

**THE GLOBAL FUND GRANT CYCLE SIX  
NATIONAL ALIGNED HIV/AIDS INITIATIVE (NAHI)**



**REMOVING BARRIERS TO ADOLESCENT  
GIRLS AND YOUNG WOMEN ACCESS TO  
HIV SERVICES**

**The Global Fund NAHI Experience**

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## ACRONYMS

01

<b>ABYM</b>	Adolescent Boys and Young Men
<b>AGYW</b>	Adolescent Girls and Young Women
<b>AGYWHLIV</b>	Adolescent Girls and Young Women Living with HIV
<b>AHNI</b>	Achieving Health Nigeria Initiative
<b>APYIN</b>	Association of Positive Youths in Nigeria
<b>AYFS</b>	Adolescent and Youth Friendly Services
<b>AYP</b>	Adolescent and Young Person
<b>COTs</b>	Community Outreach Testers
<b>EoP</b>	End of Programme
<b>GBV</b>	Gender Based Violence
<b>GF</b>	Global Fund
<b>GHR</b>	Gender and Human Rights
<b>GoN</b>	Government of Nigeria
<b>HIVST</b>	HIV Self Testing
<b>HTS</b>	HIV Testing Service
<b>LGA</b>	Local Government Area
<b>NAHI</b>	National Aligned HIV/AIDS Initiative
<b>NAIIS</b>	Nigeria AIDS Indicator and Impact Survey
<b>NEPWHAN</b>	Network of People Living with HIV and AIDS/Nigeria
<b>NYNETHA</b>	National Youth Network on HIV/AIDS
<b>PEP</b>	Post-Exposure Prophylaxis
<b>PEs</b>	Peer Educators
<b>PPAGYW</b>	Positive Pregnant AGYW
<b>PrEP</b>	Pre-Exposure Prophylaxis
<b>SACA</b>	State Agency for the Control of AIDS
<b>SMA</b> s	Social Media Advocates
<b>SR</b>	Sub Recipients
<b>SRH</b>	Sexual and Reproductive Health
<b>ToTs</b>	Training of Trainers
<b>UNAIDS</b>	Joint United Nations Programme on HIV and AIDS
<b>WHO</b>	World Health Organisation
<b>YPs</b>	Young Persons

## PREFACE

The National Aligned HIV/AIDS Initiative, Global Fund Grant Cycle 6 (GF-NAHI GC-6) commenced implementation at a critical juncture for the Nigerian HIV response as it began immediately following the COVID-19 pandemic. The first year of the grant, 2021, presented significant challenges due to the ongoing impacts of the pandemic. To the credit of FHI 360 as Principal Recipient and the eight sub-recipients, the grant was implemented successfully such that by the end of the grant on December 31, 2023, the grant performance received a B-2 rating by The Global Fund.

The GF-NAHI GC-6 implemented several innovative and pathfinding interventions, including:

- Providing services to key and vulnerable populations.
- Identifying challenges to and developing strategies to improve the Prevention of Mother-to-Child Transmission (PMTCT) of HIV with significant learning on what worked or did not work.
- Removing barriers to service delivery for Adolescent Girls and Young Women (AGYW).
- Implementing harm reduction strategies for People Who Inject Drugs (PWIDs) to reduce the risk of HIV and other blood-borne diseases.
- Distribution of HIV self-test (HIVST) Kits to increase access to HIV testing services as an entry point in receiving HIV treatment and care.

This document is one of a series of products that has recorded the efforts of FHI 360 and its Sub-Recipients, which include the Achieving Health Nigeria Initiative (AHNI), Society for Family Health (SFH), Excellence Community Education Welfare Scheme (ECEWS), Network of People Living with HIV/AIDS in Nigeria (NEPWHAN), National AIDS and STDs Control Program (NASCP), and PEPFAR Implementing Partners such as Heartland Alliance LTD/GTE (HALG), Centre for Integrated Health Programs (CIHP), Institute of Human Virology, Nigeria (IHVN), and Centre for Population Health Initiatives (CPHI). It details the pathfinding services provided, lessons learned, challenges faced, and the innovative actions taken to address these challenges.

We acknowledge the contributions of all other project staff who contributed to the first draft of this report in November 2023. Special mention is made of the following people who worked tirelessly to complete these series of report in the closeout period.

