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# AGYW webinar

## Using the AGYW PSAT (presentation pack)

21 June 2022



BILL & MELINDA  
GATES foundation

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Hege Wagan, UNAIDS

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Kerry Mangold, South-South Learning Network

## Practical experiences of using the AGYW PSAT

- Country experience: Kenya
- Regional programme experience: Global Fund SI

Rebecca Nyambeki, NACC Kenya  
Jane Ferguson, Consultant, University of Cape Town, GF AGYW Strategic Initiative

## A voice from young people: “Nothing for us, without us”

- Involving young people in completing and utilising the AGYW PSAT: The case from Zimbabwe

Sibonginkosi Mushapaidze  
Luckmore Pamhidzai

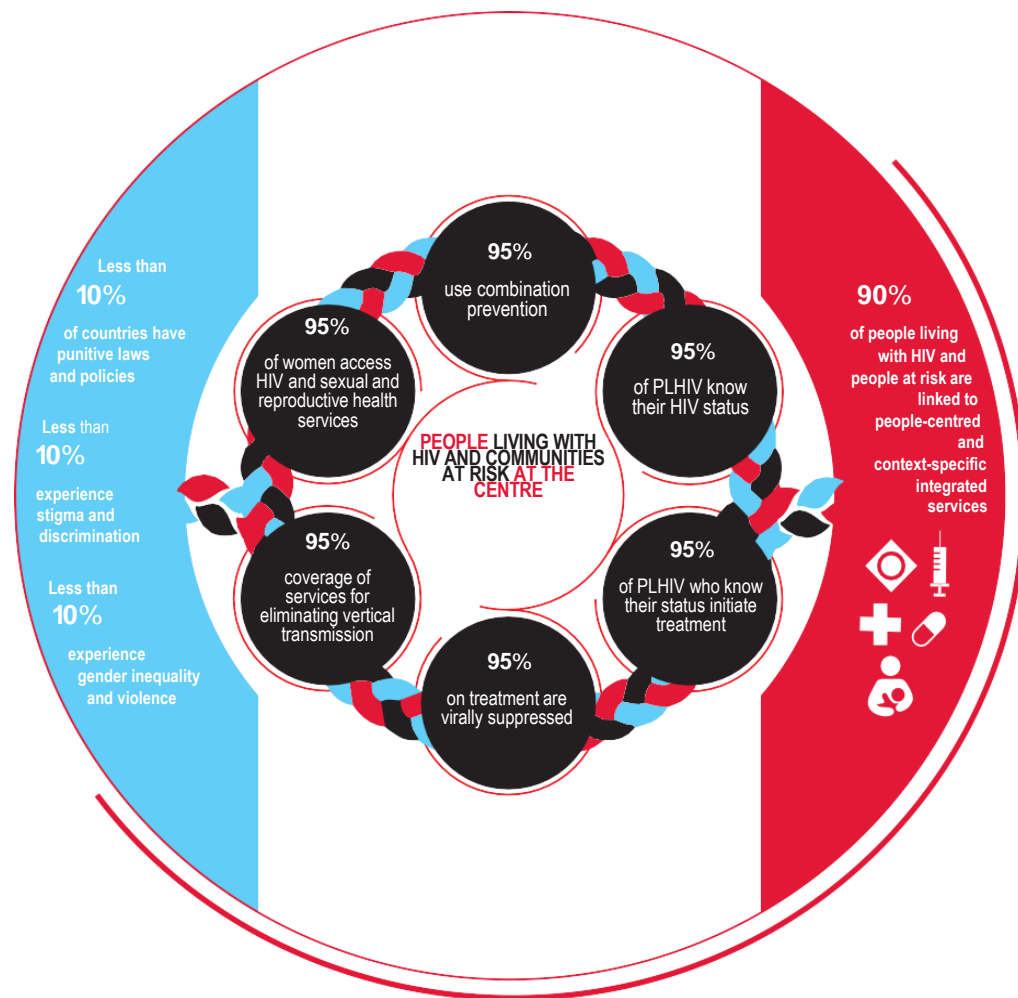
# Global evidence & guidelines for AGYW programming

*Setting the stage*



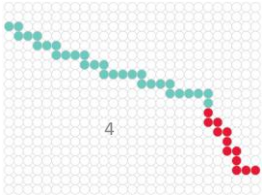
Presented by **Hege Wagan**, UNAIDS

# Global AIDS Strategy 2021-2026 sets out new targets including for combination HIV prevention & SRH



**Reduce new HIV infections to under 370 000 by 2025**

*Including new HIV infections among adolescent girls and young women to below 50 000*



# Adolescent girls & young women

## HIV

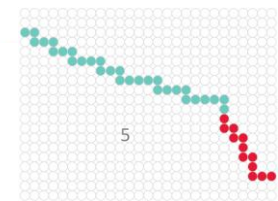
**Every week**, around 5000 young women aged 15–24 years become infected with HIV. **And 4200 of these are in Sub-Saharan Africa**

- In sub-Saharan Africa, women and girls accounted for 63% of all new HIV infections in 2020.
- **Six in seven new HIV infections among adolescents aged 15–19 years are among girls.**
- Young women aged 15–24 years are twice as likely to be living with HIV than men.

## Intimate Partner/Sexual Violence

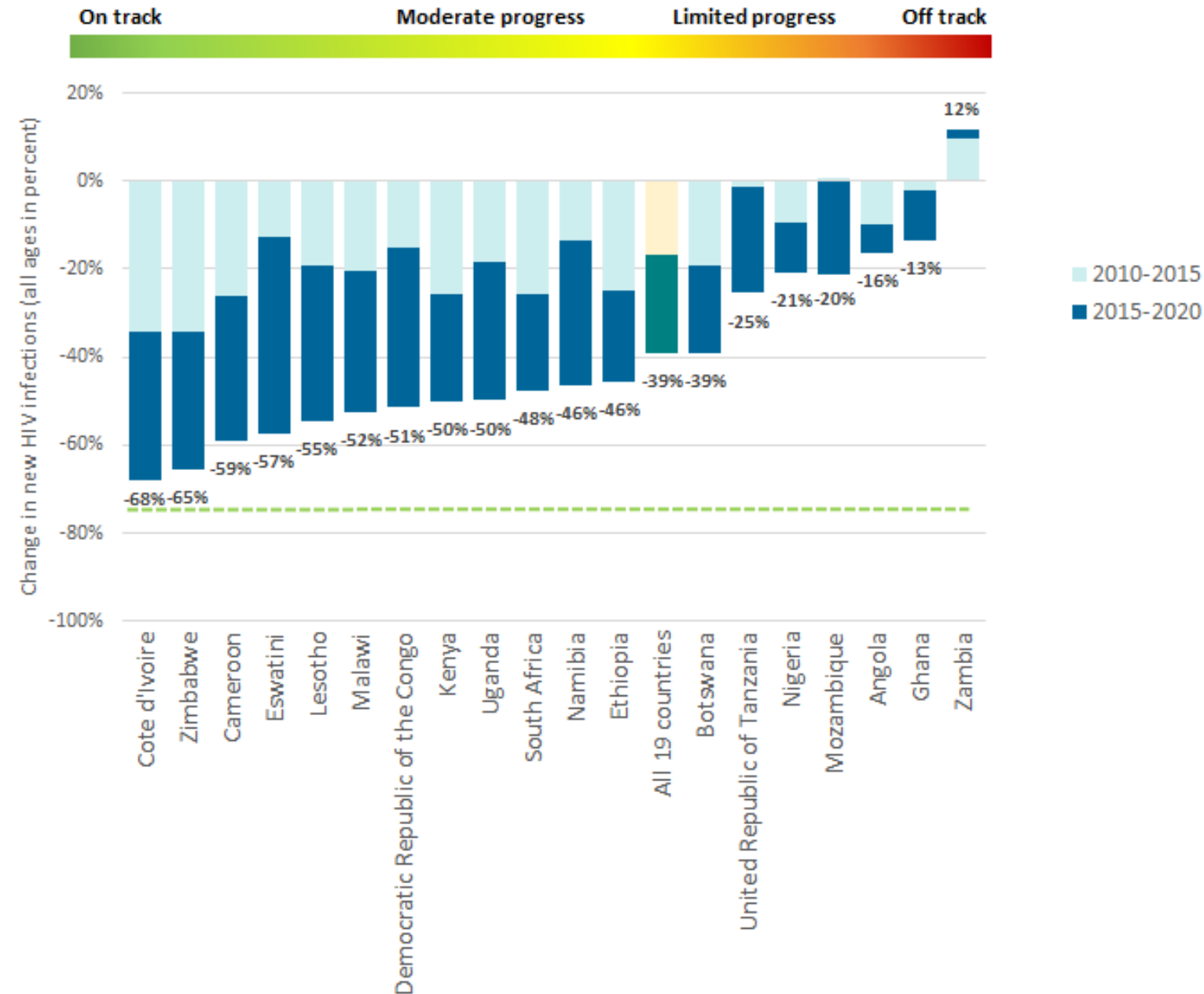
More than one third (35%) of women around the world have experienced physical and/or sexual violence by an intimate partner or sexual violence by a non-partner at some time in their lives.

- In some regions, women who have experienced physical or sexual intimate partner violence are 1.5 times more likely to acquire HIV than women who have not experienced such violence.





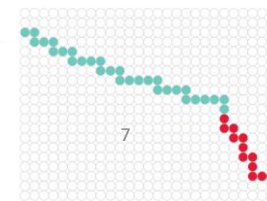
# Encouraging but insufficient declines in the number of new infections among AGYW



# AGYW thematic summary: Despite good examples, major gaps in prevention among young women

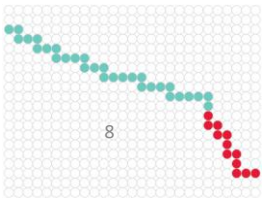
Thematic area	Indicator	Angola	Botswana	Cameroon	Cote d'Ivoire	Democratic Republic of the Congo	Eswatini	Ethiopia	Ghana	Kenya	Lesotho	Malawi	Mozambique	Namibia	Nigeria	South Africa	Uganda	United Republic of Tanzania	Zambia	Zimbabwe
Outcome	Condom use with non-regular partners (young women, 15-24)	33	id	50	48	24	54	22	19	60	82	53	51	68	38	61	44	30	34	54
	Condom use with non-regular partners (young men, 15-24, %)	52	id	65	61	31	70	51	39	77	79	73	48	82	62	73	63	34	49	81
	% who had multiple sexual partners (sexually active YW 15-24)	3	id	8	4	5	4	1	4	3	9	2	4	5	2	8	5	id	3	3
	% who had multiple sexual partners (men 15-49)	18	id	23	24	22	14	3	14	13	27	13	21	10	13	17	21	30	15	14
	% of ever-married or partnered women 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months	26	id	id	4	id	id	20	id	id	id	24	16	id	14	30	30	30	25	19
	% of ever-married or partnered women 15-19 who experienced physical or sexual violence from a male intimate partner in the past 12 months	24	id	id	9	id	id	24	id	id	id	28	10	id	13	30	31	30	27	31
	% of adolescent girls who completed lower secondary education	32	92	43	58	52	54	22	50	69	55	21	11	62	59	91	23	27	50	53
	Knows a formal source for condoms (young women 15-24, %)	id	id	id	67	53	85	id	72	71	85	id	66	91	id	id	id	id	id	48
	Knows a formal source for condoms (young men 15-24, %)	id	id	id	88	78	88	id	88	88	87	id	id	94	id	id	id	id	id	86
Output	% of priority districts (administrative areas) with dedicated programs for young women & male partners (full package)	id	33	id	na	id	76	50	id	100	100	33	42	30	id	29	37	9	19	18
	% of adolescent girls and young women in high-HIV incidence communities reached with a comprehensive package of prevention interventions	id	14	8	na	id	100	15	id	18	32	27	35	25	id	7	10	87	41	31
	Educational policies on HIV & sexuality education (secondary school)	Yes	Yes	Yes	Yes	id	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Laws requiring parental consent for adolescents to access HIV testing services	Yes, <12	Yes, <16	Yes, <16	Yes, <16	Yes, <18	Yes, <12	Yes, <16	Yes, <14	Yes, <18	Yes, <12	Yes, <14	Yes, <12	Yes, <14	Yes, <18	Yes, <12	Yes, <12	Yes, <14	Yes, <16	Yes, <1
	Provider-initiated condom promotion integrated into SRH services	Yes	Yes	Yes	Yes	No/id	No/id	Yes	Yes	Yes	No/id	Yes	Yes	No/id	Yes	Yes	Yes	Yes	Yes	Yes
	HIV testing services integrated with SRH services	Yes	Partial	Yes	Yes	id	Yes	Partial	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Partial	Yes

Very good
  Good
  Medium
  Low
  Very low
  id Insufficient
  na Not applicable



# HIV prevention among adolescent girls and young women & male partners: **what have we learned**

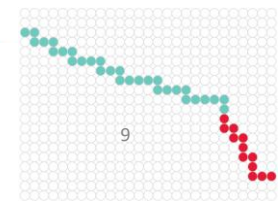
- Need for more systematic approach to prioritization & programming
  - Based on HIV incidence estimates, vary intensity of programmes in locations with different levels of HIV incidence
- Proposed action was often small scale without focus (rather than scaled based on clear focus)
  - **Overly focused on contextual issues, rather than effective HIV prevention**
  - **Missed opportunities in reaching women already using contraceptive services**
- Define clear theory of change (which outcomes in terms of prevention behaviours will lead to reduced HIV incidence). Accompanied by programme monitoring
- Define a **programme model** that is viable & scalable in high-incidence locations: It's not about biomedical vs. behavioral vs. structural, but an implementable mix of different programme elements
- **Ensure coordination and stewardship**
- **Engage AGYW throughout**



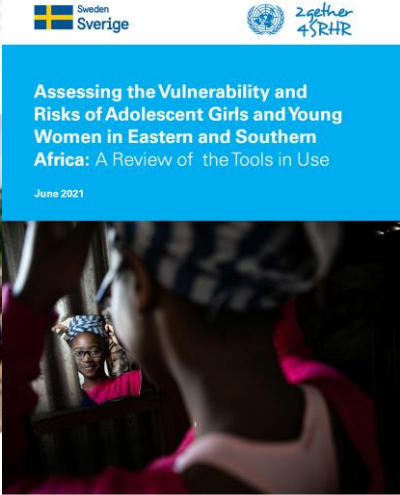
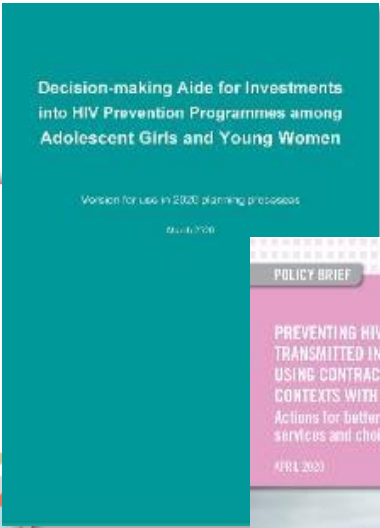
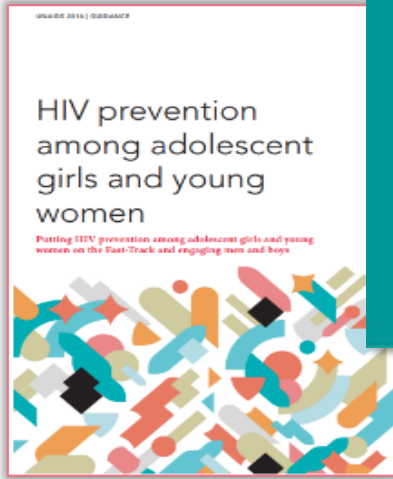
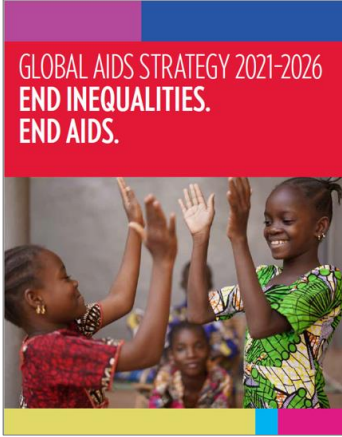


