

Kenya - Impact evaluation of PEPFAR's DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe women) Initiative in Nairobi (Round 3), DREAMS

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Overview

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NOTES
This is the only version.

Overview

ABSTRACT

As part of a partnership led by the London School of Hygiene and Tropical Medicine, the African Population and Health Research Center (APHRC) aims to evaluate the impact of the DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe women) Initiative in two urban informal settlements (Korogocho and Viwandani), where the Center has been running the Nairobi Urban and Health Demographic Surveillance System (NUHDSS) since 2002. The overall goal of the DREAMS Initiative is to reduce new HIV infections among the most vulnerable adolescent girls and young women (AGYW) aged 10-24 years in 10 subSaharan African countries including Kenya.

The specific objectives of the evaluation were to: measure whether HIV-related outcomes change due to DREAMS interventions at a population level; to explore the pathways of protection by which DREAMS interventions influence the lives of young women and ultimately their risk for HIV; and to assess the extent to which the DREAMS interventions were delivered as intended. The non-experimental impact evaluation, which was conducted over 3 years, adopted a mixed methods approach. used data from the NUHDSS and a new DREAMS module administered to all women and men aged 15 to 49 years to assess some of the key outcomes, including timing of first sex, number of sexual partners and condom use. The information collected from other age groups in the NUHDSS served to place findings from AGYW in context.

To explore the pathways of protection by which DREAMS interventions influence the lives of young women and ultimately their HIV status, we recruited a closed cohort of approximately 1500 AGYW aged 10-22 years evenly split by age group (10-14 years, 15-17 years, 18-22 years). The cohort was a random sample drawn from the NUHDSS database and stratified by age, area of residence, and schooling status. These young people completed a DREAMS survey at three time points—in 2017, 2018 and 2019—to assess changes in the key outcomes as well as key mediators such as empowerment, self-efficacy and social support.

Finally, we conducted in-depth interviews with a purposively selected group of AGYW and focus group discussions with a range of parents and young people to explore experiences with and perceived effects of the DREAMS initiative. We also conducted key informant interviews with DREAMS implementers within the study and observations of various DREAMS activities in order to assess: 1) whether components of the DREAMS intervention are implemented as scheduled and planned; 2) the barriers and facilitators to implementation; and 3) staff members' and beneficiaries' perceptions and value of the interventions. Quantitative data was collected on Android-based tablets using Survey-CTO software. Qualitative interviews were audio-recorded and directly transcribed.

UNITS OF ANALYSIS
Individuals.

Scope

NOTES

GPC: Men and women - Household characteristics, Background Information, Exposure to DREAMS, Gender norms, Mediating Variables, Sexual Behavior Outcomes, Biological Pathways of Protection

Cohorts: Adolescent girls and young women aged between 15-22 years - Household characteristics, Background Information, Exposure to DREAMS, Gender norms, Mediating Variables, Sexual Behavior Outcomes, Biological Pathways of Protection

Cohorts: 10-14 years (Hereby referred to as GEAS) - Household characteristics, Background Information, Gender norms, schooling status, Exposure to DREAMS, Mediating Variables

KEYWORDS

DREAMS, HIV prevention, Adolescent health, Kenya, Complex intervention

Coverage

GEOGRAPHIC COVERAGE

Nairobi County

UNIVERSE

The survey covered a random sample of women and men aged 15 to 49 years, and young girls aged 10-14 years.

Producers and Sponsors

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Name	Abbreviation	Role
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Name	Affiliation	Role
NUHDSS community		Provision of information.

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APHRC-DREAMS-2020-1.0

Sampling

Sampling Procedure

We recruited a closed cohort of approximately 1200 AGYW aged 10-22 years (400 aged 10-14 years, 400 aged 15-17 years, and 400 aged 18-22 years). Within each age cohort, we sampled an additional 100 AGYW to account for attrition, meaning that the initial sample comprised 1500 AGYW. The cohort was a random sample of AGYW drawn from the Nairobi Urban Health and Demographic Surveillance Sites (NUHDSS) database stratified by age, area of residence (Viwandani and Korogocho), and schooling status for 15-22 year olds (in and out of school). These young people completed a DREAMS Cohort Survey at three time points: baseline, 12 months and 24 months, at time points closest aligned with periods before, during and after DREAMS implementation (specific timelines were determined by the NUHDSS activities planned within each site). Detailed contact information was collected at baseline to enhance follow-up of young people who migrate from the original households in the NUHDSS during the follow-up period.

For the GPC, a census approach was adopted with an aim of reaching all men and women aged 15-49 who were residents in the NUHDSS.

Deviations from Sample Design

n/a

Response Rate

GEAS(10-14 years): At enrolment, we targeted a minimum sample of 500 girls aged 10-14 years. A random list of 1017 potentially eligible girls was generated from the most recent NUHDSS survey, and attempts were made to reach all girls in the list. Out of the random list of 1017 EAG, 333 (32.7%) were no longer eligible at the time of visit, due to reasons like out-migrations and age ineligibility. Of the remaining 684, 46 (6.7%) were absent from their residence for extended periods of time, 23 (3.4%) had their structures located but respondents' whereabouts were unknown, and 9 (1.5%) refused to participate either by self or their parents/guardians, leaving 606 (88.6%) who consented and completed the interviews in round 1 (2017).

At baseline we targeted a minimum sample of 1000 AGYW aged 15-22 years. A random list of 2599 AGYW was generated. Of these, 829 (31.9%) were no longer eligible at the time of visit. Of the remaining 1770, 6 (0.34%) had incomplete interviews, 241 (13.62%) were absent from their residence for extended period of time, 283 (16%) refused to participate either by self or their parents/guardians, and 159 (9%) had their structures located but respondents' whereabouts were unknown, leaving 1081 (61.1%) with successful interviews.

Weighting

n/a

Questionnaires

Overview

General Population Component (GPC) and closed cohort of AGYW aged 15-22 years

This survey was administered to all women and men aged 15-49 years who were considered eligible, competent and willing to participate in the study. Eligible respondents were determined by the pattern of their residency i. e if they were usual members of the households, if they had lived in the study area and qualified as permanent NUHDSS residents. The tool was made up of 5 sections;

- Socio-demographic data
- Measuring exposure to dreams
- Questions to measure mediating variables
- Questions on sexual behavior outcomes
- Measuring biological pathways of protection

Global Early Adolescent Survey (GEAS) - Borrowed modules

This survey was administered to adolescent girls aged 10-14 years. It sought to explore healthy sexuality in early adolescents and understand normative expressions of masculinity and femininity. It was made up of 6 sections:

- Socio-demographic data
- DREAMS exposure matrix
- Vignettes
- Gender norms
- Health literacy
- Sexual behavior
- Empowerment

Data Collection

Data Collection Dates

Start	End	Cycle
2017-03-01	2017-07-31	N/A

Data Collection Mode

Face-to-face [f2f]

Questionnaires

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Supervision

Field interviewers completed tracking sheets which helped them account for all the respondents that were assigned to them. Team leaders carried out mirror interviews, spot-checks, sit-ins and actual interviews as a way of data quality control and assurance.

Data Processing

Data Editing

Weekly meetings were held by the team to check and revise inconsistencies with the data. Data cleaning was conducted which included duplicates checks, consistency checks, missingness etc. Variables were recoded during analysis.

Other Processing

n/a

Data Appraisal

Estimates of Sampling Error

n/a