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## EXECUTIVE SUMMARY

03

This Adolescent Girls and Young Women (AGYW) End of Programme (EoP) report details the implementation status of the adolescent girls and young women component of the Global Fund-supported National Alignment for HIV Intervention (GF-NAHI) between January 2021 and 2023. It highlights the disproportionate burden of HIV/AIDS among young people in Sub-Saharan Africa, particularly affecting young women, with high prevalence rates observed in Anambra and Abia states in Nigeria. Vulnerabilities among girls aged 15-20 include low condom utilisation, age disparities in sexual relationships, limited HIV prevention knowledge, and risky behaviours driven by poverty.

The GF-NAHI project aimed to provide comprehensive HIV prevention, care, and treatment services to AGYW and their partners, aligning with UNAIDS' vision of HIV epidemic control. Strategies were developed based on a baseline assessment conducted in 2021, identifying the most vulnerable population aged 15-20 across the intervention states. The assessment revealed gaps in prevention awareness, testing rates, adolescent-friendly facilities, and community HIV prevention initiatives.

To address these challenges, the project adopted acceleration plans and ramp-up strategies, focusing on biomedical, behavioural, and structural interventions. Key activities included engaging and training AGYW-specific service providers, implementing behavioural interventions such as education on Sexual Reproductive Health (SRH), and Gender-Based Violence (GBV) awareness, establishing adolescent and youth friendly service delivery points, and mainstreaming GBV prevention and response into the grant.

Biomedical interventions involved condom education and distribution, HIV Testing Services (HTS) and Pre-Exposure Prophylaxis (PrEP) education. Although there was no structured PrEP intervention due to national guidelines, efforts were made to provide comprehensive information on PrEP to AGYW and their male partners. The structural interventions on the grant aimed to address social and gender norms, inequality and poverty through community dialogues and economic empowerment initiatives.

Despite challenges such as delayed approval for the commencement of AGYW interventions, and procurement processes, the project achieved significant milestones with over 1.1 million AGYW receiving HIV counselling and testing, and high linkage to care for those identified as HIV positive. Additionally, structural interventions empowered indigent AGYW living with HIV through vocational skills training and business start-up support.

This report concludes with lessons learnt and best practices for future projects, emphasizing the importance of targeted interventions, community engagement and involvement, and addressing structural factors contributing to HIV vulnerability among AGYW.

## 4.1 OVERVIEW

Adolescents and Young People (AYP) aged 10-24 years account for one-third of Nigeria's total population. The 2018 Nigeria AIDS Indicator and Impact Survey (NAIIS) estimates that approximately 180,000 AYP live with HIV in Nigeria, with HIV prevalence especially high among females 20-24 years at 1.3%. AYP, especially AGYW, have vulnerabilities for HIV in Nigeria that are strongly linked to gender inequalities and harmful practices. AGYW have low levels of comprehensive knowledge on HIV, HIV risk perception, and access to appropriate sexual and reproductive health (SRH) services. AGYW are also more likely to engage in risky sexual behaviours compared with older females. AGYW are at comparably higher risks of HIV and appropriate interventions need to be targeted at them.

The Global Fund-supported National Aligned HIV Intervention (NAHI) within the period of January 2021- 2023, as part of its mandate to reach key populations and vulnerable groups with comprehensive HIV prevention, care and treatment services, targeted AGYW and their sexual partners with high quality HIV prevention, care and treatment services in alignment with the drive towards the attainment of the UNAIDS vision of HIV epidemic control. This intervention was directed to the identified most vulnerable population. The identification was achieved through a risk profiling assessment conducted among AGYW in the GF-NAHI states of implementation.

## 4.2 GEOGRAPHICAL COVERAGE

The Global Fund approved that AGYW programme be piloted in Anambra and Abia states. These two states had the highest prevalence of HIV among AGYW based on Nigerian HIV/AIDS Indicator and Impact Survey (NAIIS) 2019. Seven other states, Akwa Ibom, Benue, Rivers, Taraba, Cross River, Bayelsa, and Enugu were identified as having medium HIV prevalence among AGYW.