# Education Plus, SRHR/HIV integration, AGYW Action Plan

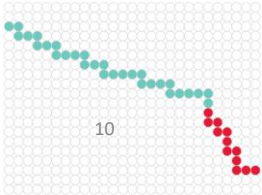
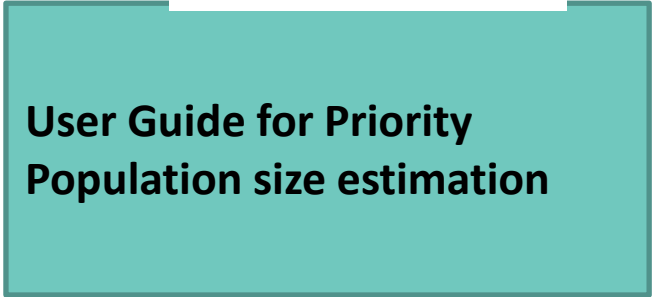
- SRHR/HIV: GF SI, Together 4 SRHR (SSA)
- **Education Plus** - high-level political **advocacy drive** to accelerate actions and **investments to prevent HIV among AGYW in sub-Saharan Africa - with secondary education as the strategic entry point**
  - High level policy advocacy, Young womens leadership pillar, Think tank, data hub (Generate novel high-impact data projections and visuals), multi-media communication
- **GPC AGYW Action Plan (upcoming)** - AGYW/NAC engagement and accountability in line with the AGYW pillar.



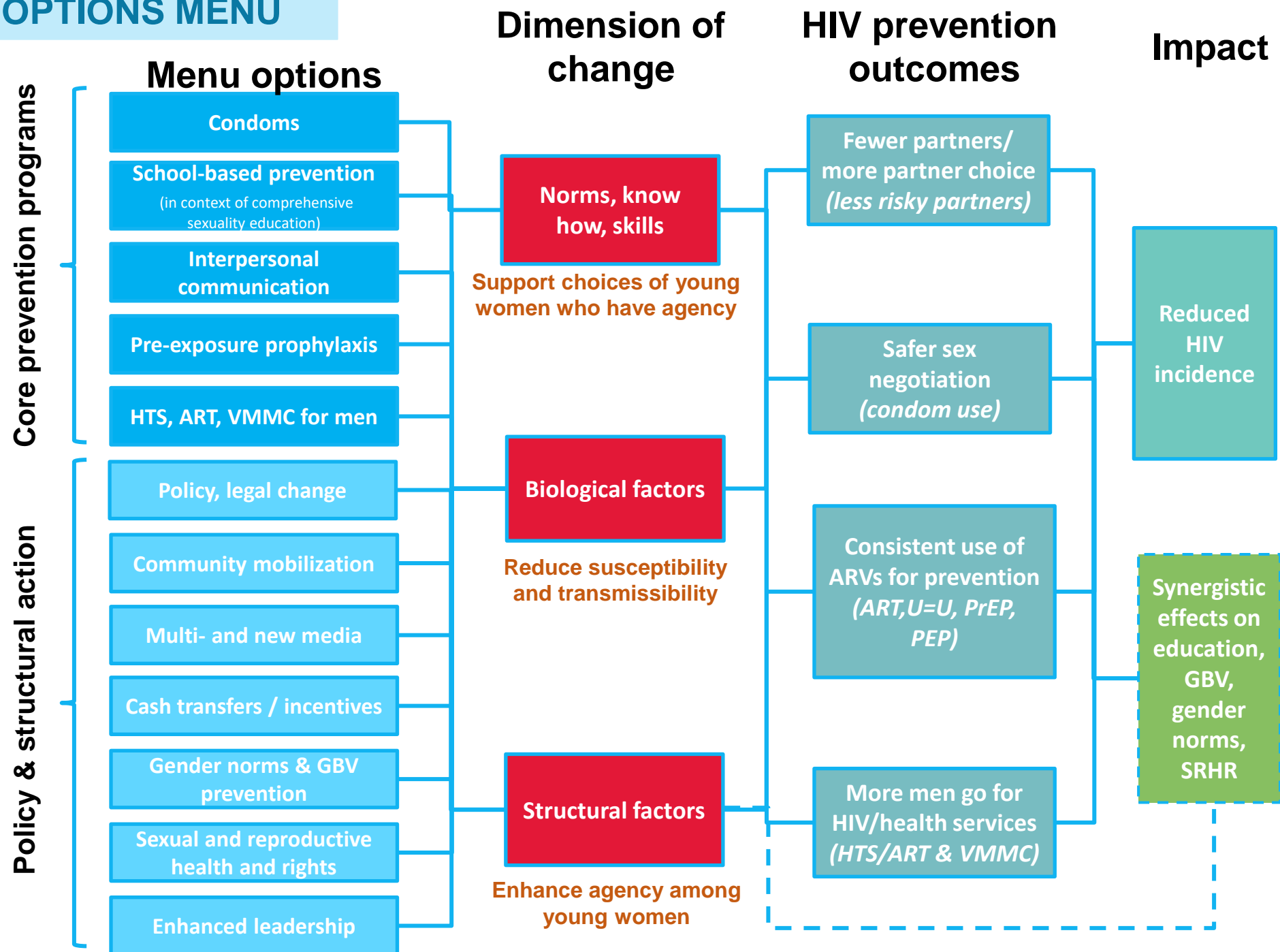
# Guidance & tools



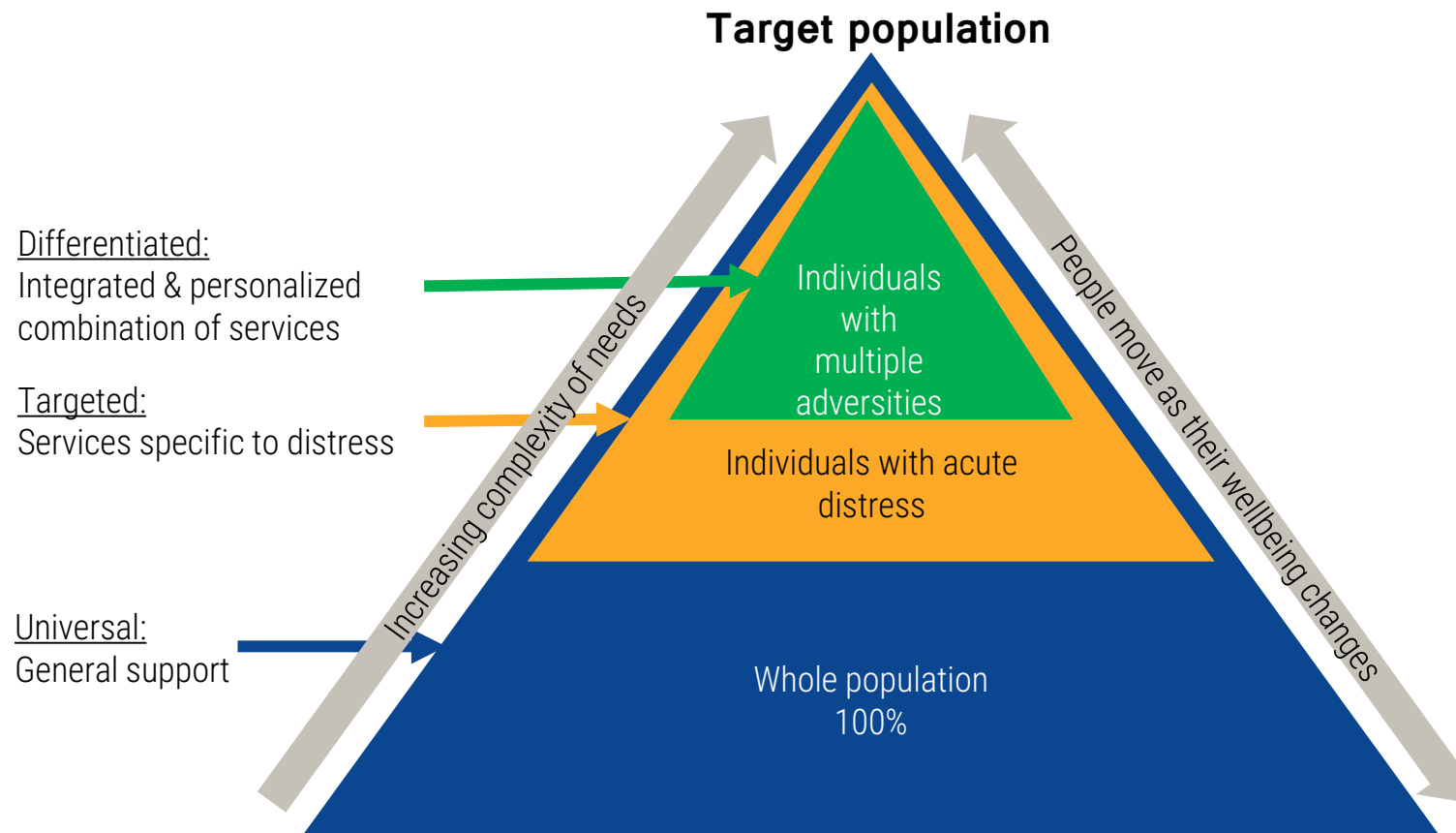
## Five HIV Prevention Self-Assessment Tools (PSATs)



# OPTIONS MENU



# DELIVERING PACKAGES



Adapted by Rudgard W. from NHS England's Comprehensive Model for Personalised Care: <https://www.england.nhs.uk/wp-content/uploads/2019/01/shared-decision-making-summary-guide-v1.pdf>

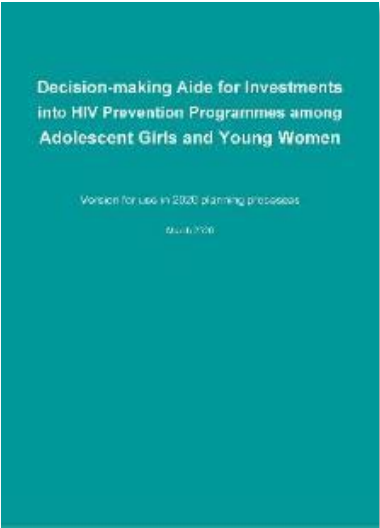
# Population size estimates of adolescent girls, young women and other populations

- New global targets disaggregated key populations and young people and adults (by sex, age, location and behaviors)
- Guidance exist for population size estimates for key populations, **but not for young women and other priority populations.**
- **The approach introduce sub-national estimates, which integrate different dimensions (sex, age, location, behaviours)**
  - Current version focuses on young women 15-29
  - For use in context of broader HIV risk analysis
- **Estimate the “denominator”** – number of AGYW at higher acquiring HIV who need intensified HIV prevention programmes
- **Sub-national population sizes estimates an entry point for setting targets**

	A	B	C	D	E	F	G
1	District population size estimation	Siaya			Kenya		
2		KEN_2_41	District HIV incidence level:			High	
4		Adolescent girls and young women by level of HIV risk/vulnerability					
5		No sex	Low risk	High risk	YWKPs	All	WLHIV
6	Population in % of total						
7	15-24	51.7	31.4	15.2	1.8	100.0	6.6
8	15-19	74.0	11.1	13.6	1.8	100.0	5.1
9	20-24	22.3	58.0	17.2	2.5	100.0	8.7
10	25-29	10.4	77.2	9.9	2.5	100.0	16.0
11	Population sizes						
12	15-24	48667	27580	14196	1123	98048	6482
13	15-19	39604	5569	7250	436	55672	2813
14	20-24	9063	22011	6946	687	42376	3669
15	25-29	3553	23364	3343	525	36651	5866
16	Estimated annual new HIV infections						
17	15-24	0	206	257	94	557	0
18	15-19	0	86	192	60	338	0
19	20-24	0	120	65	34	219	0
20	25-29	0	97	24	20	140	0
21	Contribution to all new HIV infections in age group						
22	15-24	-	37	46	17	100	-
23	15-19	-	25	57	18	100	-
24	20-24	-	55	30	15	100	-
25	25-29	-	69	17	14	100	-
26	Estimated HIV incidence rates						
27	15-24	0.00	0.75	1.81	8.38	0.61	0.00
28	15-19	0.00	1.54	2.64	13.84	0.64	0.00
29	20-24	0.00	0.55	0.94	4.92	0.57	0.00
30	25-29	0.00	0.41	0.71	3.72	0.45	0.00

