem, goal setting, and access to education and career opportunities for young mothers.

**Methodology:** The program targeted 30 teenage mothers from Khunyangu SCH's antenatal and postnatal clinics. Participants, including 25 HIV-positive and 5 HIV-negative individuals, were selected for a voluntary intervention. The program, launched in October 2023 with its inaugural meeting on September 10, 2023, focuses on empowering these adolescents to become mentors, reintegrate into education or vocational training, and build resilience. Bi-monthly meetings cover a curriculum that includes Adolescent Growth, Hygiene, Relationships, Mental Health, Substance Abuse, Nutrition, and Career Choices with elimination of triple threat being the core business.

**Results:** The program aimed to have both short-term and long-term impact. Currently, participants have addressed most curriculum topics, with Career Choices and Life Skills forthcoming. All 25 (100%) HIV-positive adolescents are virally suppressed and have achieved a viral suppression of less <50cps/ml, and the 5 HIV-negative participants remain seronegative. None of the HEIs has so far seroconverted. Notably, two participants have enrolled in vocational training supported by OVC programs. 1 girl who had dropped out of school has also rejoined University to pursue her Bachelors. The group has also received training in group dynamics, registered with Social Services, and applied for youth empowerment, UWEZO funds and NGAAF Grants. The group has so far received Ksh.100,000 and have secured a business premise for beauty and cosmetic products officially opening in December 2024.

**Conclusions and Recommendations:** Empowering teenage mothers through reintegration into education, vocational training, and building resilience improves both health outcomes and better life outcomes. The mentorship program will continue to monitor progress with emphasis on leadership training and expand vocational and skill development opportunities through partnerships. The program will be adjusted based on participant feedback to enhance the skills and economic prospects of adolescent girls and young women (AGYW). A longitudinal cohort follow-up will be done to further monitor impact. As the communities take lead, the group recommends strengthening of structures that directly affect the fight against the triple threats among the AGYW and all-inclusive stakeholder engagements in Butula Sub County.





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## Characterizing the Genetic Composition of Persistent Proviral Reservoir Cells in Adolescents from Botswana Living with HIV1-C Infection Following Long-Term Art and Viral Suppression to Advance HIV-1 Cure Research

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**Background:** Adolescents who acquired HIV-1 perinatally, many of whom initiated antiretroviral treatment (ART) in early life are an ideal group to benefit from novel treatment approaches. However, understanding how and why HIV-1 persists long-term following continuous ART and successful viral suppression will advance the field of HIV cure research.

**Methods:** We characterized the genetic composition of the proviral reservoir in a cohort of adolescents from Botswana living with HIV1-C infection, having initiated ART in the first 2 years of life and on long-term ART of >18 years. We used near-full-length Individual Proviral Sequencing (FLIP-Seq) to determine the frequency of genome-intact proviruses from whole PBMCs and used Matched Integration and Proviral Sequencing (MIP-Seq) to determine the chromosomal locations of the intact proviruses detected.

**Results:** We have since enrolled 13 adolescents (with over 200 million PBMCs stored per participant) and we identified 6 participants who are virally suppressed for >18 years without experiencing any viral blips. Out of the 6 adolescents analyzed, 4 individuals were HLA typed with 3 of them possessing at least one

protective HLA allele: HLA-B\*81:01 (n=1), B\*42:01 (n=2) and B\*58:01 (n=1). In the preliminary analysis, we observed that the reservoir size in the 6 adolescents is limited. Only 2 individuals had detectable genome-intact proviruses; with 1 participant (HLA-B\*81:01; 42:01) having a total of 22 intact proviruses (3 of which are identical clones) from a cumulative total of 119 million PBMCs. The second participant (HLA-B\*42:01) had a total of 8 detectable genome-intact proviruses from a cumulative total of 20.7 million PBMCs. Integration data for the 2 individuals with detectable intact proviruses await confirmation.

**Conclusions:** This study continues to utilize ultra-sensitive assays to carry out an in-depth analysis of the reservoir from many cells collected from the unique cohort of adolescents. Further analysis is still ongoing as recruitment is underway and more cells are being assayed. Further analysis will lead to identifying adolescents/young adults with a high potential of becoming post-treatment controllers. These will then enter into an analytical treatment interruption study.





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## Improving the Health Outcomes of Young Mothers Living With HIV and Their Babies Through a Peer-Led Approach

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**Background:** Zimbabwe has one of the highest antenatal HIV infection rates globally (16.1%), with mother-to-child transmission rates remaining above 5%. Despite progress towards the UNAIDS 95–95–95 targets, the country failed to eliminate vertical HIV transmission by 2022 due to structural, healthcare, and societal challenges. Teen pregnancy is a significant issue, with 24% of girls aged 15–19 starting childbearing and adolescent girls and young women (AGYW) in rural areas are disproportionately affected as compared to those in the urban areas. This disparity arises from limited access to education, healthcare, and family planning in rural settings. AGYW with HIV face greater barriers to prevention of mother-to-child transmission due to stigma, lack of HIV knowledge, and inconsistent antiretroviral therapy use. Consequently, their babies are at higher risk of infection and health complications. In 2021, READY+, a programme aiming to empower young people to cope with their HIV positive status, introduced the young mother's initiative to improve the health outcomes of pregnant and lactating young mothers and their babies.

**Materials/Methods:** Routine data collected between 2021 and 2023 from Chiredzi, Masvingo and Seke districts in Zimbabwe, was reviewed. A total of 288 young mothers (229 breastfeeding their babies and 59 pregnant) were provided with HIV and SRH services through a peer-led approach. All babies were HIV-free after birth and exclusive breastfeeding. Sixty-eight percent of the young mothers had partners (197) and 87% of these partners were aware of their HIV status with slightly over half (58%) being HIV positive. The young mothers received HIV and SRH services through one-to-one peer support from young mentor mothers and also participated in safe spaces in which they shared experiences with

other young mothers and received HIV and SRH information. The average viral load suppression across the three districts was 97%. Out of the 71 HIV negative partners to the young mothers, 27 successfully completed the referrals for PreP to reduce HIV transmission.

**Lessons Learned:** Peer-led interventions help to bridge the gap between the health facilities and communities for young mothers. In addition, the safe spaces in which young mothers can share experiences and learn more around caring for their babies, are key in improving their health outcomes and that of their babies. All the babies remained HIV-free as the mothers were supported to adhere on ART which in turn lowered the mother's viral load to undetectable levels thereby reducing the transmission risk during pregnancy, delivery, and breastfeeding. The peer supporters ensured that there was regular monitoring which allowed for timely intervention and safeguarding the health of the baby, the mother and the partner.

**Conclusions & Next Steps:** Peer-led one-to-one support is a promising approach for reaching young mothers in rural areas who are otherwise disproportionately affected by HIV. The young mentor mothers provide a bridge between the community and facility and ensure young mothers are linked to HIV and SRH services which not only improves their health outcomes but also that of their babies and partners.



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## **“Behind Closed Doors: Unveiling the Prevalence, Individual and Community-level Determinants of Sexual Violence among Adolescent Girls and Young Women in Sub-Saharan Africa”**

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Sexual and reproductive health in low- and middle-income countries including adolescent health is currently challenged especially at the community level, where most of the policies on sexual violence and gender inequality have not been adequately felt. Therefore, the main objective of this study is to assess the prevalence, and community-level determinants of sexual violence among Adolescent Girls and Young Women (AGYW) (aged 15-34) in selected SSA countries, using three waves of each country's survey data from each country. Method: This study used harmonized national data from Demographic and Health Surveys (DHS) across African countries allowing joint and comparative analysis. Three DHS waves from each of the 8 countries, two per African region were used for the study. Univariate, bivariate, and multi-level mixed-effect modeling was used to estimate trends in sexual violence over time and whether there is evidence of sexual violence to explore between-country variations in trend. Results: The results showed that the prevalence of sexual violence is high in Zambia [10.8%], while Rwanda had the lowest prevalence of sexual violence at 2.1% against AGYWs. At community-level measures, the odds of sexual violence against AGYW increased with those residing in average [aOR: 1.15; 95% CI: 1.08-1.22] and high [aOR:1.23; 95% CI: 1.15-1.31] poverty community. Conclusion: The study findings were in support of existing literature which shows that rates of, sexual violence against adolescent girls and young women are quite high, with little variations across the regions, indicating that sexual violence is significantly associated with community-level factors which cut across most of

the indicators examined. In examining global challenges such as sexual violence among AGYW, it becomes necessary to ensure that policies, programs, and innovations on sexual violence in SSA are implemented to achieve sustainable development goals.



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## Female Sex Worker Preferences for HIV Pre-Exposure Prophylaxis Delivery in Uganda: A Discrete Choice Experiment

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**Background:** Cisgender female sex workers (FSWs) in sub-Saharan Africa have a high risk of HIV acquisition, highlighting the need for innovative approaches to expand coverage of evidence-based HIV prevention methods, including oral pre-exposure prophylaxis (PrEP). Our study aimed to identify FSWs' preferences for a PrEP delivery model with structured choices for delivery location, services offered, and adherence support.

**Methods:** We conducted a discrete choice experiment (DCE) among FSWs  $\geq 18$  years recruited from the Most At-Risk Population Initiative (MARPI) clinic in Kampala, Uganda, between October and November 2023. FSWs were recruited using consecutive sampling. To determine the most effective PrEP delivery method for FSWs, we created eight choice sets, each with three alternative combinations of PrEP service attributes and an opt-out using a D-efficient experimental design. Participants were presented with three alternatives, the fourth being an opt-out (no model selected), and asked to make selections based on four distinct attributes: the PrEP provider, place of delivery, delivery channel, and support services. We assessed FSW preferences and attribute trade-offs using a panel data mixed model and identified the preferred PrEP delivery model using the highest median utility score.

**Results:** Overall, 203 participants completed the DCE. The median age was 24 years (interquartile range [IQR] 20-32). Most FSWs preferred receiving PrEP from a healthcare worker at the clinic with short message service (SMS) reminders for adherence support (median utility score 0.87; interquartile range [IQR] 0.82, 0.94). This preference remained consistent across all age groups, with a median utility score of 0.88 for ages 15-19, 0.87 for ages 20-24, and 0.85 for ages  $\geq 25$ .

**Conclusion:** FSWs preferred to receive PrEP care directly from providers at healthcare facilities and highlighted the need for additional support in the form of SMS reminders to improve adherence and prevent HIV acquisition. This preferred model, if implemented, could increase prevention coverage and inform future approaches to delivering PrEP through the Uganda National PrEP Program.



# POSTER ABSTRACT PRESENTATIONS

2nd African Workshop on Women & HIV  
2025

Hybrid Meeting

27-28 February 2025  
Nairobi, Kenya



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## Exploring Readiness for Antiretroviral Therapy Among Adolescent Women (15-24 Years) in Uganda: Insights from four HIV Clinics at Mulago Hospital

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**Background:** Despite the global expansion of ART, adolescent women in Sub-Saharan Africa remain disproportionately affected by HIV, with high infection rates and numerous barriers to treatment initiation. This study explores factors associated with readiness for ART initiation among adolescent women (15-24 years) at Mulago Hospital's HIV clinics in Uganda.

**Methods:** This quantitative cross-sectional study included newly diagnosed HIV-positive adolescent women attending four HIV clinics in Mulago Hospital. Treatment readiness was self-reported, and assessed through responses to the question, "How ready do you feel to start ART?" Key variables examined included demographic factors, psychosocial characteristics, and health beliefs associated with readiness.

**Results:** Of the 153 participants, the majority (66.2%) had a mean age of 20.7 years. Most adolescent women expressed a high readiness (53.3%) and motivation (51.1%) to initiate ART. Factors significantly associated with readiness included being female (aPR=1.22, 95% CI [1.07, 1.39], p=0.003), the belief that ART cures HIV (aPR=0.61, 95% CI [0.43, 0.86], p=0.005), previous unprotected sex (aPR=0.83, 95% CI [0.79, 0.87], p<0.001), and knowledge of ART's positive health effects (aPR=0.88, 95% CI [0.84, 0.93], p<0.001). Internalized stigma was a significant barrier (aPR=0.90, 95% CI [0.83, 0.98], p=0.018).

**Conclusions:** Enhancing ART readiness among adolescent women requires addressing unique psychosocial factors and health beliefs. Tailored interventions, such as stigma reduction and education on ART efficacy, could improve treatment initiation rates, contributing to improved HIV outcomes for young women in Uganda.



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## Modified-Directly Observed Therapy (m-DOTs) for unsuppressed Adolescents and Young girls on ART: A Facility Base Intervention.

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Adherence to antiretroviral therapy (ART) is essential for optimizing HIV care, yet remains a significant challenge among adolescents and young adults. This study evaluated a pilot intervention using Modified-Directly Observed Therapy (mDOT) to improve adherence among unsuppressed female adolescents (aged 10–19) on lifelong ART at Federal Medical Centre Keffi, Nasarawa State. The mDOT intervention integrated care providers and treatment partners (caregivers) into the treatment process, offering supervised medication administration and monitoring.

A total of 33 unsuppressed adolescent girls were enrolled in the 6-month program (February–August, 2024). Supportive caregivers served as treatment partners, administering daily DOT under supervision by facility DOT/program facilitators. Participants attended monthly facility visits for adherence assessments, with viral load tests conducted at the 3rd and 6th months of the program. Compliance with recommended DOT visits was 93%, 90%, and 82% at months 2, 4, and 6, respectively.

Results demonstrated that 19 of the 33 participants (45%) completed over 90% of the intervention-specified DOT visits. Viral suppression (<1,000copies/mL) was achieved in 20 participants (61%), while 12 participants (36%) remained unsuppressed (>1,000copies/mL) by the end of the program. Unfortunately, one participant (3%) passed away during the intervention, five participants (15%) were lost to follow-up, and two (6%) were transferred to other facilities. One unsuppressed participant (3%), aged 17, was discovered to be pregnant and referred to antenatal care (ANC).

Exit surveys revealed that participants found the intervention accessible and motivating. Many reported increased adherence motivation, sadness upon program completion, and 100% indicated they would recommend mDOT to peers.

What Worked:

1. Viral Suppression: Over half of the participants achieved viral suppression, demonstrating the efficacy of targeted interventions.
2. Expanded Support Network: Structured support systems, including treatment partners and adherence counselors, addressed psychosocial challenges and bolstered adherence.
3. Referral and Transfer Efficiency: Timely referrals to ANC and efficient transfers ensured continued care for patients requiring specialized support.

What Did Not Work:

1. Lost-to-Follow-Up (LTFU): Five participants were lost due to poor contact tracking or family relocation, highlighting the need for robust patient engagement mechanisms.
2. Resource Constraints: Insufficient resources, such as airtime for patient follow-up, and gaps in counselor availability hindered program implementation.
3. Systemic Challenges: Operational inefficiencies, such as limited adherence counselors and resource shortages, impeded program effectiveness.

Lessons Learned:

A multi-faceted approach, integrating caregivers and peer networks, is critical for improving adherence. Investment in tracking tools and community outreach can reduce LTFU rates. Addressing systemic challenges, such as resource allocation and staff shortages, is essential for scaling up interventions.

The mDOT-HAART intervention demonstrates that a structured, person-centered approach to ART adherence can significantly improve viral suppression rates among adolescent girls. The high rate of viral suppression achieved by participants revealed the potential of mDOT to contribute meaningfully to global efforts toward the 95-95-95 HIV targets, particularly among adolescents and young adults—a group historically underserved in HIV care. By refining and scaling up this approach, it can serve as a cornerstone in efforts to close the treatment gap and achieve durable viral suppression, thereby enhancing the health outcomes and quality of life for adolescents living with HIV.



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## Improving the wellbeing of adolescents living with HIV: An overview and comparative peer support response between Adolescents and Youth Girls and Boys living with HIV in Mozambique

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**Background:** In Mozambique, in the context of HIV, peer education consists of transmitting information on general health and HIV-specific topics and is carried out by an individual living with HIV. Peer support is a crucial strategy to overcome the challenges of retention and adherence to ART, particularly for HIV-negative adolescents on PrEP. In Mozambique, the implementation of the Adolescent and Youth Mentor (AYM) approach has been standardized since 2022 in order to address the challenges in HIV prevention, retention and adherence to antiretroviral treatment for these priority groups.

**Methods:** The Health Facilities with support from partners were selected to implement the approach and the mentors selected must be aged between 18 and 24 and trained in the training package standardized by the Ministry of Health. In the case of AYM, its target group are adolescents and young people aged 10-24 who are negative on PrEP and positive for HIV.

**Results:** From January 2023 to October 2024, around 50,127 users were registered in the AJM approach; of which 68% are PrEP positive users and 32% are PrEP negative users. Looking at the age groups, 45,132 are adolescents and young people between the ages of 15 and 24 and 4995 are between the ages of 10 and 14. Of these, the majority are female, approximately 67 per cent, with around 33,426, of whom 23,413 (70%) are positive users and 10,013 (30%) negatives. Comparing the sexes, the biggest reason for inclusion in the approach for girls is the start or restart of antiretroviral treatment (32%), followed

by the start of PrEP for negative users (27%) and loss of follow-up after reintegration into the health unit (21%) and the opposite for boys, where those seeking services for PrEP (31%) are in the majority, followed by the start or restart of ART (21%) and loss of follow-up to ART (20%).

56% of the girls are followed up for less than 6 months and 36% are followed up for between 6 and 12 months. 69% of these girls were discharged.

**Conclusion:** The findings suggest that empowering adolescent girls through peer-led support networks can improve adherence to HIV services, Retention and Adherence to treatment, and enhancing their overall quality of life. There are still implementation challenges and for the future it is necessary to carry out a programmatic evaluation in order to improve the provision of services to adolescent girls and youth living with HIV to promote their health, rights, and social inclusion.





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## Justice for AGYW: Impact of a Digital and Paralegal-Driven Approach to Gender and Human Rights Advocacy in Nigeria

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**Background:** According to UN women, Gender-based violence (GBV) is a global burden and has a myriad of adverse effects but is vastly under-reported. HIV disproportionately affects adolescent girls and young women (AGYW) in sub-Saharan Africa due to sociocultural differences in gender, power, and economic status. The National Agency for the Control of AIDS (NACA) reports that in Nigeria, HIV prevalence is three times higher among female teenagers aged 15-19 compared to male adolescents (0.3% vs 0.1%), and four times higher among female adolescents aged 20-24 (1.3% vs 0.3%). AGYW living with HIV face ongoing gender and human rights violations, including stigma, discrimination, and abuse, which impact their quality of life and access to healthcare. This study aims to document these GHR violations and provide AGYW with legal support.

**Methods:** This study utilised a retrospective data from a Global-fund assisted programme that was conducted by NACA from 2023 to 2024. A total of 30 NEPWHAN members and community leaders were trained as paralegals, equipping them with skills to handle gender and human rights (GHR) cases, provide legal support, and raise awareness in their communities. To streamline case reporting, the study employed the iMonitor app, enabling easy and accessible documentation of GHR violations among AGYW across 13 Nigerian states (Abia, Anambra, Ebonyi, Taraba, Oyo, Kaduna, Kano, Gombe, Edo, Imo, Kwara, Plateau and Enugu). A descriptive analysis was used to analyze data for this study.

**Results:** The findings revealed that a total of 80 GHR cases were recorded involving adolescent girls and young women (AGYW) living with HIV.

Among the study participants, 23.7% were aged (15–19), while 76.3% were aged (20–24). 64(64%) cases were successfully resolved, 34(34%) were still in progress, while 2(2%) cases were voluntarily withdrawn. This findings highlights the urgent need to strengthen the legal protection and support systems for AGYW facing stigma and discrimination in Nigeria.

**Conclusion:** This study revealed the vulnerability of AGYW living with HIV in Nigeria to gender-based violence and human rights abuses. Training community members as paralegals and utilizing digital tools for reporting proved effective in improving response and advocacy for AGYW's rights. Expanding the iMonitor app's capabilities for real-time peer-to-peer reporting, coupled with increased collaboration with local authorities and healthcare providers, can enhance case resolution rates. Also, developing public awareness campaigns focused on reducing stigma and promoting human rights for AGYW in communities would provide a more inclusive and supportive environment for AGYW living with HIV.



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## Enhancing Back to School Engagement Among Adolescent Girls to Improve Viral Load Suppression in Siaya County

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**Background:** Adolescents living with HIV (ALHIV) face significant challenges in maintaining antiretroviral therapy (ART) adherence, particularly in school settings where stigma and fear of disclosure prevail. These barriers lead to poor health outcomes, including suboptimal viral load suppression, which increases the risk of HIV progression and transmission. This study aimed to investigate ART adherence challenges faced by ALHIV in school, assess the impact of stigma and fear of disclosure, and evaluate the effectiveness of an intervention aimed at reducing stigma to improve adherence and viral load suppression.

**Methods:** The Quality Improvement Project focused on 160 adolescents aged 12–18 years living with HIV and attending various schools in Siaya County. Data collection was conducted through semi-structured interviews during the 2024 April school holiday. The interviews assessed ART adherence while in school, identifying barriers and challenges related to stigma, fear of disclosure, and other psychosocial factors. The findings revealed that 80% (128) of the adolescents failed to comply with ART protocols while in school, primarily due to stigma-related factors and a fear of disclosing their HIV status.

In response to these findings, Orphans and Vulnerable Program and HIV program implemented an intervention during 2024 April holiday. The intervention involved 4 sensitization sessions (one session per week) designed to educate the adolescents and their caregivers on the importance of overcoming stigma and addressing fears of disclosure. These sessions also emphasized the critical role of consistent ART adherence in achieving optimal health outcomes. The intervention included interactive discussions,

peer support activities, and practical strategies for managing stigma in school settings. Viral load tests were conducted at the beginning of the study and again during the August holiday to assess the impact of the intervention. To provide additional context, we included a comparison group of 40 adolescents who did not participate in the intervention.

**Results:** The results demonstrated a significant improvement in viral load suppression among the intervention group. By August 2024, when schools closed again, 77.8% of the adolescents who participated in the sensitization sessions achieved suppressed viral loads, compared to only 16.5% during the April holiday. In contrast, only 19.3% of the comparison group achieved viral load suppression during the same period. Participants reported increased confidence in adhering to ART protocols and managing their HIV status, even in the face of stigma. This marked improvement underscores the effectiveness of the stigma reduction intervention in fostering ART adherence and improving health outcomes.

**Conclusion and Recommendations:** Stigma and fear of disclosure as critical barriers to ART adherence among ALHIV in school settings. Interventions that address these barriers can significantly improve adherence and viral load suppression. It is recommended that schools and healthcare providers collaborate to create stigma-free environments through education, peer support groups, and training for school staff. Such initiatives should also include continuous sensitization for adolescents and caregivers to sustain adherence. By addressing stigma and fostering adherence, we can enhance the health and well-being of ALHIV, contributing to broader efforts to combat New HIV Infections



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## Prevalence and Factors Associated with Sexually Transmitted Infections and HIV among Female Sex Workers in Two Large Cities of Zimbabwe: A Respondent Driven Sampling Survey in 2023

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**Background:** Female sex workers (FSWs) in Zimbabwe are at higher risk of sexually transmitted infections (STIs) and HIV. Despite efforts to address these issues, there remains limited comprehensive data on the prevalence and contributing factors within this population. Understanding these dynamics is crucial for developing effective public health strategies.

**Methods:** We conducted a respondent driven sampling survey to describe and assess the prevalence, engagement in care, and factors associated with STIs and HIV among FSWs in Zimbabwe. Participants self-completed an audio computer assisted survey instrument (ACASI). Participants were tested for HIV, and those testing positive were also tested for HIV viral load. Additionally, 45% of participants were randomly selected and tested for syphilis, gonorrhoea (GC), chlamydia (CT), and trichomonas (TV). RDS-II weighted HIV and STI prevalence, along with 95% confidence intervals (CI), were calculated. The HIV treatment care cascade was also assessed for HIV-positive individuals. Factors associated with having at least one STI (GC/CT/TV), were investigated using weighted modified Poisson regression.

**Results:** A total of 3006 participants were recruited from two large cities – Harare and

Bulawayo. The overall HIV prevalence among FSWs was 41.3% (95% CI: 38.1% - 44.6%). Among FSWs living with HIV, 83.4% were aware of their positive status. Of those who were aware, 97.3% were currently on antiretroviral therapy (ART), and of those on ART, 90.1% were virally suppressed, indicating good progress towards achieving the UNAIDS 95-95-95 targets.

The prevalence of active syphilis was 4.4% (95% CI: 3.2% - 6.0%), gonorrhoea was 13.4% (95% CI: 11.3% - 15.9%), chlamydia was 20.7% (95% CI: 18.2% - 23.5%), and trichomonas was 23.7% (95% CI: 21.0% - 26.6%) among FSWs. 21.1% (95% CI: 18.5% - 24.0%) of FSWs were affected by HIV and at least one of these four STIs. Factors associated with increased relative risk of having at least one STI (GC/CT/TV), after adjusting for age and city, included being of young in age, having attained lower educational level, being divorced/separated, having HIV positive status and reporting STI symptoms in the past year.

**Conclusion:** Good progress has been made towards identifying and treating FSW living with HIV. The high prevalence of STIs underscores the urgent need for improved STI management. Addressing the identified risk factors through tailored prevention and treatment programs could significantly reduce the burden of STIs and HIV in this vulnerable population. Future research should focus on intervention studies to explore strategies for lowering STI rates and enhancing service engagement.



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## Uptake of Test and Treat Strategy among Adolescent Girls and Young Women at High Risk of HIV Infection in a Rural Ugandan Setting

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**Background:** HIV incidence is declining in many settings, yet new infections remain unacceptably high among adolescent girls and young women (AGYW). As a way of curbing the rising infection rates, at the end of 2013, the Ugandan government through the test and treat policy under the treatment as prevention strategy recommended provision of anti-retroviral therapy (ART) to persons with HIV regardless of their CD4 cell count. We assessed the uptake of test and treat strategy among HIV high risk AGYW in an HIV background incidence study known as SIENA (eStimating hIv incidEnce amoNg Agyw) conducted in rural Uganda.

**Methods:** SIENA was a cross sectional survey evaluating HIV incidence rates among AGYW at two sites in Mityana/ Mubende and Hoima using HIV recency tests. A cross-section of AGYW were recruited from HIV testing facilities and areas of commercial sex activities such as lodges, bars, restaurants, islands, landing sites and goldmines between June and October 2021. HIV risk was assessed using interviewer administered questionnaires on sexual behavioral characteristics. AGYW testing positive for HIV were referred for care to a health facility of their choice with close physical follow-up done by the study team to ensure they are initiated on ART. We describe linkage to care among AGYW testing positive for HIV at the Mityana/Mubende site.

**Results:** Of the 144 participants who tested positive, 135 (93.7%) accepted and 9 (6.25%) declined to be referred to an HIV treatment facility. ART uptake under the test and treat approach among those who accepted referral was 87(64.4%). Reasons for not enrolling into care among the remaining 48 (35.6%) AGYW included;

failing to accept that they had HIV (n=19, 39.5%), unwillingness to take the daily pill (n=11, 22.9%), migrating out of the area soon after receiving positive results (n=8,16.6%) and could not be traced on phone (n=10, 20.8%). Alarming, among the AGYW who initiated ART, only 28.7% (n=25) went back for a second refill.

**Conclusion:** While the test and treat policy is a great strategy, policy makers need to re-evaluate the preparedness of AGYW newly diagnosed with HIV to immediately engage in life long HIV treatment. Targeted patient centered interventions are urgently needed to link and retain AGYW with HIV in care.



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## PK of Dose-Adjusted Emergency Contraception With Rifampicin Therapy

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**Background:** Expanding access to contraception is essential to prevent pregnancy-related health risks for women with TB. Levonorgestrel (LNG) for emergency contraception (EC) is metabolized via cytochrome P450 (CYP) 3A4 and rifampicin (RIF), a potent CYP3A4 inducer, reduces LNG exposure by 57%. Obesity also decreases LNG exposure by 50%. Some guidelines recommend doubling the LNG EC dose when taken with CYP3A4 inducers, but this has not been evaluated in clinical studies with RIF. We hypothesized that doubling the LNG EC dose during RIF therapy would result in similar PK exposure compared to standard dose LNG in the absence of a drug-drug interaction (DDI).

**Methods:** ACTG A5375 was a multicenter, parallel group, PK trial of pre-menopausal females,  $\geq 16$  years old, without an indication for EC at entry. Participants without HIV taking RIF on continuation phase of TB therapy received LNG 3mg (n=34) and were compared to participants with HIV on DTG-based ART who received LNG 1.5mg (n=32; control group). Plasma was collected prior to a single dose of LNG, then 0.5, 1, 1.5, 2, 3, 4, 6, 8, 24, and 48h post-dose. LNG concentrations were measured by LC-MS/MS and PK parameters calculated by non-compartmental methods. Appropriateness of the DTG control group was confirmed by comparison to historical LNG PK data. PK parameters were compared between groups by geometric mean ratio (GMR; 90% CI) adjusted for baseline BMI. Participants were followed for 4 weeks to assess adverse events (AE).

**Results:** All participants (n=66) self-identified as cis-women, 54 (82%) Black, 6 (9%) Latina, and 4 (6%) Asian and enrolled between May 2019 and Nov 2020. BMI was lower in the RIF group compared to the DTG group, [mean (SD): 22.4 (4.9) vs 26.1 (7.1) kg/m<sup>2</sup>, p=0.01]. LNG AUCs over 8 and 24 hours were similar between groups. The C<sub>max</sub> was 27% higher while the T<sub>1/2</sub> was 57% shorter in

the RIF group, resulting in 82% lower C<sub>last</sub> and 21% lower AUC<sub>48h</sub> compared to the control group. Three participants (2 RIF group; 1 DTG group) reported Grade 2/3 LNG-related AEs (nausea and menstrual symptoms).

**Conclusions:** Dose adjustment of LNG EC from 1.5mg to 3mg in those on RIF-based TB therapy resulted in similar or higher LNG exposure over the first 24 hours compared to the control group. RIF therapy shortened the LNG half-life, resulting in lower exposure at the end of the study period. Since C<sub>max</sub> is associated with EC effectiveness, these data support dose-adjustment of LNG EC to 3mg in those taking RIF.



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## HIV and Its Influence on Quality of Life and Female Sexual Function: A Northwestern Nigerian Comparative Analysis

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**Background:** Female sexual dysfunction (FSD) and quality of life (QOL) are interconnected and multifaceted, influencing each other across the life span of women living with Human Immunodeficiency Virus (PLHIV). While combination antiretroviral therapy has significantly extended the lifespan of people living with HIV, the long-term effects of chronic HIV infection on the quality of life and sexual dysfunction amongst women remains unclear.

**Objective:** This study aims to compare FSD and QOL of PLHIV and that of the general female population.

**Methods:** This was a cross-sectional study of 200 women with HIV and a matched comparison arm of 200 women without HIV. The study was carried out in the ART clinic of Aminu Kano Teaching Hospital, Nigeria. The World Health Organization Quality of Life 26 item Brief Version (WHOQOL-BREF) was administered to all 400 participants and sexual function was assessed using the Female Sexual Function Index (FSFI), with a score  $\leq 26.55$  indicating FSD. Chi-square tests and logistics regression were used to test association between variables.

**Results:** The overall Quality of life was found to be significantly associated with HIV status (p-value 0.043). Women living with HIV scored lower than the median cut off point of QOL compared with women who were HIV negative signifying a poorer quality of life. Of the 200 women living with HIV, only 53% (106) of women had good quality of life compared to the 63% (126) of women living without HIV. Based on the four domains of the

QOL questionnaire: physical, psychological, social and environmental health, only psychological and environmental health were significantly associated with HIV status (p <0.001). The prevalence of FSD was 96% (192) among women with HIV and 98% (195) in HIV negative women. QOL was not found to be associated with FSD in both groups of women (p-value 0.812).

### Conclusion and Global Health Implications:

Women living with HIV and on ART have an overall lower quality of life when compared to women without HIV. Environmental factors were linked to lower of quality of life, highlighting the connection between living conditions and overall well-being. Additionally, women with HIV/AIDS continue to face challenges in psychological and emotional domains emphasizing the need for targeted interventions to improve their quality of life.





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## Towards sustainability of HIV prevention interventions through scaling up the Dreams program to new geographic settings in Zimbabwe: Issues and Considerations, 2024.

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**Background:** Globally, HIV remains a burden in among Adolescent Girls and Young Women (AGYWs) aged 15-24 years in Sub-Sahara Africa (SSA). Some of the factors contributing to high HIV incidence among AGYW include harmful societal norms, gender inequality, low levels of education, alcohol use, limited and inconsistent condom use, inter-generational relationships, and intimate partner violence (IPV). Zimbabwe Health Interventions (ZHI) is implementing the Determined, Resilient, Empowered, AIDS free, Mentored and Safe (DREAMS) program to reduce HIV incidence among AGYW. The program is being implemented in 11 districts, with two additional DREAMS next-generation districts (Mberengwa and Gokwe South) having started implementation in October 2023. We explored acceptability and challenges faced in implementing the HIV prevention intervention in new geographic settings.

**Methods:** We conducted a descriptive cross-sectional study where data were collected through focus group discussions (FGDs) and Key informant interviews from purposively selected AGYW aged 15-24 years, parents/caregivers, and political religious and traditional (PRT) leaders in Mberengwa and Gokwe South districts. ATLAS.ti version 9 was used to group related themes for analysis. The assessment was covered by the Medical Research Council of Zimbabwe's approved non-research determination clearance (MRCZ/E/216).

**Results:** We conducted six FGDs with AGYW, four FGDs with parents/caregivers, and five in-depth interviews with key informants. AGYW, parents/caregivers and PRTs embraced the HIV prevention intervention program as it was reportedly transforming the lives of AGYW socially, morally, and financially, all contributing to the reduction of risk to HIV. Some challenges still exist, for instance, long walking distances for AGYW and community program facilitators to meeting points, difficulties in accessing sexual reproductive health and rights (SRHR) services, lack of support for participating in DREAMS from in-laws and spouses, and economic strengthening activities failing to kick-off. AGYW preferred vocational skills training, start-up capital for internal savings and lending scheme (ISALS) and more edutainment to make DREAMS sessions exciting.

**Conclusion:** Despite initial challenges experienced during program inception, the DREAMS program is now well accepted in the two next generation districts. Challenges still exist, including AGYW walking long distances to meeting points for DREAMS sessions, accessing SRHR services and suboptimal family support for the program. We recommend securing convenient and permanent venues for sessions within reach of AGYW, strengthening provision of clinical and menstrual health services to AGYW in the community, and encouraging use of available resources like road-runner chickens, work in fields and gardens to raise money to start-up small businesses among AGYW.





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## Reasons for the high rates of PrEP discontinuation among general population in Sokoto, Zamfara and Kebbi states in Northwestern Nigeria

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**Background:** PrEP(pre-exposure prophylaxis) intervention as a status neutral approach for HIV prevention has been shown to be effective following optimal adherence preventing HIV acquisition by 99% across general and key populations. Studies have shown that clients in Sub-Saharan Africa often discontinue this medication within a short period of time after initiation. A lot of factors have been responsible for high discontinuation rates among these clients. This study identifies factors responsible by reviewing retrospective PrEP program data from electronic medical record (EMR) and PrEP records (PrEP cards) across facilities who initiated clients on PrEP, in addition to interviewing these clients by way of a survey via phone calls to ascertain reasons for discontinuation.

**Methods:** A mixed method involving a cross-sectional study and a survey across a total cohort of 968 clients that had PrEP initiations between the period of 1st October 2022 and September 30th, 2023, across 20 clinics in Sokoto, Zamfara and Kebbi was done using client's records available on PrEP cards. Clients that discontinued PrEP after 90days were denoted lost to follow up (LTFU). Descriptive statistics was used to analyze the data.

**Results:** Of the 968 clients initiated on PrEP, 815(84%) discontinued PrEP. 693(85%) were between 21 - 49yrs of age. 516 (63%) were males, 472(57.9%) were married and 308(37.8%) by occupation were businessmen and women. The median time from initiation to discontinuation of PrEP was 1.2months (IQR 0.953, 2.76). 273(33.5%) had zero refills after initiation, 385(47.2%) had one refill, 140(17.2%) had two refills prior to

discontinuation. The results showed that clinical reasons (pill burden, side effects, death and no longer at substantial risk for HIV) accounts for 286(35.1%) clients discontinuing PrEP, 100(12.3%) were LTFU, 67(8.2%) was due to stigma, 55(6.7%) was due to economic reasons, 129(15.8%) religious reasons/beliefs, 178(21.8%) reported to have discontinued PrEP for no reason and 67(8.2%) for social reasons (stigma).

**Conclusion:** PrEP discontinuation rate is high as more than half of those initiated on PrEP discontinue within short periods of time. This necessitates interventions to improve PrEP retention among clients with continued high risk of HIV acquisition, improving public health benefits such as a drastic reduction in new HIV infections and a significant progress towards achieving epidemic control of HIV.



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## Gaps in HIV testing and prevention services for older female individuals: analysis of routine program data from across multiple sub-Saharan African countries

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**Background:** In 2022, women and girls of all ages accounted for 63% of all new HIV infections in sub-Saharan Africa. A recent analysis found that among older people living with HIV (PLHIV), females were less likely to achieve the first and third UNAIDS 95-95-95 targets than males. The Meeting Targets and Maintaining Epidemic Control (EpiC) project, funded by USAID and PEPFAR, provides the full cascade of HIV services for PLHIV, including females of all ages in sub-Saharan African and other countries.

**Methods:** From October 2023 through September 2024, EpiC supported HIV testing following country testing algorithms and offered pre-exposure prophylaxis (PrEP) services in 13 sub-Saharan African countries (Botswana, Burkina Faso, Côte d'Ivoire, Democratic Republic of the Congo, Eswatini, Lesotho, Liberia, Malawi, Mali, Senegal, South Africa, Tanzania, Togo), both at health facilities and in the community. Community testing included mobile, index, and social network testing, among other approaches. Descriptive and comparative analyses were conducted using programmatic data for case finding and reach of PrEP services among older females to understand trends to inform programming and improve outcomes among this population. Case-finding rates (CFR) (percentage positive among all tested) were analyzed by age group, population group, sex, and testing modality. The analysis of PrEP offered and uptake focused on females ≥15 years.

**Results:** EpiC supported 1,029,332 HIV tests, of which 646,208 (62.8%) were among females. Of these, 267,413 (41.4%) were at facilities and 378,795 (58.6%) in the community. The overall CFR

among females (3.8%; 24,758/646,302) was lower than among males (4.4%; 16,757/383,914), and higher in facilities than the community (4.3% vs. 3.5%). This trend between facility and community testing was similar for males (5.2% vs. 3.9%). Among females 40–49 years, the CFR was 10.0% (4,015/40,080)—9.9% in the facility and 10.2% in the community. The CFR was 12.6% (2,217/17,560) among females 50+ years—10.2% in the facility and 21.5% in the community. This CFR was higher than among males the same ages (8.0% and 9.3%, respectively). CFR among females varied by population groups for among those 40-49 and 50+ years (key and priority populations: 11.2% and 17.8% respectively; general populations: 8.4% for both age groups) but were higher than the overall CFR. The CFR among females 50+ was highest through index testing in the community (44.3%) and at the facility (32.0%).

Among females of all ages who tested HIV negative (621,544), 217,604 (35%) were offered PrEP, and 76,665 (35%) initiated PrEP, with rates similar among males. In females 40–49 and 50+ years, the rate of PrEP offered (31.7% and 16.8%, respectively) and uptake (27.9% and 14.9%, respectively) was lower.

**Conclusion:** More research is needed to understand why the CFR is higher among older females. Strengthening of prevention interventions are needed, especially with the low PrEP offering and uptake among this group. As CFR was very high in the community and through index testing, community PrEP and index testing interventions targeting females >40 years should be scaled up, including interventions addressing stigma and discrimination against women and elderly populations.



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## Widowhood stigma as a fundamental cause of poor sexual and reproductive health outcomes in Africa: a conceptual framework

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**Background:** Widows in Africa experience stigma linked to their social identity of widowhood. Despite the known significant impacts of stigma on health and wellbeing, widowhood stigma is less conceptualized and studied and its effects on widows' sexual and reproductive health are not delineated.

**Methods:** We thematically reviewed literature mentioning widowhood stigma and its effects in Africa. Applying the fundamental cause theory to this literature, we developed a widowhood stigma conceptual framework to highlight the domains of widowhood stigma and the pathways through which widowhood stigma impacts sexual and reproductive health outcomes for widows.

**Results:** We identified domains of widowhood stigma: discriminatory norms and laws, negative labelling and stereotyping (husband snatchers, promiscuous women, unclean, husband killers), loss of social status (disrespected, distrusted, blamed, suspected, and voiceless) and social isolation (avoided, shunned, ostracized, banished or abandoned), and perceived, anticipated and internalized stigma (shame, self-hatred, self-abandonment and have low self-esteem, hopeless, helpless, less than humans, worthless, and powerless).

We show how widowhood stigma is a fundamental cause of poor sexual and reproductive health outcomes through multiple pathways. The loss of material resources (disinheritance, evictions, food insecurity, loss of livelihoods, jobs and lack of

financial safety net), and social resources (lack of family and social support) increase health risk situations which increase the risk of sexually transmitted illness and worsen sexual and reproductive health outcomes. The increased health risk situations include sexual violence and exploitation (rape, forced sexual cleansing, forced widow inheritance), maladaptive health and coping behaviors (commercial sex, multiple sexual partners, unsafe sexual relations), and reduced access to health care (fear of seeking care alone, financial limitations). The psychological effects of widowhood stigma such as trauma, depression, loneliness and stress may also worsen coping behaviors, increasing risk for sexually transmitted illnesses and worsening sexual and reproductive health outcomes. While several factors, such as a widows' age and educational level, might offer widows' resources to resist stigma, other factors, such as intersectional stigma (HIV stigma, childness stigma), might worsen the impact of widowhood stigma.

**Conclusion:** Ours is likely the first framework focused on widowhood stigma in Africa. This framework should assist in research on widowhood stigma and its health impacts, and in designing and evaluating interventions for reducing widowhood stigma and improving sexual and reproductive health outcomes.



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## Stigma and Violence: Barriers to HIV Care for Women in Nigeria, Kenya, Morocco, Egypt, and South Africa

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**Background:** Stigma and violence remain profound barriers to accessing HIV prevention, treatment, and care for women across Africa. GNP+ led this research, focusing on how stigma and gender-based violence affect women living with HIV in Nigeria, Kenya, Morocco, Egypt, and South Africa. Using the People Living with HIV Stigma Index and community-based participatory research (CBPR) methods, the study examines these challenges in collaboration with local communities.

**Methods:** Data were collected through CBPR approaches, engaging women living with HIV, healthcare providers, and community leaders in the five countries. The People Living with HIV Stigma Index was utilized to gather insights into stigma experiences. At the same time, qualitative interviews and focus groups highlighted the impact of violence and discrimination on healthcare access.

**Results:** The findings reveal high levels of stigma and violence experienced by women living with HIV across these countries. Many women reported avoiding healthcare facilities due to discrimination fears, while others faced violence from family or community members upon disclosure of their HIV status. This stigma and violence often result in social isolation and decreased access to consistent HIV care.

**Conclusion:** This research highlights the critical need for targeted interventions to address stigma and violence against women living with HIV in Africa. Recommendations include incorporating stigma- and violence-reduction programs into HIV care and developing support services within healthcare settings. Addressing these barriers is essential for creating inclusive healthcare environments that empower women to access and adhere to treatment.



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## Stakeholder Engagement for Survivor-Centred Intimate Partner Violence Services for Vulnerable Women and Adolescent Girls Living with HIV in Northern Nigeria (SWANN)

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**Background:** Stakeholder engagement is critical to the design and tailoring of interventions to facilitate equity and uptake. The SWANN study aims to tailor HIV program tools to center the needs of women and girls living with HIV (WGLHIV) who are survivors of intimate partner violence (IPV). We developed an implementation science-informed stakeholder engagement plan to guide our work and center survivors.

**Materials and Methods:** SWANN focuses on particularly vulnerable WGLHIV who are experiencing IPV: pregnant women, adolescent girls and young women, and female sex workers. We used the Australian Department of Health's Stakeholder Engagement Framework to plan and conduct our stakeholder engagement activities as follows: Step 1-Identifying and mapping stakeholders representing Patients, Providers, Payors, Policymakers and the Public, to identify and prioritize issues relevant to WGLHIV experiencing IPV. Step 2-Analyzing and planning including identifying partners, learning more about

stakeholders, and applying lessons learned. Step 3: Resource and prepare by building internal skills and capability of stakeholders. Step 4: Design appropriate approaches that reflect low to high intensities of engagement (Inform, Consult, Involve, Collaborate or Empower) for different stakeholder groups. Step 5: Review, measure, and learn from the stakeholder engagement process. We decided not to engage the Public due to the sensitive nature of, and stigma associated with IPV, HIV and sex work, for our study participants in Northern Nigeria.

**Results:** We identified IPV surviving-WGLHIV and patient-groups as Patients to Empower; state/national legal institutions, HIV-focused government agencies and healthcare workers as Providers to Consult, Involve and Collaborate with, respectively; HIV government agencies as Policymakers to Inform, and HIV program funders as Payors to also Inform. Ultimately, we developed a stakeholder matrix of 14 different groups, agencies and organizations categorized into the five stakeholder groups with ongoing engagement from the basic "Inform" level to the highest "Empower" level. These stakeholders include WGLHIV survivors of IPV, the Association of Women Living with HIV and AIDS in Nigeria (ASWHAN), gender-based violence focal persons working at health facilities, National and State AIDS and STI Control Program officials, National Agency for the Prohibition of Trafficking in Persons (NAPTIP), National Human Rights Commission (NHRC), and the International Federation of Women Lawyers (FIDA).

Stakeholder engagement along the five intensity categories is being assessed against study-specific outcomes measures including number and frequency of stakeholder meetings, number of key recommendations made by stakeholders, number of these recommendations that were incorporated into the study, activities in which stakeholders participated, and the degree of stakeholder participation.

**Lessons Learned:** For maximum, measurable and desired impact, stakeholder engagement must be intentional and structured and is best implemented with guidance from implementation science-informed frameworks that allow for stakeholder segmentation and measurement of engagement intensity, activities and outcomes.



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## Turning Traditional Birth Attendants into Ambassadors for HIV Testing, Treatment and Support for Underserved Women and their Infants: A Model of Diagnosis, Treatment and Care for Mwanza District of Malawi

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**Background:** In Malawi, some women still give birth with the help of a Traditional Birth Attendant (TBA) because they are community-based and available. Such women are at risk of passing HIV to their infants if they are HIV positive as they often miss pre-natal HIV services. Population estimates for children living with HIV from the 2023 Naomi model for Malawi shows mass testing that resulted in very few children diagnosed of HIV. For instance, among kids of 5-9 years, out of the 48,843 kids that were tested, only 436 were found newly positives and a significant number of children already aware of their positive HIV status were not on ART. This calls for targeted testing for both the infants and their mothers.