## 4.3 BASELINE ASSESMENT

The Global Fund Grant Cycle 6 (GC6) NAHI in 2021 conducted a baseline assessment to inform its programme design for the AGYW intervention. The findings from the assessment were used in directing the programme strategies for interventions for the most vulnerable AGYW in the high incidence LGAs in the two states of implementation. The baseline assessment analysis identified 15 to 20 age band as the most vulnerable population across the three states (Abia, Anambra, and Taraba). However, the grant targeted ages 10-24 years in consonance with the WHO definition of adolescence, and to also reap the gains of HIV prevention for early, middle, and late adolescents. The findings of the assessment informed the modification of strategies and interventions to bridge the gaps based on the context and the demographic milieu of the AGYW and their male partners in the intervention states.

## 4.4 FINDINGS OF BASELINE ASSESSMENT

### 4.4.1 VULNERABILITY FACTORS IDENTIFIED

**Risky Sexual Behaviours:** Risky sexual behavior was identified as a major driver of HIV among AGYW in the three states. Results show that the age difference of AGYW and their first sexual partner ranged from more than 10 years old (9%) in Taraba, 10 to 15 years (55%) in Anambra and more than 10 years or older (36%) in Abia. This points to the behavioural risk factor of age disparate relationships, and intergenerational sex. To bridge this gap, behavioural, biomedical, and structural interventions targeting the root causes of risky sexual behavior were designed for AGYW in the two intervention states.

**Gender-Based Violence.** Rape and sexual violence were identified as significant obstacles to the well-being of girls in the states. Results showed the percentage of AGYW who were forced to have sex with any person in the past 12 months in Taraba was 41%, 100% in Anambra and only 16% in Abia. To address this, the grant designed self-defense empowerment and GBV prevention Training of Trainers (ToTs) and step-down training for AGYW Champions and their peers. ToT on GBV prevention and response for AGYW Champions and Community Outreach Testers (COTs) was also designed. Paralegal teams were engaged to monitor and address GBV cases, safeguarding ToT for Sub Recipients (SRs), and step-down training for the AYP and Key Population Community Based Organizations, CBOs (Sub-Sub Recipients), was implemented, and SRs were supported to develop safeguarding policy for their organizations. Additionally, the grant set up community-based complaints reporting mechanisms for GBV in all the intervention states.

**Low HIV Testing: low exposure to HIV testing.** Findings of the assessment showed that HIV Testing Services (HTS) was abysmal among AGYW and their male partners in the implementation states with only 236 respondents ever having an HIV test. Among respondents, 48.20% reported having been tested for HIV, 32.40% indicated not being tested, and 2.40% were unaware of any test. Among those tested, 44.70% received negative results, 2.70% tested positive, 1.40% had indeterminate results, 5.90% were unsure, 0.20% refused to disclose, 0.60% couldn't take the test, 0.80% didn't receive results, and 43.70% didn't respond. The grant bridged this gap by increasing demand through community driven HTS and differentiated HTS for AGYW to increase HTS availability, accessibility, uptake, and coverage in the intervention states. The impact of the HTS demand creation efforts of the grant is seen in 1,115,513 eligible AGYW based on risk stratification being tested for HIV by December 31<sup>st</sup>, 2023.

**Condom use.** Use of condom in Taraba is 76%, 61% in Abia and only 2% in Anambra although they are aware that condom protects against HIV and pregnancy. Out of the respondents, 76.30% have used a condom previously, indicating awareness of its safety; 10.0% admitted to never using one, suggesting potential unprotected intercourse. Additionally, 13.10% did not disclose their condom usage, and 0.60% claimed ignorance regarding condom use during sex. Condom education and distribution was scaled up to optimize availability in Anambra and Abia as detailed in the report.

**Limited number of adolescent friendly facilities.** Adolescent and youth friendly health services centres/facilities were limited in the states of the assessment. The grant designed the establishment, renovation, and upgrade of adolescent and youth friendly centres in the three years of the grant to bridge this gap. Additionally, healthcare workers in the health facilities were also trained on adolescent and youth friendly health service delivery in the intervention states.

**Poverty and lack of empowerment.** Poverty was reported as another major driver of HIV, and its intersection was drawn to school dropouts, transactional and inter-generational sex among AGYW. To address this, the grant designed the integrated economic empowerment and life skills education, and in-school health club initiatives.

