



USAID
FROM THE AMERICAN PEOPLE

HRH2030
HUMAN RESOURCES FOR HEALTH IN 2030



PEPFAR
U.S. President's Emergency Plan for AIDS Relief



The Health Sector:
A Key Contributor to Women's
Economic and Social
Empowerment
and Prospering Families
and Communities

Chemonics International, Washington, DC

April 3, 2019

It's World Health Workers Week!



HEALTH WORKERS
ARE THE **HEART**
OF HEALTH FOR ALL!

#WHWWeek

#HealthWorkersCount

frontline
**HEALTH
WORKERS
COALITION**

Thank You To Our Participants





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Project Director
HRH2030, Chemonics International



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Executive Director and Co-Founder
Women in Global Health



Munashe Nyika
Registered Nurse and Board Member
Nursing Now



Sarah Dominis
Senior Associate
SHOPS Plus, Abt Associates



Gender transformative HRH models in the private sector





Lonna Milburn
Senior Vice President
Global Communities



Kenya Dreams

Implemented by Global Communities

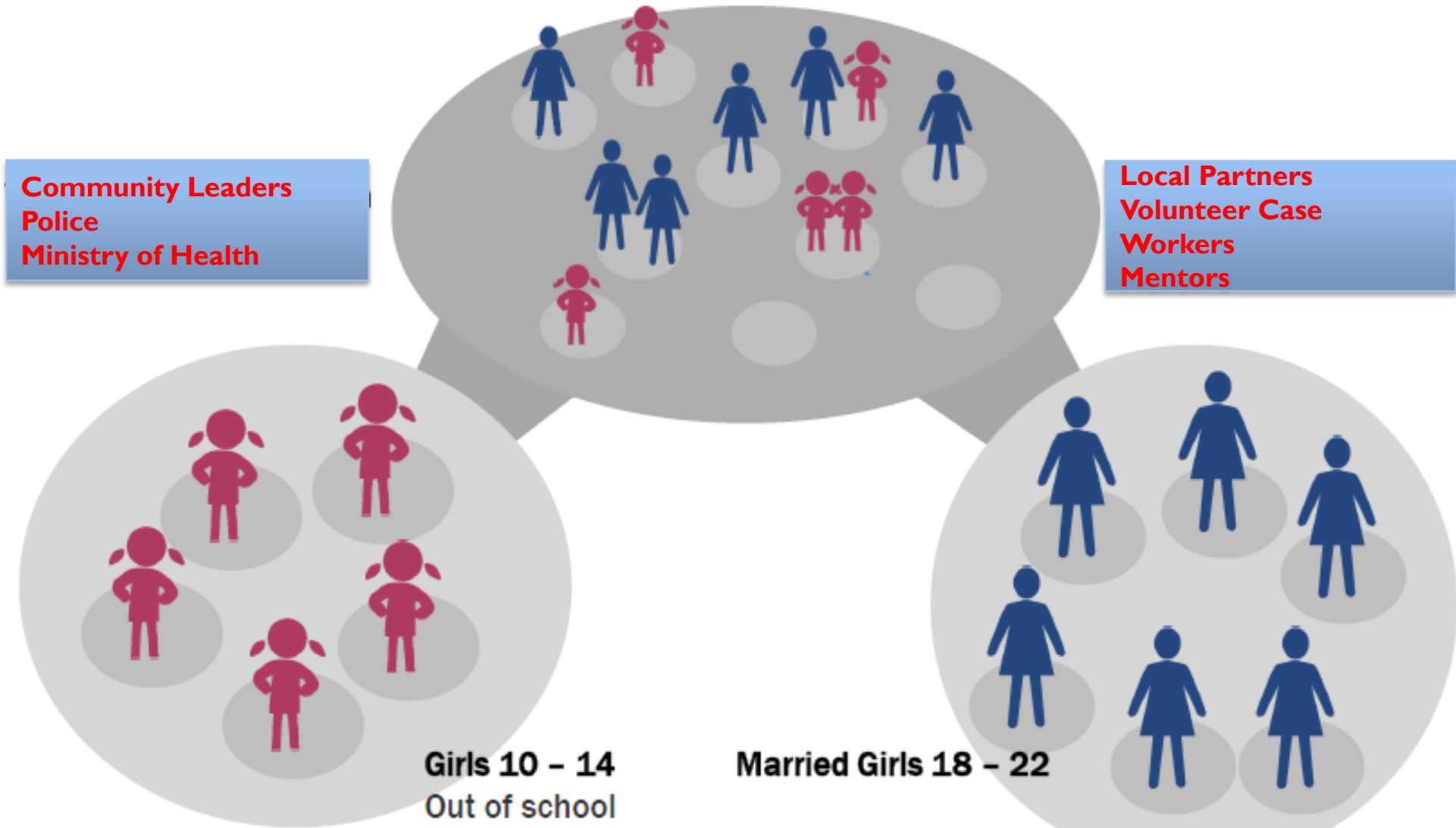
Purpose – Community-based approach to reduce new HIV infections among Adolescent Girls and Young Women (AGYW) age 15 to 24 years with a reach of 10-14 years