**Intervention:** With the foregoing background, COWLHA is implementing a project with funding from Aidsfonds using targeted HIV testing of underserved children and their mothers and putting them on treatment if they are HIV positive. The project is using Traditional Birth Attendants (TBAs) to underserved kids (0-14) years and their mothers and link them with health care providers regarding HIV testing, treatment and adherence. Underserved kids include those kids of female sex workers and those born through home delivers and usually get missed under ante-natal care but are at risk of getting infected with HIV. TBAs are out-lawed in Malawi regarding assisting women to give birth. However, some mothers still approach them secretly to give birth. By involving them in the project, the TBAs play a crucial role of linking

mothers with health facilities for ante and post-natal services.

**Results:**

- Increased HIV testing of number of children originally born through home deliveries from 18 to 156 from June to August, 2024;
- Increased number of women referred to health facilities for ante-natal by 10% from June to August, 2024;
- A total of 18 safe spaces (support groups) established for women and underserved children where they get psychosocial support;
- Ownership of pediatric HIV interventions at community level by community leaders as evidenced by their role in mobilizing communities to access HIV testing at community level;
- Reduction of stigma and discrimination due to increased awareness campaigns by support group members and traditional and religious leaders.
- Increased case finding of underserved women and their kids by 30% to be tested and linked to care.

**Conclusion:** Community engagement is crucial towards ending paediatric HIV by 2030. Utilizing community structures is key in advancing paediatric HIV interventions and linking underserved mothers and their kids towards diagnosis, treatment and care.





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## Peer driven mobilization and experiential sharing improved access and acceptability to Cervical Cancer Screening and Management services at two HIV specialized Clinics in Eastern Uganda.

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**Background:** In 2019/20, Uganda adapted the revised Cervical cancer screening and management of pre-cancerous lesions guidelines to include the new WHO recommendations on screening and management of women 25-49 years. In 2020/21, The Ministry of Health Uganda, AIDS Control program laid out a roll Out Plan of the guidelines for Cervical Cancer screening and management of pre-cancerous lesions in Uganda. Women Living with HIV are at a higher risk thus need screening (25-49years) however uptake of the service at two HIV Specialized Clinics (TASO Mbale and Family Hope Centre Jinja) supported by the USAID Funded Local Service Delivery for HIV Aids Activity (LSDA) remained low at 15% and 12% screening for eligible Women living with HIV by end of project year 2022. A root cause analysis done in 2022 revealed the main gaps as fear of the screening procedure, Myths and misconceptions among the clients, some knowledge gap among service providers and Eligible clients with MMD not turning up for screening and inconsistent commodity availability.

**Methodology/Description:** The LSDA project supported training of nurses who were designated to coordinate cervical cancer screening and management. Their capacity was built through a hands-on refresher follow on didactic mentorships.

Women living with HIV who had undergone Cervical Cancer screening (Champions) were identified, trained in basic counselling, attached to the respective Clinic focal persons and engaged to share testimonies, mobilize and encourage women

to take up screening through phone calls prior to the clinic appointments, group counselling and conducting health talks emphasizing importance of screening and addressing fears related to the procedure

**Results/Experiences:** Over the past two years over, two thousand one hundred sixty-four (2164) Women Living with HIV have been screened for Cervical cancer at the two HIV specialized Clinics. 184 women with precancerous lesions have been identified, 180 have been successfully treated and the 4 cases have been referred at the National referral hospital for further management.

**Discussion:** Women Living with HIV (Cervical cancer champions) Peer driven mobilization and health education sessions have a higher acceptability because they demystify stigma and fear about the screening procedure which improves access and acceptability (uptake) of the service. The champions also play a pivotal role in task shifting, offering peer counselling and community follow up of the positive cases hence improved patient centred care.

**Conclusion/Recommendations:** 1. There is need to integrate cervical cancer champions (Women Living with HIV networks) as part of the health team to improve acceptability and access to cervical cancer screening and management.  
2. Facilities should adopt focal persons who work hand in hand with client peers (cervical cancer champions) to support awareness, mobilization and follow up for treatment.  
3. Cervical cancer champions should be empowered through refresher trainings in order to support task shifting during health talks and awareness campaigns.





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## Community-Powered Transformation: A Holistic Approach to Enhance SRHR Outcomes Among Adolescent Girls and Young Women Through Community-Led Advocacy in Nairobi, Kenya

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**Background:** In Kenya, adolescent girls and young women (AGYW) face multiple barriers when seeking sexual and reproductive health services. Most of them lack knowledge about HIV prevention and SRHR, which puts them at significant risk of unintended pregnancy and acquisition of HIV. This abstract examines the imperative of a community-led strategy that integrates preventive measures and comprehensive support to uplift the sexual and reproductive health (SRH) outcomes of adolescent girls in Kenya.

**Description of Intervention:** Community dialogues were organized in Embakasi South & Dagoretti sub-counties in Nairobi County, Kenya to increase demand for sexual and reproductive health services and information in the health facilities. The dialogues sought to delve into the experiences and perspectives of adolescent girls and young women on SRH, utilizing a participatory approach to tailor the program to their specific needs and priorities.

**Lessons learned:** Empowering AGYW to address issues affecting them has helped instill a sense of ownership, rendering the program more relevant and acceptable within the target population. Tailoring sexual and reproductive health information and services to align with cultural preferences and backgrounds has also increased demand and the willingness for AGYW to seek SRHR services and information. Besides, the incorporation of peer mentors proved instrumental in reaching a broader audience and providing confidential support.

**Conclusions/Next Steps:** More efforts should focus on creating a supportive and non-judgmental environment for AGYW to promote SRHR services uptake. Integrating SRH programs within schools, along with strengthening the involvement of parents, healthcare providers and key stakeholders is crucial for the successful implementation of SRH interventions tailored to AGYW.



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## "Haaa We Don't Know That One O...": Exploring PrEP Knowledge Among Adolescents and Young People in a Rural Community in Karu, Nasarawa State

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**Background:** Despite the transformative potential of Pre-Exposure Prophylaxis (PrEP) in HIV prevention, knowledge about its use remains critically low, particularly among rural adolescents and young people. This study explores the awareness and perceptions of PrEP within a rural community in Karu, Nasarawa State, focusing on older adolescents (15–19 years) during a health outreach program.

**Methods:** A qualitative, group-based approach was employed to assess HIV and PrEP knowledge. Semi-structured group interviews were conducted with 38 participants, divided into male (n=17) and female (n=21) groups to encourage open discussion. Thematic analysis was used to identify key patterns in responses, highlighting gendered differences in knowledge and attitudes.

**Results:** Participants demonstrated varying levels of general HIV knowledge. While both male and female groups were familiar with basic concepts of HIV infection and prevention, older males (18–19 years) displayed more advanced understanding of sexually transmitted infections (STIs) and their prevention compared to females. When asked about PrEP, responses revealed a significant gender gap in awareness:

Females (17–18 years): "Haaa we don't know that one o," was the unanimous response, reflecting a lack of awareness and openness about sexual health discussions.

Males (18–19 years): Approximately 45% reported having heard about PrEP but admitted, "we don't know how to ask for it," indicating limited access and discomfort in initiating conversations with healthcare providers.

Further insights highlighted cultural and social dynamics affecting PrEP knowledge. Females were more likely to confide in peers about sexual health concerns than family members, with one participant noting, "I prefer to talk to my friends about my sexual health than my mother." This underscores the absence of open, intergenerational communication on sexual health, particularly between mothers and daughters. In contrast, male participants exhibited greater curiosity and a proactive approach to discussing sexual health matters.

**Conclusion:** This study reveals a significant gap in PrEP knowledge among rural adolescents and young people, with gendered disparities in awareness and attitudes. The findings underscore the need for targeted, gender-sensitive interventions that promote PrEP education and facilitate open conversations about sexual health. Strengthening parent-adolescent communication, especially for females, and addressing barriers to accessing sexual health services are critical steps toward improving PrEP uptake and reducing HIV risk in rural settings.

This small-scale qualitative study provides valuable insights for developing culturally relevant strategies to enhance PrEP awareness and accessibility among vulnerable populations.



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## Factors Associated With Retention of Adolescent Girls and Young Women Enrolled in an HIV Prevention Program Residing in Different Geographical Locations: Lessons From the DREAMS Program, 2023.

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**Background:** Zimbabwe has made significant progress towards achievement of HIV epidemic control, however adolescent girls and young women (AGYW) remain disproportionately affected by HIV. Zimbabwe Health Interventions (ZHI) is implementing the Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) program to reduce HIV incidence among AGYW. Retention of AGYW within DREAMS is critical as it ensures adherence and referral completion for need-based secondary services. We assessed factors associated with retention of AGYW in DREAMS program's rural and urban areas.

**Methods:** An analytical cross-sectional study was conducted to determine factors associated with retention of AGYW in HIV prevention interventions in rural and urban areas. Data were collected from AGYW enrolled in the DREAMS program for the period October 2022 to September 2023 and analysed using STATA version 16 generating frequencies, proportions, and measures of central tendency, spread and association. Binary logistic regression was conducted to compute Chi-square tests and odds ratios for the comparison. Study received ethics approval from Medical Research Council of Zimbabwe (MRCZ/A/2933).

**Results:** Of the 2,143 AGYW aged 10-19 years assessed, 67.7% were aged 10-14 and 32.3% were aged 15-19 years, 74% were in-school, and 2.7%

were married. A total of 1,480 AGYW resided in rural areas of which 91.2% (1,350/1,480) were retained; retention in urban areas was 83.9% (556/663). AGYW residing in rural areas were more likely to be retained than those in urban areas [AOR=1.85; 95% CI (1.40; 2.45)]. Married AGYW residing in urban areas were less likely to be retained in HIV prevention intervention than those in rural areas [COR =0.24 (95% CI =0.10: 0.61)]. Also, AGYW who attained secondary education or higher were less likely to be retained in HIV prevention intervention in urban areas than rural areas [COR=0.76; 95% CI (0.62;0.93)].

**Conclusions:** Overall, retention within DREAMS program was significantly higher in rural than urban areas with those married and having attained secondary level of education or higher being less likely to be retained. We recommend customised HIV prevention interventions for AGYW who are married, and those with secondary or n higher levels of education in urban areas to match retention for their counterparts.



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## A Multi-Layered Approach to Addressing Challenges in HIV Prevention and Long-Term Health Management Among Adolescent Girls and Young Women in Low-Resource Setting: The Case of Gwanda District DREAMS AGYW in Social Asset Building Clubs, 2024.

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**Background:** Adolescent girls and young women (AGYW) in low-resource settings face unique challenges in HIV prevention and long-term health management due to socio-economic factors such as poverty, limited access to education, and gender inequality. Zimbabwe Health Interventions (ZHI) is implementing the Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) program to reduce HIV incidence among AGYW. We explored the effectiveness of a multi-layered approach that integrates biomedical, behavioral, and structural interventions as a strategy to address challenges in preventing HIV and managing long-term health outcomes among AGYW.

**Research Methodology:** A quasi-experimental design was employed to investigate the effectiveness of a multi-layered approach in addressing these challenges, 500 AGYW from pre-existing Social Asset Building Clubs (SABCs) were randomly selected and 500 AGYW who are not in Social Asset building clubs were selected for the interview. The results of the interview were analyzed using SPSS. This approach allowed for an in-depth examination of the multi-layered strategy, with a statistical control group comprising AGYW not participating in SABCs to

isolate the intervention's effect. The findings provide valuable insights into the importance of this approach in HIV prevention and long-term health management. However, the quasi-experimental nature of the study suggests that further research is necessary to confirm causality.

**Lessons Learnt:** The study demonstrated that mobile health clinics for AGYW in SABCs significantly improved service reach in remote areas. AGYW in SABCs who easily accessed mobile clinic areas had a 30% higher service uptake compared to AGYW not in SABCs showing the effectiveness of SABCs in overcoming infrastructure challenges in low-resource settings. Also, the Integration of HIV prevention with reproductive health services in SABCs as a multi-service layering strategy led to a 25% increase in comprehensive service utilization among AGYW. This shows that combining services addresses multiple health needs, promoting holistic care and increasing engagement. Community prevention Facilitators (CPFs) who led SABCs trained in culturally sensitive and age-appropriate methods achieved a 90% (451/500 AGYW) retention rate in HIV prevention programs activities compared to untrained facilitators who registered 36.6% (183/500 AGYW). Programs offering youth-friendly and peer-led services (SABCs) saw a 35% increase in engagement and a 20% (100/500 AGYW taking PrEP) increase in adherence to prevention strategies among AGYW.

**Recommendations:** The success of such interventions in Gwanda District underscores the need for continued investment in holistic and community-driven approaches like SABCs, with further research required to solidify these findings and programmatic efforts in similar contexts. Given the significant improvement in service reach and uptake, this approach should be replicated to enhance access to HIV prevention and reproductive health services. Lastly, there is a need to implement ongoing training programs for CPFs, focusing on cultural sensitivity and age-appropriate service delivery. This investment will improve the quality of services and increase retention rates among AGYW.



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## Impact of Pre-exposure Prophylaxis Integration for Adolescent Girls and Young Women (AGYW) in Nairobi and Kajjido Counties, Kenya

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**Background:** Adolescent girls and young women are at high risk of HIV and other sexual-related health issues due to factors like early sexual debut, unprotected sex, and multiple sexual partners. To address this, it's crucial to provide Pre-exposure prophylaxis (PrEP) as an integrated responsive service among other services in identified service delivery points (SDPs) in the health facilities. USAID Fahari ya Jamii project identified low uptake of PrEP among AGYW between April 2022 to September 2022. The gaps identified in the health facilities were a lack of awareness among Health care providers and AGYW and limited integration of PrEP in other service delivery areas, We implemented an intervention to improve PrEP uptake in this population.

**Methods:** From October 2022, the project intensified PrEP implementation by identifying 24 PrEP champions and offering capacity-building sessions at both facility and community in 86 supported facilities with high AGYW workload. The team identified healthcare providers (HCPs) in need of training and sensitization on PrEP in the different SDPs. Training sessions, continuous medical education, and on-the-job training were offered coupled with daily and/or weekly consistent mentorship, supportive supervision, and continuous learning opportunities. The PrEP champions also assisted the HCPs in coming up with CQI projects. Monthly Data reviews were held at the facility and sub-county level to review performances. The HCPs then cascaded the information to other untrained team members as well as advocated for the PrEP commodities to be integrated into the outpatient, maternal and child health, and MCH other than the comprehensive care centers only. We performed a retrospective

review of the pre-and post-implementation data from PrEP registers and electronic medical records.

**Findings/Results:** Overall PrEP uptake among AGYW increased from 542 in FY2022 to 1705 in FY2023 from different SDPs such as antenatal care, Postnatal care, and OPD, a 315% improvement, and to 3321 in FY2024, a 195% improvement. The Cochran-Armitage Trend Test revealed a significant increase in PrEP uptake from 2022 (n = 502) to 2023 (n = 1,705) and 2024 (n = 3,321),  $\chi^2(2, N = 5,528) = 2171.75$ ,  $p < .001$ . This indicates a statistically significant upward trend in PrEP uptake over the years.

**Conclusion:** PrEP integration into different SDPs is a crucial strategy for adolescent girls and young women to utilize this intervention. Competency development for providers must extend beyond initial training to include consistent mentorship, supportive supervision, and continuous learning opportunities., ensuring they receive appropriate support to develop the skills required. Raising awareness among all health care about PrEP availability and its use is key to generating demand and enhancing access for AGYW. The achievements point out the need to scale up different integration models for increased PrEP uptake for the AGYW and young people in general.



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## Innovative HIV Prevention Interventions in Educational Communities in Cameroon: The Social Vaccine Project

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**Background:** In Cameroon, there is a declining HIV-prevalence from 5.5% to 2.7% in the general population over the last ten years. However, HIV incidence remains worrying among adolescents and young people, most of whom are in school, necessitating innovative community-based interventions to improve prevention in these target-populations. We herein report on HIV-prevention interventions, HIV prevalence and associated-factors in various geographical locations in Cameroon.

**Methods:** A mixed (qualitative/quantitative) study was conducted among primary and secondary school pupils and their teachers in Cameroon between 2019 and 2023. Following the risk communication and community engagement (RCCE) approach, participants were taught about HIV/AIDS (risks of acquiring HIV, prevention measures and updates) and multimedia centres installed in each community. Consenting participants received HIV pre-test counselling, HIV-testing was performed according to the national algorithm, and a post-counselling offered depending on the result. Sociodemographic and HIV serological data were recorded and analysed using SPSS.v.22.

**Results:** In total, 90% (9/10) of national regions were covered, with community-interventions in 45 localities, the choice guided primarily by the HIV-epidemiology. Regarding HIV-screening, 1203

participants were enrolled (female-to-male ratio, 1:1); median [IQR] age was 18 [16-28] years, with adolescents (10-19 years) most represented (60.1%). HIV-screening acceptance rate was 98% (n=1179), with higher rates in urban-settings (OR=9.7, p=0.00005) and adolescents (OR=4.6, p=0.008). Overall HIV-seropositivity was 1.4% (IC95%:0.9%-2.3%); higher in rural (2.5%) as compared to urban (1.0%) settings (OR=2.6, p=0.06), and in adults (2.6%) as compared to adolescents (0.7%), OR=3.7, p=0.01; with peak in the 30-39 age group (6.7%, p=0.0004). The RCCE methodology enabled commitment at all community levels, and the functionality and use of multimedia centres for transmission of reliable, evidence-based information on HIV prevention and care.

**Conclusions:** HIV seroprevalence among Cameroon's schoolchildren and teachers remains low (less than 5%). However, the prevalence is higher in rural settings and among adults (with 30-39 years being the most infected). Thus, a strategy integrating surveillance and community-interventions, not only for pupils but also for teaching staff, will enhance HIV-prevention, especially in rural settings. Hence, the RCCE-approach via social vaccine contributes substantially in optimising HIV prevention in low- and middle-income countries like Cameroon.





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## HIV Risk Behaviours, Practices, and Experiences among Female PWIDs in Nigeria: An Assessment of a Needle Syringe Programme Pilot Project in Three States.

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**Background:** Nigeria faces significant challenges in addressing the needs of people who inject drugs (PWID), particularly women who are often marginalized and face multiple barriers to accessing harm reduction services. The Needle and Syringe Programme (NSP) represents a critical intervention for this population, yet its implementation and effectiveness among female PWID remain understudied.

**Method:** This was a cross-sectional assessment of the needle and syringe programme pilot project's feasibility, effectiveness, and quality among female People who Inject Drugs (PWID) in Abia, Gombe and Oyo states were done. The pilot project service delivery and uptake of services for the testing, prevention and treatment of HIV/AIDS and STIs and other services which were carried out from July to December 2020 were assessed between November and December 2020. Key Informant Interviews, In-depth Interviews, and Polling Booth Surveys were done and analyzed using NVIVO, Excel and SPSS version 20 respectively.

**Results:** Over 90% of female PWIDs in the three states were aware that sharing needles and syringes could transmit HIV however 73% of female PWIDs in Gombe state, and 16% and 5% of female PWIDs in Oyo and Abia states reported sharing needles the last time they injected drugs. Over 90% of Female PWIDs in Gombe state reported being diagnosed of STI within three months prior to the study while 10% and 5% reported same in Oyo and Abia states. Over 90% of female PWID in Gombe state reported they had experienced stigma and discrimination because of their injecting drug behavior in the last six months

prior to the study while 50% and 45% of female PWID in Oyo and Abia states reported same. 76%, 90% and 62% of female PWIDs in Abia, Gombe and Oyo states reported using condom the last time they had sex. Over 90% of female PWIDs in Abia and Gombe states had ever taken an HIV test while 86% in Oyo state had ever taken an HIV test.

**Conclusion:** The results showed the NSP project was feasible but partially effective with varying percentages across states for the various variables of interest. Gombe state, the only northern state accounted for the highest percentages of female PWIDs with high HIV risky behaviours and practices. Scaling up the pilot programme will therefore need a deep dive to understand factors associated with the results from Gombe state and use lessons learned to redesign/re-strategize future scale-up to yield a better outcome. Additionally, policy reforms addressing stigma and discrimination are essential for improving service uptake and health outcomes among this vulnerable population.





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## Comprehensive and Integrated HIV Service Delivery: The Case of USAID CHEKUP II Activity in Kabwe, Central Zambia

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**Background:** The Zambia Population-based HIV/AIDS Impact Assessment 2021(ZAMPHIA 2021) quantified Zambia's HIV prevalence at 11% and 86.2% the prevalence of viral load suppression. The USAID Controlling HIV Epidemic for Key and underserved populations (CHEKUP II), addresses the needs of people living with HIV (PLHIV) and those most at risk of acquiring HIV, while contributing to HIV mitigation and epidemic control across Zambia. This is in an effort to reduce the annual HIV incidence of 28,000 new infections and to improve the quality of life for Key and underserved populations living with HIV (ZAMSTAT, 2021).

**Materials and Methods:** A quantitative study was conducted using secondary data from DataSync, a database established by the USAID CHEKUP II Activity, between October 2023 and September, 2024. A comprehensive integrated service delivery model was achieved simultaneously through a combination of DREAMS, community HIV prevention and key population programming where the provision of HIV messaging, testing, diagnosis and treatment and initiation on PrEP including provision of condoms, lubricants and HIV self-test kits were done internally with bi-directional referrals of recipients of care.

**Results:** A total of 27,407 individuals were reached with HIV prevention messaging where 15,576 were tested for HIV, 686 PLHIV identified, 669 linked to ART services. The positive yield of 4% and Linkage rate of 98%.

The Determined, Resilient, Empowered, AIDS-Free, Mentored, Safe (DREAMS) program reached 10,214 individuals with HIV prevention messaging, where 7,109 were tested for HIV, 113 diagnosed HIV positive and 116 linked to ART. 19,725 were enrolled into the DREAMS program where 1,497 received self-test kits, 5,877 accessed mental health supports, 3,413 were initiated on PrEP.

Additionally, 9 female sex workers were identified and referred for ART services within CHEKUP II at Key Population wellness centers.

The key population program reached 5,215 people with key population HIV prevention messaging, while testing 2,518, identifying and initiating on ART, 317, PLHIV. The program has initiated 1,270 people on PrEP while distributing 1606 HIV self-test kits, 107,605 condoms and 57,811 lubricants and providing mental health support to 2,874 key populations.

The Community HIV Program reached 11,689 people with HIV prevention messaging and testing 5,949 while diagnosing 256 PLHIV and initiating 229 on ART. The program initiated 742 individuals on PrEP while distributing 155,941 condoms and 818 HIV self-test kits. 140 truck drivers were initiated on PrEP and reached out to 160 clients of sex workers with HIV prevention messaging.

**Conclusion:** CHEKUP II has implemented a highly comprehensive and effective strategy of providing services to key and underserved populations where the DREAMS, Key population and Community HIV programs reach out to all people while ensuring effective bi-directional referrals within the three program arms. This allowed clients who are not the target population to be referred for services in-house which has led to more effective and efficient service provision where both key or underserved populations are well served in a timely manner.



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## The Role of Communities in empowering women living with HIV.

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The role of communities in empowering women living with HIV in Africa has emerged as an essential factor in fostering resilience, reducing stigma, and enhancing the quality of life for affected individuals. This study examines the lessons learned from community-centered approaches implemented throughout 2022 to support HIV-positive women in Africa. Key lessons highlight the transformative impact of community support networks, peer education, and the integration of community resources in facilitating access to health services, mental health support, and socioeconomic opportunities. By empowering women to participate actively in decision-making processes, these initiatives not only help women manage their health more effectively but also foster a sense of agency and self-worth that enhances their overall well-being.

One critical lesson is the importance of peer-led support networks. Community groups, particularly those led by HIV-positive women themselves, create a safe space for sharing experiences and advice, significantly reducing feelings of isolation and enhancing mental resilience. Treatment adherence, and reproductive health, empowering women with the knowledge to make informed health choices. Furthermore, these groups provide a platform for women to engage in advocacy and support each other in addressing shared challenges, including managing stigma and securing essential health resources.

Stigma reduction emerged as a significant area where community support plays an impactful role. Due to cultural and societal pressures, many women living with HIV in Africa experience intense stigma, which hinders their willingness to seek treatment and engage in social activities. Community sensitization campaigns and support groups help reduce this stigma by normalizing conversations around HIV and educating community members on its implications and

challenges. In this way, community engagement encourages empathy, reduces discrimination, and promotes a more inclusive environment for women living with HIV .

Economic empowerment initiatives also proved to be an effective means of enhancing autonomy and self-sufficiency among women living with HIV. Many community-based organizations offered vocational training and financial literacy programs that provided women with skills to generate income and improve their financial independence. These efforts empower women by allowing them to support their families, reducing dependency, and boosting their sense of self-worth. This independence has shown to positively influence health outcomes, as financially empowered women are more likely to adhere to treatment and pursue better health services .

Many women with HIV face unique mental health challenges, including depression, anxiety, and trauma stemming from their diagnosis and related stigma. Community programs that offered counseling, support groups, and mindfulness training improved participants' mental resilience and overall quality of life. These programs highlight the importance of a holistic approach that goes beyond physical health and addresses the psychological and emotional aspects of living with HIV.

Community-driven initiatives in Africa have proven highly effective in empowering women living with HIV by promoting knowledge, resilience, and self-efficacy. These lessons underscore the value of continued investment in community-based programs as a sustainable means of addressing HIV-related challenges. By fostering safe spaces, reducing stigma, and promoting economic and mental health support, communities play a fundamental role in transforming the lives of women with HIV.



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## The Role of Communities in Empowering Women Living with HIV: A Case Study from Akwa Ibom State, Nigeria

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Women living with HIV (WLHIV) in Nigeria face intersecting challenges, including stigma, discrimination, and limited access to healthcare. These challenges are particularly acute in Akwa Ibom State, where HIV prevalence remains among the highest in the country. Marginalized groups, such as female sex workers (FSWs) and young women, experience compounded vulnerability due to socioeconomic and cultural factors that limit their access to HIV-related services and psychosocial support. This abstract explores SafeHaven Initiative for Women's community-based intervention model, which aims to empower WLHIV through advocacy, education, and resource mobilization.

The initiative partners with local organizations, healthcare providers, and grassroots advocates to establish safe spaces where WLHIV can freely access healthcare, counseling, and legal support without fear of stigma. Community peer educators play a pivotal role, providing accurate information on HIV prevention, treatment, and women's rights to both WLHIV and their wider communities. In some rural LGAs in Ikot Ekpene senatorial district, SafeHaven has conducted workshops and group discussions that enable women to share experiences, build solidarity, and strengthen their understanding of available healthcare options. These community-driven efforts aim to empower WLHIV to demand quality healthcare and to challenge harmful gender norms.

A mixed-methods approach was used to measure the programme's impact. Quantitative data, including increased uptake of HIV testing and retention in care programs, is complemented by qualitative data gathered from interviews and focus group discussions with participants. Early findings indicate significant improvements in both healthcare access and reduction in HIV stigma among communities involved in the program. Peer

educators and community advocates report a more open discourse on HIV and women's rights, leading to greater social inclusion for WLHIV.

The SafeHaven model demonstrates that community-led advocacy can create lasting changes by addressing the root causes of stigma and empowering women to take an active role in managing their health. Lessons learned from these interventions underscore the importance of culturally relevant, locally owned approaches to improve health outcomes for WLHIV. This abstract contributes to the growing evidence that community engagement is essential to HIV response in sub-Saharan Africa, with implications for broader social change in reducing gender-based health disparities.



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## The Role of Communities in Empowering Women Living with HIV in the Prevention of Vertical Transmission: Findings from Nigeria, Kenya, Morocco, Egypt, and South Africa

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**Background:** Communities play an essential role in supporting and empowering women living with HIV, providing both social and healthcare resources. This study, led by GNP+ across Nigeria, Kenya, Morocco, Egypt, and South Africa, investigates the impact of community-led initiatives on empowering women and improving HIV outcomes. Using the People Living with HIV Stigma Index and community-based participatory research (CBPR), it emphasizes the power of communities in transforming women's health journeys.

**Methods:** The study utilized CBPR methods to collaborate directly with women living with HIV and community organizations in the five countries. The research assessed how community-driven initiatives foster empowerment, resilience, and improved health outcomes among women through interviews, focus groups, and program evaluations.

**Results:** Community-led initiatives were found to significantly improve empowerment and health outcomes for women living with HIV. Women in these programs reported increased knowledge of their health rights, greater treatment adherence, and more robust social support networks. Programs led by and for women showed exceptionally high trust and engagement, contributing to reduced stigma and enhanced resilience.

**Conclusion:** This research underscores the importance of community-led programs in supporting women living with HIV, particularly for key population women. By fostering resilience and empowering women within their communities, these initiatives can improve HIV-related health

outcomes. Scaling such community-driven programs is vital in the African HIV response, particularly in addressing stigma and promoting empowerment.



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## Breaking the Chain: Review of HSCL ACE3's Impact on eMTCT of HIV in Northwestern Nigeria

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**Introduction:** The USAID funded HSCL ACE3 (Accelerating Control of HIV/AIDS Pandemic in Nigeria Cluster 3) Project, implemented in Northwestern Nigeria, has among its mandate the elimination of mother-to-child transmission (eMTCT) of HIV, an health challenge in the region where mother-to-child transmission rate of HIV in Sokoto, Nigeria, for example is approximately 0.92% according to a study conducted at Usmanu Danfodiyo University Teaching Hospital in Sokoto. Therefore, this study seeks to evaluate the effectiveness of HSCL ACE3's project interventions by assessing key strategies and outcomes of ePMTCT program implementation. Given that MTCT is a major driver of HIV infection among paediatrics, the HSCL ACE3 Project employs a multifaceted approach, centered on scaling up facility antenatal visit attendance, community outreach for HIV counselling, testing and linkage to antiretroviral therapy (ART) for positive pregnant and breastfeeding mothers, and regular follow-up care and HIV testing for exposed infants.

**Methods:** We conducted a mixed-methods evaluation, incorporating quantitative and qualitative data. Quantitative data were collected from clinical records of mothers and children enrolled in the ACE3 Project from October 2023 to September 2024. Key metrics included maternal ART adherence rates, HIV status of infants at birth, six months and final outcome, and service accessibility. Additionally, qualitative interviews with healthcare providers and beneficiaries were conducted to understand challenges to program implementation and service uptake.

**Results:** Findings reveal that the ACE3 Project substantially improved access to HIV care and ART adherence among HIV-positive pregnant women in

Northwestern Nigeria, ensuring over 95% of enrolled mothers adhered to ART, reducing MTCT rates from 15% to 3% between 2022 and 2024. Despite these gains, challenges like logistical barriers, stigma, male-dominant cultural norms, and limited healthcare infrastructure affected service delivery.

**Conclusion:** The ACE3 Project shows promising success in reducing MTCT of HIV in Northwestern Nigeria. Effective strategies deployed improved ART adherence and early infant diagnosis, addressing ongoing challenges, particularly in rural communities remains crucial for sustained success. Scaling such interventions could further reduce MTCT rates, advancing PEPFAR goal of ending AIDS by 2030.



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## Legal Outcomes of Sexual Violence Court Cases in Mombasa, Kenya

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**Background:** Seeking legal redress for sexual violence (SV) is a daunting process for survivors worldwide. They must navigate societal stigma, flawed systems, and their trauma, creating an arduous path to justice, which consequently, limits their access to justice. This study was conducted to assess patterns of SV within Mombasa County, Kenya, and details the legal follow-up post-SV care.

**Method:** A retrospective cross-sectional study was done using data from SV survivors attending the Gender-Based Violence and Recovery Centre (GBVRC) at the Coast General Teaching and Referral Hospital (CGTRH) between 2017 and 2023. Data sources included post-rape care (PRC) forms, clinician notes, quarterly reports, police reports, counsellor reports, and paralegal follow-up records. A legal cascade for SV cases was created detailing SV survivors' referral patterns between police and GBVRC attendees that proceeded to court, and judgments rendered.

**Results:** The total number of survivors at GBVRC between 2017 and 2023 was 3122; 2738 girls/women and 384 boys/men with the majority of perpetrators known to the survivors 2764/3122 (89%). The mean age of the survivors was 14 years, ranging from less than one year to 63 years. The mean age for males was 11 years, whereas the mean age for females was 15 years. Reporting at the GBVRC entails coming into the clinic for clinical management, mental health, and legal support. Survivors often complete the process at the GBVRC and fail to report the case to the police for several reasons such as stigma, fear, process fatigue, and intimidation among other reasons. Additionally, fewer males compared to females reported their case, with 238/384 (62%) and 2020/2738 (74%)

respectively. Out of the 3122 SV survivors, 1746 (55.9%) proceeded to court. Out of these, 372/1746 (21%) had judgments pronounced. Additionally, 85/372 (23%) cases were either withdrawn or acquitted. Lack of evidence, poor witness testimonies, or failure of witnesses to present themselves in court, were causes for withdrawal and acquittal of the SV cases.

**Conclusion:** Sexual violence remains a prevalent concern and should be prioritized as a political agenda for collaborative and inclusive efforts in addressing the vice. More efforts ought to be placed on strengthening systems to enhance access to justice while exploring alternatives for legal support such as paralegal networks that are beneficial to case follow-up as part of an integrated model in the management of gender-based violence cases.





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## HIV Drug Resistance Amongst Non-suppressed PLHIV in the West Nile Sub-Region, Northern Uganda

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**Background:** The West-Nile sub-region of Uganda faces Human Immunodeficiency Virus (HIV) treatment challenges and has a higher virological failure rate compared to the national average. The sub-region has peculiarities like being the third poorest in Uganda, having a largest population of refugees plus bordering 2 unstable countries of S. Sudan and Democratic republic of Congo. We sought to estimate the prevalence of HIV drug resistance, describe the HIV drug resistance (HIVDR) mutations and evaluate the factors associated with HIVDR among people living with HIV (PLHIV) with a viral load of  $\geq 1000$  copies/mL in West-Nile.

**Methods:** We conducted a cross-sectional analysis of HIVDR data of Non suppressed PLHIV receiving Anti-retroviral therapy (ART) within the sub-region whose HIVDR tests were conducted between Jan 2021 to December 2023. Demographic and clinical data was extracted from the National HIVDR database. We characterized PLHIV and used logistic regression models to determine factors associated with HIVDR.

**Results:** Out of the 295 participants, 133 (45.1%) were adults of 25+ years and 167 (56.6%) were female. Median age was 19 years (interquartile range [IQR]: 3–74 years), and median duration on ART was 8 years (IQR: 1–19 years). Overall, 73.9% (218/295) had HIVDR mutations with 55% of subjects having dual-class ART resistance. M184V/I (50%), K103N (34%) and TAMS (26%) were the commonest mutations. High rates of resistance to Etravirine (44%) in comparison to other common third-line candidate drugs of Dolutegravir (12%) and Darunavir (5%) was also observed. Long duration on ART was associated with presence of HIVDR mutations (aOR=; 1.15 95%CI 1.05 -1.26 p=0.003). 24 (8%) participants had a mixture of wildtype and mutated viruses which is due to

insufficient ART adherence. We found statistical significance between treatment duration and presence of HIVDR mutations (aOR=; 1.15 95%CI 1.05 -1.26 p=0.003) where an increase in treatment duration was associated with presence of HIVDR mutations. Adolescents failing on first line (aOR=; 4.60 95%CI 1.21-17.43 p=0.025), participants failing on 2nd line (aOR=; 3.90 95%CI 1.25-12.20 p=0.019) and participants failing on third line (aOR=; 10.95 95%CI 1.02-117.49 p=0.048) as the indication for the HIVDR test were found to be significantly associated with HIVDR. Also, HIVDR tests conducted in 2023 following a change in HIVDR eligibility criteria were significantly less likely to have HIVDR mutations compared to those conducted the 2 previous years (aOR=; 0.21 95%CI 0.07 - 0.69 p=0.01).

**Conclusion:** The lower HIVDR rate underscores the need for routine adherence support, VL monitoring and genotypic resistance testing, to avoid unnecessary switching of PLHIV to costly second-line or third line regimens. High rates of etravirine resistance and increasing rate of dolutegravir resistance are likely to limit treatment options for patients who may require third line regimens. Importantly, patients with triple and dual class drug resistance should alter ART-regimens immediately to avoid the possibility of transmitting multidrug-resistant HIV-1 strains, which would have fewer treatment options.





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## Human-Centered Design of an Adapted Differentiated Service Delivery Model for Pregnant and Postpartum Women/Infants Living With HIV in Kenya

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**Background:** Differentiated service delivery (DSD) models contextualized and optimized for pregnant and postpartum women living with HIV (WLH) and their infants are lacking despite guidelines recommending DSD for this population. We used human-centered design (HCD) to develop an adapted DSD model for this population at the Academic Model Providing Access to Healthcare (AMPATH) program in Kenya, where current standard-of-care services involve monthly, individual appointments at maternal-child health clinics providing integrated HIV services from pregnancy identification through 24 months postpartum.

**Methods:** Using an iterative HCD process, we conducted participatory workshops with 11 postpartum women, 9 male partners and 9 healthcare providers (clinicians, nurses, mentor mothers) from three AMPATH-affiliated facilities to develop an optimal DSD model, refined by expert input from program leadership and county health officials. The workshops used the WHO building blocks for DSD to determine the criteria to define patient eligibility and delivery strategies for clinical monitoring/adherence support, antiretroviral therapy (ART) distribution, and psychosocial support. We used guided group discussion and thematic analyses to identify key

DSD attributes, themes and preference heterogeneity. The prototype model was then introduced to 14 healthcare providers involved in PMTCT services at Huruma Sub-County Hospital. Providers completed standardized psychometric assessments, including the Organizational Readiness for Implementing Change (ORIC), Acceptability of Intervention Measure (AIM), Intervention Appropriateness Measure (IAM), and Feasibility of Intervention Measure (FIM), to assess perceived implementation outcomes of the DSD model.

**Results:** Participatory workshops yielded an individual-focused facility-based DSD model set within maternal-child health clinics offering integrated HIV services. Proposed maternal eligibility criteria for DSD included age  $\geq 18$  years, retained in care (i.e., no missed clinic visits by  $>14$  days in the past 6 months), on their current ART regimen for  $\geq 6$  months, most recent VL  $<50$  copies/mL, and no active comorbidities. Eligibility criteria for infants of eligible WLH include a negative HIV DNA PCR at 6 weeks of age or first contact, and no active comorbidities. The model provides monthly clinical encounters during pregnancy and the first six months postpartum, then every three months aligned with standard infant immunization and HIV testing schedules. Antiretroviral refills are provided every 1-6 months based on patient preference, with clinic-based psychosocial support from mentor mothers as needed. Program leadership and county health officials found the DSD model acceptable, appropriate and feasible, with 93% of providers at Huruma Sub-County Hospital fully or somewhat agreeing based on the combined psychometric scales.

**Conclusion:** Engaging WLH, male partners and PMTCT providers through HCD generated a facility-based DSD model optimized within MCH clinics offering integrated HIV services in Kenya. Program stakeholders found this model feasible, acceptable, and person-centered. The model's implementation and effectiveness are being evaluated through ongoing research.



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## The Acute Phase of cART in People Living With HIV Proved to Reduce Tat Antibody Production and Lower T- Cell Activation

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HIV-1 Tat is a critical protein for viral pathogenesis and is considered a strategic target for anti-HIV therapy. Anti-Tat antibodies proved to slow HIV disease progression and improved antiretroviral therapy efficacy. Combination antiretroviral therapy (cART) improved the immune system reconstitution in long-term treatment. However, acute-phase intervention has not been well studied in the literature. In this study, we investigate the effect of combination antiretroviral therapy (cART) on the production of Tat antibodies in the early treatment phase via activation of T-cells. Tat IgA, IgG, and IgM titres were evaluated longitudinally by enzyme-linked immunosorbent assay in plasma samples collected from 34 HIV-1 early-treated individuals. We further examined the association between Tat antibodies and CD4+ T cell counts. The reservoir sizes and T-cell activation were also analysed. Our findings showed that Tat IgG and IgM titres decreased significantly after 12 months of treatment ( $p=0.0001$ ) with no significant difference in Tat IgA titre ( $p=0.3512$ ), regardless of CD4+ T cell numbers. Notably, there was a significant difference between high levels of Tat antibodies and reservoir size ( $p=0.0104$ ) after 12 post-treatments, with no difference on the first day of treatment ( $p=0.3227$ ). CD4+ and CD8+ T cell activation decreases with prolonged treatment. There was a significant decrease in CD8+ T cell activation between 1st day and 6-12 months of treatment ( $p=0.0129$ ). The study underscores the positive impact of early treatment of cART on enhancing the therapeutic outcomes in people living with HIV.



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## The Effect of a Mentor Mothers Approach on Viral Load Suppression for Pregnant and Breastfeeding Woman Living With HIV in Mozambique: A Retrospective Analysis

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**Introduction:** Peer Education strategies in Mozambique emerge from the perspective of psychosocial support for antiretroviral treatment. Mentor Mothers (MM) approach provide peer support to pregnant and breastfeeding women living with HIV and their infants exposed. The implementation in national level started in June 2022.

**Methods:** A retrospective aggregate data from 691 health facilities reporting mentor mother approach since June 2022 until September 2024. The Process of Mentor Mother approach involves the health facilities multidisciplinary team who are responsible to train the peer educators, coordinate and link pregnant and breastfeeding woman living with HIV to a designated mentor mother and evaluate them clinically and their viral load suppression.

**Results:** By September 2024, 691 health facilities were reporting the mentor mother approach. Before the implementation of the national approach, the viral load suppression of pregnant women in these health facilities reported viral load suppression rates between 74% and 83% and after the effective implementation of the approaches, viral suppression trended upwards from 86% to 92%.

**Conclusions:** Mentor Mother approach were associated with higher viral load suppression rates among Pregnant and Breastfeeding women living with HIV. This can be explained by the monthly monitoring of women during pregnancy and lactation, through calls and visits to the community, combined with monitoring at the

health centre by maternal and child health nurses. Thus, Mentor Mother approach should be one part of a comprehensive strategy to address retention, adherence and viral load suppression.



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## Breaking Barriers: Empowering Women in Nairobi's Urban Communities to Overcome HIV and Stigma

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I, Sabina Magina, am honoured to share my experiences from the vibrant yet challenging regions of Dandora, Mathare, and Umoja in Nairobi, where I have worked closely with women living with HIV to uncover the realities behind non-adherence to antiretroviral therapy (ART). Women in these areas face unique hurdles rooted in gender-based violence (GBV), stigma, and lack of access to friendly healthcare services. These challenges, coupled with economic hardships, create a cycle of vulnerability that makes combating HIV particularly difficult.

**Results:** Through community engagement and listening to women's stories, I discovered that many struggles with societal stigma and internalized fear of discrimination, preventing them from accessing consistent treatment. However, I have also witnessed incredible resilience. Women in these communities have formed peer support networks and participated in awareness campaigns that have positively shifted perceptions. Initiatives like maternal-to-child prevention programs and mobile health services have also contributed significantly to early diagnosis and adherence.

**Strategies:** One approach I found particularly impactful was organizing training workshops for women on feminist advocacy and leadership. These sessions equipped participants with the tools to challenge stigma and discrimination. Additionally, we emphasized building trust between women and healthcare providers through training on patient-centered care. Peer groups provided emotional and practical support, which proved invaluable for adherence to treatment and boosting self-esteem.

**Challenges:** Despite these efforts, barriers persist. Many women in Dandora, Mathare, and Umoja still face gender-based violence that undermines

their autonomy. Facilities are not always welcoming, with some staff perpetuating stigma. The economic instability of these areas also means that women must often choose between accessing healthcare and meeting basic needs for their families.

**Lessons Learned:** I have learned that true change happens when women's voices are central to solutions. Empowering women to lead advocacy efforts not only builds their confidence but also drives sustainable change. Addressing HIV in these communities requires tackling the root causes: stigma, poverty, and gender inequality.

**Conclusion and Call to Action:** Through my work in these regions, I have seen the transformative power of collaboration between community members, healthcare providers, and policymakers. If we continue to integrate gender-sensitive approaches, invest in community-driven solutions, and amplify women's voices, we can make significant strides in reducing new HIV infections and improving the lives of women living with HIV.

To everyone, I call upon you to:

- ☑ Advocate for policies that prioritize gender equality in healthcare access.
  - ☑ Increase funding for community-led initiatives that address the unique needs of women.
  - ☑ Join us in amplifying the voices of women living with HIV, empowering them to be agents of change.
  - ☑ Commit to dismantling stigma and discrimination in every space we occupy, from healthcare facilities to our communities.
- Together, we can create a future where no woman is left behind in the fight against HIV. Let us act boldly, compassionately, and collaboratively to make this vision a reality.



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## Integrating Cervical Cancer Screening Into Routine Health Services Delivery Among HIV Positive Female Sex Workers in Zambia

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**Introduction:** The lifetime risk of acquiring HIV and developing cervical cancer (CaCx) is high for female sex workers (FSWs) in Zambia, most FSWs have not tested for HIV in the past and most have never been screened for CaCx. To effectively manage these diseases, which have a synergistic connection, integrated screening, preventive, and treatment services are required. Zambia has the third highest number of cervical cancer cases globally, with 65.5 cases per 100 000 women and 43.4 deaths per 100 000 women recorded. Cervical cancer is the most common cancer in Zambia accounting for 23% of all cancer cases. This translates to an estimated 3100 new cases and 1900 deaths annually. Women are the most affected by HIV, with a prevalence rate of 14.2% compared with 7.5% among men

**Methods:** We analysed 2023 – 2024 service delivery data from 11 Wellness Centres in 3 provinces, to examine integration of HIV testing within newly introduced CaCx screening and treatment services. Analysis included the proportion of clients offered and accepting the HIV test, reasons why testing was not offered or was declined, and HIV status of CaCx screening clients. This innovation was an integration with DSD partners. The Activity created demand and provided safe spaces for FSWs to receive health services

**Results:** As at April 2024, 1,626 FSW were active on ART treatment, out of these, 1,521 were eligible for Cervical cancer screening. 609 were mobilized and booked for screening, 242 were screened translating into a coverage of 16%. However, 15 FSW received a VIA positive results indicating 6% positivity yield and all 15 were treated

**Conclusion:** The initiative to integrate cancer screening in HIV care aims to raise awareness of the disease and increase access to cervical cancer screening which will lead to reduction of new cases and deaths through early detection and treatment. The Activity, was successful in both generating demand for its services and providing safe environments where female sex workers (FSWs) could access health services. This implies a dual impact: increasing awareness and utilization of health services among FSWs while also ensuring these services are delivered in a secure and supportive setting



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## The Contribution of Boat Owners to Retention of Clients in Care in Kalangala Island District, Uganda, April 2022- July 2024

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**Background:** Kalangala district, comprising 84 islands presents unique challenges to healthcare accessibility, particularly for clients receiving Antiretroviral Therapy (ART) with 13.1% HIV prevalence (Uganda AIDS Commission report, 2024). Of the 15 health facilities in the district, only seven are accredited to offer ART services. Residents frequently migrate between islands in pursuit of better fish catches. This mobility has been a significant barrier to retention of HIV clients in care, as individuals often fail to obtain formal transfer letters from health facilities. Consequently, risking running out of medication thus engaging in unsafe practices of drug-sharing and others give up on swallowing drugs anymore. Boat owners who control 90% of resources and employment in islands were identified to support retention of migrant clients in care.