# Need for differentiated application

## Decision making aide



PART I. Complementary action for adolescent girls and young women in all locations				
<ul style="list-style-type: none"><li>Access to primary and secondary education</li><li>Universal introduction of comprehensive sexuality education (CSE) and school health programmes</li><li>Out of school CSE</li><li>Social support and economic empowerment of vulnerable adolescents</li></ul> <ul style="list-style-type: none"><li>Access to (integrated) sexual and reproductive health (including family planning, GBV, cervical cancer screening, HPV vaccine and other STI services) and rights including legal and policy support</li><li>Youth-friendly health systems (including trained providers, conducive hours ...)</li></ul> <ul style="list-style-type: none"><li>HIV testing and treatment services, PEP, prevention of vertical transmission of HIV as part of maternal health</li><li>Action to address HIV related rights, stigma and discrimination</li></ul> <ul style="list-style-type: none"><li>Male &amp; female condoms and lubricants, VMMC for men (in relevant priority countries), basic national HIV information (prevention and treatment), risk reduction communications including new &amp; social media</li><li>Comprehensive HIV prevention programmes for key populations (including AGYW within key populations)</li></ul>				
PART II. HIV prevention packages for adolescent girls and young women in high, very high and extremely high incidence locations.				
Local HIV incidence (new HIV infections among young women 15-24/100 person years)	High (0.3-1.0)	Very high (1.00-2.0)	Extremely high (2+)	
Health sector platforms (facilities, service delivery points)				
HIV/STI risk assessment/profile	Routine offer	Routine offer	Routine offer	Routine offer
HIV risk reduction counselling & testing	Routine offer	Routine offer	Routine offer	Routine offer
Active provider-initiated condom and lubricant distribution & promotion	Routine offer	Routine offer	Routine offer	Routine offer
STI diagnosis (including as indicator for HIV risk) and treatment	Other funding	All sites, AGYW at high risk	Routine offer	
HIV/STI service integration into FP (separate guide under development)	Selected sites, focused offer	All sites, AGYW at high risk	Routine offer	
Male partner testing (invitation letter + self-test) + ART referral	Selected sites, focused offer	All sites, AGYW at high risk	Routine offer	
PrEP services	Selected sites, focused offer	All sites, focused offer	Routine offer (for sexually active)	
Education platforms (schools, universities)				
Dedicated school-based HIV prevention campaigns (knowledge, risk perception, methods, skills, GBV linked to services)	Selected schools & tertiary institutions	All schools & tertiary institutions	All schools & tertiary institutions	
Accelerated introduction of comprehensive sexuality education	Other funding	Selected schools & tertiary institutions	All schools & tertiary institutions	
Community platforms (NGOs, CSOs)				
Community mobilization around basic HIV prevention knowledge, risk perception and related social norms	Selected communities	All communities	All communities	
Community-based demand generation and outreach HIV prevention services (incl. condoms, self-testing, referrals ...)	All AGYW and men 20-39 at high risk	All AGYW and men 20-39	All AGYW and men 20-39	
Active PrEP demand generation	AGYW part of key populations	All AGYW at high risk	Community-wide	
Structured interpersonal communication outreach (e.g. SASA, etc.)	Selected communities	Selected communities	All communities	
Cash transfers, incentives, economic empowerment	Other funding	Other funding	Vulnerable AGYW at high risk	
Social asset-building, safe spaces, parenting programmes, mentoring	Other funding	Other funding	Vulnerable AGYW at high risk	
Keep girls in-school / education assistance	Other funding	Other funding	Vulnerable AGYW at high risk	
Cross-cutting and management				
Local AIDS Office leads regular review & problem-solving	Recommended	Recommended	Recommended	
Full-time AGYW lead within local AIDS Office	Optional	Recommended	Recommended	
Indicative cost (per year on average per AGYW aged 15-29 living in the location)	5-20 USD	15-50 USD	40-100 USD	

Typical funding source

→ Other public health & development funding

→ Other health financing

→ Other HIV financing

→ Other HIV prevention financing

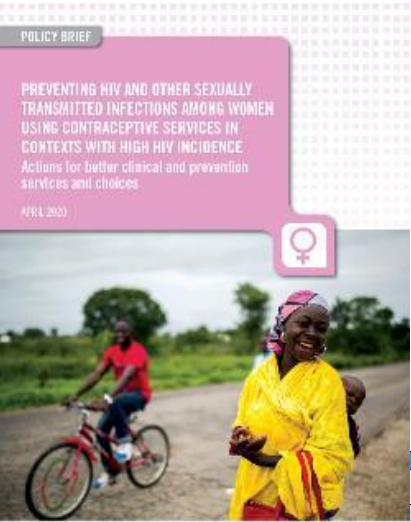
Typical funding source

HIV prevention financing for adolescent girls and young women

■ Routine offer for all AGYW in the area

■ Focus on specific locations or groups of AGYW

■ Highly focused on AGYW at higher risk



# HIV integration in contraceptive services

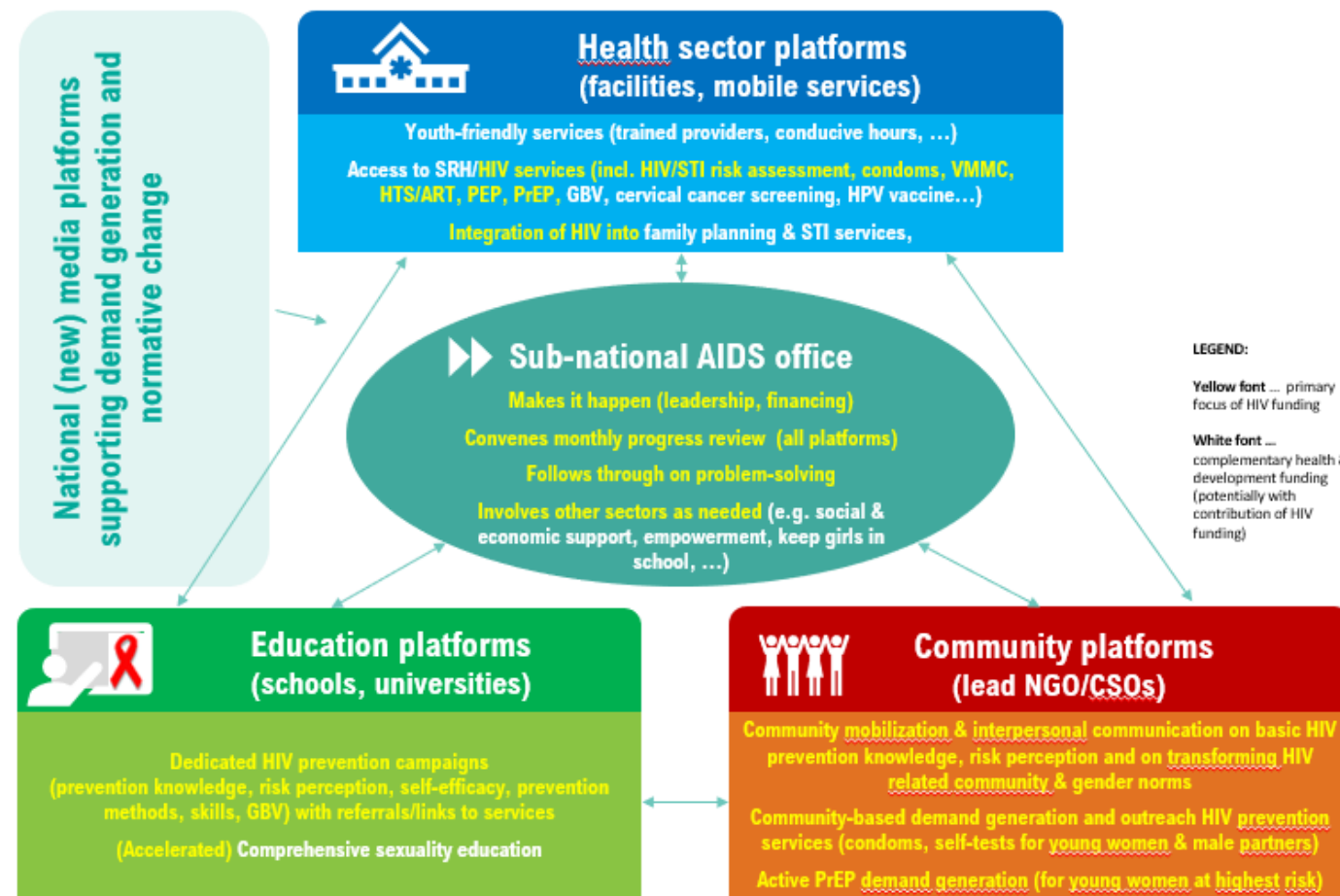
& actions		Modalities and scenarios (how to do it)			
Engage women on the choices they want		Consult women in including young women, women from key populations and women living with HIV on the choices they want and how they would like to access SRH and HIV services, in particular contraceptive and HIV prevention services			
Level of HIV		Define location-specific scenarios (national and sub-national)			
		Low	Medium	High	Extremely high
HIV prevalence among adult women		Below 1%	1-5%	5-20%	More than 20%
Location examples		Most of Asia-Pacific, the Americas, Europe, Middle East and North Africa, parts of West Africa	Other parts of eastern, central and West Africa, very few specific locations in the Caribbean, Asia, eastern Europe	Parts of Kenya, Malawi, Mozambique, Namibia, South Africa, southern Zimbabwe, southern Uganda, few other locations in Africa	Eswatini, Botswana, Lesotho, several parts of South Africa, southern Zimbabwe, southern Mozambique, northern Namibia
Integrate HIV into contraceptive services		Accelerate ongoing SRH-HIV integration efforts			
Approach to integrating HIV prevention into contraceptive services		- Likely only few changes needed, key population focus - Mix of referral & on-site integration	- Address as part of SRH-HIV programme development - Mix of referral & on-site integration	- Rapid action (change of operating procedures) - On-site integration wherever possible	- Immediate action (executive order, change of operating procedures) - Immediate on-site integration
As part of contraceptive service delivery	Male and female condom and lubricant availability	YES	YES	YES	YES
	HIV risk assessment	YES Focused offer	YES Routine offer	YES Routine offer	YES Routine offer
	STI risk assessment	YES Focused offer (routine offer based on STI prevalence)	YES Focused offer (routine offer based on STI prevalence)	YES Routine offer	YES Routine offer
	Condom promotion & skills building	YES Focused offer	YES Routine offer	YES Routine offer	YES Routine offer
	HIV prevention & risk reduction counselling	YES Focused offer	YES Routine offer	YES Routine offer	YES Routine offer
	HIV testing services (including self-test) + ART	YES Focused offer	YES Focused offer	YES Routine offer	YES Routine offer
	STI diagnosis & treatment (including partner STI services)	YES Focused offer (routine offer based on STI prevalence)	YES Focused offer (routine offer based on STI prevalence)	YES Focused offer (routine offer based on STI prevalence)	YES Routine offer
	Partner HIV testing (eg invitation letter + self-test) + ART	Referrals for partners of HIV positive women	Referrals for partners of HIV positive women	YES Routine offer	YES Routine offer
	Community outreach support (on HIV prevention for women using contraception and their partners)	Focus on key populations	Focus on key populations	YES Focused outreach	YES Expanded outreach
	Pre-exposure prophylaxis	NO (but referrals for women at higher risk)	NO (but referrals for women at higher risk)	YES Focused offer	YES Routine offer
Complementary services		Prioritize with population-location focus and scale up			
Primary HIV prevention (the five pillars of prevention)		Key populations (full package)	Key populations (full package), condoms	Young women & male partners, key populations, condoms, VMMC, PrEP	Young women & male partners, key populations, condoms, VMMC, PrEP
Expand contraceptive choices for women including young women and women from key populations		Offer a range of short-term and long-term contraceptive methods to women including counselling on advantages and disadvantages of different methods to support women in making informed choices			
Other health services		HIV/STI testing and treatment, full package of SRH- including adolescent/youth-friendly services, mental health, gender-based violence prevention and support, comprehensive sexuality education, women's empowerment.			



# PSAT: Programme Self-Assessment Tool and Delivery platforms

- Assessments at national and decentralized level
- Includes:
  - management system,
  - programme components,
  - M&E system,
  - integration aspects

## Delivery platforms for scaling up programs for adolescent girls, young women and men in settings with high HIV incidence:



# Data informed multicomponent prevention programmes

## Decentralised and accountable

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- Combination prevention package for AGYW and male partners (AYP) with AGYW engaged throughout.
- Increase precision prevention programme coverage in highest-incidence locations and among the most at risk and vulnerable populations
- Reinforce HIV prevention leadership institutions to facilitate multisectoral collaboration, oversight, and management of national HIV prevention responses
- Strengthen programme monitoring and evaluation

# Thank you

## Selected key resources for AGYW and their male partners

### **Adolescent girls and young women**

- [HIV prevention among adolescent girls and young women, July 2016 – Unaid](#)
- [Decision-making Aide for Investments into HIV Prevention Programmes among Adolescent Girls and Young Women – Unaid](#)
- [Preventing HIV and other STIs among women and girls using contraceptive services in contexts with high HIV incidence, June 2020 – Unaid](#)
- AGYW Programme Self Assessment: [Five HIV Prevention Self-Assessment Tools \(PSATs\) – Unaid](#)

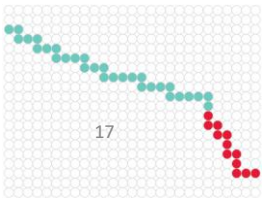
### **Key populations**

- [Practical guidance for comprehensive HIV/STI programmes with sex workers, October 2013 – Unaid](#)
- [Practical guidance for implementing comprehensive HIV and STI programmes with Transgender People, April 2016 – Unaid](#)
- [Practical guidance for implementing comprehensive HIV and HCV programmes with People Who Inject Drugs, May 2017 – Unaid](#)

### **VMMC/Men and Boys**

- [Updated VMMC guidelines and recommendations including annexes](#)
- [VMMC policy brief](#)
- Enhancing uptake of voluntary medical male circumcision among adolescent boys and men at higher risk for HIV: evidence and case studies available [here](#)

For more examples and resources see: <https://hivpreventioncoalition.unaids.org/resources/>



# Adolescent Girls & Young Women: Prevention Self- Assessment Tool

*An overview*



Presented by **Kerry Mangold**, SSLN



# PRESENTATION OVERVIEW

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1. What is the AGYW prevention self-assessment tool?
2. How was the AGYW PSAT developed?
3. What are the AGYW PSATs objectives?
4. Which components of an AGYW programme does it assess?
5. Who should use the AGYW PSAT and why?
6. What outputs can the AGYW PSAT be used to develop?
7. Where can you access it & what support is available?

