MEETING SUMMARY REPORT:
Best Practices and Innovations in Reaching Adolescent Girls and Young Women (AGYW)
26 – 27 October 2016
Pretoria, South Africa

SUMMARY
Adolescent South African girls aged 15-19 have an HIV prevalence rate eight times higher than boys of the same age. More than 2,000 young women aged 15-24 are estimated to be infected with HIV each week in South Africa. Unacceptably high rates of HIV infection, teenage pregnancy, sexual and gender-based violence (GBV), and unemployment all contribute to an environment where adolescent girls and young women (AGYW) in South Africa are at significant risk for HIV infection. It will not be possible to reach HIV epidemic control in South Africa without reducing the high incidence of new infections among AGYW.

The South Africa government and PEPFAR convened a meeting to review Best Practices and Innovations in Reaching Adolescent Girls and Young Women on 26-27 October 2016. Presentations for the workshop were selected from submitted abstracts. Presentations and abstracts are available at the following website: https://za.usembassy.gov/our-relationship/pepfar/partner-dissemination-meetings/

RECOMMENDATIONS FROM THE MEETING
1) Maintain and expand current programs providing priority services for AGYW.
The best practices meeting highlighted the importance of continuing current initiatives, such as HIV testing and counselling designed to reach AGYW, improved condom distribution, and programs to strengthen adolescent HIV treatment coverage, adherence and retention.

2) Align multi-disciplinary combination packages.
Programs designed to reduce new HIV infections for AGYW must be implemented in combination. There is no one intervention that will have sufficient impact alone. The South Africa government can support structures and opportunities that facilitate multi-disciplinary and inter-sectoral collaboration.
The South Africa national She Conquers campaign provides an overall framework that local organizations, such as District AIDS Councils, can use to facilitate coordination between programs and implementers. The South Africa government plays a crucial role, through She Conquers, to coordinate and integrate AGYW initiatives across national government departments. The goal is to coordinate programs implemented in different contexts such as schools, vocational training schools, colleges, workplaces, and communities.

3) Target evidence-based interventions to reach different AGYW sub-groups.

Combination prevention interventions should be tailored to the needs of different age cohorts and circumstances. Because AGYW face significant changes during this time in their life, different age groups require different types of services. This type of disaggregation can address the challenges and unique risks across various AGYW sub-groups.

4) Standardize adolescent and youth and friendly health services (AYFS).

Adolescents continue to experience difficulties in accessing public healthcare services, including health and HIV prevention services. The South Africa government can play a critical role in accelerating implementation plans for youth friendly services that are accessible by AGYW. An important step to strengthen these services requires defining and standardizing what is considered AYFS. Current NDoH standards are not implemented uniformly across public health clinics, and there is a critical need to strengthen training for service providers. AGYW have reported that poor attitudes of healthcare providers are a significant barrier for accessing services. In addition, NDoH should consider: 1) Saturday and evening clinic hours in order to increase service access for both young men and young women; 2) where practical, dedicated spaces customized for adolescents, with peer support; 3) services tailored to different AGYW age and risk groups; 4) development of a client reporting mechanism for clinics that are non-compliant with AYFS service standards; and 5) values clarification training to sensitize service providers in public clinics regarding their interactions with AGYW.

5) Scale-up integrated school health services that target AGYW.

School-based sexual and reproductive health education, services and programs provide unique opportunities to reach AGYW and expand public health interventions. Examples include access to the B-Wise online platform in schools, contraception services, male and female condoms for dual protection against pregnancy, STIs and HIV, and treatment and adherence support for HIV, TB and STIs. The Integrated School Health Program (ISHP) should provide guidance to NDoH and DBE for school health services. Meeting participants identified implementation of the South Africa Department of Basic Education’s Draft National Policy on HIV, STIs and TB as a priority.

6) Implement new prevention tools when available.

AGYW participants in the meeting were interested in timelines for the availability of Pre-Exposure Prophylaxis (PrEP) for HIV. The NDoH should continue to review evidence from PrEP demonstration projects as inputs for the national PrEP strategy for AGYW.