**Description:** The intervention started in April 2022, focusing on integrating boat owners to support retention in HIV care. 54 boat owners were trained, sensitized about HIV prevention, care and treatment, confidentiality, encouraging their employees to test for HIV and promote PrEP utilization. Confidentiality forms were signed and were formally recognized and incorporated into district health systems.

**Lessons Learnt:** The incorporation of boat owners into community health workforce has enhanced tracking and follow-up of lost-to-care clients, utilizing their extensive communication networks to reconnect with those who have missed appointments. There's increased demand for transfer forms and improved patient continuity in care. Increased utilization of self-test kits and PrEP among fishermen. Improved ART adherence,

stigma reduction, facilitated drug delivery to clients with transportation challenges. The program has also boosted the uptake of HIV prevention services and overall viral load coverage and suppression.

**Conclusion:** Engaging boat owners has proven to be an effective strategy in improving ART retention in Kalangala district climbing from 65% in April-June 2022 to 90% in July-September 2024. This model provides a scalable and sustainable approach to addressing healthcare challenges in other geographically isolated hard-to-reach areas.



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## Economic Empowerment Approaches Used as HIV Prevention Strategy Among Out-Of-School Adolescent Girls and Young Women in Tanzania

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**Introduction:** HIV remains a significant public health challenge, disproportionately affecting adolescent girls and young women (AGYW) ages 15–24 in sub-Saharan Africa and Tanzania.

Socioeconomic vulnerabilities such as poverty and financial dependence increase the risk of acquiring HIV. In Tanzania, the PEPFAR/USAID-funded Meeting Targets and Maintaining Epidemic Control (EpiC) project implements the Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) initiative, which aims to reduce HIV among AGYW in countries with high HIV burden, by offering social and economic empowerment interventions among AGYW in the country. Economic strengthening aims to reduce HIV vulnerability by improving financial independence among AGYW. This study describes how economic empowerment approaches implemented through EpiC improved financial independence and reduced HIV vulnerability for AGYW in Tanzania.

**Methodology:** From 2020 through 2024, EpiC recruited 348 AGYW mentor volunteers in Tanzania and trained them for 12 days on financial education, including financial literacy, business skills, employability, entrepreneurship programs, and management of small savings-and-loan groups (WORTH360 groups). Volunteers enrolled AGYW across administrative wards in the two regions by assessing HIV vulnerability using PEPFAR's Vulnerability Index Tool (VIT). AGYW who completed the training were encouraged to start small businesses, supported by microfinance linkages and access to economic opportunities. Data were collected using VIT before enrollment and after service, data are collected and via the graduation assessment tool before the AGYW exited the project. Service data were collected through the DREAMS layering tool. DHIS Tracker was used for analysis and reporting.

**Lessons Learned/Results:** From October 2023 through September 2024, 133,453 AGYW were reached, screened for HIV vulnerability, and enrolled in the DREAMS initiative; 114,803 (86%) were enrolled in the economic strengthening portion of DREAMS and received financial management skills training, including budgeting, saving, and investment; 82,627 (61.9%) successfully initiated small businesses, reducing their financial reliance on risky partnerships. Through the economic strengthening platform, AGYW were able to access the HIV services, resulting in 90,833 (68%) tested for HIV, of whom 2,068 (1.55%) were newly identified as HIV positive (2% case finding), 1,839 (1.3%) were initiated on antiretroviral treatment (ART), 4,106 (5%) were initiated on PrEP. A total of 76,581 AGYW were assessed and graduated from the program with a lower vulnerability score.

**Conclusion:** Economic empowerment interventions are critical in reducing HIV vulnerability among AGYW ages 15–24. By enhancing financial independence, the DREAMS initiative helped AGYW start businesses, helped AGYW gain financial independence, and reduced their vulnerability to HIV. Ongoing support in business development and financial inclusion is necessary to ensure long-term impact.





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## Perspectives of Female Sex Workers on HIV Pre-exposure Prophylaxis Delivery in Uganda: A Qualitative Study

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**Background:** HIV pre-exposure prophylaxis (PrEP) is underutilized by cisgender female sex workers (FSW) despite its proven effectiveness. This study aimed to understand the experiences of FSW with PrEP services in Uganda to inform HIV programming for this key population.

**Methods:** We conducted qualitative interviews with 19 FSWs between June and July 2022 at the Most At-Risk Populations Initiative (MARPI) clinic, Mulago Hospital, Kampala, to explore experiences accessing PrEP. In-depth interviews explored: (1) descriptions of where and how PrEP was obtained, (2) perspectives on current approaches for accessing PrEP, and (3) individual encounters with PrEP services. Data were analyzed through inductive thematic analysis.

**Results:** Three primary themes emerged regarding the perspectives of FSW on PrEP service delivery. Firstly, FSW emphasized the positive impact of a welcoming clinic environment, which motivated FSW to initiate PrEP and fostered a sense of connectedness within their community. The MARPI clinic staff were trained in working with key populations and provided culturally competent care in private consultation rooms, making FSW feel valued and accepted. The second theme explores the challenges faced by FSW, including long wait times at clinics, insufficient provider support, and a lack of sensitivity training, which hindered their access to PrEP. The third highlights the influence of HIV-related stigma on community-based PrEP delivery for FSW. While community-based distribution offered convenience and helped mitigate stigma, clinic-based care provided greater anonymity and was perceived as offering higher-quality care. Overall, FSWs emphasized the critical role of friendly healthcare providers, social support, and non-stigmatizing environments in promoting the successful utilization of PrEP.

**Conclusion:** Addressing the contextual realities of FSW PrEP users is fundamental to building effective and sustainable programs and policies for PrEP implementation. Establishing easily accessible drug pick-up locations, prioritizing privacy, addressing and improving health workers' attitudes, and providing regular reminders could enhance PrEP access for FSWs and decrease HIV acquisition.



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## Gender Disparity in Health-Related Quality of Life Among People Living With HIV/AIDS in Ethiopia: A Systematic Review and Meta-Analysis

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**Introduction:** Health-related quality of life (HRQoL) is a key outcome indicator in antiretroviral therapy (ART) programs. In Ethiopia, primary studies on gender disparity in HRQoL among people living with HIV/AIDS (PLHA) are conflicting, with no pooled estimation. Therefore, this study aimed to investigate gender disparities in HRQoL among PLHA in Ethiopia.

**Methods:** Studies conducted in Ethiopia were retrieved from PubMed, SCOPUS, and other sources. The research followed the PRISMA guidelines, employing a random-effects model to estimate mortality rates in STATA-17. Heterogeneity among studies was assessed using the Higgins I<sup>2</sup> test, with sub-group analysis and meta-regression conducted to identify sources of variation. The quality of the studies was evaluated using the JBI tool. Summary estimates were presented by forest plots.

**Results:** Fifteen studies with 4,867 PLHA were included. The pooled prevalence of poor HRQoL was 46.53% (95%CI:41.96-51.10) among all PLHA. Particularly, 46.15%, and 36.21% women, and men living with HIV were found to have poor HRQoL, respectively. On the HRQoL domain analysis, each domain's poor HRQoL prevalence was shown to be 52.9% (physical), 50.58% (environmental), 48.49% (level of independence), 47.48% (spirituality and personal belief), 46.48% (psychological), and 45.47% (social relationship). Furthermore, women living with HIV were found to have 61% increased odds of poor HRQoL than men living with HIV in Ethiopia (Pooled Odds Ratio=1.61, 95%CI:1.07, 2.15).

**Conclusion:** Almost half of PLHA patients in Ethiopia had a poor HRQoL. Women living with HIV

have higher odds of poor HRQoL than men living with HIV. This highlights the pressing need for gender-specific risk assessment approaches and treatment interventions aimed at optimizing HRQoL. Besides, the significant gender disparities call for strengthening policies on gender mainstreaming in the management of HIV and broadening scope of HIV services to cover essential domains of HRQoL needs. Further study of factors resulting in gender disparities regarding HRQoL is recommended.



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## Tiko's Innovative Technology Enabled and Behavioural Science-Informed Approach to Reducing Sexual and Reproductive Health Challenges Among Adolescents and Young People in Zambia

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**Background:** In Zambia, over 50% of adolescents engage in sexual activity before age 18. Many face severe SRH challenges that include early pregnancies, HIV infections, and sexual violence (WHO, 2021). Health systems in Africa are often fragmented and may not meet the needs of young people, for example, only 60% of Zambian adolescents with HIV are on treatment (UNFPA, 2020).

**Intervention:** In response, in October 2023, Tiko rolled out its innovative technology-enabled platform to address health system fragmentation. The platform uses behavioural nudges and incentives to promote health-seeking behaviours among Tiko members. The platform (which includes low-tech and no-tech enrolment) connects users online and offline and catalyses partnerships with CBOs to strengthen targeted AYP-focused community mobilisation interventions.

Tiko connected a network of CBOs, peer mobilisers, public and private healthcare providers, and retailers in Kanyama and Mtendere subdistricts to increase service uptake and address service fragmentation. Real-time Data was collected and verified through the Tiko platform and facility registers.

Tiko's unique platform is centred on a client's user journey that enables the application of behavioural insights central to overcoming existing behavioural barriers such as knowledge of SRH services, misconceptions, and commitment to consistent service use. The utilisation of nudges –

such as reminders, follow-ups and subsidies – together with client service ratings foster AYP service uptake

**Results:** Between October 2023 and October 2024, 15,381 adolescents and young people enrolled on the Tiko platform, receiving 24,703 services. Of these, 87.97% were females, primarily for HIV testing (39%) and family planning injectables (33%), while males mainly accessed HIV testing and condoms. Service uptake was highest among 18- and 19-year-old girls, who used over 90% of the services.

**Conclusion:** Digital platforms such as the Tiko platform should be scaled up to defragment & modernise health services and rapidly expand young people's access to services.

### References

- United Nations Children's Fund (UNICEF). (2022). Maternal and Child Health in Zambia. Retrieved from [https://www.unicef.org/zambia/maternal-and-child-health](https://www.unicef.org/zambia/maternal-and-child-health)
- UNAIDS. (2023). Global AIDS Update 2023: Stories of resilience. Retrieved from [https://www.unaids.org/en/resources/documents/2023/global-aids-update-2023](https://www.unaids.org/en/resources/documents/2023/global-aids-update-2023)
- United Nations Population Fund (UNFPA). (2020). State of World Population 2020: Against my will—Defying the practices that harm women and girls and undermine equality. Retrieved from [https://www.unfpa.org/resources/state-world-population-2020](https://www.unfpa.org/resources/state-world-population-2020)
- World Health Organization (WHO). (2021). Global status report on sexual and reproductive health and rights. Retrieved from [https://www.who.int/publications/i/item/9789240063582](https://www.who.int/publications/i/item/9789240063582)
- World Health Organization (WHO). (2022). Mental health of adolescents in Zambia. Retrieved from [https://www.who.int/zambia/mental-health](https://www.who.int/zambia/mental-health)
- Detailed Abstract Guidelines



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## The Role of Communities in Empowering Women Living With HIV. Lived Experiences in Embakasi West Sub County, Nairobi County, Kenya

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**Issue:** The social and economic concerns that affect women living with HIV are manifested in callous situations and events which women find themselves in that include but not limited to extreme poverty, stripped dignity and pride, dehumanizing cultural practices such as wife inheritance, widow cleansing, stigma, discrimination, exposure to hunger and starvation, nakedness and general inhuman treatment. On the other hand orphans endure extreme poverty, school dropout, illiteracy, malnutrition, child labor and prostitution. Regrettably, the widows and orphans living with HIV have little hope of reversing their situation since they have limited options and sense of powerlessness due to lack of economic resources and social goodwill. In response to the above that SWISS designed Widows socio-economic empowerment project within the slums of Nairobi, Kenya.

**Description:** SWISS in the year 2022 initiated a project titled 'Widows' Socio-Economic Empowerment Programme (WISEEP) with a goal of empowering 120 Widows and 360 orphans living with HIV in Embakasi West Sub County of Nairobi County. The objective of the project was to socioeconomically empower this group in order to attain their right to protection, self-development and participate in societal well-being and development by 2027.

WISEE Programme is a 5 years intervention targeting 120 widows living with HIV and 360 orphans with integrated interventions around social economic issues. The project provided 120 widows with macro and micro business management skills through capacity building and training workshops. The areas covered during the training included financial literacy, entrepreneurship, and access to appropriate

inputs, technologies and services and to the extent possible linked widows with other financial institutions. Additionally, the project organized 3 human rights training workshops to equip the widows with the requisite skills that would enable them become change agents in lobbying and advocating for their rights at different levels of the society.

**Lessons learnt:** Over the period of the project the capacity building and training of the key target group made up of widows living with HIV in financial literacy and human rights, has promoted household economic growth, provided access to goods and services, and improved the overall standard of living of the widows and members of their households. Over 80% of widows and orphans who have gone through the project are today making positive impact on their communities and have reported improved well-being. The project has led to improved acceptance of widows living with HIV and their children in the community and reduced cases of stigma and discrimination as well as reduced cases of disinheritance.

**Conclusion:** In conclusion, SWISS The community play a big role in caring for people living with HIV and facilitating treatment access and adherence. However, HIV care work is often unpaid, in turn exacerbating and perpetuating gender inequalities in employment, education and social activities. Entrepreneurs equally play a role in driving a nation's economic growth and societal development. They initiate change in the way we work and live for the better. They pull the process of economic development through efficient use of resources, manpower, and finance.



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## Preventing HIV Transmission Amongst Rural Women and Girls Through Gender Norms Transformation in Zimbabwe

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**Background:** Interventions to prevent HIV transmission and improve HIV service uptake amongst rural women are increasingly addressing inequitable and restrictive gender norms. Yet comparatively little is known about which gender norms are most relevant for HIV prevention, testing and treatment and how changing these specific norms translates into improved HIV service uptake. To explore these questions, we implemented a qualitative study during a community project targeting socio-cultural barriers to HIV prevention and HIV service uptake in Chihota rural area in Zimbabwe.

**Methods:** I conducted 55 in-depth interviews in 2023, during the final months of a three-year intervention in rural Chihota rural area. Participants included 25 intervention community members (48% women) and 30 intervention staff/community-opinion-leaders (70% women). Data was analyzed using an inductive-deductive approach.

**Results:** I identified three avenues for gender norms change which, when coupled with other strategies, were described to prevent HIV transmission and support HIV service uptake: (1) Challenging norms around male toughness/avoidance of help-seeking, combined with information on the health and preventive benefits of early antiretroviral therapy (ART), eased men's fears of a positive diagnosis and facilitated HIV service uptake. (2) Challenging norms about men's expected control over women, combined with communication and conflict resolution skill-building, encouraged couple support around HIV service uptake. (3) Challenging norms around women being solely responsible for the family's health, combined with information about sero-discordance and why both members of the couple should be tested, encouraged men to test for HIV rather than relying on their partner's

results. Facility-level barriers such as long wait times continued to prevent some men from accessing care.

**Conclusions:** Despite continued facility-level barriers, I found that promoting critical reflection around several specific gender norms, coupled with information (e.g., benefits of ART) and skill-building (e.g., communication), were perceived to support rural women's and men's engagement in HIV services. There is a need to identify and tailor HIV prevention programming around specific gender norms that hinder HIV service uptake.



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## A Novel Strategy for Engaging Youth Advisory Boards in Developing Ethics Guidance for HIV Research Involving Pregnant Adolescents

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**Background:** There are numerous ethical challenges with the inclusion of pregnant adolescents in clinical HIV research, resulting in their exclusion and subsequent critical evidence gaps to inform treatment and prevention strategies. There is an urgent need to understand adolescents' perspectives on these ethical issues to develop guidance that would address their priorities and concerns. One approach to youth involvement in research is to establish a Youth Advisory Board (YAB); however, most YAB models are focused on study protocol review, with little known about effective strategies for engaging YABs in developing ethics guidance. Our study evaluates a novel approach to involving YABs in the creation of ethics guidance that includes youth perspectives and promotes their inclusion in HIV clinical research.

**Materials and Methods:** Two YABs were established collaboratively in Malawi and Botswana, each composed of five adolescents with lived experience of pregnancy and living with HIV. The YABs met bi-monthly on weekends, with agendas co-developed by the study team and the YAB. Trained facilitators with expertise in youth engagement facilitated the meetings at each site. Each meeting included a curriculum component focused on ethical issues surrounding adolescent HIV research participation during pregnancy, covering topics such as informed consent, health information disclosure, and birth control requirements, as well as research design in clinical trials. After each meeting, members completed evaluation forms to provide feedback on the meeting experience, activities, key takeaways, and recommendations for improving future YAB sessions. Evaluation forms were compiled and analyzed descriptively.

**Results:** The evaluation forms revealed that nearly all members had a positive response to the YAB structure and format, with most agreeing that their contributions were valued by both meeting facilitators and peers. Members noted that the meeting activities and curriculum deepened their understanding of HIV research, particularly in the context of clinical trials and the ethical challenges facing their study population.

Among the lessons learned from this evaluation, we found that adolescents have a keen interest in contributing to ethics guidance. Many were unaware of their potential to influence ethical decisions and inform HIV studies involving pregnant adolescents, highlighting the need for strategies to raise awareness of research opportunities, including clinical trial participation, and the ethical importance of their inclusion in trials. YAB members want to participate in research-related Working Groups, engage with expert communities, and have a voice in research discussions and clinical trial design. In our study, each YAB elected a chairperson to represent them in the study Working Group. YAB members also expressed interest in taking on leadership roles by facilitating their own meetings, highlighting the need for capacity-building for YAB facilitators through a train-the-trainer model.

**Conclusion:** Our novel approach to engaging YABs through a curriculum focused on the ethical challenges of adolescent HIV research participation during pregnancy effectively built capacity among two groups of youth to address these challenges. Our approach also helped develop youth leadership in ethics, highlighting the importance of funding opportunities that support meaningful involvement of youth in shaping research ethics guidance.





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## Expert Views on Community Engagement for Clinical HIV Research with Pregnant Adolescents: Perspectives from Malawi, Botswana, and the U.S.

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**Background:** Clinical research with pregnant adolescents is critical to address evidence gaps in HIV treatment and prevention. Community engagement can inform solutions to the ethical challenges of including pregnant adolescents in clinical research, yet limited data exists on effective strategies. This study aimed to understand the perspectives of relevant expert groups on community engagement in clinical research with pregnant adolescents across 3 countries in which clinical HIV research involving adolescents is ongoing.

**Materials and Methods:** In-depth interviews were conducted with experts in Malawi, Botswana, and the United States, including HIV investigators, ethics review and community advisory board (CAB) members, policy makers, and healthcare providers. A semi-structured interview guide was used to obtain participants' perspectives on aspects of conducting HIV research with pregnant adolescents, including community engagement. All interviews were audio-recorded, transcribed verbatim, coded, and thematically analyzed to identify the facilitators of, barriers to, and recommendations for how to improve community engagement in clinical HIV research involving pregnant adolescents.

**Results:** Across the three sites, thirty-three interviews were conducted in total with 12 investigators, 8 ethics review board members, 7 CAB members, 3 policy makers, and 3 healthcare providers. Thematic analysis revealed multiple facilitators of and barriers to community

engagement. Facilitators included community familiarity with clinical trials, involving community leaders (e.g., teachers, traditional elders, religious leaders), and linkage to ancillary services (e.g., antenatal care). Priority barriers to address in developing engagement plans included research misconceptions, cultural and religious norms that stigmatize adolescent pregnancy, and school policies that restrict research participation. Participants offered several key recommended strategies to improve community engagement for ethical research involving pregnant adolescents, including early input during trial protocol drafting, conducting engagement activities at sites beyond the immediate trial setting, sustaining engagement after trial completion, and adapting engagement plans to the community's setting, with attention to cultural considerations.

**Conclusion:** Initiatives to engage the community in improving the evidence base for HIV prevention and treatment among pregnant adolescents are needed to advance their inclusion in research. Approaches that facilitate earlier and more robust engagement in settings that are increasingly hosting clinical HIV research are particularly critical to addressing the ethical challenges of including pregnant adolescents.





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## Exposure to Violence and Associated Factors Among University Students in Ethiopia: A Cross-Sectional Study

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**Background:** Violence is a major public health concern with a significant impact on the health and well-being of individuals, families, and communities. Living in a new environment without parental control and experimenting with new lifestyles may increase the risk of violence among university students. Therefore, this study aimed to assess exposure to violence and its associated factors among university students in Ethiopia.

**Method:** A cross-sectional study was conducted among 2988 university students from six randomly selected universities in Ethiopia. A two-stage stratified sampling method was used to recruit the study participants. A self-administered questionnaire was utilized to collect information regarding exposure to emotional, physical, and sexual violence. Bivariable and multivariable logistic regression analyses were used to identify factors associated with violence exposure in the last 12 months.

**Results:** The prevalence of exposure to any type of violence in the last 12 months was 17.6% (n=525) (17.9% among males, 16.5% among females). The adjusted odds ratio (AOR) of violence was 2.9 times higher (95% CI 1.6-5.0) among students older than 25 years than those aged 18-20 years. Those students who were in a relationship had 1.4 times higher odds of violence (95% CI 1.0-2.0) than those who were not in a relationship. In addition, those students who were from rural residences before coming to the university had 1.4 times higher odds of violence (95% CI 1.1-1.8) than those from urban residences. The odds of violence among those who consumed alcohol once a week or more in the past month were 2.2 times higher (95% CI 1.3-3.6) than those who did not consume

alcohol. Furthermore, the likelihood of violence was 1.6 times higher (95% CI 1.0-2.4) among those who chewed khat and 2 times higher (95% CI 1.3-3.1) among those who used other drugs in the last 12 months.

**Conclusion:** Exposure to violence is a challenge for both male and female university students in Ethiopia. Several socio-demographic and behavioral factors were significantly associated with exposure to violence. Therefore, it is crucial for universities and stakeholders to raise awareness about contributing factors to minimize violence, regardless of gender.



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## Improving HIV/AIDS Treatment and Care for Elderly Women: Experiences and Lessons Learned

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**Background:** HIV/AIDS continues to pose a significant public health challenge globally, particularly among vulnerable populations such as elderly women. As life expectancy increases due to advancements in antiretroviral therapy (ART), a growing number of older women are living with HIV, yet they face unique challenges that differ from those experienced by younger individuals. In many low- and middle-income countries, the prevalence of HIV among women aged 50 and older is on the rise, exacerbating issues related to treatment adherence, stigma, and comorbidities associated with aging.

**Intervention:** Reach Out Mbuya Community Health Initiative (ROM) implemented a holistic care model specifically designed for elderly women living with HIV/AIDS, centered around the GrandMother-to-GrandMother (GM2GM) community support model. This approach cultivated supportive networks that allowed women to share their experiences and receive emotional mentorship, significantly reducing feelings of isolation and despair. The support model was reinforced by the establishment of Grandmother's Village Committees (GVCs), which facilitated community-based antiretroviral therapy (ART) delivery, identified at-risk elderly individuals for noncommunicable diseases (NCDs), and conducted mental health screenings. Safe spaces were created to enable elderly women to express themselves and increased access to support structures within the community. Furthermore, economic strengthening programs, including skills training and microfinance opportunities, empowered elderly women to achieve financial independence. Advocacy for legal protections further supported their rights, enhancing their dignity and sense of security within the community.

**Lessons Learned:** Strategies driven by elderly women have significantly increased demand for HIV/AIDS services. Effective ART therapy requires collaboration among clinicians, nutritionists, counselors, and family members to enhance adherence and viral suppression. Special attention must be given to potential drug interactions due to polypharmacy, and social and cultural values often outweigh the importance of ART among this population. Aging inherently brings vulnerability, and many elderly individuals are ill-prepared for the challenges of old age; thus, empathy and understanding are essential when working with this demographic.

The effectiveness of antiretroviral therapy (ART) relies on collaboration among health workers, family members and the GM2GM community support to enhance adherence and viral suppression, while special attention is needed to address potential drug interactions due to polypharmacy. Social and cultural values take precedence over other support systems among elderly women. Aging comes with vulnerability, and poor feeding is common among most elderly individuals. The majority of the elderly are not prepared for old age, and it takes human understanding to work with this demographic. By integrating emotional support, economic empowerment, and advocacy for legal protections, ROM has addressed these challenges effectively.

**Conclusions:** The treatment of HIV/AIDS among elderly women is challenged by a combination of physical, clinical, and social factors. We learned that GM2GM and GVC support systems are effective in addressing these unique challenges within the broader HIV/AIDS response.



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## Stigma and Violence Among Female Sex Workers Living With HIV in Isiolo County, Kenya

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**Background:** Isiolo County is located in the central part of Kenya. It is a diverse, arid and semi-arid land (ASAL) region known for its ethnic, cultural, and geographical diversity. The county has a high proportion of female sex workers living with HIV (FSWLWH), who face various forms of stigma and violence, which significantly hinder their access to care, treatment, and prevention services.

**Methods:** We conducted a case study by voluntarily enrolling FSWLWH from the Bar Hostess Empowerment and Support Program (BHESP). The study included interviews and peer-led focus group discussions (FGDs) to explore instances of violence, the role of societal stigma, and how survivors are treated. We also incorporated community-based participatory research and fieldwork to identify factors contributing to stigma and violence against FSWLWH, as well as the interventions developed within the community and various hotspots. In addition, we conducted organizational research on BHESP and the surrounding legal bodies to analyze data from FSWLWH who have reported cases of stigma and violence.

**Results:** A total of 150 FSWLWH were enrolled in the study, including 35 participants in the case study, 60 in five peer-led FGDs, 55 in participatory research, and 10 in fieldwork. The mean age across all groups was 32.7 years, with a median duration of living in a stigma- and violence-prone environment of 3.13 years. The mean duration as sex workers was 4.21 years, and the mean duration as individuals living with HIV (LWH) was 3.2 years.

Fifteen FSWLWH reported cases of stigma to village elders and family heads. Of these, 7 were silenced, and no further action was taken, 3 were punished for reporting, and 5 were subjected to community dialogue. In the hotspots, 35% of

participants preferred not to report cases of stigma and violence, 10% reported to law enforcement authorities, 45% reported to their peer educators who referred them to paralegals at BHESP's facilities (10% of whom did not follow up on their cases), and 15% chose to handle the issue directly with the violators.

**Conclusion:** Stigma and violence are significant factors affecting FSWLWH in Isiolo County, and these challenges impede their access to necessary healthcare and legal support.



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## Sexual and Gender Based Violence Challenges: Smart Widows Support System Breaking the Barriers in the Slums of Nairobi, Kenya

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**Issue:** While Kenya has made tremendous progress in its quest to address the HIV/AIDS pandemic, the 2022 county HIV prevalence estimates remain higher for women at an average of 4.85%, compared to that of men at 2.52%(NACC). Besides, people living with HIV continue to experience HIV-related stigma and discrimination. Women are disproportionately affected by multiple challenges including sexual gender-based violence, poverty and harmful gender norms that exacerbate their vulnerability to HIV and impede access to Sexual Reproductive Health services including EMTCT services.

The magnitude of SGBV is hard to determine in Kenya. However, it is widely acknowledged that reported cases only represent a part of the larger picture. Even in normal situations, sexual violence will go unreported due to fear, shame, powerlessness, lack of support or unreliability of public services. Forms of SGBV include sexual, physical and emotional violence, as well as harmful traditional practices such as early forced marriage and Female Genital Mutilation/Cutting (FGM/C). The Kenya Demographic and Health Survey,<sup>4</sup> shows that 45 percent of women aged 15-49 have experienced either physical or sexual violence, while nearly half (47 percent) of those ever married experienced either emotional, physical or sexual violence. Women 's forced subordinate status (both economic and social) makes them more vulnerable to violence and contributes to an environment that wrongly accepts, excuses, and even expects violence against women

**Description:** SWISS ran 2 years (2022 – 2023) project that aimed at ending cases of sexual and gender-based violence through awareness creation and economic empowerment of vulnerable widows living with HIV. As a first step

measure, the project ensured that survivors of GBV received urgent counselling, care and support that enabled them to cope effectively with the ordeal including being offered safe space. The project worked closely with the security enforcers to ensure that perpetrators of SGBV are held to account through prosecution in court of law and that justice is served. SWISS organized public awareness and campaigns that were geared towards changing behavior patterns and attitudes that perpetuate SGBV. These initiatives incorporated both men and women, since all genders play a critical role in this process. The project supported young widows to engage in Income generating activities which after two years led to increased widows bargaining power at home, thereby reducing their vulnerability to sexual and gender-based violence. The project incorporated digital literacy training for 200 young widows to help them connect, learn, engage with their community, and create more promising futures. The developed digital literacy training helped the young widows gain the requisite digital skills necessary for engagement in a digital economy and improved livelihoods. SWISS provided all the 200 trainees of digital literacy with smart phones inform of loans to help them become digitally active and use the gadgets to market their products online.



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## Impact of Witnessing Hiv-Related Stigmatization and Belief in Foodborne Transmission on Discriminatory Attitudes Among Women (15-49) in Sub Saharan Africa: An Analysis of Demographic and Health Survey of Two Decades

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**Background:** Discrimination and stigma pose negative effects on the health outcomes of people living with HIV/AIDS (PLWHIV). In this study, we investigate the impact of witnessing HIV-related stigmatization and belief in foodborne transmission on discriminatory attitudes among women (aged 15-49 years) in HIV endemic sub-saharan African countries.

**Methods:** We employed Demographic and Health Surveys (DHS) conducted between 2003 and 2023 in Sub-Saharan African (SSA) countries with HIV prevalence exceeding 10% according to data available around 2017. Three discriminatory attitude questions were used to obtain the outcome variable (discriminatory attitude towards PLWHIV). DHS of countries that did not report our independent variables of interest were excluded. Descriptive, bivariate, and multivariate analysis was conducted using SPSS version 25.

**Results:** DHS of seven countries was included in the final analysis. A total sample of 57,325 data on women were used for the final analysis. The prevalence of discriminatory attitudes towards PLWHIV in seven SSA countries ranged from 33.7% in Eswatini to 72.4% in Tanzania. In the regression analysis, respondents who were youths, were never married, had no formal education, were

living in rural areas, and from the poor/poorest wealth quintile had higher odds of exhibiting discriminatory attitudes towards PLWHIV. Witnessing HIV related stigmatization was a significant predictor of discrimination in Uganda only (aOR:1.49, 95%CI: 1.34-1.65). However, those who believed that HIV can be transmitted by sharing food were more likely to exhibit discriminatory attitudes towards PLWHIV in Zimbabwe (aOR: 3.42, 95%CI:2.92-4.01), Zambia (aOR:3.46, 95%CI: 2.93-4.09), Lesotho (aOR:4.56, 95%CI:3.97-5.24), Eswatini (aOR: 2.82, 95%CI:2.36-3.40), Namibia (aOR: 2.07, 95%CI: 1.80-2.38), Uganda (aOR:3.07, 95%CI:2.63-3.57) and Tanzania (aOR:2.80, 95%CI:2.4-3.27).

**Conclusions:** Poor understanding of the patterns of HIV transmission could lead to higher odds of exhibiting discrimination. Increasing understanding of the consequences of stigma and patterns of HIV transmission may reduce the rate of stigmatization towards PLWHIV in SSA.



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## Effectiveness of Community Health Workers in Community Treatment of Cervix Uteri Precancerous Lesions Among Women Living With HIV in Eastern Uganda

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**Background:** Cervical cancer (CaCx) is the fourth-commonest cancer among women, with most of the incidence and mortality occurring in low- and middle-income countries. In Uganda it's the commonest cancer and most prevalent cause of all cancer related deaths. By 2017, the incidence stood at 6959 cases with 4607 deaths annually. Women living with HIV (WLHIV) are six folds more likely to develop CaCx than the HIV sero-negatives. By third quarter, a total of 48 WLHIV tested positive for HPV DNA yet at large in the community. Efforts to mobilise them for treatment yielded less due to challenges of transport and unaccessible phone contacts. This called for innovations to reach and treat these women to stop the precancerous process and improve their quality of life. In June 2024 with support from USAID through Uganda protestant medical bureau (UPMB), and The AIDS Support Organization (TASO), we employed a quality improvement methodology, using community Health workers to mobilise these women for treatment in the community. We describe how we engaged community health workers (CHWs) to sensitize and mobilize WLHIV to improve CaCx treatment in Eastern Uganda.

**Methods:** TASO is a non-government organization with a catchment area of 75km radius -over 9 districts.

We generated a line list of women who tested positive for HPV DNA by addresses, identified CHWs by villages where these women reside. We oriented the CHWs on the basics of CaCx and assigned them women in their areas. The lists indicated the name, phone contact and locator

information. The CHWS mobilized the women at the nearby Health centre/ clinic for treatment. The cervical cancer focal person coordinated the activities with a clear activity schedule, stipulating the day of the activity, the nurse, midwife and the logistics required. Prior phone calls were made to these women then the CHWs physically mobilized the assigned women with a high degree of confidentiality few days before the allocated date. On the allocated day, the CHWs directed and escorted the women to the converging points, where a team from TASO would meet and treat them.

The treated women were encouraged to attend their differentiated service delivery models or clinics for routine care and follow up.

**Results:** By end of July 2024, 48 eligible WLHIV screened positive for HPV DNA, with a positivity rate of 18.6% (48/258). Only 35% (17/48) had treated for precancerous cervical uteri lesions at TASO Mbale- Eastern Uganda. CaCx treatment increased from 35% to 72% between July- September 2024 through engaging CHWs.

**Conclusions:** Engaging CHWs is an effective intervention for better health outcomes and should be standardized as part of the interventions to ensure improved access and utilization of cervical cancer services/treatment to the eligible population, with a lens of patient-centredness.





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## Impact of Breastfeeding on Morbidity and Growth Profile of HIV-Exposed Uninfected Children in Yaounde, Cameroon - A Prospective Study

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**Background:** Faced with a growing population of HIV-uninfected exposed newborns (HEU) whose morbidity and mortality are higher than those of uninfected and unexposed children (HUU), and in a context where breastfeeding is considered the safest option for infant feeding, the World Health Organization recommends that mothers with human immunodeficiency virus (HIV) should breastfeed exclusively for the first six months and continue breastfeeding for at least 12 months while introducing complementary foods. Breastfeeding for the first six months reduces the risk of HIV transmission by 4 to 10 times compared with mixed breastfeeding, and HIV-exposed infants who are not breastfed are up to six times more likely to suffer or die from diarrheal diseases, pneumonia and malnutrition.

**Objective:** The aim of this study is to determine the impact of breastfeeding in HEU on their growth pattern, including the incidence of childhood diseases during the first year of life.

**Methods:** 76 HEU and 55 HUU were followed up, their dietary data were collected by questionnaire and anthropometric data were measured at birth, 6 and 12 months. We diagnosed common childhood infections such as malaria, rotavirus, rhinovirus, influenza A and B viruses, respiratory syncytial virus (RSV), cytomegalovirus (CMV) by quantitative polymerization chain reaction (PCR) at months 6 and 12.

**Results:** We obtained 19.85% HEU and 13.74% HUU breastfed versus 38.17% HEU and 28.24% HUU not exclusively breastfed during the first 6 months of life. At 6 months, 22.37% of breastfed HEU reported symptoms compared to 59.21% of non-breastfed HEU (p-value 0.0086) and 20% compared to 45.45% of breastfed and non-breastfed HUU. The most common symptoms were flu and cough in all groups. We did not find a significant association between the onset of illness and the feeding method of either HEU or HUU at both 6 and 12 months. However, there was a significant association at 12 months between the occurrence of nutritional problems and breastfeeding mode during the first 6 months of life, for breastfed and non-breastfed HUU (p-value 0.0115). We obtained proportions of 5% HEU breastfed overweight (WHZ>+2SD) versus 7% HEU non-breastfed, 0% HEU breastfed obesity (WHZ>+3SD) versus 5.26% non-breastfed, 9.21% HEU breastfed stunting (HAZ<-2 SD) versus 15.79% HEU non-breastfeeding, 0% HEU breastfeeding wasting (WHZ<-2 SD) versus 10.53% HEU non-breastfeeding and 0% HEU breastfeeding underweight (WAZ<-2 SD) versus 9.21% HEU non-breastfeeding. The most common nutritional problem was stunting (HAZ<-2 SD). There were no significant observations in the breastfed and non-breastfed HUU groups at either 6 or 12 months of age.

**Conclusion:** Our study suggests an association between not being exclusively breastfed during the first 6 months of life and a higher risk of growth retardation and morbidity by reported symptoms in HUU infants in Cameroon during the first year of life.





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## Sp1IIIIT5A Mutant Enhances HIV-1 Subtype C LTR Transcription Activity and Sp1 Transcription Factor Binding Affinity

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**Background:** Genetic variation of the HIV-1 subtype C (HIV-1) long terminal repeat (LTR) variants impact transcription activation and disease outcome. However, it is unclear whether a single mutation or multiple mutations mediate differential transcription activity. The current study investigates the effect of a single (T5A) mutation within the Specific protein 1 (Sp1) III motif on HIV-1C LTR transcription activity.

**Methods:** We introduced a single mutation (T5A) mutation in the Sp1III motif of the HIV-1C consensus LTR sequence using a gene block, cloned the consensus and mutated LTR elements into the pGL3 Luciferase basic reporter vector and independently sequenced. Respectively, LTR-pGL3 recombinants were independently transfected into astrocytes, and Jurkat cell lines and used to perform the transcription assay. Sp1 transcription factor expression levels in astrocytes and Jurkat cells were assessed using western blot. The crystal structures for the LTR (nucleotide) and the specificity protein 1 were modeled using different

webservers. The docking calculations and molecular dynamics (MD) simulation of the SP1 complexes of the LTR wild and mutant types was carried out to investigate the stability and molecular interaction of the complexes.

**Results and Discussion:** The Sp1IIIIT5A mutation showed a significantly increased basal and Tat-induced HIV-1C LTR transcription activity in both astrocytes and Jurkat cells compared to the wild-type, Sp1IIIIT5T. The expression levels of Sp1 transcription factor were similar between both astrocytes and Jurkat cell lines suggesting that differential transcription activity is due to genetic variation within the Sp1 motif. Across all three platforms, the mutant type shows consistently stronger binding affinities than the wild type, as indicated by the more negative values, which reflect more favorable stability and interaction during simulation.

**Conclusion:** The HIV-1 LTR Sp1IIIIT5A variant induces transcription activity, and the Sp1 transcription factor expression does not impact the induced transcription activity. the mutant LTR exhibited significantly stronger binding interactions with SP1 compared to the wild type, as evidenced by the consistently lower (more negative) binding affinities across different web servers. This enhanced binding affinity may reflect a potential biological significance, suggesting that the mutation could positively influence gene regulation by stabilizing the protein-DNA complex.



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## Aging and Agency for Older Women Living with HIV in Rural Uganda: Community-Based Lessons

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The intersection of aging, gender, agency, and health is critical to the quality of life for older women living with HIV in rural Uganda. Through a community-based initiative, we aimed to enhance the agency of older women and address vulnerabilities they face due to HIV, aging, and gender inequalities. The program yielded key lessons on improving access to health services, social inclusion, and overall well-being. Stigma surrounding HIV did not hinder older women from disclosing their status, accessing treatment, or engaging in community programs. However, younger caregivers or family members struggled with accepting the older women's HIV status. This occasionally resulted in neglect or strained caregiving relationships, indirectly affecting older women's well-being. Consequently, we pioneered intergenerational dialogue sessions involving older and younger women living with HIV, alongside family members. These sessions strengthened caregiving relationships, and reduced stigma, offering a replicable model for bridging generational divides in HIV care. Strengthening older women's agency through education and empowerment was pivotal. Training on health, rights, and self-care enabled them to take charge of their health decisions. However, we had to integrate economic empowerment initiatives into our program, supporting them to establish group agricultural enterprise and savings schemes. Through these, they gained financial independence, which strengthened their negotiation power within households and communities. This approach revealed a strong correlation between financial autonomy and the ability to prioritize, make decisions, and act on self-care. Mobile health services and targeted health camps enhanced access to HIV care in remote areas but revealed the caregiving burden on older women, who often deferred their health needs to care for grandchildren. So, we piloted an intergenerational

care initiative, training younger family members in basic caregiving tasks. This enabled them to assume more caregiving responsibilities, reducing the strain on older women and enabling them to prioritize their own health.

Gender norms significantly shaped older women's health and agency. As custodians of tradition, they faced constraints but also wielded influence to drive change. Leveraging this duality, we trained older women as community health advocates, positioning them as agents of change within their communities. This reframing of their traditional roles not only amplified their voices but also improved community receptiveness to HIV education and gender equality initiatives.

Another key lesson learned was the effectiveness of using HIV community-focused groups for older women, including music and drama events, in addressing stigma, building inter-generational solidarity, and disseminating key messages. These groups provided a platform for breaking stigma and also helped reduce isolation, loneliness, and neglect among older women living with HIV. Integrating creative and social strategies in community-based HIV care programs proved a practical solution for addressing both physical and social dimensions of living with HIV.

This program highlighted the importance of community-driven approaches addressing the intersection of aging, gender, and health.



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## Multi-Level Factors Influencing Exclusive Breastfeeding Among Working Mothers in Tanzania; Experiences From Formal and Informal Sector Mothers

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**Background:** Exclusive breastfeeding (EBF) is critical for adequate infant and child health. The global prevalence of EBF for infants and children is two-thirds, while in Tanzania, nearly three-fifths of children are EBF annually. Studies globally indicate lower EBF rates among working mothers compared to the general population. This study sought to explore multilevel factors influencing EBF in both formal and informal sectors, including community and health service level factors.

**Methodology:** The study was conducted in Kinondoni municipality from 16th to 30th January 2023. Qualitative study design was to explore factors influencing EBF. The study enrolled 27 informants for in-depth interviews. Twenty breastfeeding mothers, ten each from formal and informal sectors, were purposively enrolled in the study while snowball sampling was used to recruit four relatives, and three managers. One focused group discussion among breastfeeding mothers was conducted to explore similarities and differences in managing EBF while working. Data was transcribed and translated into the English language and then thematically analyzed.

**Results:** Mothers had adequate EBF knowledge. Husband/partners primarily role was to support family needs only. Mothers in the informal sector, volunteers, and interns reported lacking entitlement to paid maternity leave. In the defense forces, maternity leave benefits were only available after a minimum of three years of service. Mothers expressed breast milk when returning to work but only some EBF their children for six months. Factors that influenced early weaning include: Imbalances between EBF and work, unfavorable working environment, a lack of policies supporting breastfeeding infrastructure at

work, shorter maternity leave, long distance to work, low milk production to satisfy child needs, pre-lacteal feeds, insufficient financial support for informal sector mothers.

**Conclusion:** To enhance better breastfeeding outcomes, growth, and healthier lives of the children which are the future generation, inferring from the Social Ecological Model, the study suggests that a systemic approach focusing on all factors in individual, interpersonal, community, organizational and policy factors shall yield higher EBF rates.



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## Determinants of Incident Hyperglycaemia Amongst Adults on Antiretroviral Therapy at Milmay Uganda Hospital

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**Background:** As antiretroviral therapy (ART) has become increasingly accessible and widespread, improving the life expectancy and quality of life for people living with HIV (PLWH), the management of comorbidities has emerged as a critical aspect of comprehensive care. One such comorbidity of growing concern is incident hyperglycemia, characterized by elevated fasting blood glucose levels in a person who previously had normal levels before starting ART. The incidence of hyperglycemia globally, in Africa and sub-Saharan Africa is high amongst PLWH however, there is paucity of data about the same in Uganda. This study therefore aimed at investigating the determinants of incident hyperglycemia amongst PLWH in order to add to the existing knowledge and in turn guide policies to prevent it and its effects.

**Objectives:** The study aimed at exploring the determinants of incident hyperglycaemia amongst adult PLWH on ART regimens attending Mildmay Uganda Hospital (MUH).

**Methodology:** This was a retrospective cohort study that employed both quantitative and qualitative research methods. It involved use of secondary and primary data to achieve the set objectives. 400 participants were included in the analysis. Document review guide and interview guide are some of the research tools that were used to collect data.

**Results:** The study found a hyperglycemia incidence rate of 113.83 per 1000 person-years of follow up (PYFU) (95% confidence interval, CI, [95.39-135.83]). The significant individual determinants of incident hyperglycemia included age greater than 40 years (aHR= 2.38, 95% CI

[1.12-5.04], p-value=0.024), male sex (aHR= 0.41, 95% CI [0.22-0.76], p-value=0.005), hypertension comorbidity (aHR= 2.62, 95% CI [1.15-5.95], p-value=0.021), longer duration of HIV infection greater than 4 years (aHR= 0.01, 95% CI [0.00-0.02], p-value=0.021). The study also found quality and content of health education, understanding of medication management, frequency and accessibility of blood sugar monitoring, adequacy and impact of social support and availability and quality of healthcare services as health system determinants.

**Conclusion:** The incidence rate of hyperglycemia at MUH is high and these findings will guide development of comprehensive, patient-centred interventions that can reduce the incidence of hyperglycemia and improve health outcomes.



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## **Living and Aging with HIV and Non-Communicable Diseases: The Experiences of Sex Workers in Majengo Slums, Nairobi**

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This study examines the experiences of aging sex workers in Majengo Slums, Nairobi County, who are living with both HIV and Non-Communicable Diseases (NCDs). In the context of this densely populated informal settlement, where poverty, stigma, and limited healthcare access are prevalent, sex workers face compounded challenges as they age while managing these chronic conditions. Individuals living with HIV are particularly vulnerable to NCDs like hypertension, diabetes, and cardiovascular diseases, due to the long-term effects of the virus and antiretroviral treatment.