**Low knowledge of HIV prevention.** Respondents demonstrated awareness of HIV and its risk factors, but knowledge regarding PrEP, PEP, and HIV prevention were limited. The grant implemented HIV literacy and education as one of its behavioural interventions to bridge this gap as detailed in the prevention sections of this report. The success of this intervention is evidenced with 1,432,347 AGYW reached with Minimum Prevention Package of Intervention (MPPI) by the end of the grant.

**Absence of community HIV prevention mechanisms among adolescents.** This was found to be lacking in the intervention states. The grant bridged this gap by implementing indirectly through AYP CBOs as well as through community volunteers, peer educators, AGYW Champions, and COTs. Referral linkages were established between the community AGYW networks (schools, age groups, and other AGYW congregate settings) to the adolescent and youth friendly service delivery points, and health facilities as well as quarterly community dialogue sessions held with community leaders, parents and caregivers of AGYW to create awareness, educate the community on HIV, GBV and other risk factors that predisposes AGYW to HIV, and garner their support and ownership of the AGYW program. The grant also implemented monthly stakeholders' meeting for different levels of stakeholders to provide update on progress, discuss challenges and way forward.



## GOALS AND OBJECTIVES OF THE AGYW PROGRAMME

The overarching goal of the AGYW intervention was to reduce the HIV risk and lower the HIV incidence among AGYW ages 10-24 in Anambra and Abia states by 2023. The programme objectives were to reduce risk, cause behavioural change, bring empowerment, decrease HIV incidence, decrease teenage pregnancy, increase retention in school, increase economic opportunities, reduce GBV among AGYW, target AGYW male sexual partners at substantial HIV risk with prevention services, and link HIV positive AGYW found to facilities that provide adolescent-friendly care and treatment services.

### 5.1 CONCEPTUAL FRAMEWORK

The grant designed a conceptual framework to guide the implementation of AGYW interventions following baseline assessment. Based on the three overarching risk factors that make AGYW vulnerable to HIV infection - biomedical, behavioural, and structural.

### 5.2 RISK FACTORS/EPIDEMIOLOGY

The conceptual framework looks at the relationship between the risk factors of HIV infection among AGYW, interventions that address the risk factors, the outputs, outcomes and programme impact.