7) Utilize innovative technology and social media tools.

Many AGYW are routinely exposed to social media. B-Wise (https://bwisehealth.com/), an innovative mobi-site designed to provide bi-directional communication between young people and health experts, is a youth friendly technology that provides age-appropriate health messages and linkages to services, and that can be expanded to provide additional services. AVIWE (http://aviwe.wrhi.ac.za/) is an
innovative online platform that shares up-to-date evidence-informed practices, resources, and training materials regarding AGYW programs in an interactive way.

8) **Strengthen monitoring and evaluation and expand cost-effectiveness analyses.**

Thorough monitoring and rigorous assessments are needed to identify programs that individually and in combination have the highest impact on reducing HIV infections. Monitoring and evaluation efforts will be enhanced through age and sex disaggregated data where available. Data collection and reporting tools to track programs and participants outside of the health system should be developed. All program implementers must carefully measure cost and cost-effectiveness of interventions. Currently there is some information on program impact but limited information regarding cost-effectiveness. This analysis will assist the government in making well-informed choices when funding demonstration projects and scaling-up interventions.

9) **Support additional research regarding AGYW programs.**

In order to evaluate programs and consider scale-up, additional data are needed both from program monitoring and evaluation, and from targeted research. Some priority research gaps include: data on the impact of programs supporting economic empowerment, GBV reduction, PrEP, substance abuse, cash transfers, and programs to combine pregnancy reduction with HIV risk reduction. Research evaluating the impact of programs on different age groups of AGYW should be a priority.

**BACKGROUND**

The South Africa government and PEPFAR have established a collaboration to disseminate best practices and innovations in HIV and TB program implementation. Through a series of thematic workshops, leaders and implementers share innovations, best practices and lessons learned about high impact implementation strategies.

On 26-27 October 2016, the South Africa government and PEPFAR hosted a dissemination meeting to provide national, provincial and district teams and academic and development partners an opportunity to showcase innovations, best practices and lessons learned that will help achieve the goal of reducing HIV infections among AGYW in priority areas in South Africa.

Specific topics covered included:

1. AGYW Risk and Vulnerability
2. South Africa’s Response to HIV Risk for AGYW
3. Sexual and Reproductive Health Interventions Targeting AGYW
4. Social Protection, PrEP, and GBV Interventions Focused on AGYW
5. Youth Clubs and Parenting Interventions
6. Innovative Technology and Monitoring and Evaluation for AGYW Programs

This meeting was planned in conjunction with PEPFAR and DREAMS partners, She Conquers, and the NDoH, South Africa National Department of Education (DBE) and National Department of Social Development (DSD).
SESSION ONE: FRAMING THE BURDEN AND RESPONSE TO AGYW

BEST PRACTICES

1. **Results for HIV testing, treatment and viral suppression.** Some programs have identified increases in HIV testing, access to health services and viral load suppression for young women\(^1\),\(^2\),\(^3\).

2. **Improved integration and coordination** among implementers is necessary to optimize multiple programs designed to reduce HIV risk among adolescents. Local AIDS Councils can facilitate program coordination through She Conquers, a coordinated national campaign targeting AGYW in South Africa that can provide an overall framework.

3. **AGYW programs should be implemented within existing structures** that can facilitate rapid entry into communities, engagement with target AGYW, harmonized service delivery, and leveraging resources for maximized impact. This approach assists programs to reflect needs already identified by local stakeholders.

4. **Research and Interventions targeting AGYW Sub-Groups.** Adolescent girls and young women are not a homogenous group. Research and data can help define and inform the service delivery needs of the different AGYW sub-groups. Interventions should incorporate various development, social changes, and service delivery needs during different transition stages from adolescent to adult care.

IDENTIFIED GAPS

- There is no single integrated reporting system to track progress of multiple interventions and stakeholders, including government departments, against She Conquers campaign objectives.