# What is the AGYW prevention self-assessment tool?

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## HIV Prevention Self- Assessment Tool

developed for the  
 Global HIV  
Prevention  
Coalition

### Value

- The AGYW PSAT serves to facilitate **self-reflection**. It is **not used to evaluate** country AGYW programmes
- It is envisaged as a **tool** which countries can also use to **monitor their progress** toward comprehensive prevention programming for AGYW

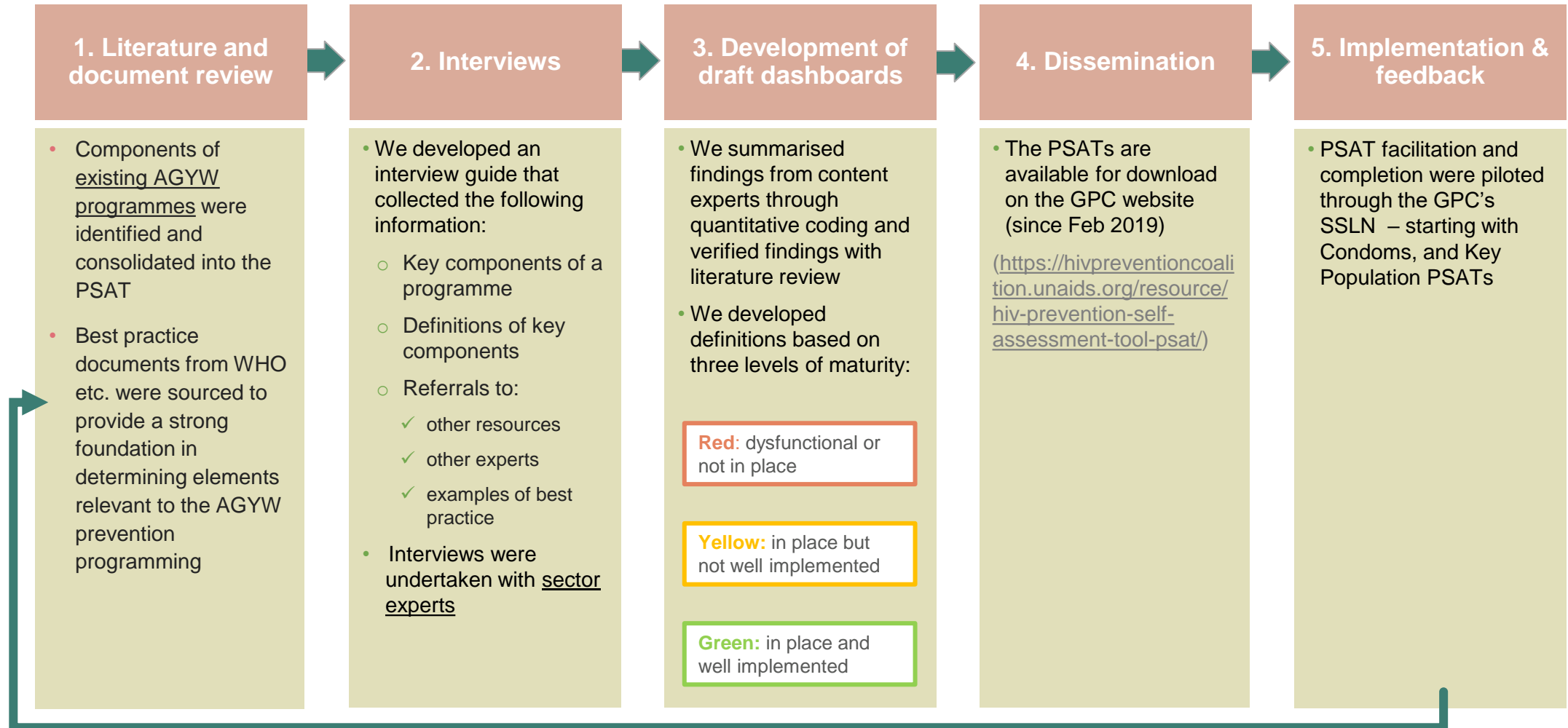
### Use

- The AGYW PSAT **outlines the components of a comprehensive programme** in terms of management, implementation, packages, outcomes and sustainability
- It is anticipated that **a small group of informed individuals (like a national TWG)** complete the tool and then **constructively discuss it**

**SSLN is facilitating** the use of the AGYW (and other) PSATs in some countries, but the tool is publicly available to all countries



# How was the AGYW PSAT developed?



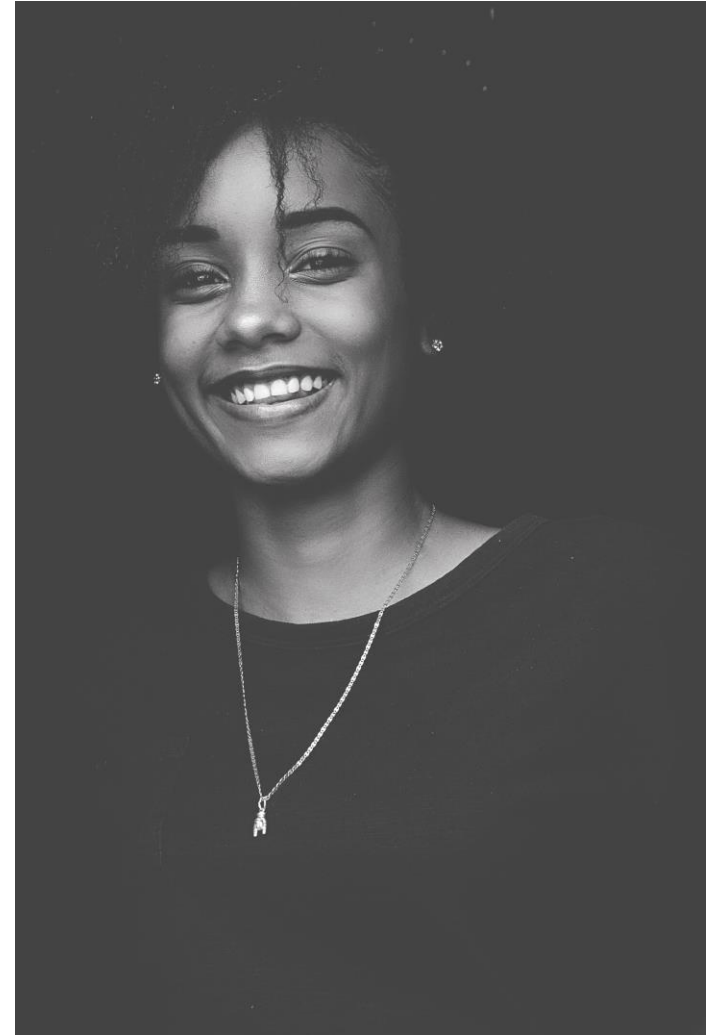
This process was repeated to develop the AGYW PSAT 2.0 (updated 2022) which includes new literature and global guidance, refined elements, and criteria. Usability and interface have also been optimised.

# What are the AGYW PSATs objectives?

## OBJECTIVES

### PSATs support country programmes & partners to:

1. **Recognise** the characteristics of **global best practice** for each component of a high-performing AGYW programme
2. **Understand** how they perform against each programmatic component
3. **Benchmark** their country's programme against **prior performance** and programme maturity (assuming (bi)-annual repeat)
4. **Prioritise** components country programmes should be focusing on as well as those which are doing well and should be documented/replicated/scaled
5. **Identify** Technical Assistance needs, resource needs, capacity development needs and additional investments to address poorly performing components
6. **Compare** relative performance across countries and even benchmark within a region
7. **Advocate** for interventions and resources to improve programming



# Which components of AGYW programmes does it assess?

Domain	Function	Domain	Function
Programme Management	<ul style="list-style-type: none"> <li>1. Leadership &amp; coordination</li> <li>2. Strategy, policy &amp; regulation</li> <li>4. Financing</li> </ul>	MODERATE Incidence	14. HIV prevention packages for AGYW in MODERATE incidence locations
Programme Implementation	<ul style="list-style-type: none"> <li>5. Targeting &amp; planning</li> <li>6. Population size estimation by HIV Incidence Levels</li> <li>7. Identify the groups "most vulnerable" or "most at risk"</li> <li>8. Develop a Results Framework (Theory of Change)</li> <li>9. Define/Develop Delivery Systems</li> <li>10. Define Management Mechanism</li> <li>11. Develop Costed Operational Plan</li> <li>12. Develop M&amp;E Plan</li> </ul>	HIGH Incidence	15. HIV prevention packages for AGYW in HIGH incidence locations
ALL - Regardless of Incidence	13. National HIV Prevention Programme Enablers in ALL Locations	Programme Outcomes	16. Outcomes and indicators

# Who should use the AGYW PSAT & why?



## Primary audience

- Country-level AGYW prevention stakeholders, including decision-makers and influencers as well as members of national Technical Working Groups (TWGs)

*However*, the PSAT is publicly available to be used by others:

## Other users

- Development partners
- Researchers
- Individual representatives

The PSAT **process** is as important as the results.

- ✓ helps to facilitate a comprehensive & neutral discussion
- ✓ blue-print to gain insights into countries subjective views or their programmes
- ✓ requires multi-sectoral participation

**Frequently used approach** As a **group exercise** by the **relevant TWG** to assess **how a programme is doing & understand where future investments** may be necessary. This TWG does the assessment and develops useful outputs to respond to the findings. [\[Using existing structures and processes in-country to complete the PSAT is highly recommended\]](#)

# What outputs can the AGYW be used to develop?

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**Once the HIV prevention self-assessment tool has been completed, it is suggested that countries:**

1. **Prioritise** which of the components to address;
2. Document **how** each component will be addressed:
  - a) **Resource** needs,
  - b) **Technical assistance** needs, or
  - c) **Data needs**; and
3. Develop an **action plan** with shorter and longer-term outcomes.
4. **Beyond** PSAT completion for programme purposes, the PSAT can contribute to planning for National Strategic Plans (NSP), refining requests for technical assistance (TA) and providing input into funding proposals (it has even been used as an annexure to a global fund application to serve as motivation for the programme description).

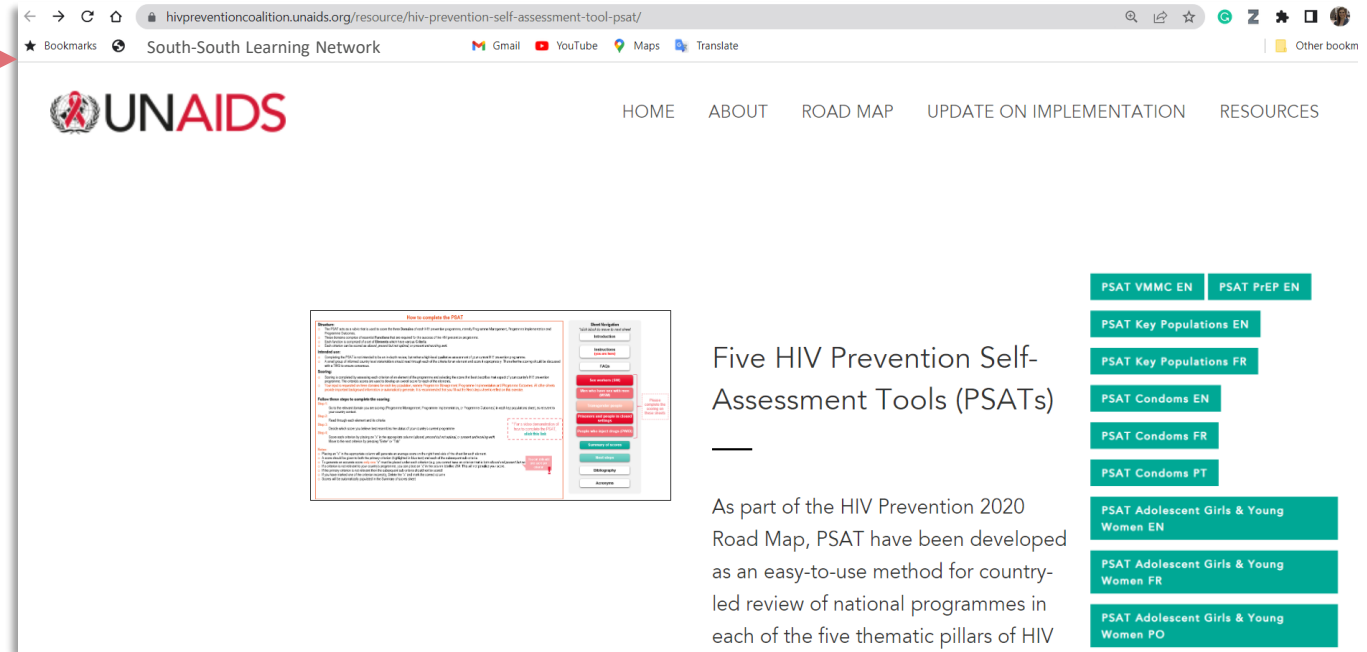
# Where can you access it? What support is available?

All PSATS can be accessed & downloaded from the GPC website. They are available in **English, French and Portuguese**

(<https://hivpreventioncoalition.unaids.org/resource/hiv-prevention-self-assessment-tool-psat/>)

The PSAT tools themselves include an introduction, FAQ section and instruction page.

Also, **you can also request a short briefing/training of trainers** on the PSATs from the SSLN and/or a short guidance document/ presentation to help orient you.



Five HIV Prevention Self-Assessment Tools (PSATs)

As part of the HIV Prevention 2020 Road Map, PSAT have been developed as an easy-to-use method for country-led review of national programmes in each of the five thematic pillars of HIV



One of these 15 SSLN countries? Get support for *full* facilitation of all 5 PSATs.

Botswana Cote d'Ivoire eSwatini Ghana Kenya Malawi Mozambique Nigeria  
Republic of Congo South Africa South Sudan Tanzania Uganda Zambia Zimbabwe



Please reach out to Lulama Lunika at [LulamaL@genesis-analytics.com](mailto:LulamaL@genesis-analytics.com) for support from the SSLN



# Practical experiences of using the AGYW PSAT

*Country experience: **Kenya***

*Regional programme experience:  
**Global Fund SI***



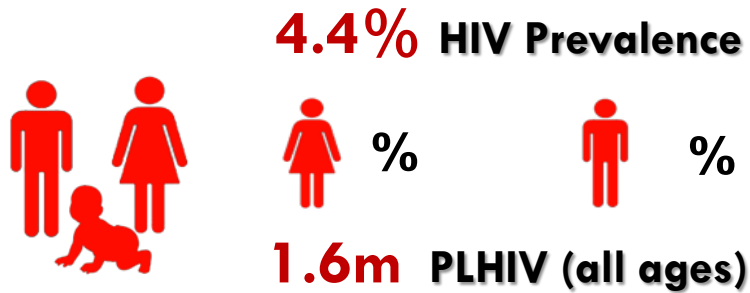
Presented by **Rebecca Nyambeki**, NACC Kenya, **Jane Ferguson**, University of Cape Town, GF AGYW SI

# **KENYA'S PSAT EXPERIENCE**

**Rebecca Nyankieya - NACC**

# Kenya's AYP HIV Situation & Prioritisation

# New HIV infection continue to be high in 2019



## Number of new HIV Infections in 2019



**1,303,000**

Adults living with HIV (15+)

**139,000**

Children living with HIV (0-14)