Geographic Coverage: four slum areas within Nairobi (Kamukunji Sub-County - Pumwani, California, East leigh Airbase wards)

Funding: USAID, Caterpillar Foundation

Outputs: Current reach: 12,000 AGYW receiving DREAMS layered services; PP_REV reach: 16,800

Community Platforms for Specific Subpopulations of Girls – A Place to Build Social Cohesion and Deliver Vital Content



Determined Resilient Empowered AIDS-Free Mentored Safe



Crystal Lander
Director of Advocacy
Living Goods





Silas Goldfrank
Country Director
American International Health Alliance



Sarah Sadiq
Program Manager
Amref Health Africa, US

LEAP mHealth Platform

- Amref's scalable and interactive mobile learning solution
- Launched in 2013 through the Health Enablement and Learning Platform project
- 30,415 Community Health Workers and close to 400 Health Care Workers trained across Kenya (67% are women)

How it works:

- Reach learners on any device, basic phone or smart phone
- Measure learners' progress
- Deliver any health content
- Allow learners to interact and share knowledge with their peers
- Engage any health worker, wherever they are
- Enable learner support via helpdesk system



LEAP Key Results to Date

92 %

Completion rate of training curriculum

43 %

Increase in antenatal care (ANC) visits

88 %

Reduction in attrition

98 %

Utilization of the Ministry of Health Referral Form to Health Facilities

42 %

Increase in maternal skilled delivery





Samantha Law
Global Health Manager
HRH2030, Chemonics International



Sanyukta Mathur
Project Director
DREAMS Implementation Science Research
Population Council

Why do we care about relationship power and sexual violence among adolescents girls and young women (AGYW)?

Having relationship power strongly associated with:

- ✓ Less sexual violence
- ✓ More condom use at last sex
- ✓ More knowledge of partner's HIV status

High levels of sexual violence from partners in the last 12 months:

19%
(n=597; Kisumu, Kenya)



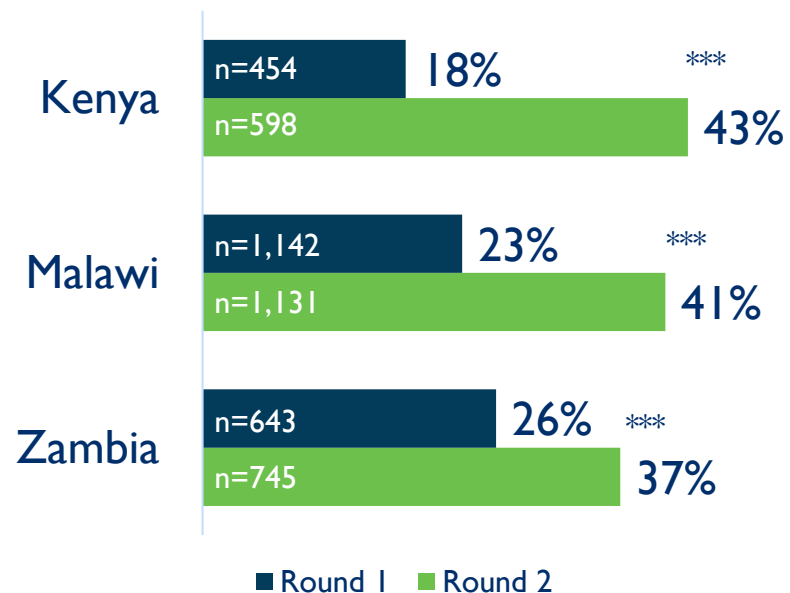
AGYW who experienced sexual violence were **2x** as likely to report an **STI symptom**, and **anxiety and depression**