- Local authorities should conduct a mapping exercise to identify implementers within priority sub-districts to inform where partners are providing services and to eliminate duplication. Mapping should be updated regularly. A complete understanding of the package of interventions in any community will facilitate coordination and “layering” of projects.

- HIV-positive parents often struggle with their own challenges related to HIV, which in turn may affect their ability to provide support to their HIV-positive children. Programs should work with parents and AGYW to support family communication, disclosure, and adherence.

- Youth-friendly sexual and reproductive health services are important. Training and mentoring of staff where adolescents access services is critical. Some steps to strengthen AGYW-friendly health services include consensus on the core package of services to be delivered, the different needs of each age sub-group, and the best practice models that should be scaled-up.

- There is a growing population of adolescents on ART, and the NDoH must consider how to address their unique needs in the expanding national treatment program.
NEXT STEPS

- **Integration and coordination.** The government led campaign “She Conquers” is the coordinating mechanism for all activities aimed at HIV prevention for AGYW by various partners and stakeholders. The overall objective of She Conquers is to build on and align existing AGYW initiatives to develop a coordinated approach to AGYW programming in 53 priority sub-districts in 9 provinces. Given the multi-sectoral nature of She Conquers, significant effort is needed to align various departmental programs and policies. A common set of behavioral, structural change, and biomedical indicators should be used to monitor and evaluate these initiatives. Government leadership will be critical to ensure that all stakeholders speak with one voice, and that resources are pooled and allocated to priority areas and projects.

- **Stakeholder consultations and engagement.** Implementers should conduct continuous consultations and engagements with the affected communities, especially AGYW, to inform program design, program implementation and program monitoring. Engagement can improve acceptance and sustainable ownership of interventions and maximize impact.

- **Data to inform customization of interventions for target groups.** Implementers need data to identify and further understand the needs of different AGYW sub-groups. The combination of biomedical, behavioral and structural interventions should be evidence-based and designed for different target groups. Customized programs responding to local needs will facilitate a deeper reach into the target communities.

- Implementers should identify and target key sub-populations with customized information, education, and services.

--------------------------------------------------------------

**SESSION TWO: EVIDENCE-BASED INTERVENTIONS TARGETING AGYW - SEXUAL AND REPRODUCTIVE HEALTH (SRH) INTERVENTIONS**

**BEST PRACTICES**

1. **Disclosure and HCT amongst adolescents.** Knowing your HIV+ status as an adolescent girl is protective: AGYW who know their HIV+ status have safer sex. Implementers must target demand creation for HIV and STI testing and HIV treatment among AGYW. Every sub-district should consider outreach testing designed according to the local epidemic and context. Expanded AGYW HIV testing will require staffing to facilitate these activities, in some cases including community health workers and counsellors.

2. **Adolescent and Youth Friendly Services.** Each primary healthcare facility should offer youth-friendly minimum standards, in line with NDoH and WHO guidance. These services include:
• The provision of targeted information and services for AGYW. Current efforts have generally been limited, reaching only a small proportion of the intended population.

• Interventions that combine training of clinic staff, facility-based improvements, and community-based activities to inform and mobilize support.

• Values clarification for clinic staff to address issues of unfriendly staff, privacy, and confidentiality and to reduce barriers for young people to access services.

• Community support for adolescents accessing services, which is a strong predictor of young people seeking sexual and reproductive health services.

• Strengthened initiatives to support the return of girls to schooling post pregnancy.

IDENTIFIED GAPS

• Age and sex disaggregated data at the facility level would facilitate program monitoring and evaluation. There is insufficient disaggregation of data by age in the District Health Information Systems (DHIS), and therefore it is difficult to determine the number of youth of different ages served.

• Policies and programs focusing on the integrated school health services should incorporate HIV prevention options such as male and female condom distribution, contraceptive services, HCT with linkage to care, referrals to AYFS services, psychosocial support, and feedback systems. The Integrated School Health Model should be scaled up.

• The dissemination of guidelines defining AYFS in South Africa can be accelerated, including standards for pre-service and in-service, and standards for youth hubs/zones.