## Adolescents and Young People People

### Adolescents 10-19 years



**87,208** PLHIV

**6,150** New infections

### Young Adults 15-24 years



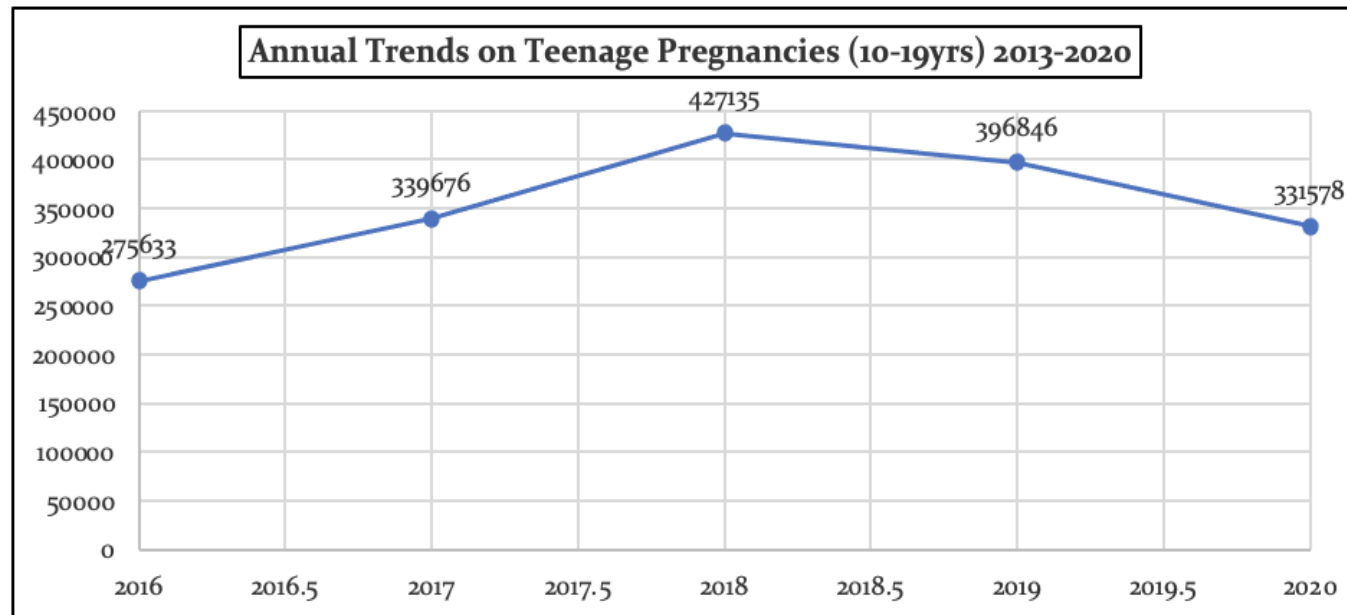
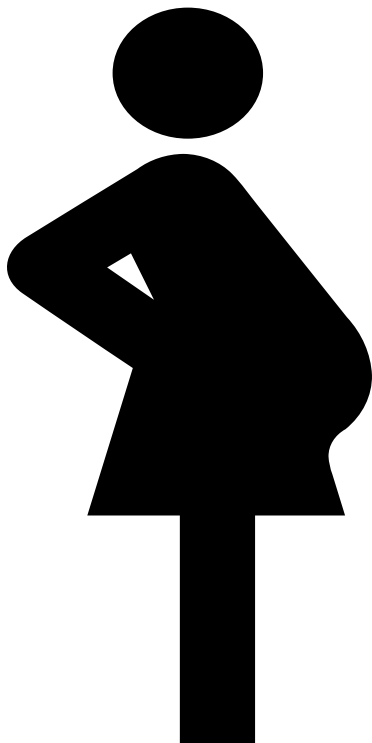
**142,161** PLHIV

**14,344** New infections

**42%**

Of adult new infections occur among the youth (AYP)

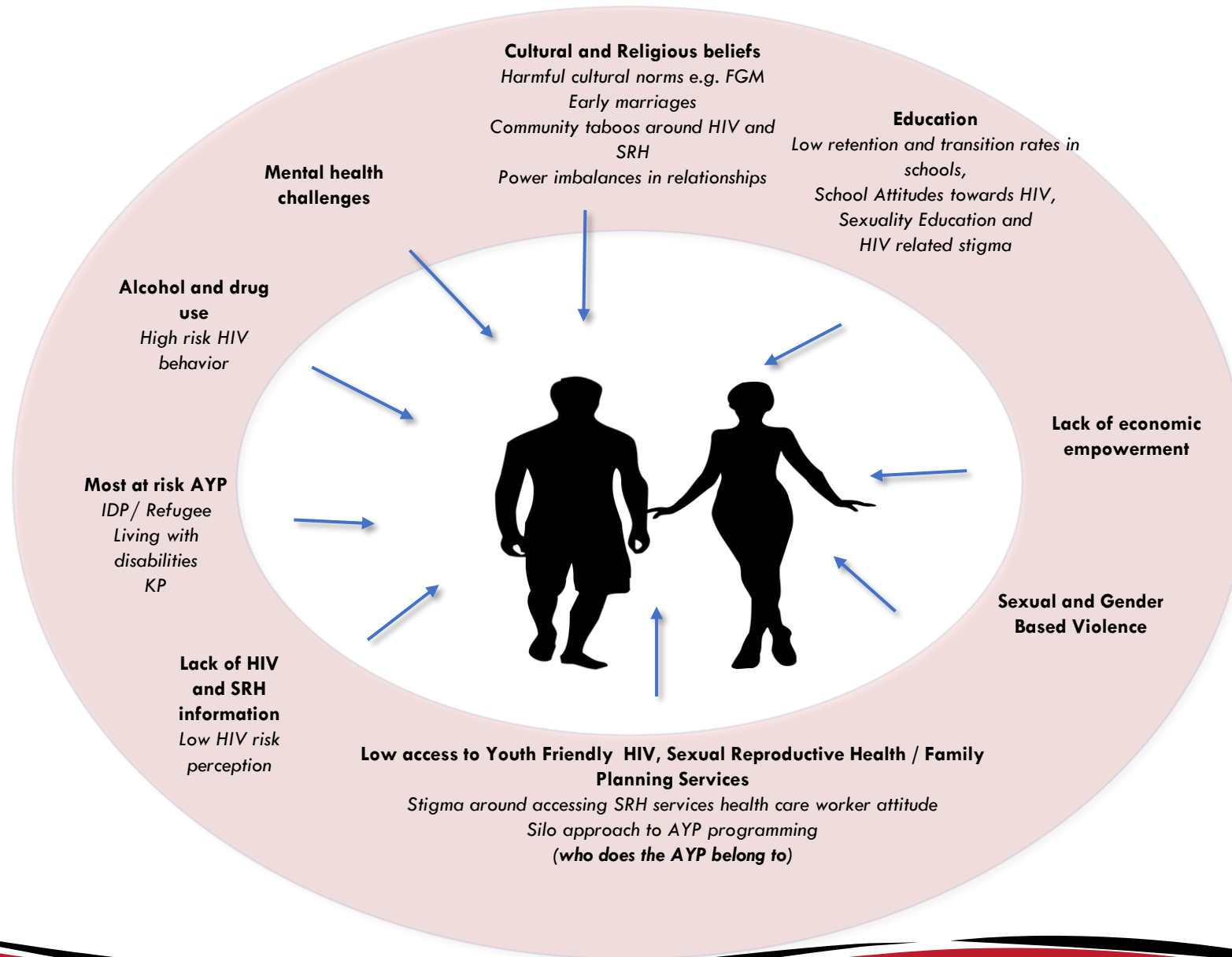
# ADOLESCENT PREGNANCY



According to the Kenya Health Information System (KHIS) indicated that 28% of all pregnancies registered were among adolescent girls aged 10-19 years. A third of these teenage pregnancies occurred in **nine** counties namely: **Nairobi, Kakamega, Nakuru, Meru, Narok, Bungoma, Kiambu, Homabay and Kwale.**

# HIV VULNERABILITY WHEELS:

What puts young people at a higher risk of contracting HIV and STIs?



## Emerging Issues

- Epidemics- COVID 19**
- Climate change**-The climate crisis negatively impacts all aspects of adolescent well-being, with the already marginalized and most vulnerable adolescents – such as Indigenous adolescents, refugees, adolescents with disabilities or chronic disease, and adolescents marginalized due to gender and socioeconomic status – at greatest risk.
- Political instability**



# Introduction

Purpose: provided Kenya with an opportunity and an easy-to-use tool to reflect on the current status of the AGYW (AYP) HIV prevention programmes to inform:

- 1) Plans of action, capacity strengthening and technical assistance plans
- 2) Quality assessments of programmes against a global standard

# PSAT PROCESS & FINDINGS

# The PSAT supports countries in identifying programmatic gaps & priorities in their HIV prevention response



The AGYW PSAT tool was completed over the period July to September 2021, by country stakeholders, where extensive **self-assessment** and **reflection** was conducted.



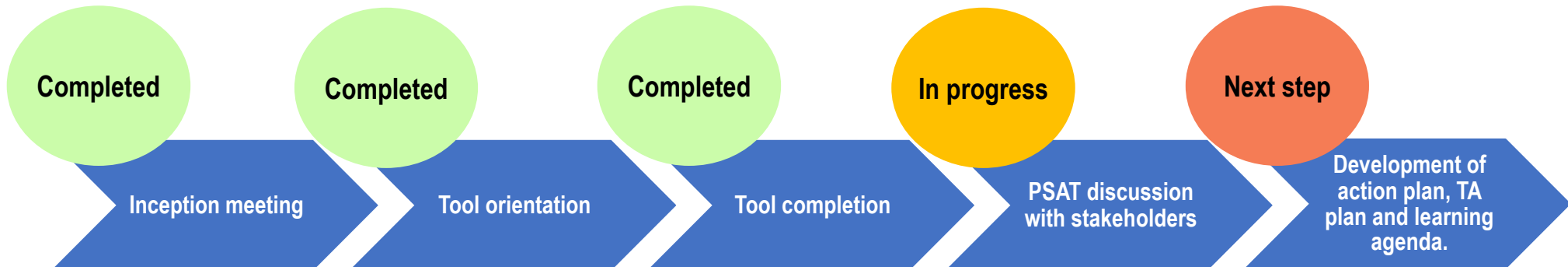
NACC in collaboration with NASCOP coordinated the donors and implementing partners to participate in the PSAT discussions – CSOs, AYP reps were also included



The stakeholders participated in the discussions virtually. 5 sessions were conducted to complete the PSAT



Findings summarised and presented to NACC and NASCOP during the AYP programme review meeting in Nakuru.



# The average score is 3.4 with varying scores across the domains

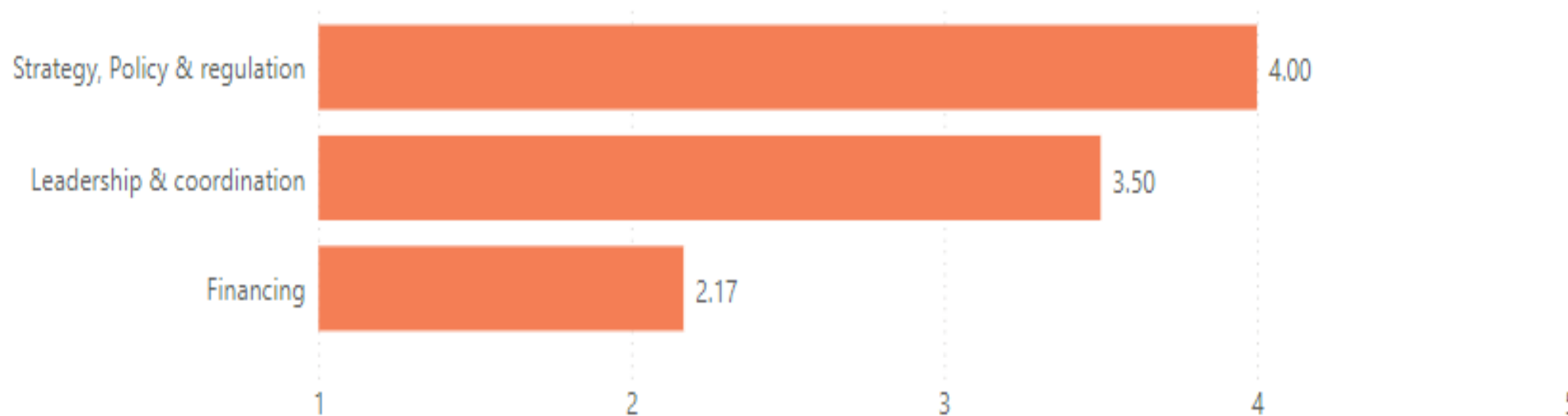


The highest scoring domain was Programme Implementation with 3.7 out of five.



# Programme management: summary of results

Regarding programme management, the team scored the programme highly in terms of strategy, policy and regulation, however financing was identified as an area for further development



# Programme management: reasons for gaps / proposed action

Function	Element	Score	Reason for Gap	Proposed Action
Leadership and Coordination	National Strategy and Strategic Plan	5	Still scope for improvement and can still build capacity of AGYW	Need to include AGYW in the national prevention implement plan to provide high priority for the population
Leadership and Coordination	National and sub-national plan	5	There are list of focus counties depending on burden. High burden counties have a more intensive package (like DREAMS)	
Leadership and Coordination	Accountability	4	AGYW is prioritised in the highest forums with President championing for the cause. Accountability mechanism at county level can be improved	
Leadership & Coordination	Capacity building and technical assistance plan	1	TA plan is absent and we need to identify gaps through this tool to identify the TA needs	Need to develop a TA plan for the country post validation of this assessment.
Leadership & Coordination	National Technical working group (TWG) on HIV prevention for AGYW	3	There could be further representation of youth in their diversity - including YKP and ABYM	Need a stakeholder matrix and partner mapping to ensure inclusion

# Programme management: reasons for gaps / proposed action

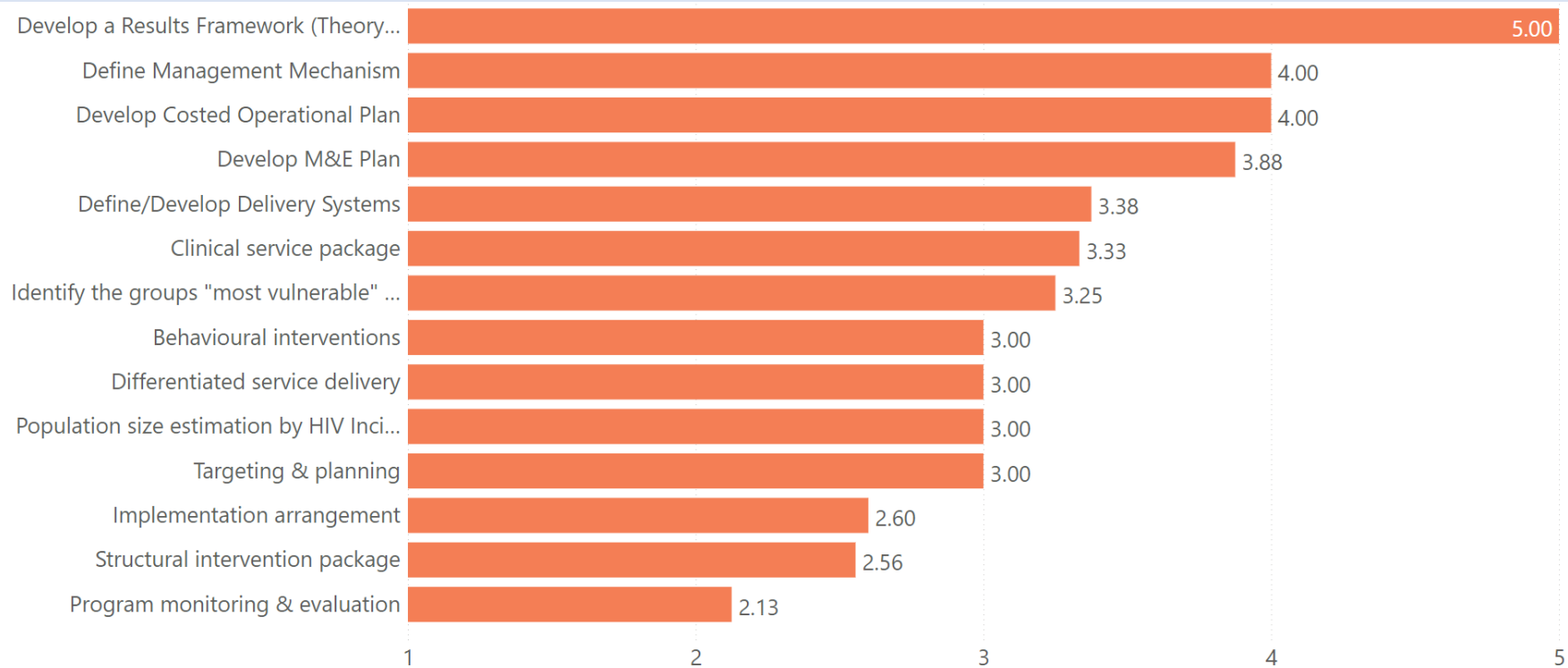
Function	Element	Score	Reason for Gap	Proposed Action
Strategy, Policy, and Regulation	Policies and laws	3	There are some barriers related to consent	The SRH Policy review is ongoing. Programme should proactively participate in that
Strategy, Policy, and Regulation	Policies and Laws	4	Supportive policies to work with AGYW. Challenges lie with YKP	
Strategy, Policy, and Regulation	Guidelines	4	Fast track plan exists however there is need to develop a implementation guidance to standardize implementation of the AYP programme irrespective of the funder. This can be guided by global guidance	
Financing	Resource mobilisation and financing	1	The country needs more domestic funding. AYP programmes are needed in generalising and mixed epidemic type counties however all such counties do not have programmes. Even in counties where there are programmes, reach is limited	Advocacy towards domestic funding for AGYW, allocation of county budgets towards AYP programmes
Financing	Social contracting	1	This is currently not happening as funding is provided directly by the funder to the implementer	The TWG needs to provide guidance on action
Financing	Costing	2	Country process is ongoing	Finalize the process looking at the various regions as this varies and guidance provided on this. The costing to review current costs supported through the existing partners to be included in the process; the package of service to be looked at (minimum and package of services to be looked at and identified