Pulerwitz J et al. (2018) How empowered are girls/young women in their sexual relationships? Relationship power, HIV risk, and partner violence in Kenya. *PLoS ONE* 13(7): e0199733. <https://doi.org/10.1371/journal.pone.0199733>

Mathur S et al. (2018) High rates of sexual violence by both intimate and non-intimate partners experienced by adolescent girls and young women in Kenya and Zambia: Findings around violence and other negative health outcomes. *PLoS ONE* 13(9): e0203929. <https://doi.org/10.1371/journal.pone.0203929>

Positive shifts in relationship power and sexual violence among AGYW enrolled in DREAMS

AGYW report higher power in interpersonal relationships



Decreased odds of experiencing sexual violence from intimate partners in the last 12 months

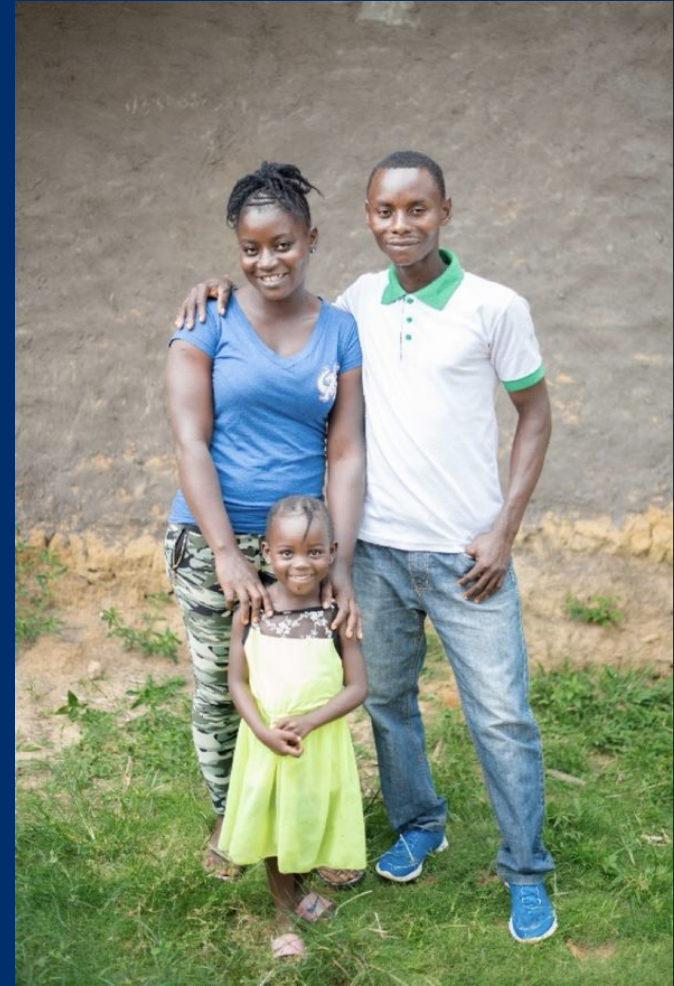
| Country | 15–19 year olds | 20–24 year olds |
|---------|-----------------|-----------------|
| Kenya | 0.35** | 0.37*** |
| Malawi | 0.40** | 0.28*** |
| Zambia | 0.80 | 0.87 |

Age-stratified regressions, adjusting for program site, marital status, schooling, & parental loss

In Malawi, for instance, we see an increase in service use around post-violence care.