• Community organizations should mobilize programs that involve parents and improve community support for adolescents accessing services, particularly for school-based interventions.

• The South Africa government could improve access to care for AGYW by scaling up the use of mobile clinics and by establishing dedicated AYFS clinics that offer services on Saturdays and before or after school hours.

NEXT STEPS

• Integrated School Health Policy. Integrated school health and sensitized HCT services in all schools can improve HCT uptake, help to prevent new infections and pregnancies, and improve early identification and management of HIV affected and infected children.
• Providers need Capacity Building for AYFS. AYFS training, with components of sensitized service delivery and values clarification, for service providers and facility staff should be included in pre-service and in-service trainings. These trainings should give clinicians and front-line staff the skills and competencies that allow them to deliver sensitized healthcare services to adolescent clients.

SESSION THREE: EVIDENCE-BASED INTERVENTIONS TARGETING AGYW: SOCIAL PROTECTION, PrEP, GENDER-BASED VIOLENCE (GBV) INTERVENTIONS

BEST PRACTICES

1. Combination packages tailored to the needs of age cohorts. Economic disempowerment increases vulnerability to HIV in AGYW. Economic empowerment, through cash transfers and social grants, may have limited impact on HIV risk reduction for AGYW when implemented in isolation. HIV risk reduction is improved when monetary incentives are combined with other social protection tools such as: supportive parenting and parental supervision, financial management training, food security, support groups, school access, clinical care and AYFSvi.

2. Implementers should develop additional evidence linking HIV risk reduction and different drivers of the epidemic. These drivers include: GBV, intimate partner violence, alcohol and substance abuse, child-headed households, migration, stigma and discrimination.

   • AGYW are at higher risk of HIV when engaged in certain behaviors such as: sex with older partners, alcohol and substance abuse, transactional sex, multiple sex partners, and unprotected sex. AGYW are exposed to additional risks from GBV, sexual abuse, intimate partner violence, and low school attendance/drop out. Cash transfers may reduce physical violence by reducing partner number and unprotected sexvii.

   • Alcohol is a structural driver for HIV. Implementers should develop programs to incorporate alcohol and substance abuse reduction in order to attain risk reduction in the AGYW population.

   • GBV is an important risk factor for HIV. Programs can address risk factors, such as substance abuse. Programs can also address resilience for AGYW exposed to violenceviii.

   • Programs to address AGYW risk can be combined with programs to increase their economic opportunitiesix.
IDENTIFIED GAPS

- Further evidence is needed that identifies HIV structural drivers and defines complementary AYFS services that should be scaled up to reduce AGYW HIV risk.

NEXT STEPS

- **Collaboration between Government Departments.** District AIDS Councils or local authorities can strengthen inter-governmental coordination of HIV policies and implementation frameworks to address the cross-cutting approaches to HIV risk reduction in AGYW. National interventions should endorse combination risk reduction packages that are multi-disciplinary and inter-sectoral. Policies within each department should focus on aligned approaches that are mutually reinforcing.

- **Implementation of PrEP.** After receiving results from ongoing demonstration projects, national policies should provide further clarity around implementation of PrEP for AGYW at substantial risk for HIV.

- **Encouraging AGYW to utilize services.** Clinic managers should design AYFS clinics and packages according to the specific preferences that will encourage AGYW to utilize services.

SESSION FOUR: EVIDENCE-BASED INTERVENTIONS TARGETING AGYW: YOUTH CLUBS AND PARENTING APPROACHES

BEST PRACTICES

1. Parents/caregivers can provide information and can shape the beliefs, attitudes and values of young people that can ultimately affect their behaviour in a positive way. Behavior change programs targeting parents and caregivers, which incorporate mental health support and education on sexual risk and HIV, increase adolescent-caregiver communication about these issues.

2. Youth Clubs and other Social Support Programs have the potential to link young women to public services and biomedical prevention tools. They also encourage youth empowerment, assist with transitions through to adulthood, address the structural drivers of HIV, and support safer sexual behaviors. For example, school-based support programs have shown reductions in teenage pregnancy and increases in condom usage.