Using qualitative interviews and community-based participatory research methods, the study explores the health, social, and economic challenges faced by these women. Key findings indicate that aging sex workers with HIV and NCDs struggle with physical and mental health deterioration, alongside increased social isolation and discrimination. Healthcare access remains a major barrier, with limited availability of integrated services to address both HIV and NCDs. Many participants report difficulties in managing their conditions due to the high cost of care, stigma within healthcare settings, and a lack of tailored support for older women with multiple health issues.

The study also highlights the importance of social support networks, which play a critical role in the wellbeing of these women. However, many sex workers in Majengo experience marginalization within their communities, further exacerbating their vulnerability. These women often lack access to adequate housing, employment, and financial security, which compounds the effects of their health challenges.

This research calls for more inclusive health policies that address the specific needs of aging sex workers living with HIV and NCDs. It advocates for integrated health services that offer comprehensive care for both HIV and NCDs and for the reduction of stigma in healthcare settings. Additionally, it emphasizes the need for community-based support systems that can offer emotional, social, and practical assistance to this marginalized group, helping them navigate the complexities of aging with chronic health conditions in a resource-limited environment.



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## HIV Viral Load Suppression Status and Associated Factors Among Pregnant Women Receiving Highly Active Antiretroviral Therapy (HAART) in Ethiopia

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Over the past two decades, there has been a significant decrease in the transmission of HIV from pregnant mothers to their children, especially since the introduction of the B+ option in 2013. It has been observed that mothers with an undetectable viral load have zero risk of transmitting HIV to their fetuses. However, there is limited information available regarding the status of HIV viral suppression among pregnant mothers on a countrywide level. This study aimed to determine the HIV viral load suppression status among pregnant women and identify factors associated with unsuppressed maternal viral levels. A cross-sectional study design was used, utilizing secondary data from the national HIV viral load data repository. The study population consisted of all pregnant women who started antiretroviral therapy (ART) and were tested for routine HIV viral load. The data extraction process covered the period between July 2022 and June 2023 (2015 EFY). The data was transferred to STATA v.17, and descriptive statistics (frequency, percentage, mean, and standard deviation) were calculated. A mixed model for logistic regression was used, and the odds ratio was calculated to quantify the strength of the association. Variables that showed a significant association with the outcome ( $p < 0.25$ ) were selected for further analysis using multiple logistic regression models. The median age of the participants was 35 years old, ranging from 14 to 50. The majority of pregnant women (52.2%) fell between the ages of 30 and 40, followed by those aged 19 to 29 years (25.9%). Nearly all participants (96.2%) were on first-line ART, with smaller percentages on second-line (2.2%) and third-line treatments (1.63%). In terms of testing, 3839 (49.4%) women were tested until the 34th-36th week of gestation, 2573

(33.1%) were tested once during their antenatal care (ANC) visit, and 1352 (17.4%) were tested for a second time at 6 months during the ANC visit. The HIV viral suppression rate among pregnant women before delivery was 96.8% in this study. Of those with suppressed results, 96.5% had an undetectable HIV viral load. The multiple binary logistic regression analysis showed that individuals aged 19-29 had 3.17 times higher odds (AOR = 3.17, 95% CI = 1.17-5.17,  $p = 0.002$ ) of having an unsuppressed viral load compared to those under 19. Additionally, individuals with poor adherence to treatment had 12.6 times higher odds of developing an unsuppressed viral load (AOR = 12.64, 95% CI = 10.74-14.54,  $p = 0.000$ ). However, there was no significant association between the timing of viral load testing and unsuppressed maternal HIV viral load. HIV viral suppression is high among pregnant women and we should maintain the high suppression rate by highlighting the importance of periodic viral load testing and culturing a good adherence.



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## Narratives of Sex Workers in Luanda: Contributions to Feminist Discussions on Sex Work

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In Angola, as for the rest of the world, sex workers are amongst the groups (key populations) most vulnerable to HIV. This is due to the barriers they face in accessing health services, the stigma and discrimination associated with sex work and high-risk behaviours with multiple unprotected sexual partners, compounded by the lack of information regarding HIV prevention (LINKAGES; 2019a).

Sex work can be defined in many ways. It can, for instance, be considered a contract in which sexual services, usually performed by women, are negotiated consensually. The relationship between the women (in this case) and clients (generally men) will lay the foundation for feminist discussions on sex work. Radical feminism privileges the “sex” dimension of sex work, whilst liberal feminism, “work” (Smith & Mac, 2018). Consequently, there are fundamental divergences in the way these feminist perspectives approach topics such as consent, sexuality, gender norms, whether sex work is work or not and the role of the legal framework surrounding sex work (Grant, 2014).

This qualitative study aims to provide a space for deep listening to the life stories of four sex workers in Luanda, Angola, who were part of a HIV program in the country geared towards key populations (LINKAGES 2015-2019).

The study provides contributions to feminist discussions on the topic of sex work, described in 23 topics in line with the understanding of sex work as work, albeit a complex type of work. The sex workers’ stories highlight a spectrum of feminism that ranges from resisting oppression and gender inequality at an individual level to activism in political spheres and efforts to change social structures based on gender inequalities.

The four women’s stories are marked by both defiance and adherence to more traditional gender roles. Economic needs – mainly to provide for their families – emerges as the reason for entering, returning to and remaining in sex work. They do request support to leave sex work, although they emphasise that this decision – to leave the profession – is theirs alone.

Their statements reinforce the importance of programmes to alleviate poverty (income transfer), social support for sex workers and, also, decriminalisation of sex work. Their life stories highlight the significance of HIV projects dedicated to them (and other key populations), with health interventions which adopt a community focus and horizontal education between peers.

Prior to the HIV project, they engaged in high-risk behaviours to HIV, had no information around HIV prevention let alone access to preventative methods. As one of them says “I didn’t even care about this AIDS thing. I said: ‘Whoever wants to get it, will get it because they have already got it’”. The HIV program changes their lives. They were approached in the hotspot areas by other peer educators who educated them about HIV, condom use and convinced them to take an HIV test. “Then I started to change, because I already saw that condoms were the safest way to have sex.” says another sex worker.





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## Community Intervention on HIV Management: Education and Sensitisation, Linkage, Retention, and Re-Engagement in HIV Care the Case for Women and Girls in Challenging Environment of Bafut and Bamenda Health Districts in Cameroon

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**Introduction:** HIV prevalence remains high given the challenging operating environment caused by conflicts and displacements; poor access to health facilities, destroyed and burnt down facilities, health care workers kidnapped and killed, long queues for clients, less staff in health facilities, high turnaround time, inadequate follow up of clients, stigma and discrimination, high cost to access health care.

**Description:** Community organizations supports HIV care and management for people living with HIV (PLWH)

Referral and counter referrals from treatment center of some treatment experienced people living with HIV to HEDECS, management of other illnesses, linking clients to treatment center for treatment and follow up, provide continues follow up to stay on treatment, lost to follow up are brought into care. Internally displaced persons, female sex workers, non scholarised Adolescent Girls and Young Women are challenged in seeking health care and responding to people diagnosed with a mental health condition. Services provided across the spectrum includes personalized follow up, profiling for services adapted to PLWH need, adequate psychosocial/psychological support, drug adherence, nutritional counseling, routine screening for TB, weight monitoring, home dispensation, multi-months dispensation, testing campaigns at community, distribution of auto test kits, condoms, lubricants, provide syndromic screening and treatment of Sexually Transmissible

Infections with provision of test kits. Activities and follow up are done by Community health workers, peer mentors, online mobilisers, sites monitors, community relay agents of HEDECS

**Results obtained:** SEX WORKERS

# OF WOMEN SENSITISED ON HIV AND STIs= 574

# OF WOMEN TESTED = 501

# WHO RECEIVED SELF TESTING KITS = 120

# OF WOMEN DIAGNOSED POSITIVE = 14

# PLACED ON TREATMENT = 14

# FOLLOWED UP = 14

COMMUNITY DISPENSATION OF ARVs

# OF WOMEN THAT RECEIVE ARVs 25 - 49 years =

21, ≥ 50 years = 44

# OF WOMEN THAT RECEIVE ARVs AT THE CBO 25 -

49 years = 16, ≥ 50 years = 20

# OF WOMEN THAT RECEIVE ARVs THROUGH

HOME DISPENSATION 25 - 49 years = 4, ≥ 50 years

= 3

# OF ADHERANCE /PSYCHOSOCIAL SUPORT

PROVIDED 25 - 49 years = 21, ≥ 50 years = 20

**Lessons learned and recommendations:** PLWH are more comfortable with community management as it does not expose or tag them. Community engagement in HIV care and management is highly impactful as it increases testing, retention, adherence and improve health. STIs, TB and conflicts threatens eroding gains achieved, the integrated approach closely monitor for signs/symptoms, loss to follow up, referrals, education and sensitization and provision of self testing kits and counter referral. Persons infected or affected by HIV are put at the center of health care. Communities are more engaged and leading in health care of their peers

Increase funding for community engagement  
Underreported/Underrepresented/Understudied  
populations-specific HIV clinical services,  
community-based testing

Legal, human rights & protection

Community Youth drop-in centers that target  
Adolescent Girls and Young Women who are  
vulnerable or living with HIV.

Gender-based violence services that respond to  
the needs of Adolescent girls and young Women  
Community led monitoring led by communities



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## Enhancing The 3 Monthly Viral Load Bleeding Coverage Among Pregnant and Breastfeeding Women Living With HIV at TASO Entebbe-Uganda: AN ALL INCLUSIVE PROJECT

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**Background:** Globally, Prevention of Mother to Child Transmission of HIV/AIDS is one of the major 'taps' that need to be closed. In Uganda, over 18% of the new infections are through mother to child transmission, higher than the global rate at 11%. This calls for a closer viral load monitoring of mothers in this category, this informed the 3 monthly viral load monitoring in the new 2022 National HIV care guideline. On implementation at TASO Entebbe, the viral load coverage was 43% in the month of April 2023, which is way below expectation. The PMTCT team set up the "All Inclusive" project from May 2023 to September 2024 to boost the coverage.

**Intervention:** In May 2024, the team employed the 5 Whys technique, identified root causes of low viral load coverage among the pregnant and breastfeeding women. Lack of awareness among the staffs, support teams and clients were found to be a root cause. In response, the Pareto Principle to prioritize interventions was applied hence launching the "All Inclusive" project. To start, a Continuous Professional Development was conducted at a general staff meeting by the team in May 2023 where all health workers, counsellors, expert clients and support staffs were required to attend. The training covered the need for viral suppression in PMTCT clients, the need for closer monitoring, current HIV burden and emphasized the changes in the guidelines regarding viral load bleeding in PMTCT Cascade. One on one reminders of the teams during clinic days was done, answering any upcoming queries making them apt

to support clients. The Staff WhatsApp Forum was also used to answer general questions asked ensuring that all are equipped to provide guidance to clients regarding the viral load bleeding schedules. The Mentor mother and the PMTCT team additional gave constant and prompt reminders to the clients of their viral load bleeding schedules and dates during the daily health talks at the facility and at least 2 weeks before the exact date by phone calls.

**Results:** The project showed a substantial increase in the viral load coverage, from 43% April to 80.6% by end of June 2023 and thereon progressively increased to 93% in September 2024.

**Conclusion:** This intervention demonstrates effectiveness of a collaboration including even nonprofessionals in enhancing viral load coverage among PMTCT clients at TASO Entebbe and can be replicated in other settings and improving other indicators.



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## HIV Risk Perception and Risk Factors Among Adolescent Girls and Young Women at Risk of HIV Infection in Rural Settings in Uganda

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**Background:** In the Sub-Saharan Africa, an estimated 360,000 adolescent girls and young women (AGYW) between 15-24 years are infected with HIV annually which is about 44% higher than young men in the same age group. A clear understanding of the HIV risk perception among AGYW is crucial for laying risk reduction strategies and reducing HIV acquisition in this age group. We examined HIV risk perception among HIV high risk AGYW in rural Uganda.

**Methods:** We analyzed data from a cross sectional study which explored HIV incidence rates among AGYW using HIV recency tests. AGYW were recruited from health centres and high risk places (lodges, bars, restaurants, energy drinks producing companies, goldmines and fishing areas). HIV risk perception was assessed using a validated interviewer administered questionnaires which captured; frequency of HIV testing, thoughts of HIV infection, condom and PrEP use, number of sexual partners, alcohol and illicit drug use and new relationships. We evaluated factors associated with the outcome of interest (HIV infection and high risk perception) using Univariate, Bivariate and Logistic regression to calculate proportions and odds ratios.

**Results:** A total of 372 AGYW with a median age of 21, SD=3.3; IQR (19,23) were enrolled into the study. HIV prevalence from the high risk areas was 38%. The majority 78%, (n= 291) perceived themselves as being at risk of HIV infection. Only 2%(n=6/291) reported previous PrEP use. The circumstances reported to have made them think they may get HIV infected included; over a half, 61%, (n=178/291) reported being in a new relationship, 43%, (n=128) not using condoms

during sexual intercourse, 38%, (n=113) hearing that someone they know is living with HIV, 25%, (n=74) drinking alcohol, 24%, (n=72). Feeling that one's sexual partner is hiding something from them, 22%, (n=66) one's sexual partner being away from home, 18%, (n=53) learning that a sexual partner is HIV positive. Those who knew and were close to persons living with HIV perceived themselves at risk more than those who were not close to people living with HIV OR=3.56, P=0.02 CI(1.21,10.56). High risk perception was also influenced by education levels; those with Primary and post primary education more worried about contracting HIV than those with no education, OR=5.4, CI(1.3,22.6), P=0.02 and OR=6.0(1.4,25.6), P=0.02 respectively.

**Conclusion:** HIV risk perception among AGYW was highly influenced by education level and close proximity to persons living with HIV but behavioral aspects. Efforts targeting reducing HIV infections particularly among AGYW in rural settings including PrEP programs should aim improving awareness among young women about their HIV risk.



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## Programmatic Map for Transgender Health and Prevention Access in Conakry

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**Background:** In Guinea, transgender people are as vulnerable a subgroup as other key populations in terms of exposure to STIs/HIV/AIDS. Yet, transgender people are not considered in national data collection efforts or recognized by national governments as priority populations in their HIV responses. To remove this barrier, a mapping study of places frequented by transgender people in Conakry was carried out. This mapping is part of the capacity building and capitalization project for better HIV care in West Africa, led by the association *Fraternité Médicale Guinée (FMG)*, in partnership with *ENDA SANTE*. It took place over four (4) months, from December 2021 to March 2022, in collaboration with the *Trans Rainbow Guinea Transgender People's Association*. The objective of the study was to collect reliable data to inform and plan the provision of care and services for transgender people, in order to propose strategies for the efficient allocation of resources for the HIV response.

**Description:** A total of 69 sites have been identified. After triangulating the data, the overall number of transgender people in Conakry is 740. The results of this study show that 69.4% of respondents say they have already had multi-partner relationships, 61.3% do not systematically use condoms with regular partners and 58.1% do not use them with casual partners. 35.5% were verbally or physically abused, 32.3% by a uniformed officer, 58.1% said they had used stimulants, 64.5% experienced stigma and discrimination related to their gender identity and more than half felt excluded from family activities. The data from this study show the vulnerability of transgender people to the risks of STI/HIV/AIDS transmission and the many challenges they face. They only benefit from programmes designed with and for MSM, without taking into account the specificities of this population.

**Lessons Learned:** Accessibility to care services remains a challenge for transgender people. These are challenges in terms of prevention, care provision, the fight against discrimination, support for mental health and strengthening respect for human rights.

**Next Steps:** Those concerned draw the attention of those involved in the response to the need to improve access to prevention and care for transgender people, for example through the creation of a friendly community care centre, in order to contribute to the achievement of 3x95 by 2030.



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## Voices Unheard: Listening Sessions With Adolescents Women Living With HIV at Kapiyo and Kambajo Community in Bondo Sub County

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**Background:** Adolescent girls and young women (AGYW) in sub-Saharan Africa face high rates of HIV infection driven by socio-cultural, economic, and structural factors. In Kenya's Siaya County, particularly in Bondo Sub-County, HIV prevalence amongst adolescents and young women aged 15-24 is 4.5%, significantly higher than national averages of 1.2% for ages 15-19, and 3.2% for ages 20-24 (KDHS 2022). In Bondo, AGYW living with HIV contend with unique challenges that hinder their ability to access satisfactory healthcare services, including age and gender-related difficulty in expressing their needs and concerns to service providers leading, in turn, to unmet health needs and negative health outcomes. Listening Sessions have become an important feature of Nyimine Empowerment Community Based Organization (NYECBO) work to address issues raised by AGYW to duty bearers and to advocate for quality services for AGYW living with HIV.

**Methodology:** The Listening Sessions started in April 2023, with the aim to provide a platform for AGYW living with HIV to share their experiences and challenges accessing health services in Bondo sub-county. With support from Positive Vibes Trust, NYECBO brought together 200 AGYW living with HIV who access services from Kambajo and Kapiyo Dispensaries to reflect on the availability, affordability, accessibility, acceptability and accountability of services at each facility. The process created a safe space to encourage open dialogue amongst participants who described their interactions with healthcare providers and the challenges they face accessing care. The issues identified during the Sessions

led to immediate discussions with the management of the healthcare facilities.

**Results:** Listening Sessions revealed that many AGYW struggled to communicate dissatisfaction with services, especially when service providers and receptionist were not friendly; consequently, AGYW were not presenting for or completing services. Healthcare providers were often reluctant to engage with them meaningfully, leading to feelings of neglect. Shortages of ARVs restricted multi-month dispensing strategies, making services expensive to access for AGYW who needed to return frequently to refill drugs on a weekly/monthly basis.

Responding to feedback, facility managers initiated changes like changing receptionist, increased availability medications at reduced costs and to ensure staff was trained on youth-friendly service provision.

**Lesson Learnt:** The Listening Sessions underscored the importance of empowering voices within vulnerable populations. By facilitating these discussions, AGYW were able to articulate their needs directly, leading to actionable changes in healthcare delivery. This methodology demonstrated that when AGYW are given a platform to share their experiences, it not only enhances their agency but also fosters accountability among service providers.

**Conclusions:** The Sessions have proven to be a transformative platform for AGYW living with HIV in Bondo. By facilitating open dialogue on Sexual Reproductive Health at the facility, the Listening Sessions not only empowered AGYW living with HIV by giving them a voice but also catalyzed significant changes within healthcare facilities, fostering more supportive environment for vulnerable population. This shows the importance of incorporating the perspectives of AGYW living with HIV in health service planning and delivery ensuring that their unique needs are met contributing to better health outcomes and Service improvement.



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## Addressing Gaps in Access and Uptake of HIV and SRH Services Among Adolescent Girls and Young Women in Blantyre District in Malawi

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**Background:** Lack of access to prevention and Sexual and Reproductive Health services among Adolescent Girls and young women (AGYW) in Malawi increases the risk of HIV and other STIs as well as early and unplanned pregnancies. Pakachere is implementing LEAP activities in four high HIV burdened districts and in Blantyre district, LEAP is implementing DREAMS interventions among exploited girls and key population with support from PEPFAR through USAID. Uptake of HIV and SRH services among AGYWs is affected by several factors such as distance to facilities, attitude of health care workers towards AGYW, stock out of HIV and SRH commodities and stigma.

**Description:** Pakachere works with DREAMS Ambassadors and club facilitators to support DREAMS interventions among AGYWs in Blantyre district. Overall, there are 40 DREAMS clubs that are offering layered services and social building asset interventions. Pakachere LEAP health promoters support DREAMS Ambassadors to ensure quality and high impact interventions in the clubs. HIV and SRH services are offered in the clubs which are safe spaces for AGYWs by LEAP clinical teams every 2 months. This has addressed barriers to accessing HIV and SRH services among AGYWs as they are free and determined to prevent HIV and unplanned pregnancies. HIV and SRH services that are offered at club level includes: Risk reduction counselling, delivery of the My DREAMS My Choice tool kit sessions, HIV Testing, Family planning, Oral PrEP, STI screening and treatment, Condoms and lubricants distribution, Mental Health screening and referrals for further treatment, HIV Self-Test distribution for self and partner use including ART services. All generated data is captured in the DREAMS DHIS2 Data Base.

**Lessons Learnt:** There is a high demand for DREAMS interventions among exploited girls and key population. Since 2020, a total of 4,698 exploited and at high risk AGYWs have been enrolled in clubs and with access to HIV and SRH services. In 2024 alone, 783 at high risk AGYWs were enrolled in DREAMS clubs and 760 (97%) completed the DREAMS primary package of services. A total of 250 AGYW at substantial risk of HIV were enrolled on PrEP, 783 AGYWs were screened for STIs and 52 (7%) were diagnosed and treated for STI. 153 AGYWs were reached with Family planning education and services.

**Conclusion:** Taking services to AGYW club meeting venues (safe spaces) increases uptake of HIV prevention and SRH services. High demand for HIV and SRH services among AGYWs that are exploited and in high-risk sexual behaviours can be met by addressing access barriers. There is need for HCWs to innovate and provide person centred services to AGYWs. Tailored interventions including Peer led delivery of sessions has proven to enhance access and uptake of HIV prevention and SRH services among AGYW. There is need to strengthen contextual interventions targeting Adolescent boys and young men including Parents and gatekeepers.





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## Drug and Substance Misuse; A Public Health and Emerging Threat to HIV Prevention Efforts Among Adolescent Girls and Young Women – Lessons From Bulawayo City, Zimbabwe August 2024

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**Background:** Zimbabwe Health Interventions (ZHI) is implementing the Determined, Resilient, Empowered, AIDS free, Mentored and Safe (DREAMS) program whose goal is to reduce new HIV infections among adolescent girls and young women (AGYW) by 2026 in 11 high HIV burdened districts of Zimbabwe, including Bulawayo. There is an increasing challenge of drug and substance use in Zimbabwe among the youths resulting in the government developing a Drug and Substance Abuse Plan. Program data showed an increasing number of AGYW who misusing drugs and substance, resulting in them engaging in risky sexual behaviors that exposes to HIV infections.

**Description:** The DREAMS program is being implemented in Bulawayo among other districts from 2020 to 2026, focusing on HIV and violence prevention among adolescent girls' young women aged 15-19 years. The program uses an eligibility criterion to identify and enroll AGYW. The identified vulnerabilities will be used to refer AGYW to get need-based services from service providers. This research seeks to find out the extent to which drug and substance misuse contribute to risky behaviors among AGYW aged 15-19 years. Data was extracted from the program client information repository, DHIS2.

**Lessons learnt:** Data for 7,868 AGYW aged 15-19 years were analyzed of which 16.1% (1,265/7,868) reported misusing drugs and alcohol. Those who misused drugs and alcohol, 42% (540/1265) reported to have irregularly used condoms. Furthermore, 17% (212/1265) of those that are misusing drugs and alcohol reported to have symptoms of sexually transmitted infections. It is noted that AGYW who are misusing drugs and alcohol are more likely engage in risky sexual behavior.

**Conclusions/next steps:** AGYW who use drugs and alcohol were more likely to have risky sexual behavior. We recommend multidisciplinary interventions to make awareness on the dangers of drug and substance misuse in HIV prevention and mental health.





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## Assessing the Effectiveness of Community Health Initiatives in improving Retention in Care among Pregnant and Breastfeeding Women Living with HIV (PFWLHIV) attending Prevention of Mother to Child Transmission (PMTCT) Clinic in Mutumba HCIII, Namayingo District, Uganda.

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**Background:** Retention in HIV care for pregnant and breastfeeding women is a significant Public Health concern in Sub Saharan Africa (SSA). SSA accounts for 82% of the global burden of vertical HIV transmission. However; in October-December 2023 Quarter, Mutumba HCIII had 67%, 67% and 50% for 6months, 12months and 24months Retention respectively among PFWLHIV which is below the intended target of 100% Retention in Care. This poor Retention in care was attributed to the social behavioural factors such as stigma and discrimination, Transportation challenges due to the remoteness and island nature of the district, and Structural barriers such as long waiting time, which are major factors hindering the successful implementation of PMTCT programs at Mutumba HCIII.

**Objective:** To improve Retention in care among PFWLHIV in Mutumba HCIII, Namayingo District from 67% to 100% for 6 months Retention, 67% to 100% for 12months Retention and 50% to 100% for 24 months Retention.

**Methodology:** Mutumba HCIII Health Team, together with Namayingo District Health Team and USAID-LPHS-EC (MJAP) conducted a Root Cause Analysis with a problem tree analysis, 5whys technique and objective tree analysis. Causes of

the problem and possible strategies were identified, a plan was developed and implemented. The team implemented the following strategies:

1. Awareness raising through provision of Information, Education and Communication materials.
2. Utilising Family, Facility and Community structures like Treatment supporters, Mentor mothers, Peers, Community Health Workers, local leaders and religious leaders among others in advocating for rights, conducting home visits, tracking and tracing, and mobilizing and extending PMTCT services to community through mobile PMTCT Clinics.
3. Providing positive, age and gender appropriate information to address stigma among PFWLHIV.
4. Capacity building of the implementing team through Quality improvement sessions and Continuous medical Education (CME).

One year data was extracted on a quarterly basis from Uganda's National database, District Health Information System (DHIS2), analysis was made for a period of October-December 2023 Quarter to July-September 2024 Quarter.

**Results:** There was a significant increase of Retention in care from 67%, 67%, and 50% to 100%, 100%, and 100% for 6months, 12months and 24months Retention in care respectively across different quarters from October 2023 to September 2024.

**Conclusion:** A positive correlation between the Community Health Initiatives and Retention in care among PFWLHIV was cited indicating the effectiveness of community health initiatives in improving Retention rates among PFWLHIV, which attributes to the improved optimal patient outcomes such as Adherence to ART, Viral load suppression, and improved well-being, thus prevention of disease progression.



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## Leveraging a Community-Based Model to Improve Gender Based Violence (GBV) Identification Among Adolescent Girls and Young Women in Nairobi and Kajiado Counties, Kenya

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**Background:** The United States Agency for International Development (USAID) annual target for gender-based violence (GBV) identification in Nairobi and Kajiado Counties is 27,499 survivors of the different forms of GBV. The Fahari ya Jamii project fell below this target in FY2022 but improved remarkably in FY2023 and FY2024. The greatest gap noted was the lack of awareness in the community on the different forms of GBV and the normalization of violence especially among the key populations served by this USAID project: Female sex workers, Men who have sex with men, and Transgender. Initially, the project concentrated on health facilities' walk-in clients limiting the catchment area for GBV survivors. From April 2023, the project engaged sub-awardees to support the GBV component at the community level to create awareness, screen, identify, and link eligible clients to nearby health facilities.

**Methods:** Community Health Promoters were identified using County government criteria, and trained on the "SASA" Model; a community-based GBV model meaning Start Awareness, Support Action. They implemented a stepped wedge mobilization and sensitization starting with community gatekeepers - chiefs, men, boda boda riders' chairpersons, religious leaders, and women's groups' chairpersons to break community oppressive structures. The gatekeepers were then used to cascade these key GBV messages in the community in well-structured community dialogues and Focus Group Discussions

that allowed in-depth discussions, questioning, and soliciting of answers from the participants. The 'SASA' champions acted as session moderators toward desired outcomes, did the one-on-one screening, identification, and empathetic escorts to health facilities for those eligible. The survivors at the facility were received by well-sensitized healthcare workers who offered them the necessary interventions. The community gatekeepers are people who are well respected in the community and some of them have national administration authority which enables smooth penetration into the different communities and sub-populations.

**Findings/Results:** Overall GBV identification increased from 24,035 in FY2022 to 38,568 cases in FY2023, a 60% improvement ( $p < 0.05$ ), and to 51,240 survivors in FY2024, a 113% improvement ( $p < 0.05$ ). Nairobi County contributed 74% of the FY2024 achievement while Kajiado County's contribution was 26%. The proportion of women in this identification also grew from 73% to 78% and to 86% in the respective years. In particular and of great interest are the adolescent girls and young women (AGYWs) who were reached through this initiative. The AGYWs contributed 25% of all the women identified in FY22, 28% in FY23, and 30% in FY24. Of the total survivors identified in Nairobi County, 26% of them were AGYWs while in Kajiado County, the AGYW proportion identified was 31%.

**Conclusion:** These achievements point to well-empowered women who have a clear understanding of what GBV is, what help is available, and where it can be sought without fear or stigma. Our intervention was effective in improving GBV identification among AGYWs and in the general population. This model can be implemented in similar contexts.



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## Postpartum Modern Family Planning among HIV-seropositive Women Attending Care at Health Facilities in Busia County, Kenya

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**Background:** Postpartum family planning (PPFP) is essential for optimal pregnancy timing and reducing maternal and child health risks. For HIV-seropositive women, preventing untimed pregnancies in the first 12 months postpartum can reduce vertical transmission and associated mortality, easing the burden on healthcare systems. This underscores the importance of family planning as a second prong of PMTCT (prevention of mother transmission) to prevent unintended pregnancies among women living with HIV. In Busia County, Kenya, with a high HIV incidence (5%) and a mother-to-child transmission rate of 10.9%, the uptake of modern family planning (FP) methods during the first 12 months after childbirth remains low at 56% among women aged 15-49 years. The unmet family planning needs at 18.6% and 78% of the pregnancies among HIV-seropositive women are unplanned. This study aimed to assess the health system factors influencing the uptake of Postpartum (PP) modern FP methods among HIV-seropositive women in Busia County.

**Methods:** A retrospective study involving 311 HIV-seropositive women with children aged 12-24 months was conducted. Participants were selected from various Maternal and Child Health outpatient clinics in Busia County through systematic random sampling. Additionally, 14 health providers were purposively sampled for key informant insights. Quantitative data was collected using a pretested questionnaire, while qualitative data was gathered through key informant interviews (KIIs). Quantitative data was analyzed using STATA 15 with descriptive statistics, logistic regression, and

Chi-square tests, while thematic induction was used for qualitative data.

**Results:** The study achieved a 100% response rate. Participants had a mean age of 32.04 years, with 51.1% aged between 25-34 years. Most were married (74.6%), unemployed (77.5%), and had primary education (56.6%). The study found that 73.3% had used PP modern FP methods, but only 53.1% reported consistent use throughout the first 12 months postpartum. Higher odds of FP method uptake were observed among women informed about all FP methods (aOR 2.33, p=0.012). Consistent use was hindered by persistent stock-outs and inadequate counseling.

**Conclusion:** The study identified gaps in the consistent use of PP modern FP methods among HIV-seropositive women in Busia County, influenced by the availability of FP information and health system factors. Addressing stock-outs and enhancing counseling during clinic visits and pregnancy are crucial for improving FP service delivery and reducing maternal and child health risks in high HIV-incidence areas like Busia County.



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## Silver Nanoparticles Capped with *Sutherlandia Frutescens* Showed Anti-HIV and Antibacterial Activity and Non-Cytotoxicity in Different Human Cell Lines.

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**Background:** Human Immunodeficiency Virus (HIV) remains a significant global health challenge. The development of antiretroviral therapy has reduced the burden on people living with HIV; however, the development of drug resistance, toxicity and inability to eradicate the virus from the reservoirs is still a concern. Despite advancements in antiretroviral therapy, it is still important to discover new antiviral targets that could develop more effective, cost-efficient, and well-tolerated treatment alternatives. *Sutherlandia frutescens* is a popular medicinal herb widely consumed by people living with HIV-1. This study focused on the cytotoxic effects of green-synthesized silver nanoparticles capped with *Sutherlandia frutescens* on human cell lines and their potential to inhibit HIV replication.

**Methods:** Silver nanoparticles were synthesized using a plant extract of *Sutherlandia frutescens*. The morphological, structural, and functional properties of the synthesized nanoparticles were characterized by ultraviolet-visible spectroscopy, scanning electron microscopy (SEM), transmission electron microscopy (TEM), X-ray diffraction (XRD), and Fourier transform infrared (FTIR) spectroscopy. Cytotoxicity and cell viability of the *Sutherlandia frutescens*-capped AgNPs (SF-AgNPs), *Sutherlandia frutescens* plant extract, and silver nanoparticles (chemically synthesized) were assessed using the 3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide (MTT) assay across multiple human cell lines (Astrocytes, HepG2, 293T and TZM-bl). The antiviral activity of the SF-AgNPs

was evaluated using a luciferase assay on HIV-1 infected cells. The minimal inhibitory concentration (MIC) of SF-AgNP was determined against *Staphylococcus aureus* and *Staphylococcus epidermidis*.

**Results:** The synthesized silver nanoparticles exhibited a round and spherical shape with an average size of 24nm (TEM) with an absorbance peak at 520 nm (UV-Vis). The biosynthesized silver nanoparticles were surface stabilized by polyphenolic compounds (FTIR). SF-AgNPs maintained more than 80% of cell viability across the TZM-bl, 293T, HepG2 cell line except for astrocytes, with 63.9%. SF-AgNPs demonstrated low cytotoxicity with CC50 of 10.94 µg/ml (TZM-bl), 1.476 µg/ml (293T), 0.0793 µg/ml (Astrocytes), 0.07179 µg/ml (HepG2). The SF-AgNPs exhibited 100% inhibition of HIV-1 at the highest concentration tested (972 µg/ml) in vitro with an IC50 of 0.2142 µg/mL. The SF-AgNPs exhibited effective activity against *Staphylococcus epidermidis* (MIC = 7.59 µg/mL) and *Staphylococcus aureus* (MIC = 15.18 µg/mL).

**Discussion and Conclusion:** Silver nanoparticles capped with *Sutherlandia frutescens* showed potent antiviral activity against HIV owing to the phytochemicals present in the *Sutherlandia frutescens*. These nanoparticles were also potent against gram-positive bacteria *Staphylococcus aureus* and *Staphylococcus epidermidis*. The findings indicate that integrating bioactive compounds from *Sutherlandia frutescens* into silver nanoparticles presented a promising therapeutic strategy for HIV treatment as it exhibited significant, dose-dependent antiviral activity against HIV-1. Therefore, it demonstrates potential as an effective alternative to current antiretroviral therapies.



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## Improving Viral Load Suppression Among Children Living with HIV Through Women Involvement in Village Savings and Loans Associations in Northern Uganda.

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**Background:** Village Savings and Loans Associations (VSLA) are self-managed groups that operate using funds collected internally by members. Members in VSLA save money, access affordable loans and have the opportunity to benefit from welfare fund to help respond to emergencies in their households. Group members often access loans to cover expenses such as school fees, food and medical bills including transport to health facilities. Some members get loans to invest in long term enterprises that can enable them get monthly income to address long term expenses.

**Methodology:** Youth Alive Uganda with support from USAID under the OVC North West Activity implements the Economic Strengthening approach in 12 districts and 2 cities. 3488(3004F:484M) eligible caregivers enrolled on program were trained on VSLA methodology, Financial Literacy and SPM by the Community Based Trainer (CBT). These trainings were weekly and follow a chronological order. Selection Planning and Management is the last session upon which members are expected to select a suitable Income Generating Activity (IGA), plan to launch and manage it effectively. Weekly and monthly earnings from the IGA by the members are tracked by the CBT. Also, monthly monitoring of the IGA and mentorship to the members is done to ensure proper records on transactions are made. Lack of economic stability at house hold is a known barrier to consistent treatment adherence and viral load suppression and so by involving women caregivers in IGAs, the program sought to address this gap. The CBTs provided ongoing mentorship and monthly monitoring of IGAs, emphasizing the use of income from the IGAs to improve nutrition and

reduce barriers to accessing HIV care for children in their households.

**Results:** 215 women living with HIV who started IGA were tracked. Their IGA were in the category of grocery retail shops, market vending, liquid soap making and produce dealing. Minimum weekly earnings per woman were 7,000Ugx and maximum 80,000Ugx. 97% (209/215) caregivers have reported suppressed Viral Load. 95% (200/210) of children living with HIV in these households reported suppressed viral load, of which 97% (127/200) are girls. We observed an increase in suppression among the children living with HIV whose mothers are involved in IGA from 64% to 95%.

**Way forward:** The OVC North West Activity will continue to encourage women on program to get engaged in IGAs for them to attain economic security and empowerment in their households to enhance better health outcomes for their children living with HIV.



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## Breaking Barriers: Understanding the Uptake Challenges of PMTCT Services in Nigeria

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**Background:** The Prevention of Mother-to-Child Transmission (PMTCT) of HIV remains one of Nigeria's most pressing public health challenges. As Africa's most populous nation, Nigeria faces unique obstacles in implementing effective PMTCT programs largely due to its diverse socio-cultural landscape and complex healthcare environment. The successful delivery and utilization of PMTCT services are impacted by various interconnected barriers, including structural limitations, socio-cultural factors, economic constraints, and individual circumstances. Understanding these multifaceted challenges is crucial for developing effective interventions and improving service uptake across the country.

**Methodology:** This study employed a cross-sectional design using both qualitative and quantitative approaches. Qualitative data was obtained by conducting key informant interviews of every aspect of ANC and PMTCT services including providers and client factors and quantitative data was obtained through focus group discussion. The research was conducted across 13(Thirteen) states: Katsina, Sokoto, Delta, Lagos, Rivers, Taraba, Jigawa, Plateau, Bauchi, Borno, Nasarawa, Kebbi and FCT, chosen based on high priority mapped state from PMTCT scale-up plan.

**Result:** The study identified several major factors affecting PMTCT service uptake. Lack of awareness (22%), lack of funds (19%) stigma (17%) lack of transportation (14%) and cultural beliefs (8%) were identified as the major factors affecting the uptake of PMTCT services. Some clients interviewed further collaborated these findings as barriers to the uptake of services. Other factors identified as affecting the uptake of PMTCT services include staff shortage, insecurity, lack of services, and poor infrastructure (21%). These findings were further validated through client interviews, which

corroborated these barriers as significant obstacles to accessing PMTCT services.

**Conclusion:** It is clear that socio-economic factors plays a pivotal role in the uptake of PMTCT services across the states in Nigeria. It is therefore recommended, that, to improve the uptake of PMTCT services in Nigeria, government should Eliminate all forms of payment during ANC for pregnant women, Intensify sensitization efforts for both ANC and PMTCT services through traditional and new media, implement incentive programs to encourage pregnant women to attend antenatal care and deliver at government facilities.





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## Patterns of Sexual Debut and Condom Use Among Female Sex Workers in Nigeria: Insights from the 2020 IBBSS

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**Background:** The high prevalence of HIV among key populations, including Female Sex Workers (FSW), has made it essential to understand sexual health behaviours in Nigeria. Sexual debut and condom use are critical factors influencing HIV transmission rates. Early sexual debut can lead to increased exposure to risky sexual practices, while inconsistent condom use elevates the risk of sexually transmitted infections (STIs), including HIV. The 2020 Integrated Biological and Behavioural Surveillance Survey (IBBSS) provides insights into these behaviours, contributing to targeted intervention strategies for FSW in Nigeria.

**Methodology:** The 2020 IBBSS employed a cross-sectional survey design, targeting key populations, including FSW, across various states in Nigeria. Data were collected through structured interviews and biological testing. The survey explored variables such as age of sexual debut, frequency of condom use with clients and non-paying partners, and HIV prevalence. FSW were recruited using time-location sampling, and the data were analysed to identify correlations between early sexual debut, condom use patterns, and health outcomes, particularly in relation to HIV and STI risk.

**Results:** The findings from this study shows that one third of FSW started sex work before the age of 19. Of the 4,974 FSW respondents, 86% had never heard of a female condom, yet among these. Female Condom ever used remains low across all the states studied in this IBBSS. HIV prevalence among FSW remained high, with 15.5% of respondents testing positive. There was a notable association between early sexual debut and inconsistent condom use, indicating an elevated risk for HIV and other STIs in those who initiated sexual activity at a younger age.

**Conclusion:** The patterns of early sexual debut and inconsistent condom use among Nigerian FSW underscore a critical need for targeted sexual health interventions. The high HIV prevalence, coupled with low awareness and utilization of female condoms, highlights gaps in current prevention strategies. These findings suggest that age-appropriate, accessible educational programs promoting safe sex practices, alongside improved access to female condoms, could reduce the risk of HIV and STIs among FSW. Future interventions should consider these behavioural insights to enhance the effectiveness of HIV prevention efforts and to support the sexual health and well-being of FSW in Nigeria.



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## Determination of HIV Co-receptor Tropism Among Patients Failing HAART at Joint Clinical Research Centre Uganda

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**Background:** HIV/AIDS control in Uganda and globally is increasingly challenged by drug resistance, leading to treatment failures, which limits available treatment options for people living with HIV (PLHIV). Maraviroc (MVC), a CCR5 antagonist, offers potential as an alternative therapy but is only effective against R5-tropic HIV. Despite studies showing the abundance of R5-tropic HIV in early-stage infections in Africa, MVC remains underutilized.

**Methods:** This study assessed HIV co-receptor tropism in patients failing HAART to evaluate MVC's potential as a salvage therapy or first-line treatment in Uganda. Using 85 plasma samples from HAART-failing patients, viral RNA was extracted, and the C2V3 region of the Env gene was sequenced to predict co-receptor usage.

**Results:** This study revealed that 71.8% of patients had R5-tropic HIV, indicating eligibility for MVC treatment. R5 tropism was dominant across all subtypes, with subtype C showing the highest rate of dual tropism (40%).

**Conclusion:** The study concluded that therapy duration, rather than viral load or treatment line, was a more significant factor influencing tropism status.



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## Anti-HIV Properties of *Penicillium chrysogenum* Crude Extracts Against HIV-1 Subtypes

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**Background:** Despite extensive global efforts to address the HIV pandemic, the virus remains a major public health challenge. While antiretroviral therapy has significantly improved the management of HIV, transforming AIDS into a chronic, manageable condition, issues such as drug resistance, viral reservoirs, and drug toxicity continue to hinder progress toward a cure. As a result, there is a pressing need for the development of new anti-HIV drugs that offer enhanced resistance profiles, reduced toxicity, or target novel mechanisms for viral eradication. This study aims to explore the anti-HIV activity of *Penicillium chrysogenum* crude extracts.

**Materials and Methods:** *Penicillium chrysogenum* P03MB2 was initially cultured on R-agar plates at 24°C in darkness for five days, followed by growth in Erlenmeyer flasks containing rice media, malt extract broth, and oat media for 14 days at 24°C. The crude extracts were obtained by adding ethyl acetate to the media, shaking overnight at 150 rpm, separating the organic layer, and evaporating the solvent. The resulting solid extract was resuspended in a water-methanol mixture and partially purified using solid-phase extraction (SPE) with MAX and MCX cartridges to remove lipids. The fractions were eluted with a methanol gradient (45%, 95%), dried, and stored at -20°C after being diluted to 300 µg/mL. Cytotoxicity and cell viability of the crude extracts were assessed in TZM-bl cells using the MTT assay, while antiviral activity was evaluated using a luciferase-based assay following the generation of infectious virus by co-transfecting GXR T-cells with delta gag-pro NL4-3 plasmid DNA and PIDs SK301 and SK295 gag-pro genes.

**Results and discussion:** The cytotoxicity of crude extracts was assessed by determining the CC50 values, with 95% MCX Oats exhibiting the lowest CC50 of 0.01538 µg/mL, indicating minimal cytotoxicity. The CC50 values for the other extracts were 0.6639 µg/mL for 45% MCX Oats, 0.0003416 µg/mL for 95% MAX Oats, and 4.359 µg/mL for 45% MAX Oats. AZT had a CC50 of 5.329 µg/mL. In the antiviral assay, 95% MCX Oats demonstrated the strongest antiviral activity, with the lowest IC50 value of 0.0001169 µg/mL, comparable to AZT (IC50 = 0.002407 µg/mL). In contrast, the 95% MAX Oats exhibited negligible antiviral activity with an extremely high IC50 of 3.843e+015 µg/mL, while 45% MAX Oats showed limited antiviral activity with an IC50 of 0.7063 µg/mL. These results indicate that the 95% MCX Oats extract is the most promising candidate for further antiviral development, offering strong antiviral potential with minimal cytotoxicity.

**Conclusion:** the findings of this study underscore the potential of *Penicillium chrysogenum* extracts, particularly the MCX Oats fractions, as effective candidates for the development of novel anti-HIV therapies. The promising antiviral activity, coupled with relatively low cytotoxicity, suggests that these extracts could be further explored for their ability to target HIV-1. Future research should focus on optimizing these extracts and elucidating their mechanisms of action to enhance their therapeutic potential.



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## Menopause and HIV: The Complex Intersection of Aging, Hormones, and Treatment

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As people with HIV continue to live longer thanks to improved treatment and care, the complex interplay of menopause and HIV is becoming an increasingly important topic for research and clinical care. Menopause and aging have significant impacts on hormonal changes, metabolic disturbances, and changes in body composition that can affect HIV treatment and outcomes. This research explores the intersection of menopause and HIV, and examines the clinical and social implications of this complex interaction.

Women living with HIV experience menopause at a younger age than their HIV-negative counterparts, due to factors such as HIV-related inflammation and changes in the immune system. The interactions between menopause and HIV can also affect the health of women in other ways, such as increased risk for osteoporosis, cardiovascular disease, and cognitive impairment.

Treatment of menopausal symptoms in women with HIV can be complicated by interactions with antiretroviral medications and potential for drug-related adverse events.

The impact of menopause on the efficacy and safety of antiretroviral drugs is an important area of research. For example, studies have shown that the effects of some antiretroviral drugs, such as protease inhibitors, may be amplified or attenuated during menopause due to changes in hormonal levels and body composition. This can affect drug metabolism, absorption, and clearance, which in turn can impact drug efficacy and side effects.

In addition, menopause can affect the efficacy of hormone replacement therapy (HRT) for HIV-positive women.

Hormone replacement therapy is commonly used to alleviate symptoms associated with menopause, such as hot flashes and vaginal dryness. However, in HIV-positive women, HRT can have a complex interaction with antiretroviral therapy. Studies have shown that HRT may increase plasma

concentrations of certain antiretroviral drugs, leading to higher drug exposure and potentially greater toxicity.

HIV-positive women may also experience specific menopausal symptoms, such as night sweats and fatigue, which can affect their quality of life and adherence to antiretroviral therapy.

Treatment of menopausal symptoms in HIV-positive women requires a holistic approach that takes into account the complex interactions between menopause, antiretroviral therapy, and co-morbidities such as osteoporosis, cardiovascular disease, and cognitive impairment. Non-hormonal treatments for menopausal symptoms, such as selective serotonin reuptake inhibitors (SSRIs) and phytoestrogens, may be more suitable for HIV-positive women. Exercise, diet, and lifestyle modifications can also be effective in managing menopausal symptoms and improving overall health and well-being in HIV-positive women.

In conclusion, menopause and HIV form a complex intersection of biological, social, and cultural factors that can significantly impact health outcomes for women with HIV.

Addressing the needs of HIV-positive women during menopause requires a multidisciplinary approach that combines biomedical, social, and cultural interventions.