# Programme implementation: summary of results

Within programme implementation, the documents to support the HIV AGYW programme are present including a results framework, defined management mechanism, operational plan and M&E plan; however at the ground level, more still needs to be done in terms of programme monitoring & evaluation, as well as implementation arrangements.



# Programme implementation: specific reasons for gaps / proposed action 1/4

Function	Element	Score	Reason for Gap	Proposed Action
Targeting & planning	Needs assessment	3	It is conducted and there were examples from DREAMS countries	A standard need assessment design is needed to scale up across counties which have resources to work with AGYW. Best practices can be adopted
Targeting & planning	Characterisation of male partners of AGYW	3	Present but not optimal	Increase resources and targets for the male partners, program focus needs to be deliberate in targeting the male with services where they are found o increase health seeking behaviours. It is important to address power inequality in relationships and gender norms that increase vulnerabilities
Targeting & planning	Target setting	3	Lack of national targets set for AGYW	Review evidence and other best practices to set national and county targets so that there is a denominator to measure progress

# Programme implementation: specific reasons for gaps / proposed action 2/4

Function	Element	Score	Reason for Gap	Proposed Action
Population size estimation by HIV Incidence Levels	Population size estimate - high incidence	3	Inadequate disaggregation at the sub geographic levels though KeNPHIA data has given good data	Size estimates are needed at the granular level at sub national levels
Identify the groups "most vulnerable" or "most at risk"	Epidemiological assessment (sero-prevalence survey & determinants of risk)	3	DREAMS has conducted assessments in some counties but limited	Conduct surveys in all counties which have programmes. DREAMS programme to share such assessment and findings with TWG
Identify the groups "most vulnerable" or "most at risk"	Behavioural risk factors	3	Different partners do assessment and understand the factors but there is no standard way of doing it	Need to update risk factors after enrollment of AGYW and develop a standard assessment tool
Identify the groups "most vulnerable" or "most at risk"	Behavioural risk factors	3	Different partners do assessment and understand the factors but there is no standard way of doing it	Need to update risk factors after enrollment of AGYW and develop a standard assessment tool
Identify the groups "most vulnerable" or "most at risk"	Structural risk factors	4		Along with need assessment, we need a tool that can harmonize all factors listed at country level that cause vulnerability and help identify at risk population
Develop a Results Framework	Develop a results framework for AGYW	5	A results framework and theory of change exists	



# Programme implementation: specific reasons for gaps / proposed action 3/4

Function	Element	Score	Reason for Gap	Proposed Action
Define/Develop Delivery Systems	Develop/ensure health platforms	3	Despite being trained on AYFS, gap in HCWs response to AGYW needs exist e.g. Human resource challenges	Continuous capacity building of HCW on issues and needs of AYP in their diversity
Define/Develop Delivery Systems	Develop/ensure health platforms	3	Transfer of HCWs who have been trained on AGYW	Reinforce a return-to-school policy for mothers, bring AGYW services closer home, safe spaces should be enhanced so that AGYW don't have to travel far distances of where they live to seek services
Define/Develop Delivery Systems	Develop/ensure community platforms (lead non-governmental organisations (NGOs)/civil society organisations (CSOs))	3	CHVs are there but are not remunerated consistently	Optimize in terms of capacity building to deliver in AGYW areas, train AGYW mentors as CHVs because they understand the AGYW issues and their different, create an opportunity for the CHV cadre to be recognized and supported to ensure sustainability
Define Management Mechanism	National & sub-national Management systems	4	A multisectoral mechanism exist however proactive collaboration is still needed.	

# Programme implementation: specific reasons for gaps / proposed action 4/4

Function	Element	Score	Reason for Gap	Proposed Action
Develop M&E Plan	Data flow	3	All donors have their own reporting tools and formats	A standard national reporting tool is needed to be adopted by all implementing partners
Develop M&E Plan	Data for decision making	3	Data on clinical interventions are present and working well; non clinical data is not optimal; duplication is a major challenge	A standard national reporting tool is needed to be adopted by all implementing partners DHIS in the process of disaggregating data by age A culture and norm of data analysis should be established in all TWGs related to AYP
Develop M&E Plan	Referral system tracking	3	Feedback from referrals sites not forthcoming	Strengthen referral system by including PEs

# Proposed actions based on these findings

A standard need assessment design is needed to scale up across counties which have resources to work with AGYW. Best practices can be adopted.

- Review of the National AYP plan: adoption of a HCD approach, scale up of best practices, male engagement, setting a national target with a denominator that status will be measured against.

Identifying the most at risk \vulnerable population

- Size estimation
- Costing assessment
- Standardization of the vulnerability assessment tool

Service Delivery Systems

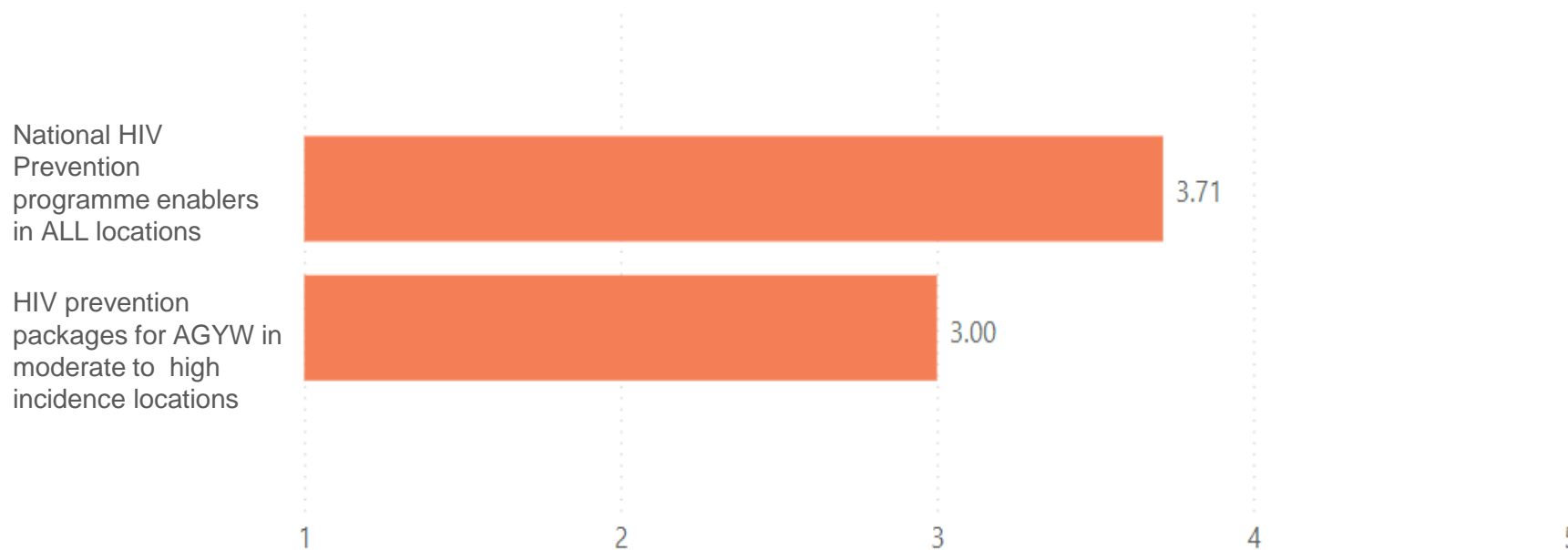
- Training of health care workers
- Reinforcing back to school policies and engagement of other ministries in providing safe spaces for AGYW that are pregnant and in school

M&E

- Standardized reporting tools for implementing partners, disaggregation of data by age

# AGYW prevention package: summary of results

When it comes to programme implementation, the National HIV prevention programme enablers scored optimally, with further strengthening needed for the HIV prevention package for AGYW.





# AGYW prevention package: summary of results 1/5

Function	Element	Score	Reason for Gap	Proposed Action
National HIV prevention programme enablers in ALL locations	Universal introduction of comprehensive sexuality education/ family health education and school health programmes	2	Cultural and moral values sometimes act as barriers	Build the capacity of teachers to implement the family health curriculum,
National HIV Prevention Programme Enablers in ALL Locations	Comprehensive HIV prevention packages for key and vulnerable youth	3	There is no HIV prevention packages specific for sexually exploited adolescents	The programming guidance for AYP should include information on programming with sexually exploited adolescents
National HIV Prevention Programme Enablers in ALL Locations	Access to integrated sexual and reproductive health	4	Access to cervical cancer screening is low due to AGYW's little to no information on the service:	Need training of HCWs to proactively assess the need for SRH services for AYP, Create awareness among AYP to access the available services

# AGYW prevention package: summary of results 2/5

Function	Element	Score	Reason for Gap	Proposed Action
National HIV Prevention Programme Enablers in ALL Locations	HIV testing and treatment services	4	Low understanding of need of AYP and sub optimal services for AYP	Provide differentiated HIV testing services based on different needs of AYP
National HIV Prevention Programme Enablers in ALL Locations	Male and female condoms and lubricants	4	Condoms are available in the facility and community for young people to access though there are age related barriers to access	
National HIV Prevention Programme Enablers in ALL Locations	PEP	3	This service is provided but there is less information among the population to seek for this service	Train all HCWs on clinical management of SGBV, need to sensitize AGYW on post GBV care services; train and orient community resource persons on GBV services and the referral pathways

# AGYW prevention package: summary of results 3/5

Function	Element	Score	Reason for Gap	Proposed Action
HIV prevention packages for AGYW in HIGH incidence locations	Active provider-initiated condom and lubricant distribution and promotion	3	Condoms are available in the facility and community for young people to access though there are age related barriers to access	
HIV prevention packages for AGYW in HIGH incidence locations	STI diagnosis (including as indicator for HIV risk) and treatment	3		Develop a consent process on STI diagnosis to improve uptake of services; Need for a standardized national HIV and STI risk assessment and reporting tools to be utilized by AGYW in all health facilities that also protects HCWs
HIV prevention packages for AGYW in HIGH incidence locations	HIV & STI service integration in family planning	3	For STI and HIV integration into family planning, one of the gaps is services that do not satisfy the needs of the AGYWs	Scale up the service according to the AGYW needs
HIV prevention packages for AGYW in HIGH incidence locations	Male partner testing (invitation letter + self test) with antiretroviral treatment referral	3	Clarity on who are the sexual partners of AGYW	Situational analysis to understand who the male partner of AGYW are

# AGYW prevention package: summary of results 4/5

Function	Element	Score	Reason for Gap	Proposed Action
HIV prevention packages for AGYW in r HIGH incidence locations	PrEP services	3	Negative attitudes towards PrEP	Build the capacity of HCWs to offer PrEP to AGYW; build the capacity for sexual partners, guardians and parents to support AGYW on PrEP; develop differentiated PrEP service delivery platform for AYP
HIV prevention packages for AGYW in HIGH incidence locations	Community mobilization around basic HIV prevention knowledge, risk perception and related social norms	3	Not all communities have basic HIV prevention knowledge etc.	Government to adopt and scale up SASA that addresses norms and implemented across counties that need a AYP programme
HIV prevention packages for AGYW in HIGH incidence locations	Cash transfers, incentives, economic empowerment	3	In some counties cash transfer schemes exist however the impact of such a scheme is not known	Advocate for the inclusion of this in the government social protection

# AGYW prevention package: summary of results 5/5

Function	Element	Score	Reason for Gap	Proposed Action
HIV prevention packages for AGYW in MODERATE or HIGH incidence locations	Social asset-building, safe spaces, parenting programmes, mentoring	3	Have programmes for parents of AGYW; no specific preprogramme/ package of an AGYW who is a parent	Develop a package for AGYW who are parents that addresses their needs
HIV prevention packages for AGYW in MODERATE or HIGH incidence locations	Keep girls in-school / education assistance	3	Parents attitude towards keeping girls in school is negative; school assistance is not structured for those in real need	Through the programme create demand for school for girls and encourage and motivate parents and girls to attend school. Norm change programmes should be initiated in communities
HIV prevention packages for AGYW in MODERATE or HIGH incidence locations	Local AIDS Office leads regular review & problem-solving	3	National level AYP leads exist, but not at the local levels	Replicate to all 47 counties; the AYP leads at the national levels need to be more vibrant, engage all the stakeholders in this space to avoid fragmentations
HIV prevention packages for AGYW in MODERATE or HIGH incidence locations	Full-time AGYW lead within local AIDS Office	3		YACH - Youth Advisory Council for Health needs to have representation from all 46 counties (Nairobi already present), to include all county challenges, the AYP leads at the national levels need to be more vibrant, engage all the stakeholders in this space to avoid fragmentations