Katey Linskey
Policy and Public Partnerships Officer
Last Mile Health





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Q&A



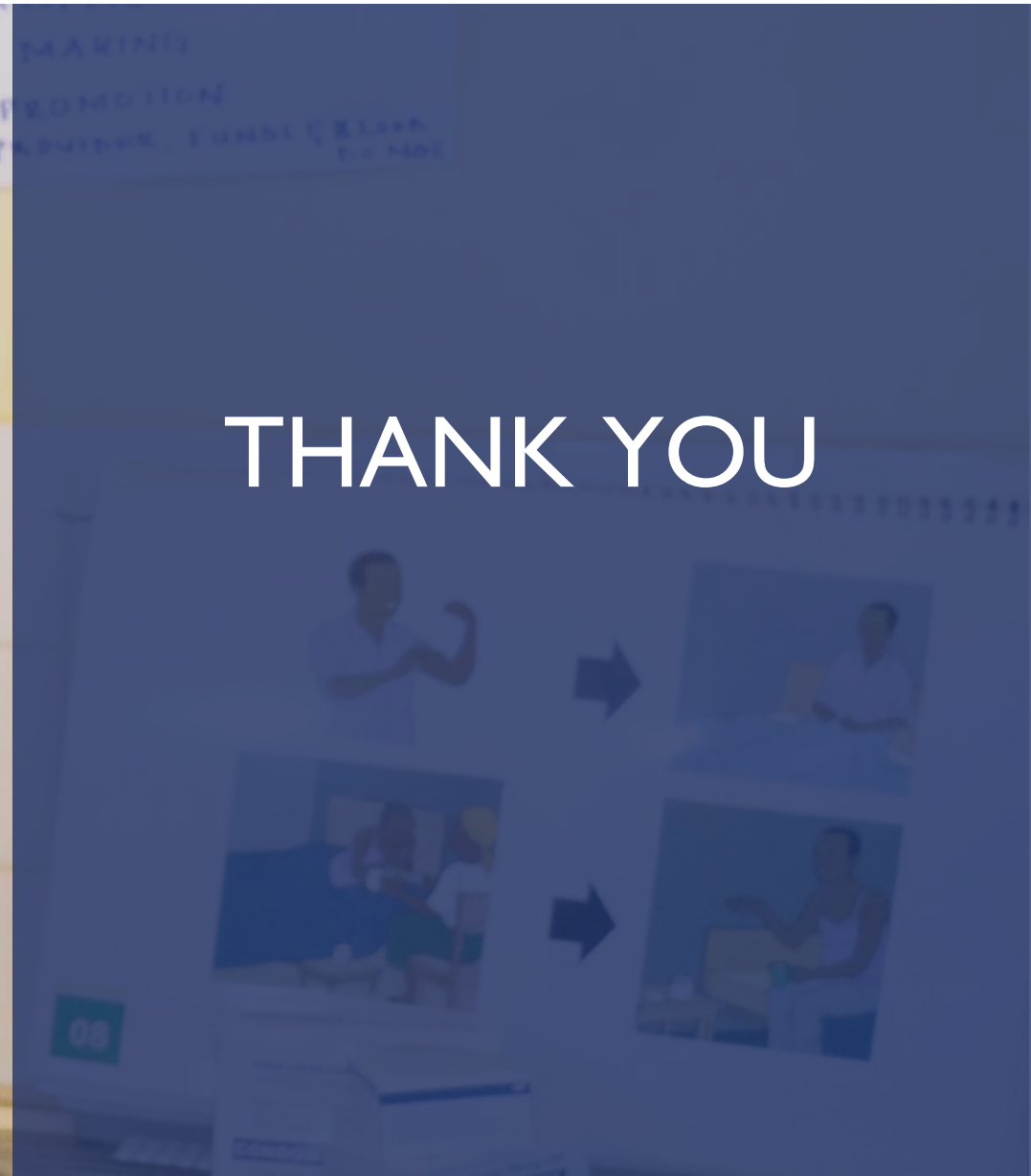


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Brandina Kuyere, Malawi. Credit: Michelle Byamugisha