Further research and advocacy are needed to raise awareness of the unique health needs of HIV-positive women during menopause, and to develop effective strategies for promoting health and well-being in this population.



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## Non-Communicable Diseases: Contributing to High Mortality and Cause of Death Among People Living with HIV.

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**Background:** People Living with HIV (PLHIV) continue to have high mortality rates despite major advances in care and treatment, which poses a continuous public health problem. Antiretroviral therapy (ART) has significantly extended life expectancy, yet the death rate for people living with HIV remains higher. To address health needs and lower mortality rates among PLHIV, it is essential to comprehend the underlying mortality patterns and causes of death within this population.

**Objectives:** This study aims to provide insights into mortality surveillance data collection, analysis, and interpretation of health data, essential to the planning, implementing, and evaluating public health practice for program interventions to detect and respond to epidemic control.

**Methods:** In Nigeria, the mortality surveillance program is targeted at people living with HIV on ART. The 2016 World Health Organization Verbal Autopsy (VA) instrument was administered to 6,851 eligible and consenting primary caregivers/witnesses who were with the deceased in the period leading to death. Smart VA-Analyze analyzed outputs from the VA instruments to generate the cause of death based on the International Classification of Diseases Standards (Version 10). A descriptive analysis was conducted of the assigned cause of death, disaggregated by sex, age, and demographic locations.

**Result:** The study identified the cause of death among PLHIV with a total of 6,851 verbal autopsies conducted from August 2021 to February 2024, comprising 3,757 (54.8%) females and 3,094 (45.2%) males. AIDS being the leading cause of death contributed to 2,437 (35.6%) and non-communicable diseases 3,567 (52.1%) along with the undetermined cause of death 762 (11.1%).

**Conclusion:** This work emphasizes how crucial it is to continue monitoring and analyzing the cause of death trends among people living with HIV for HIV epidemic control and implementing fit-for-purpose interventions to prevent avoidable deaths, especially on non-infectious diseases contributing to deaths among PLHIV. In the end, these initiatives hope to raise the standard of care and support for HIV-positive individuals by improving outcomes and lowering mortality rates among PLHIV.



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## Impact of Civil Society and Community Work on Demand Creation and Monitoring of TB Services

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One of the crucial factors that ensured efficiency and effectiveness in the interventions of the project was that of COWLHA who have engaged the already existing structures namely support groups. The support groups exist independently without being attached to a project. As such, COWLHA did not have to labor mobilize communities as identified expert clients for the project. COWLHA used its support group members to implement the project and there is a sustainability element attached to this style. The support group members are motivated as they already work as volunteers. As such, they have travelled in various communities conducting awareness campaigns and this has resulted into demand creation for 3HP and demand for TB services in health facilities surrounding the communities where the awareness campaigns took place.

Community members were trained in CLM basics in order to collect data for advocacy  
Linkage with health facilities: COWLHA linked the expert clients with the health facilities. The linkage started with the training of the expert clients as the health care providers from the facilities were involved as facilitators. This enabled the expert clients to work smoothly with the health care providers in the facilities especially on issues of referral. Expert clients are requested to provide health education at outpatients departments as well as create demand at community level during community mobilization.

Linkage with other civil society organizations working on TB issues: COWLHA conducted corroboration meeting with civil society organizations that work on TB issues. As such, linkage has also been established with civil society organizations that provide TB clinical services. For instance in Mangochi, Baylor has got service providers in selected health facilities but does not conduct community demand creation hence

working with COWLHA support groups for community activities. The corroboration helped COWLHA to refer clients to Baylor service providers.

As CSOs representing communities, COWLHA utilized these opportunities to raise awareness and engagement with various stakeholders at national and international levels:

Engaged in the Revision of policies and guidelines of the clinical management of HIV by indicating 3HP as a choice for TPT

Multi sectoral networking and advocacy- NTP/DHA/TB CSO network/CSAF- participated in National TWGs

Participated in the PEPFAR COP and GF processes to support inclusion of TPT and the scale up TPT/3HP to all districts

Included TPT/TB indicators in the CLM for proper follow up

Inclusion of TB during the development of the Integration of HIV/TB/SRHR services strategy

Worked with the media to increase the scope

Inclusion of Parliamentarians – funding allocation

**Lessons Learnt:** Communities members (support groups) are a great capital regarding advocacy and demand creation. Working with communities in advocacy is very powerful regarding exerting pressure and influence on policy makers and Government in general.

Community involvement and working with people affected with the disease is an effective way to treatment retention and support. (Peer to Peer support)

Working with women is a game changer as they reach out to a greater number in their families as well as in the community





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## The Use of Community System Strengthening in Prevention of HIV

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**Background:** Community health in Kenya, particularly concerning women, is a crucial determinant of the country's overall health status. Women in Kenya face unique health challenges, including high rates of maternal mortality, limited access to reproductive health services, and a growing burden of communicable diseases. This study, conducted by the Bar Hostess Empowerment and Support Program, aims to highlight the current state of women's health in Kenya, using both quantitative and qualitative data to provide a comprehensive overview.

**Research Method:** This research utilized a mixed-method approach, combining detailed questionnaires and in-depth interviews to collect data from women across various demographics in Kenya. The questionnaires captured quantitative data on health indicators such as maternal health, access to healthcare services, access to condoms and sterile syringes and prevalence of diseases, while the interviews offered qualitative insights into the personal experiences and health challenges faced by these women.

**Findings:** The research revealed significant health disparities among women in Kenya. The study found that only 58% of women have access to skilled birth attendants during delivery. Additionally, 24% of women reported limited access to contraceptives, contributing to high rates of unintended pregnancies. Communicable diseases, such as Tuberculosis, viral Hepatitis, HIV/AIDS and sexually transmitted infections are on the rise, with 18% of women aged 30-49 affected, highlighting the need for improved health services. Our organization offered prep support groups on those who are on PREP. We also have support groups of people living with HIV. These groups however are sub divided into two categories that is women who abuse or inject drugs and female sex workers each typology has their own meetings for both PLHIV and those on

prep. In Nairobi however there is introduction of the dapivirine ring due to complain of pill burden in the taking of prep.

**Conclusion:** The findings underscore the urgent need for targeted health interventions and policy reforms to address the unique health needs of women in Kenya. Enhancing access to reproductive health services and generally improving maternal health care are critical steps. The Bar Hostess Empowerment and Support Program calls for a collaborative approach involving healthcare providers, policymakers, and community organizations to create a supportive environment for women's health and well-being in Kenya.



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## Integration of Microfinancing in Psychosocial Support Groups to Improve Patient Outcomes Among Women Living with HIV at Busia County Referral Hospital, Busia County, Kenya

Zeph L<sup>1</sup><sup>1</sup>Usaid Dumisha Afya, Busia, Kenya

**Background:** Busia County Referral Hospital is a level 4 health care facility in Busia County with an HIV treatment cohort of 6,610 as at August 2024 with women accounting for 67%. Regarding the treatment outcomes and the high numbers of women within the cohort, the facility experienced high numbers of unsuppressed clients of whom 66% were female clients. Additionally, 65.2% (20 out of the 32 IITs) of the clients experiencing an interruption in treatment were females, 37 of whom were either widows or single mothers. On client return surveys, 48% of the interruptions in treatment indicated that the reason for the interruption in treatment was the cost of travel and the fact that the women had to depend on their spouses for the transport costs, which further made them more vulnerable to Gender-Based Violence (GBV).

**Methods:** To increase financial stability among women, a Psychosocial Support Group (PSSG) comprising 37 women (30 widows, and 7 single mothers) was identified and consent made to microfinancing integration in January 2023 through peer-to-peer mobilization and health talks. Training was done in micro-financing that focused on returning with interest. Other integrated health talks included health education on PHDP messaging, stigma reduction, drug distributions, reproductive health services, HIV prevention services awareness creation. The microfinancing activities carried out in the group included table banking activities, merry-go-round activities, making of liquid soap and borrowing from monthly contributions and returning with interest. The group also invested in Agro-business through chicken farming and pig rearing. The

group continues to do rotational meetings and has developed a temporary policy on individual contributions, banking mechanisms, leadership, resources of finance, and resource generation systems.

**Results:** Out of the 37 members enrolled in the group, 36 (100%) have constantly kept their clinic appointments in the past one year, 100% retention rate on HIV care and treatment, and 100% viral load suppression as compared to 100% appointment keeping, 100% retention rate and 100% viral suppression rate 9 months prior.

**Lesson Learnt:** Integration of microfinance in psychosocial support groups showed improved adherence, retention, and viral suppression, following participation in microfinance interventions—overall supporting microfinance's positive role in improving HIV treatment outcomes.



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## Acceptability of Cervical Cancer Prompt Treatment of Intraepithelial Neoplasm and Outcome Among Women of Reproductive Age of Recipients of Care at Busia County Referral Hospital

Zeph L<sup>1</sup><sup>1</sup>Usaid Dumisha Afya, Busia, Kenya

**Background:** Cervical cancer is the most common cancer affecting women in low and middle income countries, second most preventable in Kenya with a prevalence of 42,000 cases and 27,000 mortalities. Cervical intraepithelial neoplasm (CIN) is a precursor to cervical cancer, a significant issue among recipients of care. Timely Screening and effective treatment of positive lesions is crucial for prevention of progression of infection and improving overall health outcomes. Thermocoagulation is a procedure and has been adopted for treatment of precancerous lesions. A continuous quality improvement aims to evaluate uptake of cervical cancer screening, effectiveness of thermocoagulation treatment and the outcome after 6 months post treatment.

**Methods:** The continuous quality improvement that was conducted among women living with HIV who were screened for cervical cancer and diagnosed with positive lesion between the months of August 2022 to July 2024. The data was collected on the time from screening (3210) diagnosis (135) treatment (115) the treatment method received (thermocoagulation) and outcome.

**Interventions and strategies:** Daily health education on cervical cancer screening, referral from all service delivery points, one on one health education with the client, counselling on the result and treatment to be offered, skilled personnel who offer screening and able to collect cervical punch biopsy for suspicious cases for further diagnosis and management, availability of thermocoagulation and LEEP treatment machine, same day treatment for clients with positive

lesion, collection of sample for the suspicious cases the same day they are screened and immediate follow up once the biopsy results are out for prompt intervention by offering required treatment as per the results.

**Results:** During the period Aug 2022 –July 2023 screened 1439, positive lesions 88, treatment 70(missed treatment 18), treatment turnaround time 2-3weeks and invasive 5, post thermocoagulation machine availability August 2023-july 2024 screened 1672, positive lesions 47, treatment 45(biopsy 2) and with 1 invasive and treatment turnaround time 24 hours women living with HIV were screened for cervical cancer, 75% biopsy sample collected for histology. Total of 115 clients treated and follow up visit at 6 months, 2 (1.7%) clients were rescreened positive. Thus, shows effectiveness of thermocoagulation with treatment acceptability of 96% compared to before 80%.

**Conclusion:** Prompt and improved treatment using thermocoagulation is highly effective treatment method for precancerous lesion with low complication rate.



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## **Bridging the Gaps in SRHR and HIV Services: Enhancing Access for Adolescent Girls and Young Women in Ghana's Northern Communities.**

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In Ghana and across Sub-Saharan Africa, adolescent girls and young women (AGYW) face significant challenges in accessing HIV and Sexual and Reproductive Health and Rights (SRHR) services. AGYW in these regions are particularly vulnerable to HIV, with rates of over 4000 new HIV infections each week. Women and girls in the region also account for 63% of new HIV infections, this can be attributed to biological, socio-cultural, and economic factors. In the Northern communities of Ghana, many girls face barriers such as insufficient comprehensive sexual education, fear of discrimination, and judgment from community members or even healthcare providers, making it difficult for them to receive the care and guidance they need. Additionally, harmful traditional practices, such as early marriage, gender-based violence, and teenage pregnancies further marginalize AGYW, compromising their health and freedom to make informed decisions about their bodies.

This abstract highlights six transformative activities implemented by Hope for Future Generations (HFFG), a community and national-based, women, children, and youth-focused Ghanaian NGO, under the Dwabo Project, supported by the French Embassy in Ghana from May 2023 to April 2024. This initiative focused on enhancing Sexual and Reproductive Health and Rights (SRHR) for Adolescent Girls and Young Women (AGYW) in Ghana's Northern and Savannah regions. It used community-led strategies, engaging key stakeholders like the Ghana Health Service and Ghana Education Service, in targeted districts and addressing challenges related to SRHR, including family planning, HIV prevention, and reducing harmful traditional gender practices.

Effective strategies included intergenerational discussions between AGYW and older women, which fostered open dialogue and support for young women's SRHR needs, including HIV care and antenatal services. The establishment of 12 condom distribution centers and the use of peer educators to normalize condom access and usage were instrumental in promoting safe sexual practices and HIV prevention. Furthermore, bi-monthly visits to reproductive health facilities strengthened relationships between health professionals, community health nurses, and peer educators, leading to more accessible HIV and SRHR services.

The project also facilitated HIV-related sensitization sessions for more than 300 AGYW, focusing on STI prevention, contraception, and the importance of consistent condom use. This led to a 20% uptake in contraception in the regions. By integrating HIV awareness into SRHR education, the project ensured a comprehensive approach to reducing HIV transmission among young women.

The Dwabo project has established a powerful blueprint for sustainable, community-led SRHR and HIV initiatives. Through strategic advocacy and regional partnerships, this project fostered vital collaborations with health professionals and community leaders, ensuring the sustainability of these efforts. Innovative strategies, like the establishment of autonomous condom distribution points and mentorship sessions that connect AGYW with inspiring role models and holding SRHR sessions in the adolescent corners have reduced stigma, increased HIV testing, improved access to reproductive health services, and significantly improved SRHR outcomes. With 1,760 AGYW empowered to make informed health choices, the project stands as a transformative example of how community-tailored interventions can bridge the gaps, enhance access, and create lasting positive change in the lives of adolescent girls and young women.



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## From Data to Action: The Role of Community Led Monitoring in Advancing Young Women's Health

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**Background/Significance:** Siaya County in Kenya has a notably high HIV prevalence of approximately 15.3% amongst adults aged 15-49, exceeding the national average of 4.9% (UNAIDS; 2021). Amongst adolescents and young women aged 15-24, nearly 17,000 in Siaya County are living with HIV, contributing to over 9% of new infections in Kenya. This alarming statistic underscores the urgent need for effective healthcare interventions tailored specifically to young women living with HIV, who often face discrimination and barriers to accessing care. In July 2023 Nyimine Empowerment Community Based Organization (NYECBO) decided to apply an innovative approach to community-led monitoring to surface and address these barriers to access for AGYW at Kambajo Dispensary in Bondo sub-county, and to collaborate with the facility around specific areas of quality improvement.

**Objectives:** Using monitoring to identify barriers AGYW living with HIV face in accessing healthcare.

**Methodology:** Using Ma' Box – an online, virtual suggestion box – NYECBO Peer Monitor seated at the hospital gate, invites community members to give voluntary, anonymous feedback on their service experience on aspects like affordability, discrimination, waiting times, friendliness, availability of medication, of commodities and acceptability of services. Respondents provide information on their demographics i.e. gender, sexual orientation, HIV and disability status. Community members convened for participatory data analysis in November 2023 and in July 2024. The findings from the data analysis was shared to Department of health in Siaya county.

**Results:** By June 2024, 2869 service users had given feedback on Ma' Box at Kambajo Dispensary

with cisgender women living with HIV 20-34 yrs comprising the highest proportion of responses on Ma' Box. The first data analysis showed unavailability of essential medication, treatment, commodities, and consumables that are necessary for the health and wellbeing of AGYW. Stock outs of HIV test kits, family planning, of lubricants and female condoms significantly compromise AGYW sexual reproductive health, increasing vulnerability to HIV and violence. Fear/anxiety of clients about moral judgement inhibits free and confident access to services for AGYW. Healthcare workers and staff at Kambajo dispensary have a responsibility to safeguard the privacy and confidentiality of patients. By reports, private personal information on identity and medical status was being carelessly handled and publicly disclosed with potentiality dangerous consequences for already marginalized clients.

After the second data analysis (July 2024) data is showing improvement and increased user satisfaction with service delivery. Fear among clients is fading, judgment and hostility among healthcare workers is reducing. Client satisfaction also indicated improvements in privacy and confidentiality for patients receiving antiretroviral therapy, with services now being provided in private rooms. Discussions about patients' health concerns in community settings decreased due to increased awareness among healthcare providers and drug stockouts issue affecting AGYW picked up by NYECBO as advocacy point to relevant duty bearers at the Siaya county department of health.

**Conclusions:** Monitoring has effectively addressed discrimination against women living with HIV by empowering them and improving their healthcare experiences.

**Recommendations:** Healthcare facilities should continuously implement monitoring practices to ensure improvements in service delivery.



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## RMNCAH Services (Reproductive Maternal, Newborn Child and Adolescent Health) in Enhancing Innovative Primary Health Care by Mwaweche Community Health Unit

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**Background:** Mwaweche CHU is one of the 9 community health Units that are linked to Shika Adabu dispensary in Likoni Subcounty. The CHU provide preventive and promotive health services at the community level and effectively refers clients to level two(Dispensary) for further management. Mwaweche CHU recorded a total of 67 effective referrals instead of the targeted 210 effective referrals on ANC, FP, Cervical cancer screening and HIV counseling and testing, safe delivery and immunization in the year 2022/2023 leading to unsafe deliveries, unplanned pregnancies, costly cervical cancer management and immunization defaulters in women 15-49 years and children under 5 years.

**Objective:** To ensure by the end of June 2024, 100% of children, adolescents and women from Mwaweche CHU receive RNMCAH services at Shika Adabu dispensary.

**Methods:** Mwaweche CHU community health promoters in collaboration with the link facility health workers and the community health committee conducted community health dialogues in the villages on RMNCAH and community integrated outreaches in 4 quarters as CHPS did effective mobilization of the community members. The community health officer supervised household visits conducted by the CHPs (community health promoters) conveying health messages and hygiene demonstrations as they moved from door to door. The CHC(community health committee -the governing body of the CHU) provided incentives to the CHPS for mobilization and effective referrals. The referral tool Ministry of

Health (MOH) 100 filled for each client referred were fully signed and filed at the link facility. Monthly review meetings were conducted to discuss the CHPS performance, achievements and way forward on how to improve on service delivery by engaging more women living with HIV as service providers.

**Results:** The effective referrals improved by 171,188, 260 and 345 between July 2023 and June 2024.

The CHPS monitored the mother and child booklets for the scheduled visits so as to ensure children missing on important immunization were referred back to the clinic. HIV care and treatment defaulters were also counselled and referred back to the clinic with closer observation. TB defaulters were also linked back to the Dispensary. Involvement of the CHPS living openly with HIV and the community at planning, implementation, monitoring and evaluation yields better health promotive and preventive results.

**Conclusion:** The initiative started on 08/07/2023 and it's on going by the CHU.

This can be scaled up by the other 46 CHUS in Likoni subcounty and the County for equitable primary health care services for all as well as Countrywide or the other parts of Africa.





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## Beyond Pills: A Holistic Approach to Supporting Adolescents and Young People Living with HIV (AYPLHIV) - The Operation Triple Zero (OTZ) Youth Kilifi Chapter Experience

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**Background:** Kilifi County in Kenya, as per KNBS 2019 census data, has a youthful population of over 1.5 million, with adolescents and young people aged 10–24 facing a growing HIV burden. Adolescents and young people living with HIV (AYPLHIV) navigate complex health challenges, managing a lifelong condition alongside the physical, emotional, and psychological transitions to adulthood. Critical gaps in access to adolescent-friendly sexual and reproductive health (ASRH) services and information, coupled with self-stigma, social stigma, and discrimination, heighten the risk of ART non-adherence, treatment drop-offs, and HIV transmission. This environment, with 38.4% of new infections in Kenya occurring in the 15-24 age group, underscores the need for holistic, youth-centered models of care that go beyond traditional treatment.

**Objective:** This initiative aimed to achieve viral suppression in 95% of AYPLHIV participants in Kilifi County by improving ART adherence, building life skills, and providing a supportive network that reinforces self-efficacy in managing HIV.

**Methods:** The Operation Triple Zero (OTZ) initiative in Kilifi, launched in January 2021, is designed to achieve 'triple zero outcomes' for AYPLHIV: zero missed appointments, zero missed doses, and zero viral load. Using an asset-based model, OTZ Kilifi has supported 2,560 AYPLHIV through structured cohorts and tailored interventions focused on adherence, health literacy, and empowerment. Weekend clinics with flexible hours allow young people to access services at their convenience. AYPLHIV participate in treatment literacy sessions, life skills training, and activities to build personal agency, enhance

self-esteem, and cultivate social support networks. Educational activities tailored to address stigma and discrimination further help participants to navigate societal challenges.

**Results:** In the three years since implementation, OTZ Kilifi has recorded significant success, achieving viral suppression in 91% of participants. Viral suppression rates were notably high in adolescents aged 10–14, reaching 95.53%, with a slightly lower rate of 89.5% among those aged 15–19. These outcomes demonstrate the program's effectiveness in reducing health complications, minimizing HIV transmission risk, and enhancing overall well-being.

**Conclusions:** The OTZ Kilifi initiative exemplifies how a youth-centered, holistic model of care that extends beyond medical treatment to include psychosocial support can effectively address the challenges faced by AYPLHIV. Such a model fosters resilience and promotes ART adherence by creating a supportive community and empowering young people to manage their health proactively. By focusing on social support and life skills, this approach provides AYPLHIV with tools to combat stigma, adhere to treatment, and improve their quality of life. Expanding similar models could significantly impact HIV care outcomes among adolescents and young people across Africa.



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## Treatment Failure – A cause of Infant Mortality Rate for Paediatrics Living with HIV: Case of the 0-5 Years Enrolled in the Zingane\_OVC Project, 2024

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**Background:** The Zingane\_OVC project, funded by USAID, is working alongside the Ministry of Health and Childcare (MoHCC) to support the prevention, treatment, and care of HIV for children, adolescents, and youths (CAYLHIV) aged 0-24 in Zimbabwe. This project operates in Bulawayo, Lupane, Kwekwe, Gweru, Bulilima, Insiza, and Gwanda districts —complementing the MOHCC by providing adherence and treatment literacy support to 7,272 CAYLHIV across the seven project districts.

In the year 2024, the project reported deaths of seven infants under five, primarily due to pneumonia (63%) and malnutrition (37%). These deaths occurred within six months of ART initiation, and none of the infants had viral load results as they were ineligible for viral load testing. Additionally, the 0-17 age group has the lowest viral load suppression rate, falling below the UNAIDS target of 95%, unlike other age groups within the Zingane\_OVC project that have surpassed this benchmark.

**Intervention:** The Zingane\_OVC project addressed this gap by enhancing community healthcare support and tracking developmental milestones for children aged 0-5. This involves rigorous longitudinal monitoring of nutritional, growth, and health statuses to reduce infant mortality rates. Lessons: Treatment failure among the below fives led to a relatively high Infant mortality for the below fives compared to other age groups across the Zingane\_OVC project. Deaths for the infants living with HIV has been recorded within 6 months before eligibility of Viral load bleeding in all deaths.

**Recommendations:** 1. Early diagnoses should be done at 6 weeks and again at 3 months, rather than the current 9-month test. This change will expedite diagnosis and enhance tracking efforts. 2. The viral load testing algorithm should be adjusted to allow testing at 3 months post-ART initiation for all paediatric age groups. This will enable earlier detection and management of advanced HIV disease in infants.

**Conclusion:** The high mortality due to pneumonia and malnutrition among infants underscores the necessity for revising early infant diagnosis and viral load monitoring protocols. Implementing these recommendations will enable timely interventions, improve treatment outcomes, and ultimately reduce infant mortality rates. Strengthening these efforts is crucial for achieving better health outcomes for children, adolescents, and youths living with HIV in Zimbabwe.



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## Community-based Integration of Cervical Cancer Screening and HIV Services for Women Living with HIV (WLHIV). Experience of Uganda Protestant Medical Bureau (UPMB)

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**Background:** Cervical cancer is the fourth most common cancer among women globally, with an estimated 660,000 new cases and 350,000 deaths reported in 2022. About 94% of deaths due to cervical cancer occur in low- and middle-income countries, with the highest rates in sub-Saharan Africa (WHO, 2022). In Uganda about 6,900 cervical cancer cases are identified per year and approximately 4,600 women die from cervical cancer per year (ICO/IARC HPV Information Centre, 2023).

Uganda Protestant Medical Bureau (UPMB) a faith-based NGO implements the USAID Local Service Delivery Activity (LSDA) that supports 174 PNFP facilities across 61 districts in Uganda to provide cervical cancer screening and treatment services. By the end of September 2023, cervical cancer screening services were only integrated in facility level ART access points despite the fact that approximately 30% of ART clients accessed services through Community Differentiated ART Service Delivery (DSD) Models. We aimed to increase/expand access to cervical cancer screening and treatment Services for Women Living with HIV (WLHIV) through integration in the Community DSD ART access points.

**Method:** Between October and December 2023, UPMB under LSDA worked with the Ministry of Health in Uganda to map and activate 18 high volume ART PNFP facilities in 14 districts for Human Papilloma Virus (HPV) testing as a modality for Cervical cancer screening. The activation process included last mile delivery of HPV self-

sample collection brushes, cartridges and preservcyt reagents.

PNFPs activated for HPV testing were supported to map and attach WLHIV between 25-49 years to Community Health Workers (CHWs). CHWs played a pivotal role in mobilizing and educating clients within the different Community ART pick up points.

Leveraging on the planned community ART activities, facility teams provided targeted health education, screened WLHIV for eligibility, consented those eligible and provided HPV kits for self-sample collection. CHWs documented and updated phone contacts and physical addresses of clients whose samples were collected. This aided in follow up and provision of results.

Clients with positive HPV results were referred to the health facility for treatment. Clients unable to return to the facility were mobilized and treated through nearby public or private for-profit facilities.

**Results:** Between October 2023 to September 2024, 987 WLHIV 25-49 years received HPV testing at community DSD models. A total of 191 WLHIV were identified HPV positives hence, a yield of 19.4% (191/987). 82.2% of the positives have been treated while the remaining 34 clients are actively being followed up for treatment.

**Conclusion:** Integration of cervical cancer screening into community ART activities facilitates identification and treatment of positives towards prevention of advancement to cervical cancer. HPV testing approach with self-sample collection eases integration of cervical cancer screening into community DSD models.

CHWs are critical to cervical cancer screening and treatment through mobilization, tracking and referrals of HPV positive clients.

Partnerships with the public and private for-profit facilities significantly contributes to quick treatment of HPV positive clients identified in the community.



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## Enhancing Access to Sexual Reproductive Health and HIV Prevention Services by Adolescent Girls and Young Women Through Behavioural Nudges Delivered by Trained Community Mobilisers in Lusaka, Zambia.

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**Background:** Adolescent girls and young women (AGYW) aged 15-24 in Zambia faced a triple threat: high HIV incidences, high unplanned pregnancies, and high sexual gender-based violence. AGYW have a greater rate of new HIV acquisition than males of the same age (ZAMPHIA, 2021). This, combined with unplanned pregnancies, makes AGYW more susceptible to adverse health outcomes. Despite these issues, just 38% of AGYW knew where and when to access sexual reproductive health services and HIV prevention services to meet their needs (Chikandiwa et al., 2019).

**Methodology:** In response, Tiko's rolled out its program to directly address these challenges by employing a technology-enabled platform that connects AGYW with providers in the public and private sectors. The program uses behavioral nudges to motivate health-seeking behavior and promote consistent engagement with SRH and HIV services. In Zambia, Tiko program started operations in December 2023 to influence adolescent girls' and young women's health-seeking behavior. Mobilisers were trained on the required messaging to encourage AGYW to use the HIV prevention and family planning services. Tiko Africa's technological platform enabled real-time data visualization, promoting quick responses for mobilisers who faced nudge delivery challenges. The data was analyzed with STATA.

**Results:** Between January 2024 and November 2024, 30,692 adolescents and young people received services. 87.2% were AGYW, 12.7% were

ABYM, and 0.1% were other genders. Of these young people, 17,157 (55.9%) sought HIV prevention services, 11,632 (37.9%) sought family planning services, and 1903 (6.2%) sought other sexual health services. The results show that 99.8% of AGYW were nudged to seek services by community mobilisers, while 0.2% were self- or peer-nudged (P value, 0.002).

**Conclusion:** Behavior nudges offered by trained community mobilisers motivated AGYW to seek sexual reproductive health and HIV prevention services to mitigate the triple threat among them in Lusaka. This innovation is encouraged to be scaled up to other provinces with higher rates of HIV and unintended pregnancies among AGYW.



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## Assessment of Vertical HIV Transmission in Children with Positive PCR Results Aged 2 Months or Older in Mozambique

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**Introduction:** In Mozambique, approximately 2.4 million people are living with HIV, including 116,000 HIV-positive pregnant women (2023, Spectrum V. 6.32). The country faces one of the highest rates of new HIV infections in children, the majority of which result from vertical transmission, with an estimated rate of 10% (2022, Spectrum V. 6.29). Despite preventive interventions, persistent positive PCR results in children over 2 months of age are often attributed to failures in antiretroviral treatment (ART) adherence by mothers and transmission during the breastfeeding period, which remains a critical time for preventing vertical HIV transmission.

**Methodology:** In 2023, data from 1,692 health units in Mozambique providing PMTCT services were analysed, using conventional Infection Diagnosis (EID) through dried blood spot (DBS) samples or the Transmission Rapid Diagnostic Test (TSD) with the M-PIMA platform. The PCR coverage was 88%, although PCR testing in children under 2 months of age remains insufficient in some provinces.

**Results:** During the analysed period, 11% of children tested over 2 months old had a positive PCR result. The positivity rate was significantly higher in children tested at 2 months of age or older (11%), compared to those tested under 2 months (2%). These results suggest that transmission predominantly occurs during the breastfeeding period, which is the time of greatest exposure to HIV due to its extended duration. Factors such as low adherence to healthcare services (HS), high mobility in the postpartum period, long distances to health units, and late return for PCR testing contributed to these results.

**Interventions:** Following the identification of gaps, actions were implemented to improve follow-up for mothers and exposed children, including: strengthening counselling for ART adherence during breastfeeding, improvements in EID for exposed children, and reducing the time between sample collection and PCR result delivery. Additionally, a linkage tool for mentoring mothers was used, quarterly retesting for HIV-negative mothers, and the offering of PrEP for additional prevention. As a result, the PCR positivity rate in children over 2 months old was reduced to 12% after one year.

**Conclusion and Next Steps:** The PCR positivity in children over 2 months highlights the urgent need to strengthen vertical transmission prevention strategies during breastfeeding. Ensuring continued ART adherence by mothers, facilitating access to healthcare services, and rigorously monitoring exposed children are essential measures to further reduce transmission rates. Next steps include expanding these interventions to all health units across the country and introducing indicators to monitor the follow-up of exposed children until the end of the breastfeeding period.



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## Sex and Safety: Examining HIV Risks Amongst Adolescent Girls Who Are in Sexual Relationships with Older Men in Eswatini

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**Background:** Sex is a normal pleasurable healthy part of life, however, it can also be a health risk. Studies conducted in several sub-Saharan African countries revealed that inter-generational sex is an important driver of HIV/AIDS among young women. Phila Unotse project implemented by Young Heroes Organization supports the government of Eswatini to prevent new HIV infections and reducing the HIV vulnerabilities among young children and adolescent girls (AGYWs).

**Objective:** To examine the HIV associated risks of Phila Unotse enrolled adolescent girls who were in sexual relationships with older men at time of enrolment in the project.

**Methods:** Descriptive and regression analysis were performed on secondary routine data collected from January 2023 to September 2023 within ongoing implementation of Phila Unotse project. Trained Mentors identify AGYWs in their communities and provide enrolment consents where an HIV risk assessment is administered. 1437 AGYWs responded to the question on "being in sexual relationship with men 10 years older". Variables included in the model were, Age of AGYW, sexual abuse experience, STI experience, unprotected sex exposure, drug abuse and relation with older men being the dependent variable.

**Results:** 169/1437 (12%) were in sexual relationship with older men. 15% of those had STI experience against 2% from those in other relationships, 77% had unprotected sex against 48% in other relationships and 41% experienced sexual abuse against 3% from other relationships. Regression analysis found that being in sexual relationship with older men was associated with increased chances of having unprotected sex (Odd

ratio 0.046, 95% CI 0.014 to 0.059,  $p < 0,0050$ ). Variables like sexual abuse, age, sexually transmitted infections experience were not significant.

**Conclusions:** Conclusions: AGYWs in intergenerational relationships face high risks of unprotected sex and sexual abuse than AGYWs in other relationships. To prevent HIV spread amongst AGYWs and the older male population, there is urgent need for evidence based new HIV interventions targeting AGYWs and old men.





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## Emerging HIV Risks Among Women in Kampala Uganda

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**Background:** HIV remains a significant public health issue in Uganda, with women disproportionately affected. Of about 1.4 million people living with HIV in the country, approximately 860,000 are women, leading to a prevalence rate of 7.2% among women compared to 4.3% among men. Emerging risks are particularly severe in Sub-Saharan Africa, where socio-economic factors, gender-based violence, and limited access to healthcare increase women's vulnerability to HIV. Understanding these challenges is critical for creating effective prevention strategies tailored to women's specific needs in Uganda.

**Methods:** This qualitative study employed in-depth interviews with 20 women from diverse backgrounds, including married women, sex workers, and young women. Participants were selected through purposive sampling to capture a range of experiences related to HIV risk. Thematic analysis was utilized to identify key patterns and insights regarding sexual practices, relationship dynamics, and external influences.

**Results:** The study revealed emerging HIV risks among women in Kampala due to shifting sexual practices, with more married women and sex workers engaging in anal sex. Participants highlighted high STI rates that facilitate HIV entry and noted young women's limited control over safer sex with older partners. Social and economic changes, such as urbanization, increased concurrent and transactional relationships, while social media and dating apps expose women to unprotected sex and coercion. Substance use, especially opioids, further increases risky behaviors. COVID-19 economic impacts and service disruptions have also forced some women into high-risk relationships and limited access to HIV prevention and care.

**Conclusion:** As women navigate shifting sexual behaviors, economic pressures, and limited access to health services. It is important to understand their unique vulnerabilities and experiences. Addressing these challenges is essential for achieving a more equitable and effective response to the HIV epidemic in Uganda.



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## Employing the “Peer Led Mobilization” Strategy to Reach Young Women Selling Sex in Mining Areas with HIV Prevention and Sexual Reproductive Health Services: Lessons From Insiza and Matobo District, 2024.

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**Issue:** Zimbabwe Health Interventions (ZHI) is implementing the Determined, Resilient, Empowered, AIDS free, Mentored and Safe (DREAMS) program to reduce the risk of HIV among young women selling sex (YWSS) in four high HIV burdened districts of Zimbabwe. Accessing comprehensive HIV prevention and sexual reproductive health and rights (SRHR) services reduces risk of HIV among YWSS. YWSS are highly mobile in mining areas which poses challenges in accessing SRHR services. We document lessons from the “Peer Led mobilization” strategy implemented in Insiza and Matobo district in 2024.

**Lessons learnt:** IZHI and a consortium of partners implemented the “peer led mobilization” strategy to reach YWSS with combination HIV prevention and SRHR services in Insiza and Matobo districts from April to August 2024 together with other implementing partners, including Population Solutions for Health (PSH) and Musasa. Services offered were sessions on HIV and sexual violence prevention, HIV pre-exposure prophylaxis (PrEP), HIV Testing Services (HTS), sexually transmitted infection (STI) screening and treatment, family planning, and post gender-based violence (GBV) services through service linkages. Data were collected using paper tools and captured into the web based DHIS2 program database. Peer Educators facilitated mobilizing YWSS for clinical and social services. Mobilization of YWSS for SRHR

services by peer educators enabled the program to reach 115% (53/46) and 103% (29/28) in Insiza and Matobo districts respectively. During peer led mobilizations in Insiza and Matobo, 49% (40/82) YWSS accessed PrEP, 65% (53/82) received HTS, 78% (64/82) received condoms, 60% (49/82) received psycho-social support and 39% (32/82) received lubricants. Moreso, effective collaboration with Implementing Partners, NAC and MOHCC enhanced YWSS to access SRHR services timeously. The peer led mobilization and collaboration with MOHCC and IPs increased access to and uptake of HIV prevention and SRHR services by YWSS in Insiza and Matobo districts.

**Recommendations:** We recommend use of the strategy in reaching more YWSS in hard-to-reach areas and strengthen collaboration between implementing partners and MOHCC for effective HIV prevention and SRHR service provision.



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## Taking the Community Led and Based Path in Reaching and Sustaining the Three 95s Targets in Mwanza Tanzania.

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**Problem Statement:** In Mwanza region, HIV/AIDS remains a critical Public health Issue, with a prevalence rate of approximately 7.2%, above the national average. Factors like stigma, limited access to healthcare, and economic hardship continue to hinder efforts to reduce new infections and ensure treatment adherence. Only 65% of people living with HIV in Mwanza are on antiretroviral therapy (ART), and stigma remains a significant barrier, with 40% of people reporting discrimination experiences. In line with the World AIDS Day 2024 theme, "Take the Right Path," targeted community and structural interventions are urgently needed to close these gaps and move toward the goal of ending AIDS by 2030.

**Methods:** A community-driven intervention and social behavioral strategies were utilized to overcome low uptake of HIV testing among the fishing forks populations and communities in the lake zone area. This included utilization of peer education, testing campaigns, outreach and stigma reduction programs, of which these were implemented alongside advocacy towards the Council Health Management Team aimed at improving and sustaining healthcare access and addressing poverty, gender inequality, and legal barriers within their districts.

**Results:** Increased Testing & Diagnosis: HIV testing rates increased by 30% in MWANZA following community outreach programs. Early diagnosis improved, with 45% of new cases now detected in the early stages of infections. Improved ART Adherence and Retention: ART adherence rose by 35% among those engaged in local support groups. Retention in care after one year improved from 65% to 85%, reflecting stronger community support.

### Reduction in Stigma and Discrimination:

Experiences of stigma among people living with HIV reduced by 50% after anti-stigma campaigns. Community acceptance increased, with 55% of surveyed residents now showing supportive attitudes towards people living with HIV/AIDS.

Enhanced Access to Healthcare services: healthcare access in remote areas improved by 40% through mobile clinics and expanded services. Vulnerable populations such as women and adolescents, reported a 60% increase in accessing prevention and treatment services.

Decline in New Infections: New HIV infections in Mwanza decreased by 25% over two years, indicating the positive impact of these interventions.

**Discussion:** The findings underscore the importance of integrating community involvement with systemic change. Community programs foster acceptance and support, while structural reforms create a foundation for equitable healthcare access, which is essential in the HIV response in the country as we try to maintain the path to end AIDS.

**Conclusion:** Combining community engagement with structural reforms creates a supportive path toward achieving the UNAIDS and national 2030 targets. Sustainable funding and partnerships are critical in maintaining these efforts and ensuring health equity for all. This version aligns with the World AIDS Day theme and maintains a clear structure within the word limit.



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## Mobile-Friendly Tracking Systems: Boosting Post-Weaning Outcomes for HIV-Exposed Infants in Bulawayo, 2024.

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**Background:** There is notable decline in testing rates for HEI in Zimbabwe as they age. While 98.3% of exposed infants undergo birth testing, only 46.5% are tested at six weeks, with rates declining further below 46.5% in post-weaning outcome confirmation (Aitchison, et al., 2024). In Bulawayo, tracking post-weaning outcomes is challenging due to high participant mobility, incomplete facility records, and the self-transfer of mother-baby pairs to local facilities for post-natal care.

**Intervention:** The Zingane\_OVC project in support of the MOHCC, piloted a case management-based digital tracking system for HEI in Bulawayo. Participants were tracked virtually using mobile phones and WhatsApp, with home visits for those without mobile phones. This initiative led to the tracking of 137 post-weaning outcomes from April to June 2024, achieving a 45% increase in outcome determination compared to October-December 2023 (4 post-weaning outcomes in Q1) and January-March 2024 (3 post-weaning outcomes in Q2).

**Lessons Learnt:** High participant mobility necessitates adaptable and mobile-friendly tracking systems. The Zingane\_OVC project's digital tracking through phone calls proved effective in monitoring mobile participants.

**Recommendations:** 1. Implement mobile-friendly tracking systems, including phone calls, mobile apps, or SMS-based systems, for follow-ups regardless of location.  
2. Expand the digital tracking initiative for wider coverage, enhancing the use of digital tools for follow-up care and outcome determination.  
3. Engage caregivers at their Antiretroviral Therapy (ART) facilities during scheduled ART resupply

dates when contact information is unavailable, ensuring consistent communication and referrals.

**Conclusion:** The Zingane\_OVC project's digital tracking system for HEI in Bulawayo improved post-weaning outcome determination. Leveraging mobile phones, WhatsApp, and home visits, the project achieved a 45% increase in tracking outcomes. This case study underscores the importance of adaptable and mobile-friendly tracking systems to address challenges posed by high participant mobility and incomplete facility records. Concerted joint efforts to expand the MOHCC and clinical partners strategy to use digital tools and integrating them into broader healthcare strategies in community projects increases impact.



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## Challenges Faced by Adolescent Girls in Uganda that Affected Timely Delivery of HIV Prevention Services; Observational Findings from HPTN084-01 Study at Kampala, MU-JHU Site.

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**Background:** Consistent use of efficacious biomedical HIV prevention products is key to reducing HIV incidence among adolescent girls in Uganda, in addition to behavioral interventions like risk reduction counselling. The HPTN 084-01 study was conducted in South Africa, Uganda and Zimbabwe to assess the safety, tolerability and acceptability of long-acting injectable cabotegravir (CAB-LA) for HIV prevention among cisgender adolescent females aged below 18 years. We describe the Kampala, Uganda site (MU-JHU) experience on challenges faced by adolescents that affected timely receipt of their CAB-LA injections or oral PrEP offered in the trial.

**Methods:** Five CAB-LA injections were scheduled at study weeks 5, 9, 17, 25 and 33 followed by 48 weeks of oral TDF/FTC at quarterly visits. Throughout the study, participants received HIV counselling, risk reduction counselling and adherence support individually and in group sessions. Telephone calls or text reminders were sent prior to scheduled visits with home visits being done for missed visits. Once traced by study staff, participants who did not adhere to their visit schedules shared their experiences which were documented in health visitor visit forms.

**Results:** Retention in this study was very high with only 3 of the total 17 participants enrolled (17.6%) registering a missed visit(s) as detailed below. Participant 1, did not miss any CAB-LA visit but missed 1 oral TDF/FTC visit. Participant 2, missed 1 CAB-LA visit and 2 oral TDF/FTC visits.

Participant 3, did not miss any CAB-LA visit but missed 3 TDF/FTC visits.

Challenges greatly affecting their study visits and PrEP use were: 1) Family disputes that led to relocation. 2) Mistreatment from stepmothers that motivated participants to run away and decide to marry early. 3) The urge to be independent from tough parents. 4) Negative rumors about oral PrEP in the communities. 5) Employers not permitting time off to attend study visits.

**Conclusion:** HIV prevention service providers should tailor services to accommodate the socioeconomic challenges that female adolescents face which may hinder their adherence to PrEP provision visits. Community rumors, myths and misconceptions about PrEP products also need to be addressed.



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## Weekly WhatsApp Group Sharing of Facility Performance Summaries Amongst Health Care Workers Improved Cervical Cancer Screening and Management at Private Not for Profit Facilities (PNFPs) in Eastern Region; Experience from UPMB/LSDA.

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<sup>1</sup>Uganda Protestant Medical Bureau, Kampala, Uganda

**Background:** The Uganda HIV Care and treatment guidelines 2022 recommend cervical cancer screening for women living with HIV. The Local service Delivery for HIV AIDS activity (LSDA) is a USAID funded project implemented by Uganda Protestant Medical Bureau (UPMB) and supports 198 facilities in the country, 72 of which are ART sites in Eastern region. By January 2023, the Eastern region had screened achieved only seven hundred twenty-three (723) 15% of the eligible women targeted for the year. We noted sub-optimal use of cervical cancer screening and management data by the facility focal persons, knowledge gaps among service providers and some myths and misconceptions among clients.

**Methodology/Description:** A regional WhatsApp group named "LSDA CX CA updates" was formed comprising clinic mentors, all facility data teams, cervical cancer focal persons, health unit in-charges and project technical staffs. The regional Monitoring and Evaluation Specialist shared the baseline performance and requested facility teams to verify and own the performance thereafter weekly performance summaries were shared and facilities shared enablers or challenges for optimal and sub-optimal trends accordingly. Best performers were recognized while sub-optimal performing sites were prioritized for focused hands-on mentorships. Cervical cancer champions were engaged to mobilize and sensitize the focal fellow women living with HIV for screening and management.

**Results/Experiences:** The project regional cervical cancer performance improved from 15% as of January 2024 to 91% by September 2024. By end of September 4820 Women living with HIV had been screened for cervical cancer 2024 which translated to 91% of the target achievement. Two hundred thirty-six (236) were diagnosed with pre-cancerous lesions of whom 225 were successfully treated at the various facilities. 5 cases were referred to the National referral Hospital.

**Discussion:** Overall, Consistent data use improved ownership and program performance when shared among service providers. Social media platforms like WhatsApp are used daily and enable real time feedback and virtual support among service providers.

**Conclusion/Recommendations:** 1. There is need to adopt small virtual technical working groups that embrace data use in order to improve service delivery among different thematic areas.  
2. Consistent Weekly sharing of data summaries improves timely correction, minimizes future errors and leads to progressive program improvement among service providers.





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## The Impact of Supporting Caregivers Through Integration of Mental Health and Psychosocial Support(MHPSS) in HIV Programming.

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**Background:** The integration of mental health and psychosocial support (MHPSS) interventions have become important in HIV programming, to promote general wellbeing and improve health outcomes. The WHO HIV scorecard December 2021 indicates that African countries reported 87% of people living with HIV know their status, of those 77% are on treatment and 68% have low viral load. Only nine countries Uganda, Botswana, Cape Verde, Kenya, Lesotho, Malawi, Nigeria, Rwanda and Zimbabwe are on track to reach 95-95-95 UNAIDS targets by 2025. While these results reflect good progress, individuals in African countries remain at risk of contracting HIV, or discontinue treatment, especially those experiencing emotional distress and mental health disorders. Health outcomes for those who are living with HIV may also be compromised if MHPSS issues experienced are not addressed. In Uganda, prevalence of HIV among adults in Uganda was 5.8% , higher among women (7.2%) compared to (4.3%) among men. Ugandan women living with HIV(WLWH) struggle clinical and socioeconomic challenges like depression, poor parenting skills especially for managing adolescents living with HIV, poor treatment literacy, stigma, poverty and Gender Based Violence which impede adherence to ART. Interventions to address these gaps are critical to build resilience and to achieve and sustain epidemic control in Uganda. Program data from USAID OVC North West Activity implemented by Youth Alive Uganda (YAU) in 14 administrative units in Northern Uganda revealed 72% of children 10-17years living with HIV were screened for depression and anxiety of which 10% were depressed with symptoms like poor sleep patterns, anger towards their mothers, suicidal thoughts.