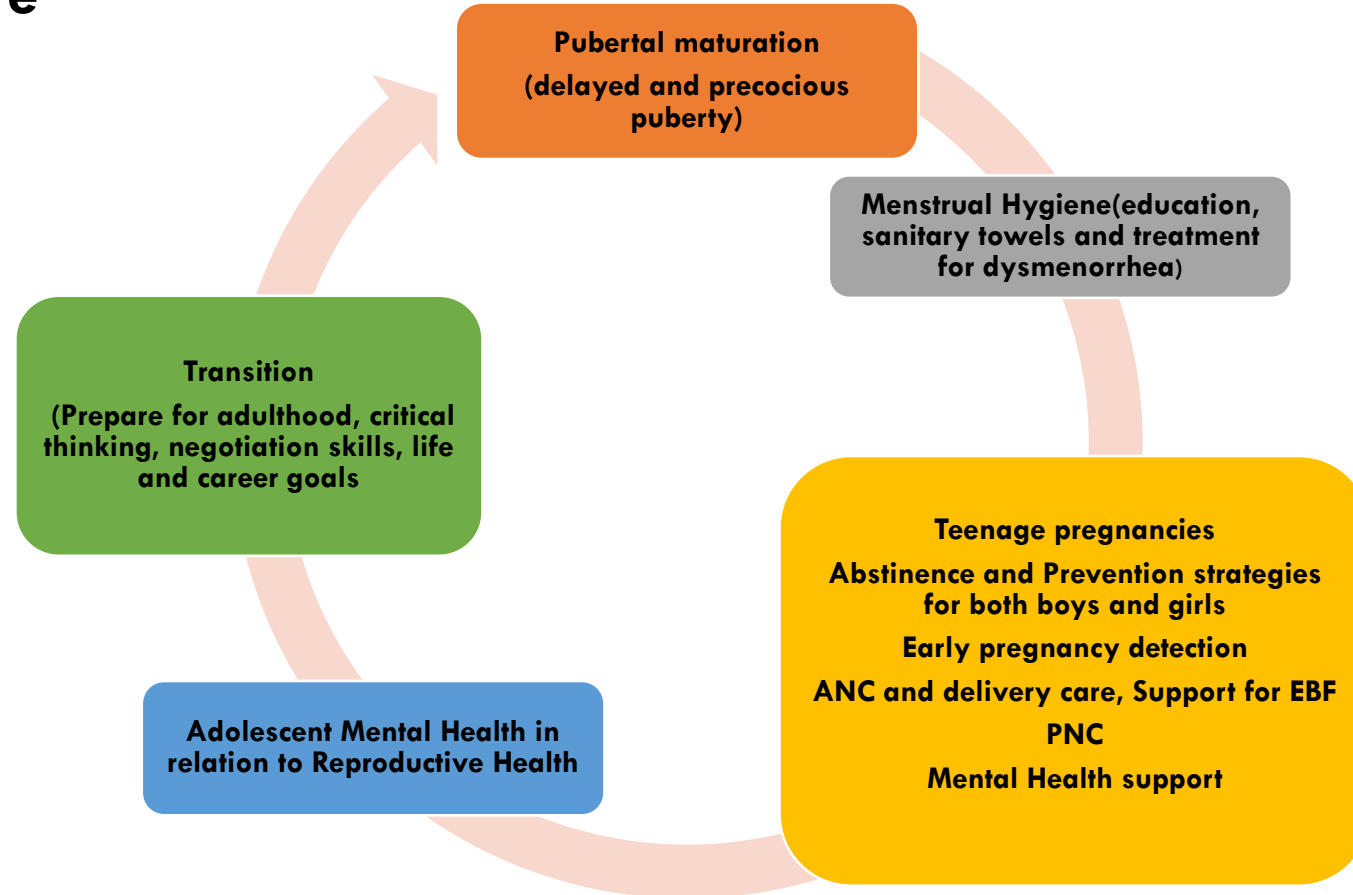
# Proposed implementation based on these findings

National HIV prevention programme enablers in ALL locations:

- Sociocultural considerations when designing programs – National AYP Plan
- Comprehensive AYP prevention package for at risk youth – two pronged, at facility and community prevention interventions.
- Training of healthcare workers to deliver the package at facility level

## Reflection

**Rethink adolescent programming using a Human Centered Design approach to strengthen the continuum of care**





# Practical experiences of using the AGYW PSAT

*Regional programme experience: Global Fund SI*

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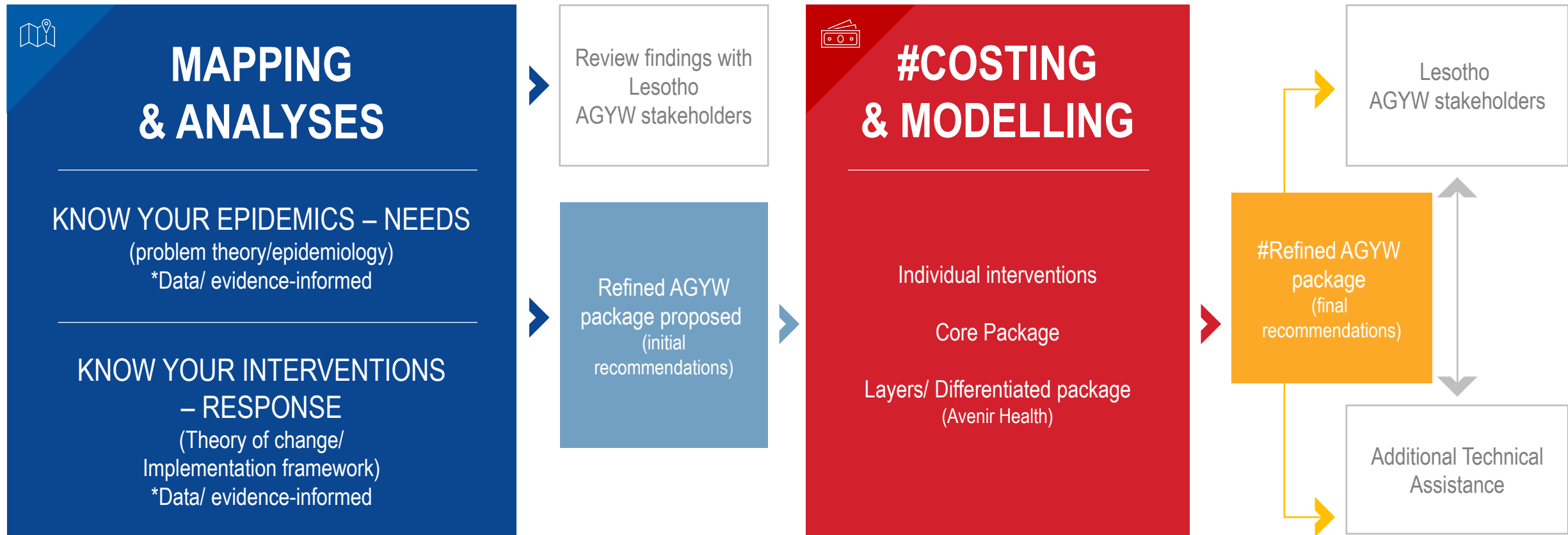
21 June 2022



UNIVERSITY OF CAPE TOWN  
IYUNIVESITHI YASEKAPA • UNIVERSITEIT VAN KAAPSTAD

# Refining AGYW HIV programming

# Collaboration with **Lesotho** AGYW stakeholders, including national, bilateral and multi-lateral partners (MoF, MOH, Sentebale [SR], Baylor [SR], WILSA [SR], UN family, PEPFAR/USAID, Sub-Recipients and civil society organisations)





# KNOW YOUR INTERVENTIONS – RESPONSE

(Theory of change/ Implementation framework)

\*Data/ evidence-informed

# Evidence mapping

What is the evidence  
on the effectiveness  
and acceptability of

## INTERVENTIONS

- Behavioural change
- HTS
- GBV prevention & care
- Community mobilization
- Social protection
- School-based interventions

Within the context of the  
delivery of a national AGYW  
comprehensive package

HIV INCIDENCE  
or  
HIV RISKS:

- Early sexual debut
- Sex with multiple partners
- Transactional sex
- Older partner
- Sex & substances/  
drugs
- Adolescent pregnancy
- Unprotected sex

And other NATIONAL  
STRATEGIC GOALS

AMONG



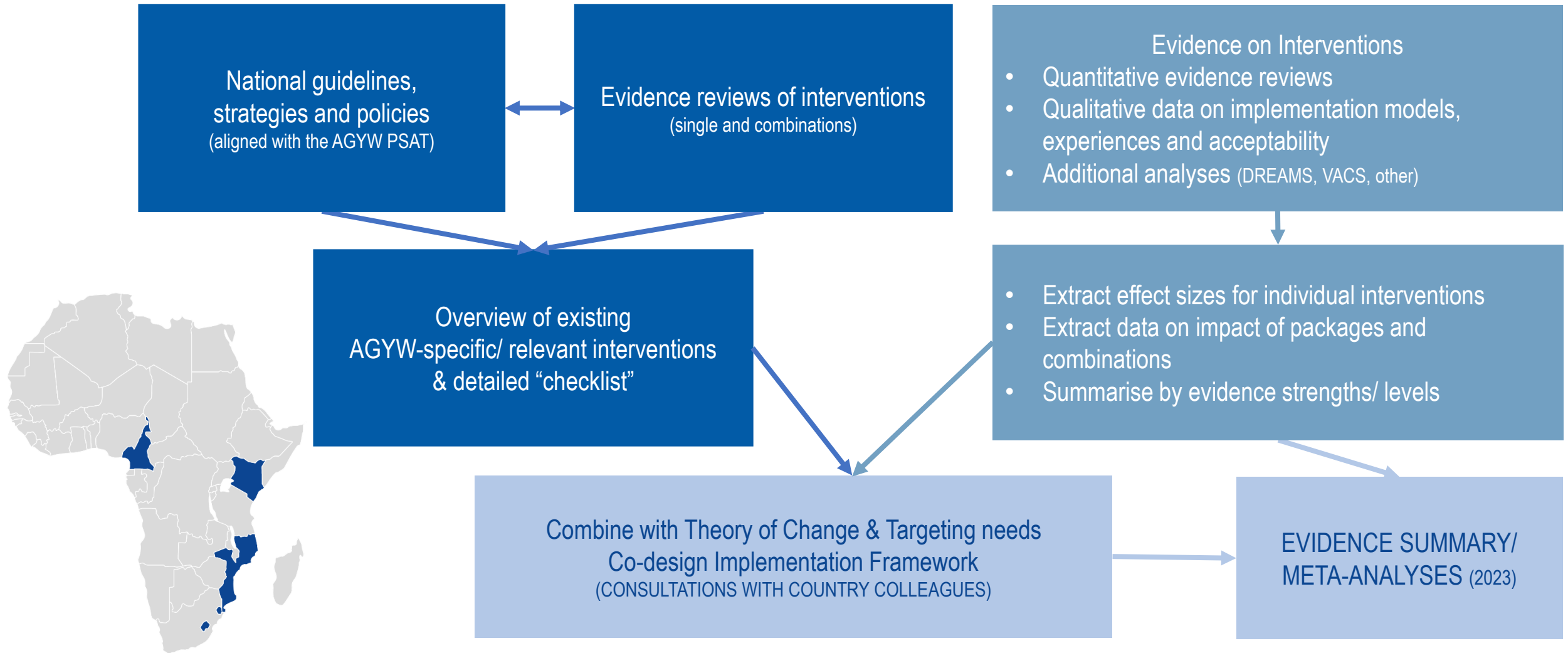
ADOLESCENT GIRLS &  
YOUNG WOMEN?



THEIR PARTNERS?

IN LESOTHO  
& similar settings

# (Response) Approach



# National framework reviews – Document Scan

## AGYW HIV Prevention Self-Assessment Tool

### Strategy, Policy, and Regulation

#### Policies and Laws

**Policies actively promote the successful functioning of the HIV prevention programme for AGYW:**

- Fiscal and administrative support to advance implementation of the relevant policy instruments are consistent
- Policies actively promote access of AGYW to services and considers financial barriers
- Policy and laws on youth-friendly services for adolescents, that address vulnerabilities of age and allow for confidentiality and consent amongst adolescents, have been adopted
- Child marriage is illegal
- Age of consent and/or parental consent does not present barriers in the implementation of services for AGYW
- Policies against domestic violence or gender-based violence have been adopted
- Policies to guarantee universal access to primary and secondary education have been adopted
- Comprehensive sexuality education has been adopted with a national curriculum developed
- Policies to reintegrate pregnant teenagers back into school have been adopted
- Policies to address/reduce spousal separation have been adopted
- Laws that discriminate against AGYW from Key Population groups are removed and laws protecting against discrimination on the basis of age, sex, gender identity, sexual orientation, marital status exist

**The following programme standards or national guidelines exist and clearly articulate the steps for successful implementation HIV prevention programme for AGYW, in alignment with evidence-based practice:**

- National guidelines for each of the biomedical, behavioural and structural interventions and services exist and address specific needs of AGYW; or in the absence of national guidelines, all policies & strategic documents make reference to currently available international guidance for AGYW prevention programme interventions
- Guidelines were developed in consultation with AGYW
- National guidelines for HIV testing and treatment, sexually transmitted infections (STIs) and pre-exposure prophylaxis (PrEP) consider AGYW as a specific target population
- National guidelines for harm reduction as well as standard operating procedures for medically assisted therapy for people who inject drugs consider AGYW as a specific sub-population
- Sexual and reproductive health and rights (SRHR) guidelines clearly articulate linkage/integration of HIV prevention
- Comprehensive Sexuality Education (CSE) guidelines include curricula, teaching aides and training plans
- Age of consent/assent has been harmonised across all guidelines
- There are no contradictory guidelines in place



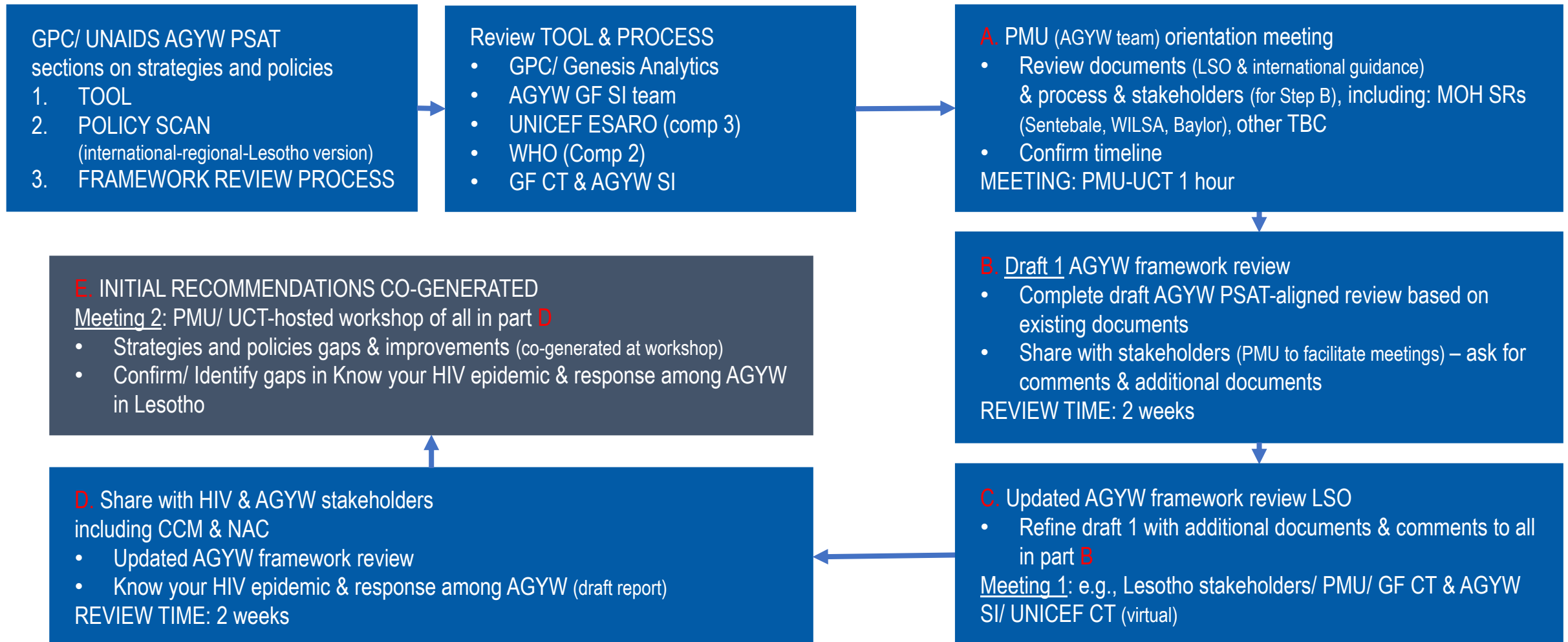
# Policy, strategy, guideline review worksheet