IDENTIFIED GAPS

- While there is some evidence showing that parenting programs, youth clubs, and other social support programs may have an impact on HIV risk, there is limited information on the costing and cost-effectiveness of these interventions. These interventions will need to develop costing assessments before consideration of scale-up.
• Program implementers could develop comparison studies to evaluate effectiveness and affordability of youth clubs compared with other social support programs.

• Implementers must integrate youth clubs and social support programs with prevention, care, and support services in service delivery packages that target AGYW.

NEXT STEPS

• Behavior change programs targeting parents and caregivers (e.g. Family Matters), if implemented widely and systematically, may impact both household risk reduction and population-wide sexual risk reduction xii.

• Orphans and Vulnerable Children (OVC) programs provide an opportunity to conduct HIV testing, HIV prevention education, and reproductive health programs for a vulnerable population xiii. Programs targeting caregivers can be integrated into OVC programs.

• Additional programs should target young men, including young men not resident in target communities who may be sexual partners of AGYW.

SESSION FIVE: INNOVATIVE TECHNOLOGY

BEST PRACTICES

1. Implementers need access to up-to-date information that organizes stakeholder programming, services, and performance in a concise and digestible way.

2. B-Wise and AVIWE are two examples of social media-based information and resources that target AGYW or provide information for program implementers. Social media platforms can include visual infographics, and be easily understandable and accessible. Social media that is engaging can increase the uptake of HCT and condom usage among youth cohorts through raising awareness about available services.

3. Innovative tools (e.g. DREAMS Passport) may be useful to link and track service uptake and referrals for each beneficiary in order to improve coordination among service providers and clients/patients xv.

IDENTIFIED GAPS

• Implementers should develop standardized tools to help evaluate uptake, and track usage, access to and demand for mHealth services. Implementers should also consider evaluations of program impact.
**NEXT STEPS**

- South African youth should be encouraged to use existing online platforms, like B-wise, in schools and other contexts. Implementers should inform South African youth about available information platforms supported by relevant Government departments (e.g. DSD and DBE).

- Developed platforms should potentially integrate with complementary programs. For example, the South Africa government could link MomConnect with B-Wise.

**SESSION SIX: MONITORING AND EVALUATION**

**BEST PRACTICES**

1. Investigators responsible for DREAMS research and evaluation initiatives should provide insights into the impact of programs independently and in combination. This information will be used to both refine the ongoing interventions and to inform future programs and policies. Investigators should consider rapid assessments to enable timely program evaluation and modifications.

**IDENTIFIED GAPS**

- Program implementers should learn more about male perspectives and experiences about relationship dynamics and HIV service use to reduce HIV risk for AGYW and their partners. In addition, implementers should take into consideration the male partners who do not live in areas where AGYW programs are implemented.

- The South Africa government should implement surveillance systems that provide informative data to enable program planning and evaluation.

- The South Africa government should consider using geospatial approaches to map and analyze program and epidemiologic data.

- Timely data will inform interventions and promote changes to adopt lessons learned during the project period.

**NEXT STEPS**

- Implementers can learn from others’ experiences in engaging male partners in HIV services (e.g. VMMC demand creation).
AGYW who participated in the best practices meeting described situations where they encountered barriers to accessing services. They were clear in their need for access to quality education and good jobs to help them navigate other issues and mitigate HIV risks in their lives. AGYW participants were particularly interested in when PrEP would be available to them. In an informal survey, AGYW were also supportive of programs presented by Lovelife\textsuperscript{iv} and youth friendly health services provided outside of health facilities\textsuperscript{vii}. The AGYW expressed a wide variety of opinions, highlighting the variation among AGYW circumstances and the need to design programs targeting different AGYW age groups and circumstances.
CITED PRESENTATIONS

https://za.usembassy.gov/our-relationship/pepfar/partner-dissemination-meetings/