**Methodology:** YAU in October 2023, integrated MHPSS into OVC programming. All women living with HIV were supported with screening of adolescents 10-17 years from OVC households for anxiety and depression using Ministry of health Self Reporting Questionnaire form 20. We worked closely with the health facilities to support children who have been diagnosed with mental health issues. Some of the issues were handled during joint home visits with health facility / clinical partner teams especially minor mental health issues through psych- education at household levels. We also partnered with Strong Minds Uganda to enroll 167 females in Lira District and enrolled them on a 6-week Interpersonal group therapy model for treating depression.

**Results:** 88% of the non-suppressed adolescents living with HIV who were screened for depression and anxiety and supported through psych-education, therapy sessions on mental health and referrals to health facilities were reported virally suppressed in September 2024 and their caregivers mental well-being improved and are in better position to take care of their children.

**Conclusions/next steps:** Scale up the group therapy model for treating depression beyond Lira District and continue with routine screening for anxiety and depression for all adolescents living with HIV who have been disclosed to.



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## Family Planning and HIV integration among Women Living with HIV (WLHIV): Lessons from Uganda Protestant Medical Bureau (UPMB)

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**Background:** Evidence shows that linking sexual and reproductive health and HIV/AIDS policies, programs, and services is essential for meeting international development goals and targets (Wilcher, 2009).

Family planning (FP) offers the added benefit of enhancing Prevention of Mother-to-Child Transmission of HIV (PMTCT) through prevention of unintended pregnancies among women living with HIV (Cates, 2010). HIV prevention programs for mother-to-child transmission often start during antenatal care, after pregnancy has begun. Moreover, Women Living with HIV (WLHIV) frequently face unmet family planning needs and a high rate of unintended pregnancies. In 2022, a landscape analysis by Results for Scalable Solutions (R4S) in Uganda found that many HIV clinics did not offer FP services, either in the clinics or through community ART models. Uganda Protestant Medical Bureau (UPMB) a faith-based NGO implements the USAID Local Service Delivery Activity (LSDA) that supports 31 PNFP facilities across 14 districts in Northern Uganda and by the end of March 2024, had supported only 21 WLHIV in child bearing age receive a FP method out of 1,486 that had accessed ART services that month.

**Method:** LSDA technical team utilized a CQI approach that commenced with a baseline needs assessment in February 2024 on integration of FP services in ART care which highlighted gaps in knowledge, data management and commodities. Using health systems approach inclusive of supply chain, capacity of clinical teams and data

management, ART clinics were re-organized to offer FP services through a one stop model. Onsite FP mentorships were provided for the clinical, data, and community teams, along with collaboration with district biostatisticians to deliver FP registers. An addendum tool was also designed to aid in capturing community FP services. Clinical mentors were attached to each of the sites to provide bi-weekly technical assistance. Community Health Workers (CHWs) were supported to provide information on FP, conduct eligibility assessments and link eligible women for FP services.

Collaborated with the public health facilities to address arising commodity gaps through timely redistributions, in addition to supporting quality reporting and ordering of commodities.

**Results:** From March to September 2024, PNFPs registered progressive improvement in the number of eligible WLHIV receiving FP messages that had a clinical contact for ART services with the health facilities, from 65% (973/1486) to 79% (1,344/1697). Similarly, PNFPs achieved a significant improvement in the percentage that received FP messages and thereafter at least a method of choice, from 2% (21/973) in March 2024 to 14% (188/1,344) in September 2024. Overall, there was an improvement in the number of eligible WLHIV that had clinical contact for ART services and also received FP services from 1.4% (21/1486) in March 2024 to 11.1% (188/1697) in September 2024.

**Conclusion:** Integrating FP services into ART services increases access to information on FP services in addition to uptake of the different methods for the eligible WLHIV. Strengthening public private partnerships is critical for FP commodity security and availability towards addressing unmet needs. Active engagement and involvement of CHW in ART client FP literacy and demand creation improves uptake of services.



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## Utilization of Prep Among Key Population in Bungoma

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**Background:** Most studies have shown that PrEP can reduce the risk of HIV infection by up to 99% among individuals who maintain adherence. However, the uptake and sustained use of PrEP among key populations remain variable and are influenced by factors such as stigma, and the complexity of adherence. Addressing the said barriers is crucial in keeping key populations on PrEP as part of a combination for HIV prevention.

**Methodology:** In October 2023, the program employed the following strategies to ensure initiation and retention of Key Populations on PrEP. These includes conducting PrEP Focused Group Discussions on barriers and used the findings to improve on retention; working with PrEP champions who are instrumental in dissemination of PrEP messaging; carried out facility and community refill with proper documentation by trained healthcare workers supported by Outreach-Workers and Peer Educators; working with Key Populations Civil Society Organizations (Rafiki CBO and Masupuu wa Chwele) whose leadership are PrEP ambassadors, and mobilization through peers whatsapp group led by outreach workers

**Result:** In October 2023 the program had 616 KPs retained on PrEP, 431 KPs were initiated on PrEP with a retention of 986 (94%) by end of August 2024.

**Conclusion:** Proper KP led person centered approaches, partnership with other organizations and good messaging improves adherence translating to good PrEP retention.



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## Championing Resilience: Feminist Approaches to Transforming HIV Outcomes for Women in Kenya

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I, Kevin Obede, representing Lean on Me Foundation and Maureen Murenga, am honored to share insights from our work addressing HIV, gender-based violence (GBV), and social inequities affecting women in Kenya, particularly in Nairobi, Kisumu, and Siaya Counties.

Lean on Me Foundation's mission is to empower adolescent girls and young women (AGYW) through holistic programs addressing not only the clinical aspects of HIV but also the systemic barriers that increase vulnerability. Our work prioritizes resilience, community-led solutions, and feminist principles to create meaningful change.

**Results:** Through initiatives like the HerSafe Haven School of Feminism, we have witnessed the transformative power of feminist advocacy. The first cohort trained AGYW to recognize and challenge social norms that fuel HIV infections, teenage pregnancies, and GBV. These young leaders are now community advocates, fostering awareness and creating safe spaces for dialogue.

Our involvement in the TB Women Initiative has mobilized AGYW to address the gendered impacts of tuberculosis and HIV co-infection. By providing capacity-building workshops and virtual platforms, we have equipped women with leadership and advocacy skills, amplifying their voices in health policy dialogues.

Through community engagement, peer support groups, and advocacy forums, Lean on Me has improved treatment adherence among women living with HIV. Partnering with healthcare facilities has ensured access to gender-sensitive services, helping reduce stigma and increase early diagnosis and treatment retention.

**Key Strategies:** Feminist Advocacy and Leadership: Training women to lead advocacy efforts, challenging stigma and promoting rights. Community-Led Monitoring (CLM): Using participatory methods to collect data and hold health systems accountable for equitable service delivery.

Integrated Approaches: Combining sexual and reproductive health rights (SRHR), mental health support, and economic empowerment to address root causes of HIV vulnerability.

Multi-Sectoral Collaboration: Partnering with organizations like Kenya Red Cross Society and grassroots groups to strengthen advocacy and mobilize resources.

**Challenges:** Despite successes, GBV undermines women's autonomy, and stigma in families and healthcare settings discourages disclosure and adherence. Limited resources and societal norms restrict young women from accessing contraceptives and HIV services.

We have learned that empowering women through education and peer support breaks cycles of stigma and inequality. Incorporating feminist principles into HIV programming shifts the focus from victimhood to agency, enabling women to lead transformative change.

As a Programs Officer, I have seen firsthand the resilience of women living with HIV and the potential of empowered communities. Lean on Me Foundation's work underscores the importance of community-driven, gender-sensitive approaches to combatting HIV among women in Kenya. However, our efforts alone are not enough.

**Call to Action:** To policymakers, healthcare providers, and donors, I urge you to:

Invest in community-led feminist initiatives that address HIV, GBV, and teenage pregnancies. Collaborate with and strengthen grassroots organizations to amplify the voices of women and AGYW, dismantle stigma, and build solidarity. Prioritize gender-sensitive healthcare infrastructure and inclusive policies that meet the unique needs of women living with HIV. Together, we can build a future where every woman, regardless of her circumstances, has the opportunity to live a healthy, empowered life.



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## Engaging FSWs in HIV Prevention Programming to End HIV 2030: in Kapiri Mposhi District, Central Zambia.

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**Background:** Historically, there has been a greater emphasis on HIV prevention and treatment programs tailored for Female Sex Workers to HIV. This trend of HIV continues to pose a strain on gains in HIV prevention among FSWs. With epidemic control efforts increasingly shifting towards addressing structural barriers as a way to sustain current gains and an understanding of the HIV transmission among communities, there is an increasing need of including the Key Population and their sexual partners in HIV programs. With a prevalence of 11.5%, Zambia is a country with a generalized HIV epidemic (UNAIDS, 2018). Female sex workers (FSWs) are at an even greater risk of acquiring HIV, with a prevalence ranging from 46% to 73% in Zambia (Family Health International & Tropical Disease Research Centre, 2015). High numbers of sexual partners, inconsistent condom use, limited access to health care, stigma, and poverty put Zambian FSWs at elevated risk of HIV infection. FSWs in Zambia face difficulties accessing HIV testing services due to stigmatization from healthcare workers. and have since employed self-tests that have been rolled out nationally.

**Methods:** Between July 2024 and September 2024, the USAID Controlling HIV Epidemic for Key and Underserved Populations (CHEKUP II) implemented by Coalition Health Zambia, formerly John Snow Health Zambia, the Activity implemented key biomedical interventions to prevent HIV transmission and acquisition among Female sex workers (FSW) in Kapiri Mposhi District. Using a peer to peer and social network strategy, the Activity identified and trained female sex workers aged between 19 years and above from their safe spaces (brothels, truck parks, lodges, streets) and engaged them into education services and provision of high impact HIV

prevention services tailored for them. Focus group discussions were incorporated with conversations around GBV, HIV and mental health.

**Results:** Using peer to peer and social networking strategies, out of a quarterly target of 716, we reached out to 1,034 FSWs (144%). 391 were tested for HIV out of which 39 tested positive and all put on ART, 118 were put on oral PrEP, 1,034 received condoms and all screened for STIs as well as screened for mental health and offered Psychological First Aid.

**Conclusions:** When female sex workers are provided with information about HIV prevention and are provided with high impact HIV prevention biomedical services, HIV acquisition will reduce among communities. Mental health and psychological support is a key component of HIV prevention.



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## Impact of Drug Addiction in Pregnant Women, Consequences on the Health of the Fetus Until Birth - Cases of Sex Workers in Kinshasa DRC

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**Background:** In the DRC, mainly in Kinshasa, many pregnant sex workers are addicted to drugs and this affects the development of the foetus and health of the baby at birth.

This involves several types of harm due to drug use, alcohol and tobacco during pregnancy, with potential long-term risks for the newborn.

**Methods:** A study was carried out by the National Program for the Fight against Drug Abuse (PNLCT) and the National Program for the Fight against HIV (PNLS) in the Pakadjuma district (a district of the capital known for sex workers) in Kinshasa with sex workers who are pregnant and those who have children under one year old. This 2-year study involved the medical bodies responsible for PMTCT and older women mentors.

**Results:** This study revealed significant risks for the health of the developing foetus such that out of 1,832 who were interviewed, 217 pregnant sex workers women had miscarriages, or 11.8%. 839 of them had their babies born prematurely, or 45.7%. 437 pregnant sex workers lost their babies before birth, or 23.8%. 201 of them, or 10.9%, had low birth weight babies, finally, 138 of these women, or 7.5%, had babies with congenital malformations.

**Conclusion:** Women sex workers are part of the key at risk population and suffer stigma and discrimination of all kinds.

However, programs are put in place to raise awareness, train and care for these pregnant women on the dangers of drug addiction during pregnancy as well as access to adequate support to help them overcome their addiction.





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## **Study on HIV Status Disclosure and Treatment Adherence Amongst Support Group Members in Mushin Local Government Area (LGA), Lagos State**

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Human Immunodeficiency Virus (HIV) remains a significant global health concern, particularly in sub-Saharan Africa, where the burden of the epidemic is highest. Lagos State, in Southwest Nigeria, faces a significant challenge with HIV prevalence, particularly in the Mushin Local Government Area (LGA). This study investigates the relationship between HIV status disclosure and adherence to Antiretroviral Therapy (ART) medication among members of the God is Good Support Group in Mushin LGA, Lagos State, Nigeria. The study used a qualitative framework design and conducted semi-structured interviews with twenty members of the support group who were purposely selected due to the specific nature of the target population. Collected data was manually transcribed, while thematic analysis was used to analyze the interview data. The results showed that the majority of participants in the support group had disclosed their HIV status to their partners, and those who hadn't disclosed often confided in children or close relatives. Participants reported receiving strong support from their confidantes after disclosure. Participants believed that effective treatment adherence is crucial for achieving viral suppression, and a significant majority believed that disclosing their HIV status helped them achieve viral suppression. Most participants had positive experiences disclosing their status to partners, with nearly all reporting supportive partners. Only a small minority reported negative impacts on their sexual life, suggesting that disclosure may not necessarily harm relationships. Based on these findings, the study concludes that there is a high level of disclosure among support group members, and participants with good

adherence were more likely to have disclosed their status. Disclosure was associated with achieving viral suppression, potentially due to the support received. The study suggests that strengthening support groups through funding from local, state, and international organizations could be beneficial in encouraging disclosure and improving health outcomes for individuals living with HIV.



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## Optimizing Tuberculosis (TB) Case Detection with a Parallel and Bi-directional Diagnostic Methodology Using MTB/RIF GeneXpert® and Urine TB LF-LAM®.

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**Background:** The endemic nature of TB infection in Nigeria requires that the nation's TB diagnostic tools and algorithms be reassessed towards meeting the current global trends in TB case-detection. Also, the incidence and prevalence of both Pulmonary tuberculosis (PTB) and Extra-Pulmonary tuberculosis (EPTB) needs to be well ascertained in order for Nigeria to know her true TB prevalence.

**Study Objective:** To verify a bi-directional TB diagnostic methodology and an algorithm that can be used to establish the true prevalence of TB in Nigeria.

**Materials and Methods:** 365 presumptive TB clients from seven (7) high-volume healthcare facilities in Plateau State, North-Central Nigeria participated in this cross-sectional study. Ethical approvals for this study were obtained from the Plateau State Ministry of Health and the Plateau State Specialist Hospital (PSSH) Research and Ethics Committees. This study took place between March and August 2024. Randomly presenting participants who consented were asked to produce sputum samples into sterile wide-mouthed sputum containers; same clients also produced mid-stream urine samples into sterile universal containers, simultaneously. The sputum samples were aseptically processed and assayed for Mycobacterium tuberculosis (Mtb) and Rifampicin (RIF) resistance detection on the GeneXpert® machine. The urine samples were tested for the presence of Mtb Lipoarabinomannan (LAM) glycolipid using the Urine TB LF-LAM® kit. Obtained data were

statistically analyzed using the Student's t-test, Pearson's correlation coefficient, and simple percentages with the Excel data analysis ToolPak.

**Results:** Analysis of obtained data indicates that 182 (49.9%) of the participants were males, while 183 (50.1%) were females. 31% (57/182) males had TB infection, while 30% (54/183) of the female participants had TB infection. 19% (70) of the participants were People Living with HIV (PLWH); with 33% (23/70) Mtb detected. 81% (295) were none HIV clients; with 30% (88/295) Mtb detected. 8.4% (31/111) of the total Mtb cases were detected by the MTB/RIF GeneXpert® method, while 22% (80/111) of the total Mtb cases were detected by the Urine TB LF-LAM® method. At 95% CI, the obtained p-value of 0.018104, and a calculated correlation coefficient (r) value (r=1) obtained reveals a significant association and a perfect positive correlation between the bi-directional diagnosis of TB using this parallel methodology, and an increased Mtb cases detection.

**Conclusion:** 30.4% (111/365) of the study population were Mtb detected, with all Mtb detected clients placed on TB treatment regimen. In this study, the high sensitivity of the MTB/RIF GeneXpert® at detecting PTB and the high specificity of the Urine TB LF-LAM® at detecting EPTB has been synergized in a parallel algorithm. It is believed that the application of this testing methodology in a parallel algorithm would help facilitate the increasing detection of TB cases in Nigeria; thereby aiding Nigeria towards establishing her true TB prevalence.

**Recommendation:** [1] Ratification and Introduction of TB bi-directional screening in all Presumptive TB clients using MTB/RIF GeneXpert® and the Urine TB LF-LAM® in a parallel algorithm.  
Key Word: TB, PLWH, Advanced HIV Disease (AHD), Lipoarabinomannan (LAM), RIF (Rifampicin), Pulmonary TB (PTB), Extra-pulmonary TB (EPTB)



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## The Role of Communities in Empowering Women Living with HIV

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**Background:** Women living with HIV can be left out in community activities if they are not recognized. Community led empowerment can be a very powerful and effective tool for women living with HIV as their life can be affected by a lot of stigma and discrimination in the society. Employment opportunities for these people in a society goes a long way in eradicating poverty and encourages inclusiveness.

**Methods:** 40 women aged between 18 and 50 and living with HIV were involved. through whole group discussions at the clinic, whatsapp groups and surveys were used on how best the can be empowered to live a better life.

**Findings:** Women living with HIV need to empowerment, through education , financial means and participation in community activities taking up leadership roles in order for them to have the ability to make choices and take control of their own lives unlike being dependent on other people to decide on behalf of them. Education makes them aware of their surroundings and boosts confidence and the belief that they can accomplish anything. It helps them set achievable goals despite the fact that they are living with HIV. Lack of awareness leads to fear, confusion and misinformation among communities . Education is a powerful tool for empowering these women. Teaching can be done in indigenous language and helps empower them educationally as well as culturally. Economic empowerment is the best way to assist women living with HIV as it gives them the power to control their lives and be able to make financial decisions. Education on how to manage these finances through self help projects can be implemented. Micro-lending programs can be initiated through non-governmental organisations that work in the community.

Economic empowerment allows people the ability to think beyond simply surviving from day to day and take control of their financial future and overall economic well being. Projects like detergent making, gardening and poultry can be done at a small scale by individuals.

High levels of personal empowerment are generally connected to attributes such as high self-confidence and self-esteem. If you're individually empowered, you don't necessarily believe you can accomplish anything, but you do understand your strengths and weaknesses and take action to transform your own life.

**Recommendations:** Involvement of the whole community is needed to ensure that people living with HIV in the society are well catered for when it comes to education and financial independence goes long way in making their lives easier and closes the gap between them and the whole society.

Once the whole community embraces women living with HIV, they feel they are part of the society as the become involved in all sorts of community activities.



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## ‘Darling I’m Looking Out for My Well Being’: Unpacking the Stigma that Hinders Married African Women from Embracing PrEP for HIV Prevention

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Pre-Exposure Prophylaxis (PrEP) offers effective HIV prevention and it is publicly available world wide. However the effectiveness of PrEP in reducing the risk of HIV transmission among married African women remain a big concern and challenge. This research delves into the underlying factors contributing to the stigma that prevents married African women from adopting pre-exposure prophylaxis (PrEP) as a preventative measure against HIV. It will explore how cultural expectations and marital dynamics contribute to their reluctance to use Pre-Exposure Prophylaxis (PrEP), highlighting the intersection of gender, health, and societal norms.

**Methods:** Both qualitative and quantitative methods were used to gain a comprehensive understanding of the stigma surrounding PrEP usage among married african women .Through personal stories and community insights, Conducted 10 focus group discussions with 50 women ages from 18-50 years and individual interviews with 10 participants from different African countries. Women not using PrEP were invited from community settings using a criterion based snowball sampling technique. Qualitative data were coded and analysed thematically, using a team based consensus approach for final coding, analytical decisions and data interpretation

**Results:** Women clearly understood the importance and benefits of PrEP ,focusing on their right to health as well as protecting themselves but their thoughts is challenged by concerns about trust, infidelity assumptions, cultural expectations as well as societal expectations regarding their sexual health which contribute to their reluctance. The findings provided insights into the cultural

stigmas that perpetuate these barriers and propose policy recommendations to empower women to protect their health without facing societal judgement or personal repercussions.By examining the role of stigma within marriages, communities, and healthcare systems, this research aims to unpack the hidden struggles these women face and identify

**Conclusion:** By examining the role of stigma within marriages, communities, and healthcare systems, this research aims to unpack the hidden struggles these women face and identify strategies for promoting PrEP access and uptake.through personal stories and community insights, the discussion will reveal the silent barriers that prevent women from prioritising their sexual health while advocating for change in public perceptions and health policy.it is crystal clear that there is an emergency need for strategies for promoting PrEP access and uptake among african married women.



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## Healthcare Needs Assessment for Transgender Persons in Beyond Zero Funded Districts Within South Africa

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**Background and Motivation:** The healthcare needs evaluation of transgender individuals who are Beyond Zero sponsored sub-recipients is the focus of this study. With a clear goal of being the premier supplier of sustainable solutions for health and quality of life in Southern Africa, Beyond Zero is one of the three main recipients of the Global Fund award in South Africa. This study aims to investigate the impact of certain hormones on the psychological, physical, and mental wellbeing of transgender individuals, as these individuals use these hormones to facilitate their transition. Many times, we think that hormones will be enough to support a person through a transition, but we also need to take into account the impact these hormones have on emotional, physical, and psychological aspects of life as well as how each person views themselves at this time. Additionally, there is a dearth of research on the effects that these hormones have aside from their primary purpose, which is the gap that the study aims to fill.

**Methodology:** The study utilized a quantitative research design, including a probability sampling technique to choose participants. The respondents were given a survey consisting of 21 questions via the electronic survey tools Typeform and Googleform. Through an electronic link, the survey was distributed to 46 responders, but only 40 of them finished it.

**Main results and Findings:** According to the survey, 40% of respondents were born female, and 55% of respondents were born male. The 5% say that their birth assignment was "other." This suggests that not every person is born with a male or female gender assigned to them. Moreover, several different gender identities were observed following their transformation. 10% identified as gay, 15% as gender non-conforming, and 40% of transgender people finished the process and

became female (20%). Additionally, just 60% of respondents reported having access to gender affirming healthcare, and 80% of those respondents said they were not currently receiving hormone therapy. It's also important to note that, among those given access to the GAH, just one respondent expressed satisfaction with their physical appearance, and the majority of respondents said they did not anticipate changing how they looked after using the hormones. In the previous 12 months, more than half of the respondents said they were in good physical health. On the other side, reports throughout the same time frame indicated that their mental health was either good or bad.

**Conclusion and relevance:** The findings have demonstrated that gender continues to play a role in an individual's identity and that an individual's self-identification may differ from our own. Moreover, it appears that there are other gender identities that people identify with besides male or female. Further investigation into these gender identities would be fascinating. It's also crucial to recognize that an increasing number of people feel good about their physical and emotional well-being when using hormones.



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## A Study to Establish the Role of Financial Incentives During Cervical Cancer Screening Among Women Aged 18-49 on Antiretroviral Therapy At Lumbadzi Health Center, Lilongwe, Malawi

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**Background:** Rural women on antiretroviral viral therapy are at the higher risk of developing cervical cancer due to compromised immunity among others. Introducing effective screening programs for early cervical cancer detection would significantly reduce the overall burden, however, there has been low participation and acceptability Cervical cancer screening (CSC) despite free screening services in most low middle-income countries.

**Purpose:** We sought to explore the role of financial incentives as an intervention to improve cervical cancer screening-uptake, adherence, participation and acceptability among rural women on ART at Lumbadzi Health Center

**Methods:** We purposely and conveniently recruited women aged 18-49 that consented from the Lumbadzi ART cohort. Qualitative interviews were conducted to 20 participants who received financial incentive (FI) at least once on their initial, subsequent or post-screening visits at the facility. Data were collected using verbatim, transcribed and analyzed using qualitative content analysis using NVIVO software.

**Results:** Most clients had a positive attitude towards the offer of transport money incentive, however, other barriers and facilitators to low screening rates like long distance, long waiting time, fear of positive screening results, male providers, in adequate information on CC in rural areas were also among barriers established which needs interventions to promote screening rates beyond incentives.

**Conclusion:** We conclude that FI is an effective method which can promote CCS rates, acceptability and rural participation. We recommend that the other established barriers and facilitators to CC screening need interventions to improve screening rates alongside use of incentives if available.

**Study Limitations:**

- Names of the funders were not included in this study, permission to publish their names was not given.
- Women over 49 years and above were not included since the main target group were women within reproductive age (18-49yrs) with possible high sexual orientation.

The study was only done at Lumbadzi Health Centre, need to explore the FI in other rural settings to identify other barriers and response to this intervention.

**Take Home Messages:**

- **Participation Boost:** The introduction of transport reimbursements significantly increased the participation of rural women living with HIV in cervical cancer screening programs.
- **Effective Incentives:** Transport reimbursement proved to be an effective incentive, helping to overcome the barrier of transportation costs, which is a major obstacle for women in rural areas accessing healthcare services.
- **Targeted Interventions Work:** Offering specific incentives like transport reimbursement in rural healthcare settings can lead to higher engagement and better health outcomes in vulnerable populations, such as WLWHIV whilst being mindful of Incentive deadlines to avoid dependency.





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## Intersecting Vulnerabilities. The Impact of Gender Based Violence, Teenage Pregnancy on Adolescent Girls and Young Women (AGYW)

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Adolescent Girls and Young Women (AGYW) living with HIV face a complex intersection of vulnerabilities, compounded by gender-based violence (GBV) and teenage pregnancy. MOYOTE with support of African development fund (AWDF) established a safe house for survivors of gender based violence. During the implementation a study, was conducted to explore the relationship between HIV, GBV, and teenage pregnancy among AGYW. Through two focus group discussions (FGDs) with 11 participants each, and one-on-one questionnaires with 41 randomly selected beneficiaries, the study examines how experiences of GBV, including physical, sexual, and emotional abuse, increase AGYW's vulnerability to both HIV infection and early pregnancies. The results indicate that AGYW who have experienced GBV are at significantly higher risk of HIV acquisition and teenage pregnancies, exacerbating their social and economic challenges. Limited access to education, healthcare, and social support were also identified as key factors contributing to their vulnerability.

**Results:** The findings highlight that nearly 80% of participants reported experiences of GBV, which were strongly linked to higher rates of unprotected sexual activity and early pregnancies. Furthermore, participants identified a lack of knowledge about HIV prevention and reproductive health as contributing to their heightened risk. Participants also expressed a need for improved healthcare services and safer community spaces to address these intersecting vulnerabilities.

**Lessons Learned:** The study revealed that addressing GBV and HIV prevention in isolation is insufficient. The need for a more integrated approach that includes gender empowerment,

comprehensive sexual and reproductive health education, and community-based support systems became evident. Additionally, there is a need to foster safe spaces for AGYW to openly discuss their experiences of violence and its connection to HIV and teenage pregnancy.

**Recommendations:** To mitigate the compounded risks faced by AGYW living with HIV, the study recommends the implementation of multi-sectoral interventions that integrate sexual and reproductive health services with gender-based violence prevention and response. Additionally, efforts should focus on providing AGYW with access to education, healthcare, and community-based support. Empowerment programs aimed at reducing gender inequalities, promoting sexual health literacy, and providing psychosocial support for survivors of GBV should be prioritized to break the cycle of vulnerability.



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## Nutritional Support and Care for Pediatrics (0-4 years) Living with HIV: An Anchor to Reducing HIV-Related Mortality

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**Context:** In 2023, Zimbabwe recorded a total of 5,644 HIV-related deaths across the 0-24 age groups. The USAID-funded Zingane\_OVC project, operating in seven districts (Bulawayo, Lupane, Kwekwe, Gweru, Bulilima, Insiza, and Gwanda), reported 19 HIV-related deaths among children and adolescents living with HIV (CALHIV) in a cohort of 7272 CALHIV during the same period. Of these, almost half (21%) were attributed to malnutrition with 37% of these occurring in the 0-4 age group.

Zimbabwe continues to battle a viral load suppression rate of 84% among CALHIV, despite the CALHIV enrolled in the Zingane\_OVC project surpassing the 95% suppression rate, the 0-5 years had a suppression rate below 95%. Targeted interventions are required to support nutrition in CALHIV during the post weaning and independent eating stages of child development to improve health outcomes and achieve epidemiological control.

**Lessons Learnt:** A significant portion (46%) of HIV-related deaths among CALHIV were due to malnutrition. This highlights the need for integrated nutritional support within HIV care programs.

The highest malnutrition related mortality rate was observed in the 0-4 age group, indicating high vulnerability to malnutrition and need for early nutritional support and continuous monitoring post the breastfeeding stage.

Viral load suppression for the 0-4-year-old, particularly the post weaned CALHIV is largely anchored on nutrition, in cases of low malnutrition this age group battles with low Viral load suppression resulting in death.

**Recommendations:** 1. Strengthen case management-led home visits for the CALHIV – interventions informed from continuous vulnerability assessments, tracking nutrition and developmental milestones.  
2. Develop joint comprehensive nutritional support referral programmes within HIV care initiatives at district and community levels. Focusing on nutritional assessments, referral to providers of fortified foods, and nutritional education and counselling for caregivers.  
3. Strengthen the existing mother baby pair curriculum and reach all 0-4-year-olds with tailored nutritional support to address the unique needs post-weaning.

**Conclusion:** Tracking and improving nutrition outcomes for CALHIV particularly at post weaning and independent child development stage contribute to epidemiological control. The nutritional vulnerability highlights the need for targeted parenting interventions and acute monitoring of children to enhance viral load suppression and reduce mortality. The Zingane\_OVC project is complementing the MOHCC to improve the overall well-being of CALHIV through dedicated, data-driven, and community-focused efforts.



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## Spreading Our Network, Weeding Out Our Challenges, Strengthening Our Resolve. Lessons Learnt from Our Second Year as the STREAM Network

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Our STREAM Network consists primarily of African women living with HIV together with our partners, who are skilled trainers in gender-transformative social norms change with communities. We document here the nuts and bolts of our second year of network building to advance our collective SRHR. Our approach is built upon a clear evidence base: both in terms of the effectiveness of this community-based gendered social-norms change programme (Stepping Stones) (and other activities) to reduce VAWC and advance our SRHR; and in terms of the unique power of vibrant independent women's rights movements to reduce VAW in societies. Our work is designed to be effective, ethical and sustainable. Our Kenyan-based Secretariat has continued to coordinate our diverse international STREAM community, consisting of women and men living with HIV and our skilled accredited trainer partners, across genders and generations. We have continued regular online meetings, to strengthen the organisational, governance and contextual structure of our Network, and to review our resulting successes and challenges.

**Funding:** We collaborated to review potential funding sources; to submit a seed funding grant from UNAIDS; and a major proposal to another donor.

**Governance:** We worked to develop our organisational governance structures.

**Literature review:** We critiqued together current uses of older Stepping Stones materials by different donors and their grantees.

**Documentation:** We submitted an abstract about our approach and challenges to AIDS2024 and applied for scholarships.

We have successfully held regular update calls with over half our membership. Others had internet challenges, so caught up afterwards.

Through these, our successes include:

- a) Membership: expanded our Network from 7 to 9 country pools. STREAM now includes members from 6 African countries (Cameroon, Kenya, Malawi, Tanzania, Uganda, Zimbabwe), 1 in Latin America and 2 in Asia.
- b) Funding: successfully received some UNAIDS seed funding. While our major donor bid was not successful, our post-submission review confirmed our unilateral positive learning from the experience.
- c) Governance: developed structures needed to register STREAM country pools.
- d) Substance: strengthened resolve to ensure scientifically up-to-date, rights-based women's rights-led community-centred programming, aligned with the ever-growing evidence base.
- e) Our AIDS2024 was accepted, though with no scholarships.

**Reported challenges include:** f) Funding: ongoing severe funding challenges undermine our collective vision of gender-transformative social norms change with and through our own communities, despite the clear evidence base for our approach. Most donors set criteria which do not align with our vision or circumstances. g) Substance: meanwhile donors continue to fund other organisations to use outdated, or maladapted top-down versions of our SRHR materials, which eg omit gamechanging U=U messaging to and within communities; focusing primarily on HIV reduction, with scant attention to holistic, community-wide SRHR. Such adaptations often fuel blame, and risk disempowering and harming women and girls.

**Conclusion:** As we build our organisational and governance structure, with considerable volunteer effort, we request donors to invest in this evidence-based approach and crucial core funding, which will result in sustained gender-transformative social norms change. Our holistic approach in and with communities will enable us to achieve our SRHR.



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## Determinants of Increased Antenatal Viral Load and Adverse Pregnancy Outcomes in Pregnant Women Living with HIV

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**Background:** An estimated 1.3 million HIV-positive women are pregnant annually. Without any intervention, the mother-to-child HIV transmission rate ranges from 15% to 45%, with maternal HIV viral load being the strongest risk factor. This study investigated the determinants of elevated antenatal viral load and its association with adverse pregnancy outcomes in African women.

**Methods:** This is a secondary analysis of data collected in a randomized controlled trial conducted in Gabon and Mozambique (2019-2023) evaluating dihydroartemisinin-piperaquine for malaria prevention in HIV-positive pregnant women. Pregnant women attending their first antenatal care visit were enrolled and monitored until delivery. Descriptive statistics, and bivariate and multivariable logistic regression analyses were conducted to identify factors associated with high viral load and its association with adverse pregnancy outcomes.

**Results:** Among 666 enrolled women, 35% (n=232) presented with high viral load (>150 copies/ml). Anaemia at baseline (OR 1.75, 95% CI 1.18-2.59, p=0.005) and delayed antenatal care antiretroviral therapy (ART) initiation (OR 7.71, 95% CI 5.04-11.81, p=0.000) were significantly associated with high viral load. Regarding the adverse pregnancy outcomes, high viral load was associated with a three-fold increased risk of placental malaria (OR 3.28, 95% CI 1.54-7.11, p=0.002).

**Conclusions:** Anaemia and delayed ART initiation were associated with elevated viral load, which in turn increased the risk of placental malaria. These findings highlight the need for comprehensive

antenatal care, including early ART access, to improve pregnancy outcomes and reduce vertical transmission risk. Further research should explore the interplay between viral load and placental malaria.



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## Improving Sexual and Reproductive Health Outcomes for Adolescent Girls in the Kenya through an Integrated HIV Prevention Program

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**Background:** In Kenya, adolescent girls encounter various obstacles in accessing sexual and reproductive health (SRH) services. Furthermore, they frequently lack knowledge about HIV prevention, which puts them at significant risk of unintended pregnancy and HIV infection. This abstract emphasizes the importance of a youth-led strategy that offers both preventive measures and comprehensive support to enhance the SRH outcomes of adolescent girls in Kenya.

**Description:** LVCT HEALTH partnered with Nairobi Youth Advisory Council to organize a community dialogue in Nairobi county aimed at improving sexual and reproductive health outcomes for adolescent girls in Kenya through an Integrated HIV Prevention Program. The objective of the dialogue was to gain insight on the experiences and viewpoints of young individuals on SRH. Through this participatory approach, the program was tailored to meet the specific needs and aspirations of adolescents and youth in Kenya.

**Lesson Learned:** Engaging young people in addressing the issues that affect them empowers them to take ownership of the program, making it more relevant and acceptable within the target population. Additionally, tailoring sexual and reproductive health information and services to the cultural preferences and backgrounds of adolescents increases engagement and willingness to seek help. Moreover, the use of peer support networks is instrumental in reaching a wider audience and providing confidential support.

**Next Steps:** In order to improve and maintain the effectiveness of the HIV prevention program, it is important to incorporate comprehensive sexuality

education into school curriculums. This will provide students with a well-rounded understanding of sexual and reproductive health. Additionally, healthcare providers should receive ongoing training to ensure they can offer confidential and non-judgmental care to young people seeking services. Finally, building relationships with policymakers and other key stakeholders will help secure the necessary support and resources to sustain the HIV prevention program in Kenya.



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## U=U in PMTCT: Methods and Effectiveness in DRC Case of Kongo-Central Province

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**Background:** As part of universal health coverage, the DRC has adopted a plan to eliminate the mother-to-child transmission of HIV through the prenatal consultation service. This is where the key U=U strategy comes to improve the PMTCT. The more women know this principle, the more they are aware, they get screened, obtain the results, and accept medical treatment to stop mother-to-child transmission. Mothers under ARV are undetectable and untransmittable.

**Methods:** A quantitative study carried out in the Kongo-Central province in the DRC (PNMLS 2023). This study was carried out in different health centers, maternity wards and other Health Care Establishments (ESS).

**Results:** 143,655 women used the prenatal consultation service, 110,522 of these women received an HIV screening test, or 77%. 109,239 have got the results of their screenings (99%), 102 were screened HIV positive (0.1%) compared to 1.7% prevalence of pregnant women in 3 sentinel sites (according to the 2017 serosurveillance survey), 95 are on ARV prophylaxis (97%), 16 have access to the viral load (16%) and 10 of these women benefit from viral load suppression (63%). 83 exposed newborns receive ARV prophylaxis, or 91%. The number of exposed children tested at the 6-week PCR is 54, or 65%, and only 2 exposed children tested positive, or 4%, and 52 babies were born healthy otherwise dis-seronegative, therefore 96%; 2 babies are born HIV positive, therefore 4%.

**Conclusion:** U=U in central Congo proves to be very effective in pediatric care and PMTCT. However, major challenges remain for the program, including supplies that do not cover all of the province's need for HIV screening tests for pregnant women; Low coverage of PMTCT health

care facility activities at the level of offering prenatal consultation; Recurring shortages in screening tests, especially in health care facilities following low satisfaction rates during deliveries; shared supplies with the consequence of extending the delivery time of inputs from the CDR to the health zones.





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## Sunday School Life Skills Sessions

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Out of all the regions in the world, Southern Africa has the highest HIV prevalence and is the most affected by the AIDS epidemic, leaving no institution untouched. We are all challenged to come up with effective ideas to eliminate stigma and new HIV infections as well as ensure an improved quality of life. There is great urgency to work together in empowering vulnerable groups, especially the youths, with skills needed to reduce their vulnerability. Without collaboration and scalable approaches to curb the spread of HIV, the sub-region will continue experiencing unprecedented human suffering and socio-economic hardships.

Lutheran Communion in Southern Africa (LUCSA) initiated a programme which engages and equips adolescents, young people and Church Leader in Life Skills through the use of computers. Some of the areas covered in computers and Life Skills include:

- ☑ Sexual and Reproductive Health and Rights(SRHR)
- ☑ HIV & AIDS prevention, treatment, care and support
- ☑ Conflict Management and Resolution (CMR)
- ☑ Computer Driver's License (Concepts of IT, Managing Computers & using Files, Word processing, Spreadsheets, Databases, Presentations, Internet & Communication)

The Abstract explores the integration of life skills education within Sunday School curricula in the Evangelical Lutheran Church in Namibia (ELCIN), focusing on critical topics such as HIV/AIDS awareness, Sexual and Reproductive Health, and Rights (SRHR), Livelihood, Gender-Based Violence (GBV) and gender Justice, Climate change, and Mental Health. By fostering an inclusive and supportive environment, Sunday Schools can play a pivotal role in equipping young individuals with essential knowledge and skills to navigate these pressing issues. The curriculum emphasizes not

only the importance of understanding health and rights but also promotes empathy, resilience, critical thinking, and advocacy. Through interactive discussions, role-playing, and community engagement, participants gain practical tools to make informed decisions, advocate for their health, and challenge harmful norms. This holistic approach not only nurtures spiritual growth but also empowers adolescents to contribute positively to their communities, church and enhance their overall well-being.



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## Enablers and Barriers to PrEP as Part of Combination HIV Prevention in a DREAMS Programme Among Adolescent Girls and Young Women in Mazowe, Zimbabwe

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**Background:** Although the incidence of HIV in Zimbabwe has declined from 42 % in 2016 (ZIMPHIA,2016) to 38 % in 2020 (ZIMPHIA,2020), it remains unacceptably high especially among key and vulnerable populations such as adolescent girls and young women (AGYW). Females are disproportionately affected by the incidence with AGYW three times higher than their male counterparts. As the country targets zero new HIV infections and ensure 95% of the population at risk are accessing effective HIV prevention methods such as PrEP by 2025, it is important to reflect on the end user perspectives that affect uptake and effective use of such methods. PrEP, with optimum adherence, can reduce the risk of HIV acquisition by more than 95%. More than 217461 clients were initiated on PrEP in Zimbabwe. Continuation beyond one month remains very low. There are many factors that are affecting uptake and continued use, especially among AGYW. AGYW perspectives on enablers and barriers to oral PrEP uptake, utilization and adherence were gathered.

**Methods:** From January - September 2022, 11 group dialogues were conducted with 123 conveniently selected AGYW active on PrEP and those who opted out in Mazowe district. The average group attendance was 11 AGYW and the age range was 15-24 years. Verbal consent was sought, and participation was voluntary. The community dialogue guide was used to inform the conversations, and it was developed through a consultative process including peer review by members of the National Oral PrEP Technical Working Group and the Optimizing Prevention Technology Introduction on Schedule consortium.

Detailed notes from the conversations were summarized in a tabular form in excel.

**Results:** Key issues from both active on PrEP and those who opted out.

Enablers

- Continuous community education and a reliable supply chain to encourage PrEP continuation and adherence among those at risk.
  - Disclosure an important enabler as it promotes partner/family and minimizes possible Intimate Partner Violence
- \*However, in some instances disclosure brought about stigma and a lack of trust within relationships.

**Barriers:** • Social stigma felt by those at risk for HIV

- Distances to health facilities were reported as a significant obstacle to PrEP access and continuation.

**Service Delivery Methods:** The most frequently mentioned platforms of choice for accessing PrEP were community outreaches and youth friendly corners.

**Conclusion:** Community outreaches, continuous community education, reliable supply chain and disclosure to partner/family are critical enablers to PrEP uptake and continuation.



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## Beyond the Basics: a Mixed-Methods Evaluation of PMTCT Service Quality Across Selected Facilities in Nigeria

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**Introduction:** Despite significant progress in scaling up the Prevention of Mother-to-Child Transmission (PMTCT) services in Nigeria, numerous challenges persist in ensuring high-quality care that meets the complex health and social needs of HIV-positive pregnant women and their infants. With Nigeria contributing 25% of the global burden of HIV transmission between mothers and their children, and PMTCT coverage at only 35%, the country falls significantly short of the 95% target. To address this gap, a comprehensive evaluation of PMTCT service quality across selected facilities in Nigeria was conducted.

**Methods:** This study conducted a secondary analysis of the Operation Research on the Socio-Economic Determinants of PMTCT Service Uptake in Nigeria spanning 13 states across the six geopolitical zones of Nigeria. Using a cross-sectional descriptive approach, the study employed both quantitative and qualitative data collection methods. Qualitative data were gathered through Focus Group Discussions (FGDs) with project beneficiaries. Quantitative data were obtained by Interviews using semi-structured questionnaires that covered all aspects of Antenatal Care (ANC) and PMTCT services, including both providers and client factors.

**Results:** A total of 56 facilities were assessed across the 13 states. The findings revealed that 85% of facilities had integrated PMTCT programs into ANC services while 15% did not. 77% of facilities had integrated PMTCT programs into their ART program while 23% did not. 55% of facilities reported that all staff responsible for providing PMTCT services had

received refresher training specific to their area of service expertise within the past year.

Despite high levels of PMTCT integration in ANC care and over 50% of staff trained, client perspectives on service quality were mixed. Clients reported several challenges affecting PMTCT service uptake and delivery, including poor treatment by some healthcare workers, inadequate sensitization and funding, insufficient infrastructure and cultural barriers, such as the need for spousal approval and support.

**Conclusion:** The study shows a relatively high level of PMTCT program integration into ANC and ART services across the facilities. However, significant gaps exist in service delivery quality, staff training, and client satisfaction. Regular training and capacity-building activities for healthcare workers, focusing on interpersonal communication skills, client-centered care, and counseling techniques are imperative to ensure high-quality delivery of PMTCT services and achieving the 95% target by 2030.



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## Social Practices That Affect Engagement on Prep Among vAGYM and vABYM at Mbozi District Songwe

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**Introduction:** Youth people aged 15-24 years old are a key demographic target for eliminating HIV transmission globally, PrEP reduces the risk of getting HIV from sex by about 99% when taken as prescribed, despite good uptake by Key population such as Female sex workers (FSW), people inject drugs (PWID) and men who sex with men (MSM), hesitancy use PrEP has been observed in others group such as young people and people from vulnerable background (ABYM&AGYM). The aims of this study is to explore the social practices that affect engagement with PrEP among AGYM&ABYM at Mbozi district, Songwe

**Methods:** We performed a qualitative study to explore Social practices that affect engagement on PrEP among adolescent girls and young women reached in the Enabling DREAMS project at Shalom development organization (SHADO) in Mbozi district. We conducted key informant interviews (n = 15) with Shalom development Organization staff, health care providers and community leaders. Additionally, we conducted focus group discussions with young women and young men receiving PrEP and peer mentors (n = 40).

**Results:** Young people had good levels of knowledge about HIV but poor understanding of using PrEP and HIV risk is defining element of willingness to engage with PrEP. In this information vacuum, negative stigma and stereotypes about HIV and homosexuality were transferred to using PrEP, which were reinforced by cultural norms portrayed on social media, such as young people brand prEp as a "promiscuity pills" something limit demand for PrEP. In addition, social relations and partner relations also matter, if male partner in contexts of male dominance are not supportive of their partners using prEp this may prevent some AGYM from engaging with PrEP. This meant these young people in our study

were unable to make decisions about when and how to use PrEP.

**Conclusion:** The study findings describe PrEP disclosure became a tool for changing family and community beliefs around PrEP and improving PrEP use. Changes in stigma, disclosure experiences and PrEP use over time highlight opportunities for future PrEP programmes to improve PrEP effectiveness through demand creation and community education campaigns, empowerment and social support interventions, and adolescent-friendly healthcare services, with the ultimate goal of shifting social norms around HIV prevention and sexual behaviour for young men and women.