AGYW SI Component 1- Policy, strategy, guideline review worksheet  
from UNAIDS GPC AGYW PSAT version January 2022  
Country:  
Date:  
For additional information: [bjferguson@gmail.com](mailto:bjferguson@gmail.com); [jane.ferguson@acceleratehub.org](mailto:jane.ferguson@acceleratehub.org)

Elements and criteria from AGYW PSAT	Questions to guide responses & (eventual clarification/suggestions for revision)	Responses	Evidence incl. references	Comments/questions
<b>A LEADERSHIP AND COORDINATION: National strategy and strategic plan</b>				
1 AGYW have been consulted in the development of HIV prevention strategies/plans for AGYW	Are there AGYW-specific prevention strategies/ plans or are AGYW included in strategies/plans for overall population? Were AGYW included in the development process? Are there specific descriptions of types of activities considered as 'consultation'?			
2 The goals, objectives, and targets have been clearly defined and articulated for the HIV prevention programme among AGYW (and their male partners)	Is the 'HIV prevention programme' considered as operationalizing HIV policy/strategy/plans? If yes, does it define/articulate goals, objectives, & targets for AGYW (and male partners)? Alternately, are there various HIV prevention programmes which define/articulate goals, objectives, & targets for AGYW (and male partners)?			
3 HIV prevention programmes for AGYW recognise specific vulnerabilities of AGYWs due to gender, age, location, socio-economic status and educational status amongst others	Do various HIV prevention programmes specify vulnerabilities of AGYWs due to gender norms, age, location, familial, socio-economic, employment and educational status ?			
4 A clear logic model or theory of change is presented in the strategy/plan to guide HIV prevention programmes for AGYW	if there is a theory of change specifically for AGYW, does it include vulnerabilities, interventions to address them in addition to 'standard' HIV prevention interventions?			
5 The strategy/plan includes a comprehensive package of interventions and activities, aligned with available evidence and current global guidance	Cross reference specified interventions for AGYW (and male partners) with global guidance and local evidence of effectiveness.			
6 A comprehensive and differentiated package of interventions is defined per district/county/region/state based on epidemiological assessment of HIV incidence/prevalence as well as an understanding AGYW sub-groups in all their diversity	How to assess "understanding AGYW sub-groups in all their diversity" apart from proof of geographically distinct intervention packages!			
7 Clear scale-up plans have been defined with responsibilities assigned	Plans are time-bound; specific to programmes/interventions; geographies (national, province, district); resources needed/available; indicators for monitoring present.			
8 A monitoring and evaluation framework is included, with core indicators and targets for HIV prevention for AGYW	Aligned to programmes/interventions/geographies; implementation plans and funding source.			
9 Implementation mechanisms &	Aligned with other HIV; AYP activities in health and other sectors			



# National framework review process for Lesotho *draft*



# Involving young people in completing & utilising the AGYW PSAT

*The case from Zimbabwe*



Presented by **Sibonginkosi Mushapaidze, Luckmore Pamhidzai**



# NOTHING FOR US, WITHOUT US

A case study from Zimbabwe



# Youth know what they want when it comes to ‘youth participation’

We asked:

*“Which barriers do you face to meaningful youth engagement? **Imagine what your ideal world looks like when it comes to meaningful youth engagement.**”*

They have clear answers and want:

- a) Trust and acceptance in their role at the decision-making table
- b) True partnerships and opportunities for intergenerational dialogue
- c) Data, evidence, and youth-friendly research
- d) Media and communication tools and support
- e) Technical and financial support
- f) Resources to more effectively fill their seat at the table

- It is the right of young people to participate meaningfully in their own development.
- Involvement and participation of beneficiaries leads to more effective and sustainable programs
- As key beneficiaries in SRH and HIV related programming, youth know what is best and can work for them. ***(Anything for us without us is not for us)***
- Youth know the best language and approaches to reach their peers.

# In Zimbabwe, there is a Youth Network that advocates for SRH & HIV issues, and meaningful youth engagement

**Who** The Young People's Network on Sexual Reproductive Health, HIV and AIDS (YPNSRHHA) is a network of adolescents and young people in Zimbabwe between the **ages of 10 to 24 years**

**Purpose** It informs the district, provincial and national response to HIV and AIDS in the country as convened by NAC with support from MOHCC, UNESCO, UNFPA, other UN agencies and development partners

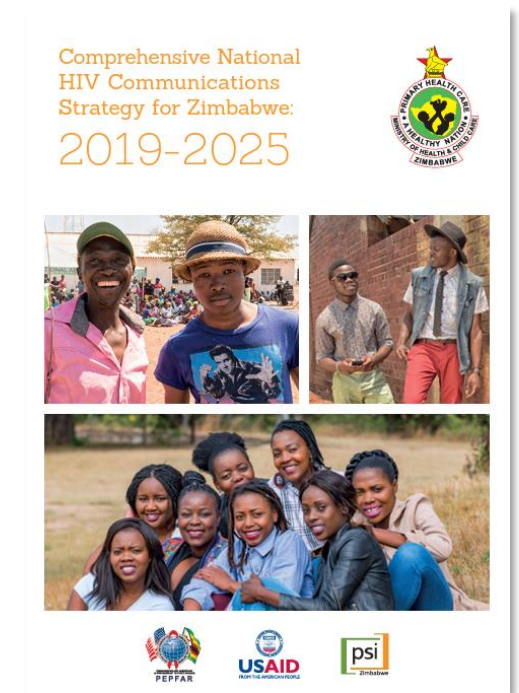
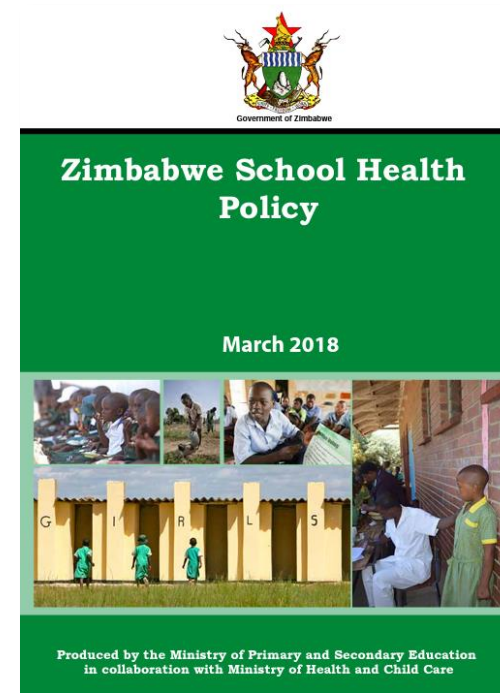
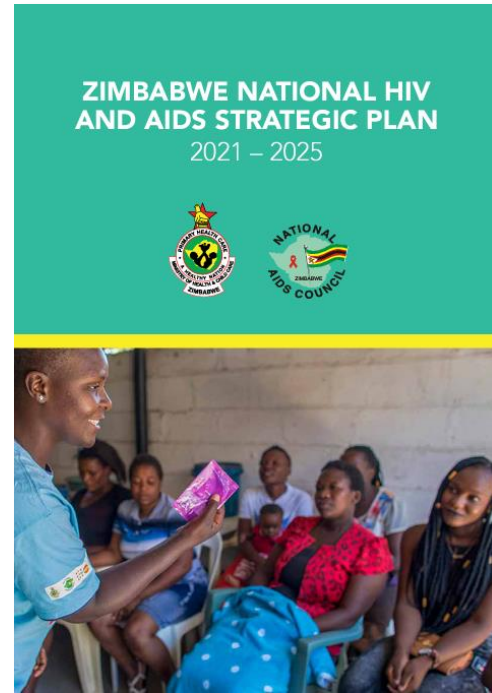
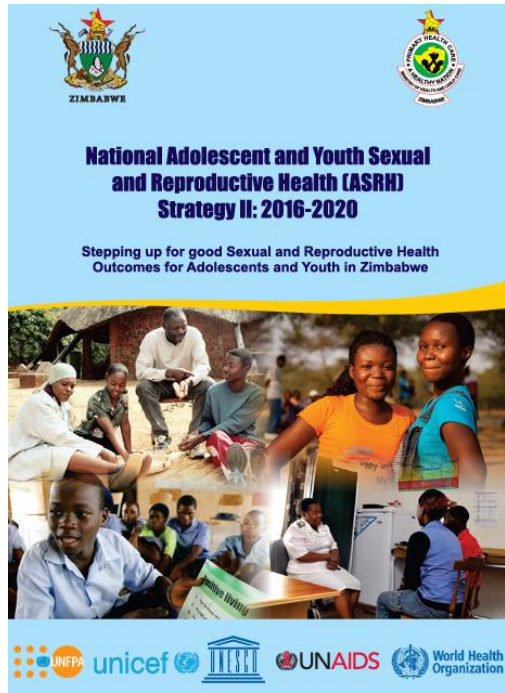
**Where** Represented across all ten provinces and 85 national AIDS response districts in Zimbabwe with members coming from a min. of 16 key youth sectors

**Role of reps** Sector representatives serves a term of two years taking up SRHR issues of young people in their sector, leading advocacy in their space, contributing to national advocacy and providing feedback to young people in their constituencies.





# Since 2007, the Network has amplified the voices of young people from local to international level on SRHR issues affecting young people



The network currently operates under the premise that **Universal Health Coverage is a priority need to young people** and works to ensure that meaningful youth participation and involvement of young people is prioritized in the health space locally, nationally and regionally.

# Youth in Zimbabwe participated meaningfully in the completion of the AGYW PSAT

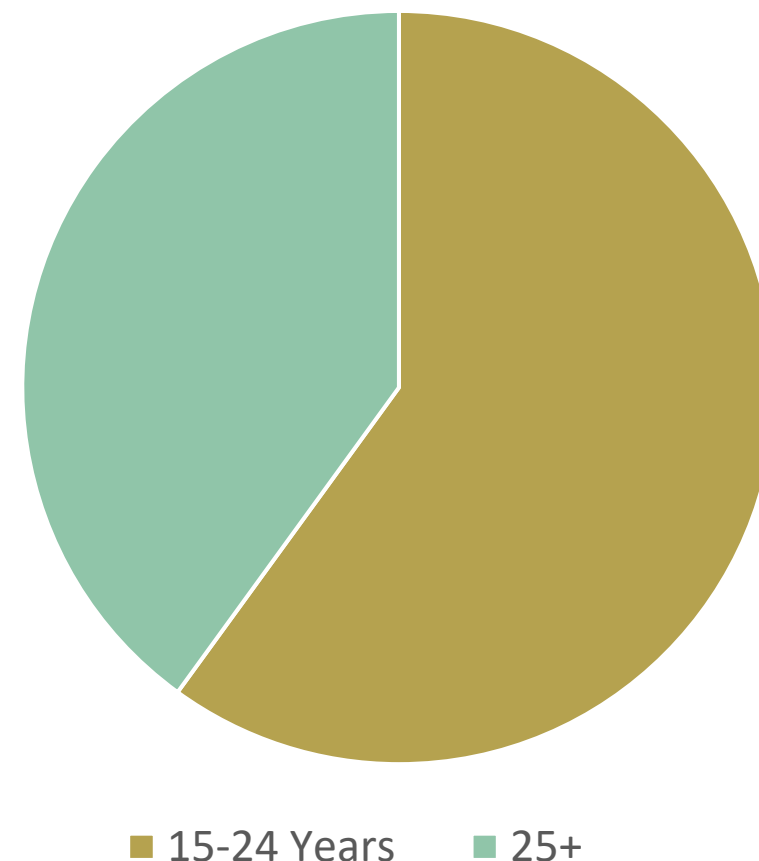
**Our role in populating the tool** Not the traditional tokenistic or decorative participation, but meaningful youth participation and ownership by the young people

**Working with adults** Participated on equal terms with adults. The adults that were involved in the process merely provided us with technical support and guidance.

Working together with adults is crucially important: we do not want young people to participate only in a 'separate space', and we acknowledge that we can learn a lot from 'older' people.

**The environment** The process took place in a good enabling environment for us as young people (safe space, youth-friendliness, and flexibility (with regards to time))

Attendance in PSAT sessions



# Key insights & experiences from engaging with the AGYW PSAT

**Value** The PSAT provided us with the opportunity to **identify and discuss issues of marginalised AGYW and ABYM - particularly key populations and persons with disability** that have often been missed in HIV prevention interventions.

**Stakeholders** Having stakeholders from various organisations all around one table and having one structured conversation provided an opportunity for **knowledge sharing and knowledge transfer**.

**Gap: ABYM** One thing stood out: **there are limited interventions targeting ABYM**  
Not enough statistical data & indicators for ABYM makes it difficult to advocate for programs.



# Conclusion: *no excuses for not meaningfully engaging youth*

Barriers to the participation of young people need to be removed and **support for their meaningful engagement and leadership in all SRHR related processes and decision-making spaces needs to be scaled up** to ensure the sustainability of responses led by young people.

**Young people need access to accurate information and training**, when necessary, in order to effectively understand the technical content, and the stakeholders with whom they are engaging.

**AGYW PSATs should be completed with meaningful youth engagement.** Zimbabwe can share how and what this means.





*With aspirations and experience in our own right, **we are taking what is within our grasp to build a better world.***

*This is the power we hold as young people, **to reimagine the world**, with the tenacity, innovation and courage to **disrupt every cycle that yields negative results** for women and girls.*

- Yemurai Nyoni, 26 years old, Zimbabwe



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LEARNING NETWORK**  
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