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## Pleasure Baddies: Reclaiming Pleasure through Lived Experiences

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**Session Overview:** In the context of HIV prevention, sexual health, and women's empowerment, pleasure is often a subject that is rarely discussed most HIV/SRHR related topics are in favor of risk reduction. However, for many women, particularly sex workers, pleasure is a vital aspect of sexual health that must be prioritized. This workshop aims to center the voices and experiences of sex workers, who will lead the session by sharing how they navigate pleasure, safety, and HIV prevention in their daily lives. Through these conversations, participants will learn about the intersection of pleasure, agency, and sexual well-being, and how prioritizing pleasure can empower women to make informed choices about their sexual health and reproductive well-being.

**Learning Objectives:** Understand how pleasure is an essential, yet often overlooked, aspect of sexual health for women, particularly in the context of HIV prevention.

Explore practical tools and strategies for integrating pleasure-positive conversations into HIV education and sexual health services.

**Session Format:** This will be an interactive panel discussion with sex workers sharing personal stories, challenges, and strategies for navigating their work and health with pleasure as a key component. The session will include an open dialogue where participants can ask questions, engage in discussions, and explore how these lessons can be applied to broader HIV education and prevention efforts.



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## Enhancing Retention of People Living with HIV, Through Meaningful Involvement of People Living with HIV (MIPA)

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**Background:** Retention in HIV care is a critical component for the successful management of HIV care, ensuring that patients receive continuous treatment and achieve favorable health outcomes. Kenya has made significant strides in the fight against HIV/AIDS with substantial investments in healthcare infrastructure and antiretroviral therapy programs. Retention in HIV care refers to the continuous engagement of HIV positive individuals in regular healthcare visits, medication, adherence and monitoring to achieve viral suppression. In the context of HIV care and treatment programs, addressing challenges such as death, loss to follow-up (LTFU), and treatment suppression is crucial. This study focuses on the implementation of a Meaningful involvement of people living with HIV (MIPA) strategy within HIV care in Kaptumo sub-county, initiated in 2023. Prior to intervention, retention rates stood at 65%, which significantly improved to approximately 80% by January 2024.

**Objective:** Reducing defaulters, deaths and missed appointments in order to increase retention rates.

**Methods:** In Kaptumo CCC Multi-Disciplinary Team (MDT) selected 8 volunteers, peer educators from among active CCC clients. The PE underwent a 5 days peer education training and were assigned to assist at the CCC. Their tasks included facilitation of health talk on Adherence and prevention of positive health dignity prevention (PHDP), peer counseling, management of the appointment system, enrollment of the appointment system, Enrolment of new clients into literacy classes, facilitation of psychosocial activities and defaulter tracing in MCH services. PE were also attached to MCH as mentor mother to support PMTCT and HEI clients. An assessment was done in order to determine the effectiveness of the intervention.

**Results:** Accumulative retention in care improved from 65%(339/523) in Feb 2023 to 80% (451/564) in Feb 2024, there was a decrease in percentage of deaths by 8%(1/12), while lost to follow decreased by 10/40(25%), suppression increased from 75%(392/523)% to 88(496/564). The improved accumulation retention maybe attributed to improve quality of clinical care, availability of Antiretroviral therapy drugs, the peer educator intervention, and enhance client awareness

**Conclusion:** Involvement of peer educators in this HIV care and treatment programs probably contributed to the improved retention of clients. Peer educators contribute to improving retention through; HIV education, psychosocial support activities, defaulter tracing and improved community linkages. ART programs should consider the use of peer educators to promote retention in all facilities, where access to healthcare resources may be limited and social stigma often acts as a barrier to seeking and adhering to treatment.

**Building Bridges:** Riding on the Universal Health Coverage Platform to Deliver Integrated, Quality, Equitable and Sustainable HIV Services





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## **Analysis of ICAM-1 rs3093030, VCAM-1 rs3783605, and E-Selectin rs1805193 Polymorphisms in African Women Living with HIV and Preeclampsia**

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Intercellular adhesion molecule-1 (ICAM-1), vascular adhesion molecule-1 (VCAM-1), and E-selectin are cell adhesion molecules that play a significant role in inflammation and are implicated in the pathophysiology of preeclampsia development and HIV infection. More specifically, the immune expression of ICAM-1, VCAM-1, and E-selectin within cyto- and syncytiotrophoblast cells are dysregulated in preeclampsia, indicating their role in defective placentation. This study investigates the associations of ICAM-1, VCAM-1, and E-selectin gene variants (rs3093030, rs3783605, and rs1805193, respectively) with preeclampsia comorbid with HIV infection in women of African ancestry. It also examines the susceptibility to preeclampsia development and the effect of highly active antiretroviral therapy (HAART). A total of 405 women were enrolled in this study. Out of these women, 204 were preeclamptic and 201 were normotensive. Clinical characteristics were maternal age, weight, blood pressure (systolic and diastolic), and gestational age. Whole blood was collected, DNA was extracted, and genotyping of the ICAM-1 (rs3093030 C>T), VCAM-1(rs3783605 A>G), and E-selectin (rs1805193 A>C) gene polymorphisms was performed. Comparisons were made using the Chi-squared test. Our results demonstrated that preeclamptic women exhibited a higher frequency of analyzed variants, in contrast to those with the duality of preeclampsia and HIV infection. Additionally, the C allele of the ICAM-1 (rs3093030 C>T) and G allele of the VCAM-1 (rs3783605 A>G) genes were found to have a greater role in the comorbidity and may be considered as a risk factor for preeclampsia development in women of African ancestry. In contrast, the SNP of rs1805193

of the E-selectin gene indicated that A>C was only significantly associated with HIV infection and not with preeclampsia. These findings highlight a strong association of the rs3093030 SNP of the ICAM-1 gene and of the VCAM-1 rs3783605 gene with the development of preeclampsia, indicating their role in the defective trophoblast invasion of preeclampsia. Sub-group analysis further reveals an association of the AA genotype with late-onset preeclampsia, a less severe form of disease indicating differing genetic predispositions between early and late-onset forms.



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## Determinants of Risky Sexual Behaviors among Female Undergraduate Students in Nigeria: Insights from Nasarawa State University

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Risky sexual behaviors among female undergraduate students represent a critical public health concern, yet remain under-examined, necessitating a deeper understanding of their determinants. This study explores the influence of age, socioeconomic status (SES), and cultural background on sexual risk behaviors among female students at Nasarawa State University, Keffi. Utilizing structured questionnaires with a representative sample of third- and fourth-year female students (N=261), regression analysis was employed to examine the relationships between these variables and engagement in risky sexual practices.

Findings indicate a significant association between age and risky sexual behaviors ( $p < 0.05$ ), with older female students reporting higher rates of unprotected sex, multiple sexual partners, and limited discussion of partner health history—behaviors linked to early sexual initiation. SES also emerged as a critical determinant, with female students from lower socioeconomic backgrounds engaging in riskier sexual practices at higher rates ( $p < 0.01$ ), possibly due to economic vulnerabilities that limit access to sexual health resources. While cultural background did not directly influence engagement in risky sexual behaviors, cultural practices that limit women's autonomy and decision-making power were found to affect their ability to engage in open discussions about safer sexual practices. These cultural limitations reduce opportunities for women to negotiate safer sex, increasing their vulnerability to sexually transmitted infections, including HIV.

This research reveals the need for targeted interventions that address the socio-demographic

and cultural factors influencing sexual health among female undergraduates. It advocates for university policies and health education programs that empower women with the skills to negotiate safer sexual practices and foster open discussions about sexual health, ultimately promoting safer sexual choices and improving health outcomes.



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## Community Fight Against Female Stigmatization and HIV Prevention

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Female sex workers bear a disproportionate burden of HIV and stigmatization globally, with those in sub-Saharan Africa being among the most affected. Community empowerment approaches have proven successful at preventing HIV and its stigmatization among this population. These approaches facilitate a process whereby sex workers take collective ownership over programmes to address the barriers they face in accessing their health and human rights. In my country Kenya, for instance, sex work has been always viewed as a taboo with those practising it seen as a disgrace to the community. Anyone engaged in sex work has always been left to bear the responsibility. Their main push within the community is good health and human right as any other person within the community. Limited applications of such approaches have been documented in Africa. We describe the community empowerment process among female sex workers in Majengo informal settlement, Nairobi, Kenya, in the context of a randomised controlled trial of a community empowerment-based model of combination in HIV and stigmatization prevention. The locality is a re-known havoc for sex work. This has always been attributed to its strategic geographical advantage and economic activities of the individuals residing in the area which is mainly fishing and businesses. The gap between the few rich and the many poor residents hasn't been overlooked as a factor behind sex work in the area. The research involved first hand data collection using well articulated questionnaires. We conducted 24 in-depth interviews with participants from the intervention community and 12 key informant interviews with HIV care providers, police, venue managers, community advisory board members and research staff. Content analysis was employed, and salient themes were extracted. The choice of the respondents was based on their frequent engagement with the sex workers during their daily chores. Findings reveal that the community empowerment process was

facilitated by the meaningful engagement of sex workers in programme development, encouraging sex worker ownership over the programme, providing opportunities for solidarity and capacity building, and forming partnerships with key stakeholders. Through this process, sex workers mobilised their collective agency to access their health and human rights including HIV and stigmatization prevention, care and treatment.



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## Young Female Sex Workers Providing Leadership in Addressing HIV Prevention Challenges Among Their Peers in Nairobi County, Kenya

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**Background:** Despite the significant efforts made by Kenya towards achieving the UNAIDS 90:90:90 target, there is still high HIV prevalence among the young people aged 15-24. This can be aggravated by the lack of youth friendly service provision structures and failure of engaging the young people in health systems and programs designing, implementation, monitoring and evaluation.

**Description:** Waremba Sex Workers (WSW) has been on the ground for more than 8 years working with the female sex workers consortium in Kilifi, Kenya. WSW realized that the only way to end HIV pandemic by vision 2030 is through advocating and putting in place safe spaces that offer youth friendly services. WSW has established there is an emerging trend of the young sex workers being at high risk than their older counterparts. To avert that there is need for safe spaces provide young sex workers with platforms to converge and interact freely express themselves on matters concerning them as well as seek counselling and HIV prevention services. WSW safe space would provide an environment where AGYWs feel safe, comfortable and empowered to make informed decision as they will be trained on life skills including Sexual and reproductive health matters and to contribute in decision making regarding program design and implementation. WSW has empowered young people to take leadership of programs that targets them a good example to our leadership.

**Lesson Learnt:** WSW has found out that young sex workers carrying the highest burden of HIV need accessible and friendly health services. The safe spaces has increased uptake of HIV testing services uptake among the young sex workers, access to HIV prevention services and information including PrEP and PEP and improved uptake of sexual and

reproductive health services. Young sex workers have also contributed finding solution for their own problems.

**Conclusion:** Putting in place safe spaces is the only way to ensure health services are available, acceptable, and accessible and of high quality just to the young sex workers. As young sex workers enjoy HIV and SRHR services so does the opportunities to avert HIV increase burden



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## The Role of Economic Strengthening in Reducing Poverty and HIV among AGYW

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**Background:** HIV prevalence is significantly higher among adolescent girls and young women (AGYW) compared to men in age groups ranging from 15 to 39 years, with rates increasing from 1.9% for women aged 15 to 19 years to 30.5% for women aged 45 – 49 years. In Central Province, the prevalence stands at 11.7% (ZAMPHIA 2021). Studies have pointed to poverty as a significant driver of HIV among the AGYW.

**Material and Methods:** In response, USAID CHEKUP II was designed to meet the needs of people living with HIV and those at the highest risk of acquiring HIV. This initiative focused on mitigating the epidemic and improving health outcomes for key and priority populations, particularly in high HIV-burden areas of Zambia. USAID CHEKUP II uses the method of Economic Strengthening (ES) to target positive change against poverty-driven behaviors among AGYW, such as transactional sex, by promoting sustainable livelihoods. This encompasses progressive activities such as savings groups, financial literacy, enterprise training, business start-up kits, vocational skills training, tailoring (Kozo) to income-generating activities (IGAs) for identified AGYWs who are mentored by identified local artisans during the process. This is in order to impart AGYW with practical skills to enhance their businesses, improve livelihoods, thereby reducing vulnerability to HIV.

**Results:** Between October 2023 to October 2024, 5, 859 AGYW were trained in various IGAs, including food processing, tailoring, cosmetology and jewelry. Additionally, 78 AGYW across seven DREAMS Centers successfully started their own IGAs.

**Conclusion:** IGAs have empowered AGYW to become self-reliant thereby reducing them engaging in transactional sex driven by poverty which is one of the key drivers of HIV transmission.

Therefore, recommendation is made that efforts to eliminate HIV include Economic strengthening initiatives to be sustainable.



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## Female Sex Workers in Nigeria: Population Size Estimation, Hotspot Mapping, and HIV Programming

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**Background:** Female sex workers (FSWs) in Nigeria bear a disproportionate burden of HIV, with prevalence rates significantly higher than the general population. Understanding the size, distribution, and characteristics of this key population is crucial for effective HIV prevention and treatment programming.

**Methods:** This study was conducted in twenty states in 2023. A programmatic mapping approach was used which focused on estimating the size, identifying locations, characterizing each location in terms of specific “spots” within that location and the operational characteristics of the sexual networks there (i.e., how and where FSWs meet clients/partners and where sexual transactions occur) of FSWs.

**Results:** The total number of FSWs estimated across the 20 states was 206,590 (Minimum estimate 158,567 and Maximum estimate 254,613). Delta state had the highest number of estimated FSWs (27,862) and Ekiti state had the least estimate (3,628). Distribution of FSW hotspots by spot typology showed that Street/Public Places had the highest percentage at 25.6%, Hotel/Lodge contributed 23.6%, while Home/Residential and Brothel were represented by 13.2% and 12.1% respectively. However, Street/public places hotspots were significantly higher in the northern states than in the southern states. A high level of FSW operational activities took place over the weekends: Fridays (34%), Saturday (29%), and Sunday (18%). However, significant weekday activities were recorded among the northern states compared to the southern states.

**Conclusions:** The size estimation and programmatic findings showed variations across states and time. These results could be used to

plan, design, prioritize, and set targets for HIV program efforts among FSWs, help to better characterize the drivers of the HIV epidemic, and further assist in the microplanning of HIV prevention programs and services, especially localized interventions at hotspots for Female Sex workers.



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## Acceptability of Teleconsultation Services for HIV Care in Nigeria: A Mixed-Methods Study

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**Introduction:** Access to HIV care remains challenging, especially for patients living in remote areas, despite advances in antiretroviral treatment. The acceptability of teleconsultations for routine HIV care post-COVID is not well-explored.

**Aim:** To explore factors influencing teleconsultation acceptability among people living with HIV (PLWH) and attending a tertiary center in Kano, Nigeria.

**Methods:** We used a cross-sectional mixed-methods study design. Structured questionnaires were administered to 415 PLWH, supplemented by in-depth interviews with a subsample (n = 20). Logistic regression models and thematic analysis were used for data analysis.

**Results:** Of 415 respondents, 55.7% (n = 231) expressed willingness for teleconsultations. Primary motivations included convenience/efficiency (46.7%, n = 194), elimination of travel expenses (31.8%, n = 132), and remote access to specialist care (17.3%, n = 72). Reasons for reluctance included technology distrust (61.9%, n = 260) and privacy concerns (37.1%, n = 156). Acceptance was higher among males (adjusted odds ratio (aOR) = 1.58, 95% confidence interval (CI) = 1.12–3.72), participants with at least secondary education (aOR = 1.47, 95% CI = 1.27–4.97), monthly income 30,000 Naira (aOR = 2.16, 95% CI = 1.21–7.31), currently married (aOR = 3.26, 95% CI = 1.16–5.65), and those without comorbidities (aOR = 2.03, 95% CI = 1.18–4.24). PLWH who self-assessed as being in good health (aOR = 3.77, 95% CI = 1.44–9.94), used the internet regularly (aOR = 3.12, 95% CI = 2.17–5.37), or were aware of telemedicine (aOR = 3.24,

95% CI = 2.45–7.68) were also more accepting of telehealth services. Themes highlighted the need to offer teleconsultation as an optional service.

**Conclusion:** Teleconsultation acceptance among PLWH was influenced by sociodemographic, clinical, and technology-related factors. Successful integration of teleconsultation services for PLWH in similar settings necessitates targeted educational interventions and assessment of organizational readiness.





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## The Effect of Timeliness and Completeness on the Maternal Death Surveillance and Response System

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**Background:** Maternal Death Surveillance and Response (MDSR) system provides information that effectively guides in eliminating preventable maternal mortality. The Mutare District line list missed three cases which were in the DHIS2:T5 notification system. The reported maternal deaths were notified after seven days of occurrence. We evaluated the performance of the MDSR system to determine reasons contributing to delayed notification of maternal deaths.

**Methods:** We conducted a descriptive cross-sectional study using updated Centers for Disease Control guidelines for evaluating surveillance systems. Five hospitals and eight clinics were sampled and 56 participants recruited. An interviewer-administered questionnaire was used to assess healthcare worker (HCW) knowledge of the system, assess system attributes (usefulness, simplicity, sensitivity, timeliness, flexibility, stability, acceptability, and representativeness) and reasons for underperformance. Review of maternal death notification forms was done. Frequencies, means and proportions were generated.

**Results:** The HCWs had multiple duties delaying the notification process. Some of the forms were partially completed and none of them reached the provincial's office within 14 days. The overall knowledge of participants was limited (42%). Majority of the facilities, 11/13, did not have MDSR guidelines and case definitions. However, cases were reported from both the government institutions and the private sectors.

**Conclusion:** The data quality was poor and incomplete weakening the MDSR system. Although the system was representative, flexible and acceptable, it proved not useful, not sensitive, not

simple, not timely and unstable. The limited knowledge of HCWs and the lack of MDSR forms and guidelines delayed the maternal deaths notification.



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## Peer Led Initiatives for Adolescent Women Living with HIV in Africa

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**Background:** Young women contribute more than 50% of infections in Africa according to statics and communities and peer led initiatives can go a long way to lead these young women to reduce new infections as well as improve adherence to those already living with HIV. An informed community makes better decisions about their lives as knowledge is power. If you educate a girl , you have educated a whole community.

**Methods:** 50 young women aged 18 to 25 were involved in the survey .Whole group discussions in support groups, whatsapp groups conversations and face to face interviews were done with young mothers aged 15 to 30 in Zimbabwe to have their views on how living with HIV is like and what can be done to reduce new infections in our communities through encouraging use of prevention methods, proper uptake of pills to those living with HIV and encouraging testing for those who do not know their status.

**Findings:** Community engagement is a major component to eradicate problems associated with HIV infections, testing to those unaware of their status in young mothers and adolescent girls and making it peer led can be advantageous.

By closing the information gap through sex education in schools and community centres , the young women feel this will reduce new infections and improve adherence among those taking up ARVs .

Breaking cultural barriers as communities where discussing sexual matters is a taboo need to be addressed by community leaders be it in churches or political circles.

Youth led initiatives are a welcome idea as the young women need their peers to educate them as they can discuss freely without being judged.

Medical and health services to be precise contraceptives, pre-exposure prophylaxis and post exposure prophylaxis need to be easily accessible

to them like in schools, colleges and universities and be distributed by their peers.

**Conclusion:** Putting communities and peer leaders at the core of health facilities for young women and adolescents can go a long way to ensure prevention of unwanted pregnancies and improve HIV prevention , testing and adherence among this population.

The use of modern day technology and social media is needed when dealing with young women and adolescent girls.



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## “By Chance or By Choice”. Correlates of Pregnancy Intention Among NOT Established Women Living with HIV (WLHIV) Attending Maternal and Child Health (MCH) Services: a Case Study of Siaya County, Western Kenya.

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**Introduction:** A key prong towards the elimination of mother-to-child transmission of HIV is prevention of unintended pregnancies among WLHIV in their reproductive age. This not only protects the mother's health but also prevents transmission of the virus to the child in utero, labor and delivery and breastfeeding. This study aims to examine factors associated with intended conception among not established WLHIV attending MCH services in Siaya County, Western Kenya.

**Objective:** To investigate factors associated with pregnancy intention among not established WLHIV attending MCH services.

**Methods:** A sample size of 118 was arrived at after using Yamane formula. Convenience sampling was used in selecting participants who completed an online kobo collect survey tool. Interviews covered social demographic characteristics, intention to conceive and knowledge on contraception. Criteria for being not established was as per 2022 ART guideline. Frequencies were used to analyze patient socio-demographic factors, pregnancy intention, and Knowledge of contraception. Chi-square tests and logistic regression were used to determine predictor variables.

**Results:** Between November 30th, 2023, and January 31st, 2024, a total of 118 participants were interviewed, representing 100% of the

sample size with a median age of 30\_ (IQR 25 to 35yrs). A significant proportion (80.5%, 95) had been on antiretroviral therapy (ART) for more than a year with majority (61.9%, 73) in monogamous relationship and predominantly in postpartum (66.1%, 78). Majority of the respondents (60.2%, 71) never intended to get pregnant. Of those who intended to get pregnant, majority were between 25 to 30 years (40.4%, 19), were on ART for more than 1 year (83.0%, 39), married monogamous (72.3%, 34) and in postpartum period (63.6%, 28). Age ( $X^2 = 14.24$ ,  $df=4$ ,  $p=0.007$ :  $r=16.41$ ,  $df=4$ ,  $p=0.003$ ) and marital status ( $X^2 = 9.04$ ,  $df=4$ ,  $p=0.004$ :  $r=11.8$ ,  $df=4$ ,  $p=0.025$ ) had Pearson Chi-Square and likelihood ratios suggesting significant association with pregnancy intention at 0.05 level of significance. However on logistic regression only age (OR=0.683, CI=0.510-0916) was found to be statistically significant. Of the age brackets, respondents aged between 31-35yrs (OR=43.99, CI=1.53-126.58) and 35- 40yrs (OR=16.2, CI=10.3-81.87) were found to be statistically significant as predictors of pregnancy intention among the respondents.

**Conclusion:** Findings highlight the role of marital status and age play in influencing pregnancy intentions. This should be addressed alongside the importance of engaging men in sexual and reproductive health counselling about child spacing for the health of women.



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## Resilience and Recovery: Supporting Pregnant and Breastfeeding Adolescent and Young Mothers Through Mentorship and Empowerment

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**Introduction:** Adolescents and young persons (AYP) aged 10-24 make up 34% of Kenya's population. Busia County has a high teenage pregnancy rate of 18%, with Butula Sub-County at 26%. Adolescent motherhood brings significant challenges impacting physical, emotional, and socio-economic well-being. Butula Sub-County has implemented a mentorship and empowerment program aimed at helping young mothers build self-esteem, set goals, and access education and career opportunities.

**Methodology:** Thirty teenage mothers from Khunyangu Subcounty County Hospital antenatal and postnatal clinics were selected for voluntary intervention. They were informed about the importance of discussing their HIV status as future mentors. The program aims to empower these adolescents to mentor peers, reintegrate into education and vocational training, avoid repeated pregnancies and build resilience. Of the 30, 25 were HIV-positive and 5 HIV-negative. The cohort was established in October 2023, with the first meeting held on 09/10/23. Meetings are bi-monthly, focusing on a curriculum covering topics like Adolescent Growth, Hygiene, Relationships, STIs, Mental Health, Substance Abuse, Nutrition, and Career Choices.

**Results:** As a longitudinal study, it has short-term and long-term outcomes. All participants have covered most topics as per Kenya National Adolescent Package of care, Career Choices and Life Skills among others. All 25 HIV-positive adolescents are virally suppressed, while the 5 HIV-negative participants remain seronegative and

are currently on PrEP. Two have enrolled in vocational training – one in plumbing and the other in hairdressing. The group has been trained on dynamics, registered with Social Services as a Self Help Group, they applied for youth empowerment and UWEZO funds which they received in October, 2024. They have started 2 business projects in beauty salon and cosmetics and cafeteria with outside catering services.

**Conclusions and Recommendations:** This study will continue to track progress as the mentorship program unfolds. Future efforts should focus on leadership training and expanding vocational and skill development opportunities through partnerships. Adjustments to the program will be based on participant feedback and needs, aiming to improve the AGYW's skills and economic prospects.



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## Evaluating the Perceptions of Health Care Workers in Nigeria on the Potential of Machine Learning for Enhancing Retention of Women in HIV Care

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**Background:** Retention in HIV care is essential for achieving positive health outcomes, especially for women who face challenges in maintaining long-term engagement with health care services. In sub-Saharan Africa, women living with HIV encounter social, economic, and cultural barriers, making it difficult to adhere to clinical appointments and antiretroviral therapy (ART). Treatment interruption and other risk factors would be decreased by integrating an ML model at the initial point of care. This study aims to evaluate health care worker perceptions of ML and its role in improving retention of women in HIV care.

**Methods:** In 2024, the ML project evaluated the perceptions of health care workers regarding the use of machine learning (ML) in retaining women in HIV care in Cross River State, Nigeria, using a descriptive study design. We used purposive sampling to identify health care professionals directly involved in HIV care, including record staff (monitoring and evaluation), data entry clerks, lab technicians/scientists, case managers, clinicians, pharmacists, and administrative staff, and administered a quantitative questionnaire to explore the benefits and challenges of implementing ML-driven interventions to retaining women in care. The key variables of Awareness, Usefulness, Use, Adoption, Impact, and Trust were identified from existing literature and analyzed using descriptive statistical methods, including mean, frequency, and Pearson correlation.

**Results:** A total of 165 health care professionals were surveyed, with mean scores for Awareness (4.70), Perceived Usefulness (4.60), and Ease of Use (4.60), indicating that health care workers were aware of ML and believed it could be

effectively integrated into their work, with 5.0 being the highest possible mean score. Similarly, strong scores in Willingness to Adopt (4.52), Impact on Care (4.43), and Trust (4.45) showed that they were open to adopting ML and trusted its ability to improve patient retention. However, there were concerns about Challenges and Barriers (mean score: 3.47), including data confidentiality, resource limitations, and ethical dilemmas, which could hinder the implementation of ML in HIV care programs.

Pearson correlation analysis revealed significant relationships between key variables. Awareness had a moderate positive correlation with Perceived Usefulness ( $r=0.434$ ,  $p<0.001$ ) and Ease of Use ( $r=0.570$ ,  $p<0.001$ ), indicating that greater awareness is associated with stronger perceptions of ML's usefulness and ease of use. Trust in ML correlated positively with Ease of Use ( $r=0.190$ ,  $p=0.014$ ) and Impact on Patient Care ( $r=0.644$ ,  $p<0.001$ ). Willingness to Adopt was positively correlated with Perceived Usefulness, Ease of Use, Trust, and Impact on Care, while Challenges and Barriers were negatively correlated with Awareness, Perceived Usefulness, and Ease of Use.

**Conclusion:** The study shows a favorable view among Nigerian health workers of ML's potential to enhance retention of women in HIV care. High levels of awareness, perceived usefulness, ease of use, trust, and willingness to adopt reflect readiness to integrate ML into practice. However, challenges like resource limitations and data confidentiality concerns must be addressed through targeted interventions and infrastructure improvements to fully leverage ML's potential in enhancing HIV care retention in women.



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## Factors Associated with Two Years Retention in Care Among Adolescents Living with HIV in Dodoma Municipality.

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**Background:** Retention in HIV care services is an essential requirement for adherence to antiretroviral therapy and viral suppression, to avoid significant Human Immunodeficiency Virus-related illness and death. The United Nations Programme on HIV and AIDS 95-95-95 strategy outlines the goal of retaining 95% of individuals enrolled in HIV care. However, achieving this target has been challenging particularly in adolescents aged 10-19 years. To attain the objective of ending the AIDS epidemic by 2030, it is important to understand the demographic and clinical factors that are associated with adolescents' retention in care.

**Objective:** To assess the factors that are associated with retention in care among adolescents living with HIV/AIDS in Dodoma Municipality.

**Methodology:** This was a retrospective cohort study using data from the Care and Treatment Clinic database. The study involved adolescents between the ages of 10 and 19 living with HIV who were registered and attended CTC services in 5 clinics in Dodoma Municipality between July 2014 and June 2023. The key outcome variable was retention in care. Multivariable modified Poisson regression was used to examine the independent factors associated with retention in care. Relative risks (RR) and 95% confidence intervals (95% CI) are reported.

**Results:** A total of 291 records of adolescents were included; 206 (70.8%) were females. The proportion of adolescents who were retained in care over a 6, 12, and 24-months period was found to be 82.8%, 77.3%, and 72.9% respectively. Adolescents aged 10 to 14 years

(adjusted RR= 1.49; 95% CI 1.29-1.74) and those initiated on Dolutegravir based regimen (adjusted RR=1.34; 95% CI 1.16-1.54) were more likely to remain in care at 24 months.

**Conclusion:** A two-year retention rate among adolescents living with HIV in Dodoma Municipality was lower than the UNAIDS 2030 target of 95%. Age and ART regimen at initiation were associated with retention in care. Tailored interventions need to be implemented to improve retention in care especially among older adolescents aged 15 to 19 years



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## Empowering Women, Enriching Communities: The Transformative Impact of Savings Groups in the DREAMS Initiative, Kapiri Mposhi District, Zambia.

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**Background:** HIV prevalence is markedly higher among Adolescent Girls and among young women than men in age groups from ages 15 to 39 years ranging from 1.9% for women aged 15-19 years to 30.5% for women aged 45-49 years with Central province standing at 11.7% according ZAMPHIA 2021 HIV/AIDS Impact Assessment. AGYW are at a higher risk of contracting HIV due to assortment factors linked to, transitional sex, lack of Financial Education and entrepreneurial skills etc. To that result numerous methodologies have been engaged to address the gaps, models of Economic Strengthening among AGYW under the USAID CHEK II project under DREAMS initiative has a different story.

**Materials/Methods:** The USAID Controlling HIV Epidemic for Key and Underserved Populations (CHEKUP II) implemented by Coalition Health Zambia, under the Economic Strengthening Pillar among Adolescent Girls and Young Women who accessed DREAMS non-biomedical services, AGYW received weekly Economic Strengthening services packages in financial Education, Entrepreneurial skills and village savings and loan association and life skills and job preparation service packages, mentors and field officers also use their lived experiences to engage AGYW as they addressed HIV prevention messaging topics in their meeting.

**Description:** Identified 1,055 AGYW who had been in the saving groups, engaged with Economic strengthening related topics financial Education, entrepreneurial skills as well as HIV prevention messaging. The District reached 1,055 AGYW with 43 Saving groups in DREAMS selected safe spaces over a 2-year period.

**Results:** Between October 2023 and October 2024, trained mentors and Connectors provided 1,055 AGYW with Economic Empowerment activities (savings) with a total amount of ZMW 245,279.45 shared out after a six month saving period, with 575 Income Generating Activities formed of the 1,055 AGYW in saving groups 215 accessed PrEP, 109 Condoms, 500 HIV testing and Counseling 231 were offered with Psych-social first aid support.

**Testimony:** “Meet Angela Kantunsa, a young woman who used the sewing skills she acquired to raise and save money to build and electrify a three-bedroom house for herself and her family. Angela discloses that when she received her share of her group’s savings, which was K7,000, she approached her friend, put the money together, and bought a sizeable residential plot, which they shared and built their houses. “My goal was to ensure that my two children grow up in a decent, well-lit house.”

**Conclusion:** Our results show that savings have not only empowered young women to engage in small business but also led to tangible and lasting outcomes in the lives of individuals and communities, breaking free from the shackles of poverty. Addressing the vulnerability of AGYW requires a comprehensive approach; promoting gender equality and empowerment, and enhancing access to economic opportunities which future programs should embrace, Savings groups is one of the robust and evidence based economic strengthening interventions that have proven to decrease AGYW’s reliance on transactional sex and strengthens self-efficacy and decision-making power in relationships. We recommend incorporation of savings models in young women’s programs to prevent them from dependence on their sexual partners which makes them vulnerable.





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## Mental Health, Stigma and Violence

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**HAKI Working experience:** The HAKI Group started HIV programmes in Kibera in 2012 and has adopted Community Mentor Mothers' Approach to reach out to her target group which is majorly women of reproductive age and children. Through the Mentor mothers' approach, the grassroots organization has created a safe platform (a social support Network) for her beneficiaries and this has enabled them to gain confidence to express themselves and re-appreciate life. Through this approach, the organization has documented many successful interventions with high impact amongst the beneficiaries. Services provided through mentor mothers approach include; paralegal skills, education/training, psychosocial support, trauma counseling, entrepreneurial skills and Life skill to help them cope with HIV related stigma and violence. Many women are trained as para-legal teams so that they can link women affected by GBV, displacement, resource confiscation by relatives to the legal system for remedial action. Socio-economic support to women who have been forced to separate from their spouses due to their HIV status and or violence. Several case stories depicting stigma, depression, violence more so IPV, social isolation, trauma, economic deprivation, mental illness amongst others have been documented that prove the impact of the above interventions.

**Case story #1:** GBV "I, Naomi (real name withheld) was diagnosed to be HIV+ during my visit for antenatal clinic in Kibera. When i went back home and told my husband about my HIV status, this was the beginning of my horrific experience of constant violence of both verbal abuse, physical beatings at the slightest conflict. I lived my life in constant fear of beatings and abuse. One day I decided to visit HAKI Group after i was severely beaten by my husband. I was aware about HAKI Group from my recent visit to the Clinic. My stepson, family, and friends declined to support me because my husband was a highly respected and influential civil servant in the government. I was terrified and had no idea how to escape the

situation because i had reported him several times to his family, friends, and workplace, but no action had been taken. Luckily, the Kibera HAKI program for Sexual Assault Referral Centre in Nairobi and came to my rescue".

**Lessons learned: what is working:** HAKI Group and many other HIV service providers in Kibera slums continue to work towards Advocacy, Lobbying, awareness, HIV stigma and GBV related policy framework. These efforts have resulted in formulation and drafting of many relevant policies addressing all core areas such as HIV and AIDs Prevention and Control Act of 2006, None Discriminatory HIV service policy, Anti-Stigma and Discrimination Policy, GBV Policy, Mother-to-child transmission policy, HIV Policy at work place and many others.

**Lessons learned: what is not working (Gaps):** The following gaps continue to exist against the efforts of HIV stigma and violence prevention:

- 2). Lack of effective monitoring and reporting at community level for Stigma and Violence.
- 3). Poor or negative attitude by service providers at government facilities and offices for PLHIV and survivors of GBV.



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## Low Hesitancy Towards COVID-19 Vaccines Among People Living with HIV (PLWH) In Ghana

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Globally, the COVID-19 pandemic has presented serious health challenges, especially for immunocompromised individuals. People living with HIV (PLWH) are particularly prone to severe COVID-19 disease when infected with SARS-CoV-2. Thus, PLWH require immunization to avert the adverse effects of SARS-CoV-2 infection. However, some reports suggest that PLWHs are hesitant to take the vaccine due to fear of unfavorable side effects and negative impacts on antiretroviral therapy. We therefore investigated the acceptability of COVID-19 vaccines among PLWH in Ghana. The study used a structured questionnaire to assess the perceptions, knowledge, and attitudes to COVID-19 vaccination of 301 PLWHs accessing care at Korle-Bu Teaching Hospital and the University of Ghana Hospital. We also assessed the reason for vaccine acceptance or hesitancy among the study population and determined the association between some demographics and vaccine acceptability.

Out of the 301 participants, 224 (74.4%) took the COVID-19 vaccine, with 72.3% primarily motivated by infection prevention. The remaining 76 (25.2%) did not take the vaccine primarily because of potential side effects, safety, and efficacy concerns. Of those who were hesitant, 14.5% doubted the vaccine's safety, 13.2% questioned its efficacy and 32.9 were worried about potential side effects. Our study revealed low hesitancy towards the COVID-19 vaccine among PLWH in Ghana, highlighting the need for public health initiatives to address unique challenges and

implement targeted interventions to improve health outcomes.



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## Knowing the True Prevalence of Tuberculosis (TB) in Nigeria: A Call for Mycobacterium Tuberculosis Bi-directional Diagnostic Approach.

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**Background:** Tuberculosis (TB) is an infection which primarily attacks the lungs. Currently in Nigeria, emphasis is laid on initial diagnosis made on the Cepheid GeneXpert® system. The molecular technologies employed on the GeneXpert® allows for the quick and easy detection of TB infection in sputum samples. However, with Nigeria still leading Africa in TB prevalence, and in the number of undetected cases, diagnosing presumptive TB clients with only the GeneXpert® system becomes inadequate in the presence of Extra-pulmonary TB (EPTB).

**Study Objective:** This study seeks to highlight the comparative benefits of applying a bi-directional diagnostic approach to TB screening in Nigeria.

**Method:** In this cross-sectional study, a total of 1,415 newly diagnosed Advanced HIV Disease (AHD = CD4<200 cells/mm<sup>3</sup>) clients in Plateau State, North-Central Nigeria were tested for the Mycobacterium tuberculosis (Mtb) Lipoarabinomannan glycolipid using the Urine TB LF-LAM® test kit. This study took place from October 2022 to December 2023. Clients who were positive with the Urine TB LF-LAM® further produced sputum samples which were used for the MTB/RIF GeneXpert® testing. Obtained data were analyzed using simple descriptive statistics.

**Results:** From the 1,415 AHD clients in this study, 91/1,415 (6.4%) tested positive with the Urine TB LF-LAM®; while 17/91 (18.7%) were Mtb detected on the GeneXpert® machine. 74/91 (81.3%) EPTB

and 17/91 (18.7%) Pulmonary TB (PTB) prevalence were recorded respectively.

**Conclusion:** Considering the current national emphasis on GeneXpert® screening for initial TB diagnosis, results obtained in this study indicates a large number of presumptive TB clients with EPTB are largely left undiagnosed. There is a high prevalence of TB, and especially EPTB among AHD clients. Thus, there is a need to increase efforts towards improving the AHD package of care for people living with HIV (PLWH).

**Recommendation:** It is recommended that all presumptive TB clients be bi-directionally diagnosed using the Urine TB LF-LAM® and the GeneXpert® screening tests. This double-pronged approach will help to optimize the TB case detection in Nigeria.



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## Post-Hospital Discharge Outcomes of People Living with HIV in Rural Tanzania- Prospective Observational Study

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**Introduction:** Despite widespread antiretroviral therapy availability and progress toward the 95-95-95 targets, the burden of HIV inpatients in sub-Saharan Africa remains significant. Although East and South Africa have seen a 57% reduction in new HIV infections and a 58% decrease in AIDS-related deaths since 2010, in-hospital mortality for people with HIV (PWH) remains high (10–45%). Late diagnosis, poor adherence, and opportunistic infections such as tuberculosis are major contributors to both in-hospital and post-discharge mortality. Furthermore, patients discharged from hospitals often face high risks of poor outcomes, with up to 50% mortality reported in a Tanzanian study conducted before widespread ART implementation. However, little is known about post-discharge outcomes in rural settings, despite these areas accounting for a significant proportion of Tanzania's population.

**Methodology:** This study will be nested in the KIULARCO cohort at SFRH and will follow adult PWH admitted between February 2024 and 2026. Data will be captured using OpenMRS, an electronic medical record system. The primary outcome will be the mortality rate within 90 days of discharge. Secondary outcomes include symptom resolution, readmission rates, and lost to follow-up. Data will be analyzed using descriptive statistics, with Mann-Whitney U tests for continuous variables and chi-square tests for categorical data.

**Results:** Out of 140 patients, 53% were female, with a median age of 48 years. The median hospital stay was 5 days, and 24% died during

hospitalization. Of the 103 patients discharged, 64% completed 90-day follow-up. Post-discharge mortality was 17%, with deaths occurring after a median of 22 days. In-hospital deaths were mainly due to sepsis, tuberculosis, and cryptococcal meningitis. After discharge, most deaths were caused by cardiovascular events, cancer, and kidney failure. These results show a high risk of death during and after hospitalization, highlighting the need for better follow-up care and support for PWH.

**Conclusion:** Our preliminary findings reveal high in-hospital and post-discharge mortality among PWH at SFRH, with sepsis, tuberculosis, and NCDs as major causes. The high 90-day post-discharge mortality highlights the need for better follow-up and continuity of care, especially in rural areas. Ongoing data collection aims to identify risk factors and guide strategies to improve outcomes..



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## Challenges in Recruiting Adolescent Girls and Young Women at High Risk of HIV Infection in HIV Prevention Research Studies in Rural Settings in Uganda

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**Background:** The rise in the number of new HIV infections remains unacceptably high among Adolescent Girls and Young Women (AGYW) with 6,000 AGYW being infected every week worldwide. Therefore, prevention trials aimed at developing different methods of preventing these infections should be a top priority. However, there are several challenges in effectively recruiting AGYW in HIV prevention research. In this abstract, we describe the challenges involved in recruiting AGYW in the SIENA study and the strategies we employed in addressing them.

**Description:** We set out to describe the challenges faced while recruiting AGYW in a cross-sectional survey that was aimed at assessing incidence rates among AGYW in Mityana/Mubende districts and the near areas in Uganda. We recruited from health facilities and hotspot areas including lodges, bars, restaurants, hotels, energy drinks producing companies, fishing areas and goldmines. The level of risk was assessed by using a set of prescreening questions about recent sexual behavior which included frequency of penetrative vaginal sex, number of sexual partners, alcohol and substance use and consistency of condom use.

**Results:** Of the 1029 AGYW pre-screened, 371 were screened and enrolled. The pre-screening: enrollment ratio was 3:1. A high proportion of potential participants pre-screened were not enrolled for various reasons; more than half, 54%, (N=555) could not be reached due to lack of access to mobile phones, the majority, 60%, (N=648) had busy work schedules, 10% (N=112) were intoxicated with alcohol, and 15%, (N=162) gave

inconsistent information. Challenges included failure to disclose their true identity and high mobility rates as many who were prescreened shifted before their screening visit.

The mitigation strategies included; working with the leaders of the hotspots, capturing common/most preferred names, flexibility of working hours, constant community sensitization, working with peer leaders and village health team members.

**Conclusions:** A number of challenges were encountered in recruiting AGYWs in an HIV incidence survey. A large number of women needed to be prescreened in order to enroll the target sample size. Our findings underscore the need for adopting client-centered and flexible methods while recruiting AGYW in HIV prevention research studies. Community involvement is crucial to achieving these rates.



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## Updates on Epidemiology and Guidelines Related to Women Living with HIV in Africa

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**Introduction:** Women living with HIV in Africa face unique epidemiological challenges that are shaped by a range of social, economic, and cultural factors. This report provides updates on the current state of HIV among women in Africa, highlights recent epidemiological trends, and outlines guidelines for improving health outcomes for this population.

Epidemiology of HIV Among Women in Africa

### The Current Trends

**Prevalence:** Women account for approximately 58% of all people living with HIV in sub-Saharan Africa, with higher rates observed in certain regions and among specific demographics, such as young women aged between 15 years and 24 years.

**New Infections:** Despite progress in reducing new infections, African women continue to experience significant rates of new HIV diagnoses. Young women are particularly vulnerable, with socio-economic disparities, gender-based violence, and limited access to education contributing to this trend.

**Mortality Rates:** Women living with HIV face higher mortality rates due to a combination of factors, including delayed diagnosis, co-infections such as tuberculosis, breast and cervical cancer and inadequate access to healthcare services.

### Vulnerability Factors

**Gender-Based Violence:** High rates of violence against women increase the risk of HIV transmission and limit women's ability to seek care for instance rape cases.

**Economic Disparities:** Economic dependency often restricts women's access to healthcare and negotiation power regarding safe practices.

**Cultural Norms:** Stigma and discrimination can discourage women from seeking testing and treatment, perpetuating the cycle of infection.

### Recent Guidelines and Recommendations

**WHO Guidelines:** The World Health Organization (WHO) continues to refine its guidelines to improve HIV care for women. Key updates include: Comprehensive Sexual and Reproductive Health Services: Integrating HIV services with reproductive health to address the unique needs of women, including family planning and prevention of mother-to-child transmission (PMTCT).

**Adolescent and Young Women Focus:** Emphasizing the importance of targeted interventions for young women, including education and access to preventive measures like PrEP (pre-exposure prophylaxis).

**National Policies:** Many African countries are implementing policies aimed at improving the health outcomes of women living with HIV:

**Testing and Treatment Initiatives:** Countries are encouraged to adopt universal testing and treatment (UTT) policies, ensuring that all individuals living with HIV receive antiretroviral therapy (ART).

**Community-Based Approaches:** Engaging communities in awareness campaigns and support systems to reduce stigma and promote testing and treatment adherence.

**Mental Health and Psychosocial Support:**

Recognizing the psychological impact of living with HIV, guidelines now advocate for integrating mental health services into HIV care. This includes: Screening for mental health conditions. Providing psychosocial support to improve treatment adherence and quality of life.

**Conclusion:** The epidemiological landscape of HIV among women in Africa remains challenging, necessitating continued focus on prevention, care, and support tailored to their needs. Recent updates in guidelines emphasize a holistic approach, integrating sexual and reproductive health with HIV services and addressing socio-economic and cultural barriers. By implementing these strategies, we can enhance the health outcomes for women living with HIV in Africa, ultimately contributing to broader public health goals. And together we shall overcome hiv and AIDS!



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## HIV Prevention

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HIV is significant global health challenge with millions affected worldwide. Effective prevention strategies are very crucial in reducing transmission rates and improving health outcomes.

This abstract reviews key methods of HIV prevention which includes behavioral interventions ,medical approaches and structural strategies.

Behavioral interventions focus on providing information to communities through health care providers, sharing HIV related content through media example; radio, television and social media, promoting awareness among our citizens, promoting safer sexual practices and encouraging routine testing. These efforts are important in high risk populations, such as commercial sex workers and individuals with multiple sexual partners.

Medical approaches include pre-exposure prophylaxis , antiretroviral therapy for people living with HIV and use of condoms. This practices have improved the decrease in HIV prevention among women in our country. Current available options for HIV prevention are the male and female condoms which are free in public set-up but at the moment there is a drop in supply, post exposure prophylaxis (PEP),Prep-exposure prophylaxis(PREP),ARVs, Long-Acting injectable Cab-La and abstinence and being faithful and use of the U=U principle among discordant couple and promotion of prevention in mother to child transmission.

Lastly structural interventions aim to address social determinants of health ,such stigma ,poverty and access to healthcare .Policies promoting equitable access to prevention resources and healthcare services are essential for effective HIV prevention.

Implementation of this HIV prevention in the African region for example in our country Kenya presents several significant challenges :

1. Awareness and Education
2. Accessibility and Affordability
3. Healthcare infrastructure in upcountry regions
4. Stigma and Discrimination
5. Adherence and Retention

6. Policy and Regulation
7. Monitoring and Evaluation.

In conclusion a multifaceted approach combining behavioral interventions ,medical approaches and structural strategies in necessary to combat HIV effectively. Continued research and investment in there areas are crucial for reducing transmission rates and ultimately achieving an AIDS –free generation.





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## Community Engagement Strategies for HIV Prevention among Adolescent Girls and Young Women in the Dandora Dumpsite Area Nairobi

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**Introduction/Background:** Adolescent girls and young women (AGYW) in slums and especially Dandora with the biggest Dumpsite are at a heightened risk of HIV infection due to various socioeconomic and factors. Recognizing the need for tailored HIV prevention strategies, a research study was conducted to explore effective community engagement methods for this population.

**Methodology:** The study employed a mixed-methods approach, combining qualitative and quantitative data collection techniques. Participatory workshops, peer education programs, mobile clinics, media campaigns, street to street sensitization and dialogues at the Dumpsite were implemented over a specified period. Data was collected through surveys, interviews, focus groups, and observation.

**Findings and lessons learnt:** The research revealed several key findings regarding the effectiveness of community engagement methods for HIV prevention among AGYW in slums and vulnerable areas. Participatory workshops and peer education programs were found to empower AGYW by increasing their knowledge and ownership of prevention efforts. Mobile clinics and outreach programs facilitated improved access to HIV testing and healthcare services at the Dumpsite area. Media campaigns and IEC materials played a crucial role in challenging misconceptions and promoting positive behavior change. Community dialogues at the Dumpsite fostered awareness and support for HIV prevention initiatives, leading to strengthened community networks.

**Conclusion:** The findings of this research underscore the importance of tailored community

engagement strategies for HIV prevention among AGYW in slums and vulnerable areas. By leveraging participatory approaches, peer support, mobile outreach, media campaigns, and community dialogue, meaningful progress can be made in reducing HIV incidence and improving health outcomes for this vulnerable population. Further research is warranted to assess the long-term sustainability and scalability of these interventions.



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## Importance of Mental Health Support to Women Living With HIV

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Communities play a crucial role in improving individuals' lives in various ways. Women living with HIV need not only medical attention but also psychosocial and mental health support. They rely on their community to help care for themselves and their loved ones, especially when they are unable to do so. This support fosters confidence among women, encouraging them to take HIV tests, which in turn helps prevent transmission. Therefore, the community has a responsibility to empower these women by:

Raising awareness about HIV is essential, especially in empowering women within the community. By educating people, we can reduce transmission and create a safer environment for all. Regular community meetings, such as chief barazas, can be effective platforms for sharing information, alongside support from healthcare providers. It's important that information flows freely, without restriction. Additionally, establishing self-help groups within the community can be beneficial for monitoring the quality of healthcare services and conducting home visits to educate women about HIV and improve their understanding.

Reducing stigma is crucial, and the community plays a key role in raising awareness of how stigma impacts women living with HIV, leading to serious psychological and physical consequences. Stigmatization directly affects mental health, with a range of negative effects. The community must work to ensure these women are fully absorbed in the community, offering them care, support, and safe spaces where they feel accepted and free from judgment or discrimination in whatsoever manner.

Enhancing psychosocial support is essential for women living with HIV, as it improves mental health and fosters social connections. Communities play a vital role in promoting health by avoiding discrimination against women with

HIV. They can establish self-help groups and recruit facilitators to provide training on emotional support and solidarity, benefiting both those with and without the virus. This support can help women with HIV work toward acceptance as they navigate their journey.

Enhancing economic resources is crucial, as women living with HIV are often marginalized and overlooked for property or inheritance due to misconceptions about their longevity. Communities should work to raise awareness that individuals with HIV are equal members of society, deserving of property rights and inheritance. Additionally, educating women with HIV about their rights ensures they are treated fairly, just like anyone else.

Offering support to women living with HIV requires a holistic approach involving community awareness, reducing stigma, strengthening psychosocial support, reaching underserved population, addressing social and structural barriers and improving economic resources. By fostering inclusivity, ensuring equal and abiding to rights, and providing emotional, mental and social support, communities can create safer, motivating, more empowering environments. These efforts not only uplift women with HIV but also enhance public health and solidarity. When we eliminate discrimination and recognize the rights and needs of all individuals, we build a stronger, healthier society for everyone. As a community it is our role to hold each others hands and walk to a direction that helps empower women and also hold each other accountable.



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## Zeroing in New HIV Infections for Adolescents and Young People

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**Background:** In November 2022, the END TRIPPLE THREAT Campaign by the NATIONAL SYNDEMIC DISEASE CONTROL COUNCIL revealed a concerning trend: 52% of new infections were among adolescents and young adults aged 15-29. This spike is attributed to stigma surrounding HIV and sexual health services, which deters young people from seeking necessary information and support. Consequently, they face heightened risks of contracting HIV, experiencing sexual and gender-based violence, and becoming pregnant prematurely. The nationwide campaign seeks to combat this TRIPPLE THREAT SYNDEMIC by fostering public awareness and education. In collaboration with the Ministry of Interior and other partners, the council aims to target the specific factors putting adolescents and young people at risk. They hope to curb the rise in new HIV infections and remove obstacles hindering progress towards the global and national goal of ending AIDS by 2030. Through strategic partnerships and concerted efforts, the council aspires to eliminate the TRIPPLE THREAT SYNDEMIC altogether. This ambitious goal not only aligns with the broader aim of achieving Universal Health Coverage (UHC) but also prioritizes addressing the unmet sexual and reproductive health rights (SRHR) needs of adolescents and young adults. By focusing on prevention, education, and collaboration, the council aims to create a safer and healthier environment for the youth, ensuring they have access to the care and support necessary for their well-being.

**Methodology/Interventions:** Educating a population adolescents and young people, time frame estimates 2022-2023 through focus group discussion on prevention of teenage pregnancy and in terms of safe sex, demonstration of correct and consistent use of condom. Social media campaign through educating adolescent

**Objectives:** To understand risk factors to HIV infections in relation to adolescents and young people. To provide and understand insights into sexual health education needs, and other risky behaviors. To assess the impact HIV has and its effects in both physically and emotionally. To identify adolescents and young people friendly health services that respects their sexual reproductive health needs

**Conclusions:** Data has shown that people aged 14-24 are at a vulnerable risk of the TRIPPLETHREAT, and this leads to a health burden nationally increasing the new HIV rates a gap in sexual education and this has led to a lot of health inequalities. In order for us to zero in on the TRIPPLE THREAT and promote healthy practices and behavior change we need to educate and inform young people to fill in the gap on their unmet sexual reproductive health and HIV prevention needs by involving them in conversations and activities that add to their psychosocial growth leading us to achieve the UHC goal of leave no one behind.

**Results:** We reached 50-100 adolescents and young people through focus group discussions where we got to educate the adolescents and young people about the various HIV preventive measures and how to keep safe. Through social media a good number of young people who use social media platforms such as Facebook where we actively engaged with them through live sessions in discussing sexual gender based violence and many shared their experiences.

**Recommendations:** Mentor Chica Initiative to work in collaboration



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## Scale Up of Cervical Cancer Screening Among Women Living with HIV at Kamuli General Hospital: A Successful Quality Improvement Initiative.

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**Background:** Cervical cancer is the leading cause of cancer-related morbidity and mortality among women in Uganda, particularly for women living with HIV (WLHIV). Fortunately, cervical cancer is preventable and treatable through primary, secondary, and tertiary interventions. However, significant gaps persist in addressing this public health issue. The Uganda Ministry of Health (MOH) recommends 100% cervical cancer (CaCx) screening and treatment for all eligible WLHIV. A quality improvement initiative at Kamuli General Hospital from October-December 2023 revealed that only 54% (214/396) of eligible WLHIV were screened, well below the MOH target. The low screening rate was attributed to lack of awareness about the importance of screening, myths discouraging participation, and healthcare workers forgetting to refer eligible women.

**Aim:** To increase CaCx screening uptake among WLHIV from 54% in October-December 2023 to 95% by July-September 2024.

**Methodology:** With support from LPHS-EC and in collaboration with MOH staff, a multifaceted approach was implemented, including:

- Health education to dispel myths about CaCx screening.
- Continuous Medical Education (CME) sessions for healthcare workers.
- Group and individual health education for WLHIV.
- Line-listing and tagging of eligible patient files.
- Follow-up calls and text message reminders to enhance participation.
- Improved documentation systems for tracking and follow-up.

**Results:** By April-June 2024, there was a marked improvement in CaCx screening uptake, which increased from 54% (214/396) to 149% (589/396). The initiative also led to an increase in the number of positive cases identified, from 101 to 291, with treatment rates improving from 91% to 100%.

**Conclusion and Lessons Learned:** This quality improvement initiative demonstrated the effectiveness of a comprehensive approach in promoting cervical cancer screening among WLHIV. Scaling up this approach in similar settings is recommended to improve screening and treatment outcomes.



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## Fishing for Solutions: Innovative Strategies for Enhancing HIV Care and Support for Women Fish Traders in Chiengwe and Nchelenge Districts of Zambia.

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**Background:** Lake Mweru is a freshwater lake on the longest arm of Africa's second-longest river, the Congo. Located on the border between Zambia and Democratic Republic of the Congo, Mweru as the locals call it is renowned for its abundant fish stocks and sustains the livelihoods of many communities in Chiengwe and Nchelenge Districts. The area is home to a large population of women fish traders who play a vital role in local economies. Many of these Fish traders practice 'fish for sex,' where women fish traders engage in transactional sex for economic survival, putting them at high risk of HIV infection and transmission. Despite recent improvements in HIV care, women fish traders living with HIV in the two districts face unique challenges in accessing and adhering to HIV treatment, often due to geographic isolation, transportation barriers, and competing economic demands. These challenges can undermine HIV treatment outcomes and increase the risk of HIV transmission.

**Methods:** To gain insight into the factors affecting HIV care and support for women fish traders in Chiengwe and Nchelenge Districts, we employed both quantitative and qualitative research methods. From the quantitative analysis, we obtained data on HIV testing, treatment initiation, and follow-up appointments from 30 health centers in Chiengwe and Nchelenge Districts. This data was used to analyze patterns of HIV care utilization among women fish traders. To complement the quantitative data, in-depth interviews were conducted with 50 of women fish traders (RoC's). The interviews explored their experiences with HIV care and support, barriers to

accessing services, and suggestions for improving access and adherence.

**Results:** Our analysis revealed a 2.3-fold increased likelihood of missed appointments among women fish traders (RoC's), compared to other women (RoC's) in the same districts, due to limited access to transportation ( $p < 0.05$ ) and competing activities. Women fish traders (RoC's) also had an average of 3.2 times more missed appointments than women in other occupations ( $p < 0.01$ ). These disparities underscore the urgent need for innovative solutions that address transportation barriers, to improve HIV care and support for this important group.

**Conclusion:** Women fish traders living with HIV in Chiengwe and Nchelenge districts face significant barriers to HIV care and support, including transportation issues, social stigma, and competing economic demands. Our findings suggest that transportation barriers are a significant obstacle to HIV care access and adherence for women fish traders (RoC's) in Chiengwe and Nchelenge Districts. This highlights the importance of developing targeted interventions that address these barriers.

**Recommendations:** • Transportation assistance: This could involve setting up a system where transportation services are provided to women fish traders (RoCs) to ensure they can attend their appointments.

- Mobile health services: Establishing mobile health clinics that visit fishing communities regularly would make HIV care more accessible for RoCs, reducing the need for travel and therefore the likelihood of missed appointments.

- Leveraging technology: Technology such as mobile applications or text message reminders could be used to send appointment reminders to RoCs, increasing the likelihood that they attend their appointments.



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## Upscaling HIV Intervention and Achieving Epidemic Control for Female Sex Workers, Female Who Use Drugs and Transgenders in Cross River State Using the Enhanced Peer Outreach Approach and Index Client Testing Modalities

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**Background:** This study focuses on upscaling HIV interventions in Cross River Nigeria, particularly targeting Female sex workers, female who use and inject drugs and transgenders of the key population typologies, to achieve epidemic control. Leveraging the Enhanced Peer Outreach Approach (EPOA) and Index Client Testing modalities, we aim to improve access to HIV prevention, testing, and treatment services. The EPOA utilizes trained peers to engage individuals within key populations, fostering trust and promoting health-seeking behaviors. Index Client Testing facilitates targeted outreach by identifying and linking high-risk individuals to services through their known contacts. This dual approach not only enhances service uptake but also strengthens community involvement and reduces stigma. By integrating these strategies, we expect to increase HIV testing rates, improve linkage to care, and ultimately contribute to the national goal of epidemic control. Our findings will provide valuable insights for policymakers and health practitioners in scaling effective HIV interventions within Nigeria's diverse socio-cultural landscape.

**Methodology:** This study was carried out in Calabar metropolis comprising of Calabar South and Calabar Municipality LGAs alongside Bakassi LGA which is a border town and coastal region of Cross River State Nigeria. 153 EPOA key population community members cutting across the female sex workers, female who use and inject drugs and Transgender in the key population typologies. A sample size of 73 female sex workers, 51 female drug users and 29

transgender typologies of the key population spectrum were reached using the snowballing approach and the risk stratification tool. 123 EPOA program participants across the aforementioned key population typologies and they were all offered HIV Preliminary testing service using the blood based determine test strip algorithm from April to September 2024. From this pull of 123 that were tested, 32 of them were elicited sexual partners of known index clients of the key population typology and 15 of them were HIV Positive and were linked to the Key population OSS in those catchment areas for treatment and care. This comparative baseline data was collated within a period of six months that is between April-September 2024.

**Objective:** The objective of this study is to determine HIV Testing services and acceptance level of Key population in Cross River State Nigeria.

**Result:** 80% out of the 153 participants reached consented to HIV testing service with a 8% positivity yield from April-September 2024 through blood based preliminary HIV Testing algorithm. From April- September 100% out 123 key population program participants accepted HIV test and all of them returned for HIV confirmation with 8% positivity yield. The other 30 Negative clients were enrolled on PrEP.

**Conclusion:** Following the HIV Testing sampling for key population in Cross River State, it has been noticed that there's a significant uptake of HIV testing amongst key population comprising of Female Sex Workers, female who use and Drug users and Transgenders in Cross River State.

**Recommendations:** Therefore, it is recommended that HIV testing should be scaled up among the peer Network of Key population in Cross River State in pursuant to achieving HIV Epidemic control.





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## Transformative Role of Community Support

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This abstract explores the significant role that community-based support plays in empowering women living with HIV. Women with HIV often face unique challenges that stem from societal stigma, economic hardship, mental health issues, and inadequate healthcare access. Community-based interventions have proven to be crucial in addressing these issues, offering holistic support that goes beyond medical care. Key lessons learned emphasize the transformative impact of community involvement, which fosters resilience, self-advocacy, and empowerment.

First, community support groups create safe spaces where women can share experiences and foster emotional healing. These groups reduce feelings of isolation, allow women to gain self-acceptance, and help them build coping mechanisms. Second, the role of peer educators and mentors within communities cannot be overstated; they provide relatable guidance, share health management strategies, and inspire positive life changes. Peer involvement also reinforces adherence to antiretroviral therapy and encourages proactive health-seeking behavior. Economic empowerment programs within communities have also proven essential. Vocational training, financial literacy education, and micro-loan systems offer women opportunities for self-sufficiency, reducing dependence and mitigating the economic barriers that often-compound health vulnerabilities. Finally, community efforts to combat stigma and advocate for policy changes have broader societal impacts. These initiatives encourage public awareness, challenging misconceptions about HIV and fostering an environment of inclusivity and understanding.

In conclusion, community involvement is a powerful catalyst in the empowerment of women living with HIV. Effective community-based interventions address emotional, economic, and social aspects, creating a supportive ecosystem that enables women to lead dignified, fulfilling lives.





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## HIV Prevention Through Results-Based Community and Schools' Partnership for Keeping Girls in School: Lessons from Mazowe District, 2024.

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**Issue:** Keeping girls in school reduces their risk of HIV infection. Higher levels of education attainment among adolescent girls and young women (AGYW) reduce early sex debut and increase control over sexual and reproductive health rights. Mazowe district recorded high incidence of HIV (0.49%) which is mainly contributed by AGYW, and this is largely driven by high school dropout rates. Zimbabwe Health Interventions (ZHI) is implementing a results-based financing model that aims to foster community and school engagement, specifically targeting AGYW to keep them in school to reduce their vulnerability to HIV. The ZHI's Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) program is implementing a collaborative Community and School Education Partnership (COSEPA) program. In this initiative, communities surrounding beneficiary schools work closely with school administrations to identify challenges affecting learners. Together, they agree on specific actions to address these challenges. The program disburses milestone-based grants to support various developmental activities within the school. Additionally, a community-led monitoring task force ensures compliance with agreed-upon activities and milestones. To assess the impact of the intervention on school attendance and the well-being of learners, a baseline assessment was conducted, followed by quarterly routine monitoring activities

**Lessons learnt:** The intervention revolutionized the concept of community contribution,

empowering members to proactively address their own challenges. In Mazowe, school communities conducted an inventory of adolescent girls aged 8-17 years across five schools, assessing vulnerabilities and school attendance. Out of the 3,122 girls identified, 911 (29%) were at risk of dropping out, and 127 (4%) were out of school. Through this engagement, the community successfully reintegrated all 127 girls who were previously out of school into the educational system, and learners at risk of dropping out had their fees waived for the whole year. The community remains steadfast in its commitment to supporting ongoing education. The program disbursed milestone-based grants to support developmental activities, including security enhancements and the provision of water and sanitation facilities to participating schools.

**Recommendations:** The intervention has redefined community contribution by addressing its challenges and mitigating the risk of HIV infection among adolescents through school retention. Multi-dimensional accountability platforms, facilitated by community-led monitoring, have spurred action, with community members and service providers mutually ensuring the fulfilment of agreed-upon deliverables.



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## Young Women Empowerment for Healthy Future

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**Background:** A group of young woman from 25-35 years of age selected from 4 sub counties in kajiado, these sub counties areas are high in risk in all respects to access and quality. They are high level of unemployment that has facilitated delinquency. The environment is very difficult to carry out the activities that the youngsters have been prepared to work as peer educators.

**Methods:** A participatory methodology was utilized for training. Participants were the core of all levels of the project development. They have participated from conceptualization to the implementation of all activities.

**Results:** 240 young girls have been trained and worked as peer educators. They have also participated as trainers. They have reached within last year about 2000 adolescents in interpersonal contacts and follow up. Through group activities and public outreach they contacted around 3500 adolescents. The participants have not only worked in prevention of STDs HIV, AIDS and drug but also in community projects to reach gangs to get the involved in positive activities. Utilizing innovated approaches among them games, fairs, singing, sports etc

**Conclusion:** Peer education have learned that they have the potential and power to reach and make a difference in the life of other youngsters like them. Also they have learned that they can change their own life for better future.



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## Understanding Sexual Risk Behaviors Among Undergraduate Students Through the Lens of Problem Behavior Theory

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Risky sexual behaviors among female undergraduate students in Nigeria contribute significantly to the growing HIV epidemic among young people, a public health concern that demands urgent attention. According to the National Agency for the Control of AIDS (NACA), over 70% of new HIV infections in Nigeria occur among individuals aged 15 to 24, with young women disproportionately affected. In particular, risky sexual behaviors, such as unprotected sex, multiple sexual partners, and lack of sexual health negotiation power, are critical factors driving the spread of HIV among female adolescents and young adults. This highlights the importance of understanding the underlying determinants of such behaviors to curb the rising HIV rates. This study uses Problem Behavior Theory (PBT) as a framework to explore the factors influencing risky sexual behaviors among female students at Nasarawa State University, Keffi. According to PBT, problem behaviors result from the interaction of individual vulnerabilities, environmental influences, and social norms. This theoretical framework provides a comprehensive approach to understanding how socio-demographic characteristics contribute to risky sexual practices among female students.

The study employs a quantitative methodology, analyzing data from 261 female undergraduate students to examine the associations between age, socioeconomic status (SES), cultural background, and engagement in risky sexual behaviors. Findings reveal significant relationships ( $p < 0.05$ ) between these factors and risky sexual behaviors, consistent with PBT's proposition that both personal and environmental factors shape problem behaviors. Specifically, older female students exhibited a higher likelihood of engaging in risky sexual

behaviors—behaviors linked to early sexual initiation, supporting PBT's emphasis on developmental influences and age-related vulnerabilities. Socioeconomic status emerged as a key predictor, with female students from lower SES backgrounds showing a higher propensity for risky sexual practices, likely due to limited access to health resources and increased economic stress—both central tenets of PBT. Furthermore, cultural background was found to influence sexual behaviors, reflecting how cultural norms shape attitudes toward sexuality and sexual practices, in line with PBT's suggestion of social influences on behavior.

Expanding on Problem Behavior Theory, this study highlights the importance of addressing both individual and contextual factors in developing intervention strategies for female students. Recommendations include culturally tailored sexual health education programs, improving access to reproductive health services, and implementing policies that account for the socio-economic challenges female students face. This approach aligns with PBT's holistic view, emphasizing the need for interventions that address both personal vulnerabilities and the broader environmental influences that contribute to risky sexual behaviors among female undergraduate students.



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## Management of NCDs and Aging-Related Conditions in Women Living with HIV

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In Kenya, the health system is struggling with a double burden of disease- the high burden of infectious diseases and the increasing burden of NCDs. NCDs are estimated to be responsible for more than half of hospital admissions and deaths if we do nothing, NCDs deaths will exceed the combined deaths from communicable and nutritional diseases, as well as maternal and perinatal deaths. The health system will be overwhelmed.

The situation will be catastrophic to families and the economy considering the huge per capital expenses needed to treat NCDs, as well as the harmful effects of NCDs-related illness and premature deaths to economic productivity at both household and national levels.

**Background:** Non- communicable diseases (NCDs) are the world's biggest killers- causing 7 in 10 deaths, translating to 41 million people annually. This includes 15 million people who die prematurely from NCDs in the prime of their lives- aged between 30 and 69 years. The greatest burden of NCDs is from five diseases: cardiovascular diseases such as heart attacks, Cancer, Chronic lung illnesses such as asthma, diabetes and mental health conditions. These NCDs share four risk factors that can be addressed through behaviour change which are often established during adolescence and carried to adulthood- unhealthy diets, physical inactivity, harmful use of alcohol and tobacco use. Lower- and middle-income countries (LMICs) bear 85% of premature NCDs attributed deaths

**Methodology:** We are catalyzing a movement of people committed to changing the projected narrative on NCDs and HIV. With the belief that health is created at home, the project activated a family approach to wellness, bringing together wellness service providers, vendors and influencers to share wellness information and promote

household behaviour change targeting the four NCD modifiable risk factors as well as regular wellness screening.

A post-event survey showed that 84% of the participants felt that the wellness project increased their knowledge of wellness, with 79% learning something new about the state of their health/wellness. The health education interventions described further demonstrate the value we place on empowering ageing women living with HIV and NCDs-related conditions.

**Results:** Talking openly about NCDs and aging-related conditions in women living with HIV can help normalize the subject and provides opportunities to correct misconceptions and help others learn more about NCDs and HIV among ageing women. This will help end stigma on NCDs and HIV through words and actions in their everyday lives. Those suffering can lead others to obtain and sustain supportive behaviors.

**Conclusion:** If left unmitigated, NCDs can lead to downstream effects, such as neurologic and cardiovascular disease, causing significant morbidity and mortality. Treating individuals with multiple comorbidities is complex and models of care will need to be developed to appropriately manage these individuals. The geographic component is important because in areas with high burdens of NCDs it will be important to appropriately allocate resources to promote healthy ageing with HIV.



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## Adolescent Voices in HIV Prevention: Bridging Knowledge Gaps through Podcasts in Nigeria

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Adolescent girls in Nigeria face persistent barriers to accessing comprehensive sexual education (CSE), compounded by stigma, cultural norms, and the taboo nature of topics like HIV, sexually transmitted infections (STIs), and teenage pregnancy. To address these challenges, Africa REACH grantee InspireIT, with support from the Ministry of Health in Imo State, launched an adolescent-driven podcast initiative. This platform educates young listeners on critical sexual health topics, fostering knowledge and resilience to prevent HIV and related risks.

The project began with 30 semi-structured interviews with adolescent girls in secondary schools, identifying gaps in knowledge and barriers to sexual health education. These findings informed podcast content, tailored to dispel misconceptions and offer accurate, age-appropriate information. Data sources included podcast analytics, user feedback, and follow-up interviews with participants to measure the initiative's impact.

The podcast proved highly engaging among adolescent girls, yielding measurable increases in awareness of HIV prevention and STI management. Feedback from participants highlighted the value of an adolescent-led approach, emphasising how relatable and accessible content encouraged open dialogue and active participation. This initiative successfully bridged educational gaps left by traditional schooling systems and provided a safe space for learning about sexual health.

InspireIT's adolescent-owned podcast has demonstrated the transformative potential of youth-driven interventions in HIV prevention. By addressing sensitive topics in a culturally relevant and relatable manner, this initiative has

empowered young girls with knowledge to make informed decisions about their health. Its availability on digital platforms like Google Podcasts, Spotify, and web browsers ensures accessibility to a wider audience, enhancing its impact. This model serves as a scalable, innovative approach to engaging adolescents in sexual health education and advancing HIV prevention efforts across Africa.



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## The Impact of Disclosure by Women Living with HIV and Post-disclosure Monitoring on Viral Load Suppression of Adolescents Living with HIV in Uganda, Africa

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**Background:** In Uganda, the adolescent viral load suppression rate (71%) continues to lag behind that of adults (92%). The prevalence of HIV among adults in Uganda was 5.8%, and it was higher among women (7.2%) than men (4.3%), according to the UPHIA 2022 report. Ugandan women living with HIV (WLWH) struggle with a complex set of clinical and socioeconomic challenges like disclosure and post-disclosure, poor treatment literacy, stigma, and poverty, which impede adherence and successful transition of their adolescent children living with HIV (CALHIV) to adult care on ART. Program data from USAID Orphans and Vulnerable Children North West Activity (USAID OVC NWA) implemented by Youth Alive Uganda in the communities of 14 administrative units of Northern Uganda revealed 58% of children living with HIV were adolescents, and of those 55% were females with disclosure and post-disclosure issues such as depression, anger, sexual reproductive health challenges with their partners, and stigma. These disclosure and post-disclosure issues have significantly affected adherence to HIV care and treatment, thus low viral load suppression amongst CALHIV. USAID OVC NWA in the project year (October 2023 to September 2024) focused on CALHIV disclosure and post-disclosure support to build resilience, sustain epidemic control, and improve viral load suppression.

**Methodology:** USAID OVC NWA in October 2023 offered household-based disclosure and post-disclosure support to the CALHIV and WLWH through community-based para social workers (PSWs). All WLWH in active USAID OVC NWA-enrolled households were supported by PSWs and health facility teams to disclose HIV statuses to

their children. The PSWs and health facility teams educated the WLWH on the importance of disclosure and the disadvantages of non-disclosure of HIV status to their children (CALHIV) during their routine home visits.

The CALHIV who had already been disclosed to were enrolled in 12-month post-disclosure monitoring sessions and data were collected using the post-disclosure monitoring tool. The sessions focused on adherence education, addressing stigma in schools, communities, and households, mental well-being, and sexual reproductive health information for the sexually active.

**Results:** Disclosure and post-disclosure support through Multi-sectoral engagement of PSWs and health facility teams to WLWH and CALHIV addressed social barriers to viral load suppression. Viral load suppression among CALHIV improved from 88% in October 2023 to 92% in September 2024, while for female adolescents, it improved from 89% to 93%. Disclosure by WLWH to their CALHIV improved by 5% (91% to 96%). 60% of CALHIV disclosed to received post-disclosure support, and of these, 91% (92% F, 90% M) of the post-disclosure supported CALHIV were virally suppressed.

**Conclusions/next steps:** Disclosure and post-disclosure support improved viral load suppression among CALHIV. Scale up CALHIV disclosure by the women living with HIV and post-disclosure monitoring in all health facilities in Uganda to improve CALHIV adherence and suppression.



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## Association Between Viral Load, CD4 Count and a VIAC Positive Result Among Women Living With HIV in Chitungwiza, Zimbabwe.

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**Background:** Cervical cancer is a leading cause of cancer-related deaths among women living with HIV. Persistent human papillomavirus (HPV) infection, exacerbated by immunosuppression, increases the risk of cervical lesions. Antiretroviral therapy (ART) is widely available in Zimbabwe with 89% of people living with HIV accessing antiretroviral therapy. Visual Inspection with Acetic Acid (VIAC) is a screening method for cervical cancer available in the clinics where women receive antiretroviral therapy services. We investigated the relationship between viral load, CD4 count and a positive VIAC result among women living with HIV.

**Material and Methods:** Sixty-six women living with HIV seeking sexual reproductive health services at primary care clinics in Chitungwiza were purposefully selected to respond to a quantitative survey. Viral load, CD4 count and VIAC results were extracted from their medical records.

**Results:** • Higher viral load (was associated with increased odds of positive VIAC result).

- Lower CD4 count (<200 cells/mm<sup>3</sup>) was associated with increased odds of positive VIAC result (AOR: 2.5, 95% CI: 1.2-5.1).
- Age >40 years was associated with increased odds of positive VIAC result (AOR: 2.1, 95% CI: 1.1-4.1).
- Women with multiple sexual partners (63.6%) were found to be more likely to test positive for VIAC (AOR: 1.75, 95% CI: -1.83-0.27).

- Early sexual debut (47 %) was found to have a higher probability of testing VIAC positive (AOR: 2.95, 95% CI:1.06-4.83).
- 39 (59.1%) women who did not use condoms at all were also associated to a VIAC positive result (AOR: 1.44, 95% CI: 0.88 -2.39).

**Conclusions:** This study demonstrates a significant association between high viral load, CD4 count, and positive VIAC result in women living with HIV. These findings highlight the importance of viral suppression and immune restoration in reducing cervical cancer risk. Regular cervical cancer screening, timely antiretroviral therapy initiation and adherence to antiretroviral therapy are critical for women living with HIV. Early detection of cervical abnormalities through testing could help to identify substantially at-risk individuals for targeted intervention. It is recommended that routine VIAC testing as standard of care be implemented at all levels of care. Health education on importance of strict adherence to antiretroviral therapy to avoid rebound of viral load. Collaborative awareness campaigns amongst HIV care providers, sexual reproductive health services departments and gynecologists/ obstetricians to be strengthened in all ongoing health education programs.





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## Pathways to Prevention: Enhancing Sexually Transmitted Infections Screening and Management among Adolescent Girls and Young Women in DREAMS Sites in Kapiri Mposhi District, Central Zambia.

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**Background:** Evidence shows that due to adolescent girls and young women (AGYW) having multiple concurrent sexual partners, fear of negotiating for safer sex, inconsistency use of condoms and cross generational sex are increasing cases of sexually transmitted infections (STIs). Adolescent girls and young women are at a critical crossroads in their lives, navigating the complexities of health, relationships, and identity. Unfortunately, this vulnerable demographic faces a disproportionate burden of sexually transmitted infections (STIs), jeopardizing their well-being and future potential. Understanding the unique challenges they encounter, from lack of access to healthcare to pervasive stigma, is essential in crafting effective interventions. This abstract delves into the pressing issue of STIs among young women, highlighting the urgent need for targeted strategies that empower, educate, and protect one of our most valuable assets—the next generation."

**Methods:** The USAID Controlling HIV Epidemic for Key and Underserved Population (USAID CHEKUP II) Activity, implemented by John Snow Health Zambia (JSH) through DREAMS Initiative (Determined, Resilient, Empowered Aids Free Mentored and Safe), provides biomedical services such as HIV Testing Services (HTS), Pre-Exposure Prophylaxis (PrEP), Family Planning, and STI screening and treatment which are provided by the project clinicians .

**Results:** Between October 2023 and June 2024, the project clinicians reached out to 1,712 AGYW who were screened and tested, with 38 testing

positive for syphilis. Those who tested positive were treated at the centres, while others were referred to the mother facility through escorted referrals for treatment. Continuous counselling and HIV prevention messaging through peer-to-peer support has helped most of the AGYW practice safer sex, STI prevention as well as having open conversations with them has helped in reducing stigma and increased awareness on HIV. Engaging AGYW in different thematic areas like economic strengthening has helped them gain a skill while mental health activities have helped in reducing stigma and raise awareness.

**Conclusion/Recommendation:** In conclusion, enhancing STI screening in DREAMS Sites is not just a health initiative; it's a vital step towards fostering resilient communities and empowering youth. By prioritizing accessible, stigma-free screening and education, we can break the cycle of transmission and ensure a healthier future for generations to come. We recommend streamlining availability and accessibility of STI screening services. To effectively detect STIs among AGYW, there is urgent need to use the HIV/Syphilis duo test in the DREAMS Centre, comprehensive sex education as well condom distribution and promotion hence promoting a better sexual health outcome.



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## Creative Resilience – an Inclusive Art-Based Mental Health E-Intervention for Young Women Living with HIV in South Africa

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**Background:** Current programmes aimed at addressing the Human Immunodeficiency Virus (HIV) epidemic worldwide and its disproportionate impact on women and girls in Africa have concentrated on prevention, adherence to antiretroviral treatment (ART), and linkage to care. There is a disproportionate lack of information regarding the intersectional experiences of mental health for women and girls in the African context. Further to this, approaches to mental health service provision are inadequate in South Africa and a reimagination of how these services can be scaled up and offered is needed. Our current project aims to develop an inclusive arts-based e-health intervention for low-resource settings to enhance the resilience and coping strategies of young women living with HIV (YWLHIV) and improve their mental health outcomes, as well as evaluate the scalability of the intervention as a public mental health research approach.

**Methods:** The study is progressing in three phases and uses a Feminist lens to conduct the research and make sense of the findings. The three-phased approach focuses on scoping the literature, piloting as well as implementing and evaluation. The inclusion criteria for the sample include YWLHIV, who are 15 – 24 years old and identify as female. The sample of 250 participants will be distributed across three groups: 50 Control, 100 Intervention Group 1 (Digital e-intervention without a facilitator); and 100 Intervention Group 2 (Digital with a facilitator and weekly engagements). The study will follow a mixed methods design, including a pre-post quasi-experimental survey design with embedded

qualitative implementation and evaluation tools such as arts-based participatory methods. Additionally, youth reference groups will be used to support the implementation and evaluation of the project. Ethical clearance has been received from the Health Research Ethics Committee at Stellenbosch University.

**Conclusion:** The innovation of the "Creative Resilience" intervention lies in its combination of art-based therapy, AI-enhanced digital technology, interdisciplinary collaboration, and a systems-thinking approach to address the mental health challenges of YWLHIV. Using a digital platform to deliver the intervention represents an innovative way to reach and engage YWLHIV, even in remote or underserved areas, and make mental health support more accessible.



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## Women Perspectives and the Concept of Fear in Participating in HIV Cure Research Trials: Can We Learn More to Increase Acceptability?

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**Background:** As more evidence on the development and real life examples of persons cured continue to emanate, a heighten interest on HIV Cure are increasingly becoming prominent. Assessing perspectives, concept of fears of participation among women is imperative among women disproportionately affected by HIV in resource limited settings.

**Methods:** Through exploratory participatory enquiry approach women shared their intentions to participation in HIV cure research. Participants included adolescent young and older women living with HIV aged 18-55 years. All participants were asked similar questions in groups and then the team leader reported back their findings and engaged in discussions on what would be the intentions and perspectives to participate in HIV Cure Trials in Africa.

**Discussion:** Our exploratory participatory enquiry approach elicits need to better understand women's perspectives and the concept of fear to address pertinent issues that may derail cure research uptake. Varied perceptions and the concept of fear are related to the lack of knowledge and the complexities in understanding HIV cure itself. In order to understand better what these perspectives, the concept of fear are, openly discussing and reflecting upon each other's normative understandings of perceived risk and the concept of fear is required. The reported perceptions and concept of fear were categorized as follows: blood and clinical procedure, stigma and disclosure, pregnancy and absence of ART, self and partner protection, treatment guidelines and policies, future consequences of the trial and compensation.

**Conclusion:** Differences in perceptions of bottlenecks, concept of fear can be a barrier. To deal with barriers to HIV cure, a dialogical approach on how the different women perceive and interpret the concept of fear is required. More in-depth research should be conducted to further elicit the constructs of fear.



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## Enhancing PrEP Uptake Among Sex Workers in Kajiado County, Kenya.

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Sex workers in Kajiado County, Kenya, remain disproportionately affected by HIV, necessitating effective prevention strategies. Pre-exposure prophylaxis (PrEP) offers a promising approach to reducing HIV transmission. However, low PrEP uptake among sex workers persists due to a complex interplay of factors, including stigma, lack of awareness, limited access to healthcare services, and cultural barriers.

To address these challenges, this study aimed to explore the factors influencing PrEP uptake among sex workers in Kajiado County and develop strategies to enhance its utilization. Through a mixed-methods approach, including focus group discussions, key informant interviews, and quantitative surveys, the study identified several key lessons:

**Stigma and Discrimination:** Stigma and discrimination remain significant barriers to PrEP uptake. Addressing these issues requires comprehensive approaches, including stigma reduction campaigns, confidentiality assurance, and non-judgmental healthcare services.

**Lack of Awareness:** Many sex workers lack adequate knowledge about PrEP, its benefits, and how to access it. Community-based outreach programs, peer education, and targeted health education campaigns can help address this gap.

**Access to Healthcare Services:** Limited access to healthcare services, including PrEP, is a major obstacle. Expanding access to PrEP through mobile clinics, community-based distribution points, and integration into routine healthcare services can improve uptake.

**Cultural and Social Factors:** Cultural beliefs, norms, and social pressures can influence PrEP uptake. Culturally sensitive health education materials and counseling can help address these factors.

**Provider Attitudes and Knowledge:** Healthcare providers' attitudes, knowledge, and practices can

impact PrEP uptake. Training healthcare providers on PrEP, addressing stigma, and improving counseling skills can enhance PrEP delivery. By addressing these lessons, policymakers, healthcare providers, and community organizations can implement effective interventions to increase PrEP uptake among sex workers in Kajiado County and reduce HIV transmission.



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## Leveraging on Civil Society Organizations (CSOs) to Expand Access to Prevention and Reproductive Health Services Amongst the Female Key Populations and Priority Populations in Faith-Based Health Facilities, A Case Scenario of Amalgamated Transport Workers Union (ATGWU) in Busia District, Uganda.

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**Background:** Community-led solutions are necessary to mitigate public health threats including HIV. According to the Uganda Aids Commission Annual Joint AIDS review report, Nov 2023 Key Populations (KP) and Priority Populations (PP) remained an important target group for prevention interventions since HIV prevalence is high among them (between 11 and 34 percent). This is partly due to the discriminatory access to services in some of the areas following passing of the Anti-Homosexuality Act in Uganda. Some of the Key populations lack access to information and hence have poor sexual practices, are stigmatized in several settings. In line with the MoH Adaption strategy following enactment of the Anti-Homosexuality Act, The Uganda Protestant Medical Bureau working in 198 Private Not for Profit faith-based Facilities thought to improve access to services amongst the Key populations and Priority populations through leveraging on Civil Society Organizations.

**Methodology/Description:** We profiled Civil Society Organizations with prior experience in serving the key populations and priority populations in different parts of the country. We embraced the Ministry of Health adaptation plan

and modified service delivery approaches by leveraging on the partnerships of the Civil Society Organizations. Amalgamated Transport Workers Union( ATGWU) one of the 18 Civil society organizations serving at the Uganda Kenya Border, Busia Municipality profiled was supported to profile KP and PP peers, report incidents of gender based violence, ensure timely reporting of barriers to access of services at the various facilities . The peers were supported with transport to deliver intergrated services testing services at various hotspots with in the communities, lubricants, Anti-retroviral therapy medicines, Pre-exposure Medicines, Post exposure Medicines, Family planning amongst others.

118 Clients were diagnosed

**Results:** In a period of 12 months, 5452 key populations and priority populations were reached with different intergrated services including testing, PREP, PEP and Family planning. A total of female 117 clients were diagnosed newly positive and initiated on treatment.

**Discussion:** The prevalence and burden of HIV remains high amongst the Key populations and priority populations and may have been worsened by the Anti-Homosexuality Act in Uganda. Health Facilities and Implementing partners were required to innovate in order to maintain service provision amongst the most vulnerable client groups. Civil Society Organisation presented this opportunity.

**Recommendations/ Conclusions:** Civil society Organizations offer an opportunity to reach out to the female Key populations and priority populations amongst the Private Not for Profit Faith based Health facilities. Leveraging on Civil Society organizations is essential for offsetting barriers to access and utilization of prevention and sexual reproductive health services amongst the female Priority and key populations.



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## Result of the Discontinuation of Early Infant Diagnosis Indicators on the Quality Improvement HIV Action Plans in Mozambique.

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**Background:** In Mozambique, almost 2.4 million people are living with HIV (Spectrum 6.29). According to the recent population-based survey, the estimated prevalence of HIV is 12.4%, being higher in women 15% compared to men 9.5% (INSIDA2021). Mozambique's Ministry of Health began implementing the Quality Improvement (QI) Guideline in 2016 and it is currently being implemented in 845 Health Facilities (HF). HF that implement MQHIV cycles and have an Electronic Patient Tracking System (SESP) carry out monthly collection and discussion of MQ data, known as Intensive Monitoring (IM). IM is one of the strategies aimed at contributing to monitoring the implementation of QI action plans, which has been implemented institutionally since 2021.

**Description:** Since 2021, Mozambique has included indicators of Early Childhood Diagnosis (ECD) in Intensive Monitoring. The indicators assess:

- % of children exposed to HIV due to positive pregnant women
- % who collected PCR between 4 and 8 weeks
- % of PCR samples sent to the reference laboratory within 7 days
- % of positive PCR results that were delivered to the caregiver
- % of children with a positive diagnosis who started ART

This assessment was carried out in 779 HF using a QI approach through manual or electronic data collection. Manual data collection is performed by entering data from the primary source into an Excel spreadsheet, while electronic data collection is based on a query of the HF's electronic patient tracking system.

**Results:** The ECD category started the cycle with 88.3% in 2023 and at the end of the cycle it reached 89.3% (2024). Regarding the percentage performance of the above-mentioned indicators, it started in 2023 with 99.2%, 87.1%, 91.6%, 72.5% and 82.3%.

The last monthly Intensive Monitoring assessment in August 2023 showed performance of 72%, 89%, 86%, 73% and 98%. After the end of the cycle, the performance of the cycle was 94.3%, 89%, 90.6%, 82.7% and 81.4%.

**Conclusion/Next Steps:** We were able to see that suspending this indicator in quality improvement did not affect performance. On the one hand, because prevention of vertical transmission was the first intervention in the field of HIV to be implemented in the country, on the other hand, Quality of Care interventions such as Clinical Mentoring and the discussion of the Clinical Services Management Committee and implementation of the Action Plan are well-established activities among nurses in the Maternal and Child Health sector.

As the next steps, conduct a survey to assess the impact of each of the interventions. Based on the results, discontinue other consolidated indicators with good performance, focusing on monitoring indicators with poor performance.



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## HIV and Family Planning Integration: Reaching Postpartum Women with Contraceptives through Mentor Mother Program in a Resource-Limited Setting

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**Background:** Prong 2 of Prevention of Mother-to-Child Transmission (PMTCT) of HIV aims to prevent unintended pregnancies among Women living with HIV (WLHIV) through family planning. Effective contraception supports maternal health and reduces vertical HIV transmission. The Mentor Mothers' Program (MMP), involving HIV-positive women with successful PMTCT outcomes, provides peer support and suggests integrating HIV and family planning services. However, there's limited information on MMP's impact on family planning uptake, highlighting a gap in understanding peer-led interventions' role in enhancing family planning services within PMTCT. We analyzed data to propose integrating HIV and family planning through the MMP.

**Method:** We compared utilization rates between 144 active WLHIV who used a contraceptive method postpartum after receiving peer support by mentor mothers across nine facilities and 202 MLHIV who used contraceptive method postpartum after receiving standard care and formal peer support by lay adherence counsellors across seven health facilities providing comprehensive ART and PMTCT services in communities of three Nigerian states. PMTCT program data of active MLHIV in care from January 2022 to April 2024 was abstracted from the PMTCT maternal cohort register and analyzed in frequency and proportions to describe modern contraceptive utilization rates between the two groups using SPSS 25.

**Result:** The median age (Interquartile range) distributions of the MLHIV were 30.0(8) vs 31.5(9) years and gravida [primigravida: 36(25.4%) vs 24(25.6%), multigravida: 90(63.4%) vs 66(54.5%) and grand-multigravida 16(11.3%) vs 24(19.8%) between the two groups. Of the 346 active mothers, 108 (31.2%) used a contraceptive method. Of these users, most used a short-acting modern method (specifically condom) 72(66%), oral 16(14.8%), traditional method (e.g. withdrawal and calendar/beads method) 19(17.6%), and injectables 1(0.9%). The contraceptive use was higher among WLHIV on the MMP 49 (34%) than those not on MMP 59 (29.2%) and modern method use was higher among WLHIV on the MMP 48 (33.6%) than those not on MMP 41 (29.2%).

**Conclusion:** Findings show higher contraceptive use among WLHIV receiving MMP support compared to standard care, highlighting the benefits of integrating family planning services through the MMP. However, limited information on MMP's impact on family planning uptake suggests further studies are needed to explore how this peer-led intervention can enhance family planning services within PMTCT programs.





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## Use of Technology in the Promotion of Sexual Health and Reproductive Rights of Adolescents in the City of Kinshasa.

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**Background:** The use of digital technologies to transmit information to adolescents on their rights to sexual and reproductive health is essential for accessing digital health initiatives anonymously. It is therefore obvious that information and communication technologies through mobile and social media constitute a great opportunity to inform them about.

**Methods:** The survey carried out by the public health in Kinshasa in 2021 as part of Performance Monitoring Action drew a graphic picture of uncontrolled sexuality and clandestine induced abortions due to unwanted pregnancies.

**Results:** According to this survey, and the Kepios and Open Data reports, Kinshasa has 61% of adolescents under 20 years old and 21% aged 15 to 19, of which 1/3 of adolescents have a smartphone, with a rate of use of 25.4% between 2021 and 2022. 1/2 of these adolescents use the “allo ado” application and other social platforms. 1/5 of female adolescents have already experienced an induced abortion. 27% of pregnancies come from adolescents aged 15 to 19. Nearly 65% of adolescents aged 15 to 19 have already had sexual intercourse, 17 being the median age of first sexual intercourse and 1/4 of adolescents are diagnosed HIV positive. At 19 years old, 42% of adolescent girls already have a child. 22.4% of boys compared to 26.5% of girls used condoms and 17% use contraceptives.

**Conclusion:** With limited knowledge of their own bodies and rights, adolescents enter sexual life without adequate information, exposing them to sexual and reproductive health problems. Additionally, the 1967 law prohibits adolescents under the age of 18 from accessing contraception,

including emergency contraception, without parental consent. However, it is also important to consider the challenges of using technology.