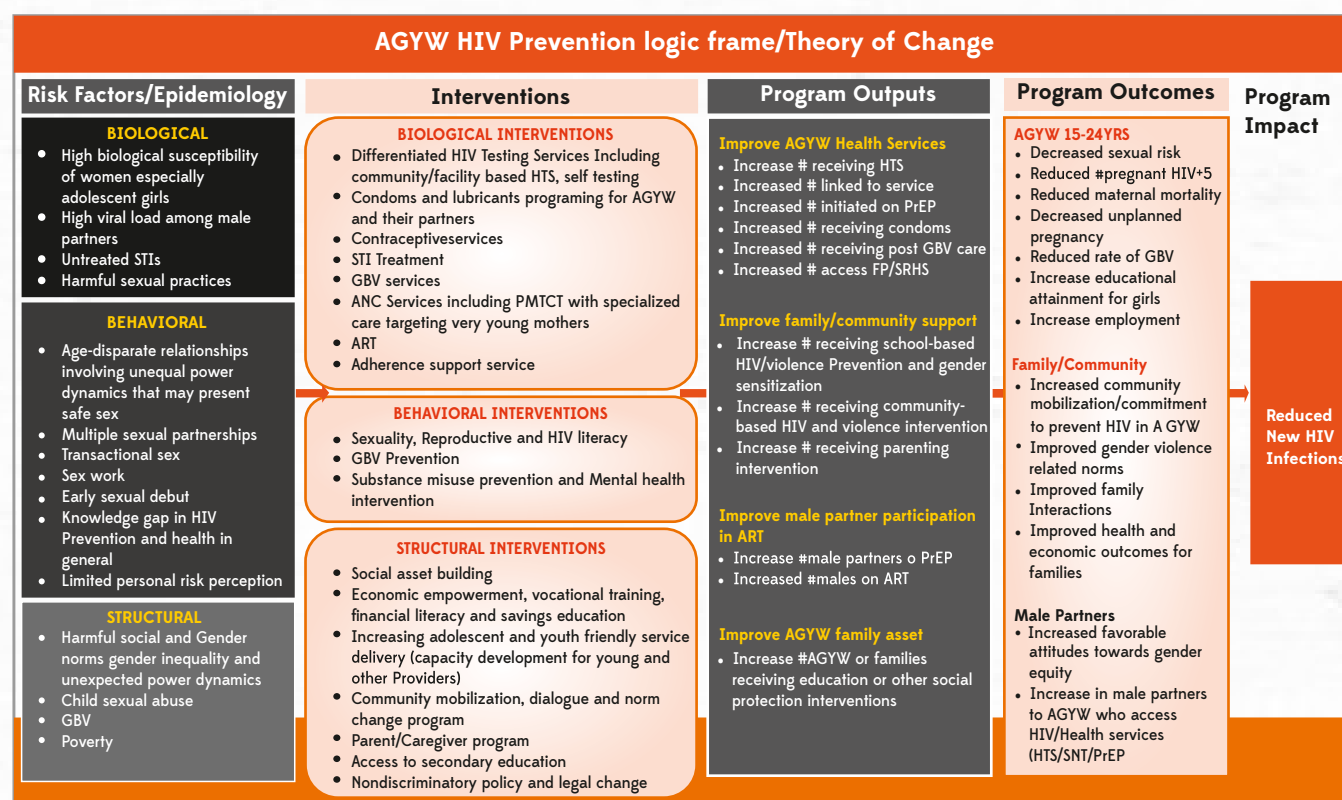


Figure 5-1: AGYW HIV prevention logic frame/theory of change

## 5.2.1 APPROPRIATE INTERVENTIONS

The interventions are layered across biomedical, behavioral, and structural to address the risks that align with those factors.

**Behavioural interventions.** These are sexual, reproductive and HIV literacy, GBV prevention, substance abuse and mental health interventions leading to decrease in risky sexual behaviors and improved mental health and adherence to ART for HIV positive AGYW.

**Biomedical interventions.** The biomedical interventions included differentiated HIV testing services, condoms, and lubricant programming, STI treatment services, PMTCT with specialised care targeting pregnant AGYW, ART and adherence support services leading to decrease in HIV incidence and decrease in unplanned pregnancy.

**Structural interventions.** These include social asset building, economic empowerment, vocational training, financial literacy and savings education, increasing adolescent and youth friendly service delivery (capacity development for young and other providers), community mobilization, dialogue and norm change programme, parent/caregiver programme, access to secondary education, and nondiscriminatory policy and legal change leading to increase in educational attainment for girls and increased empowerment.

### AGYW Interventions

01

#### Biomedical interventions

- Sexual, reproductive and HIV literacy intervention
- GBV prevention, substance abuse intervention
- Mental health intervention

02

#### Biomedical interventions

- Differentiated HIV testing services
- Condoms and lubricants programming
- STI treatment services
- PMTCT with specialised care targeting pregnant AGYW
- ART and adherence support services

03

#### Structural interventions

- Economic empowerment, vocational training, financial literacy
- Increasing adolescent and youth friendly service delivery
- Community mobilization, dialogue and norm change programme
- Parent/caregiver programme
- Access to secondary education



## AGYW PROGRAMME OUTPUTS AND OUTCOMES

06

The different intervention packages will produce the following outputs:

### 6.1 PROGRAM OUTPUTS AND OUTCOMES

The intervention packages were to produce the following outputs and outcomes:

**Behavioural Interventions.** Increase in number of AGYW receiving school-based, HIV and GBV Prevention education and sensitization, increase in number of AGYW receiving community-based HIV and GBV violence intervention leading to increased number of AGYW with increase knowledge on HIV/GBV and improved adoption of HIV risk reduction behaviours.

**Biomedical Interventions.** The outputs of these interventions will be to increase the number of AGYW receiving HTS, linked to service, initiated on PrEP, receiving condoms, receiving post GBV care, access FP/SRHS. This will in turn lead to the outcomes of decreasing sexual risk, reducing number of HIV-positive AGYW, decreasing unplanned pregnancy, reducing rate of GBV, increasing educational attainment for girls, and empowerment.

**Structural Interventions.** Increase number of AGYW or families receiving education or economic empowerment interventions, and increased community structures for GBV prevention and response leading to improved community mobilization/commitment for HIV prevention among AGYW, and GBV preventive norms, improved health and economic outcomes for AGYW and their families.

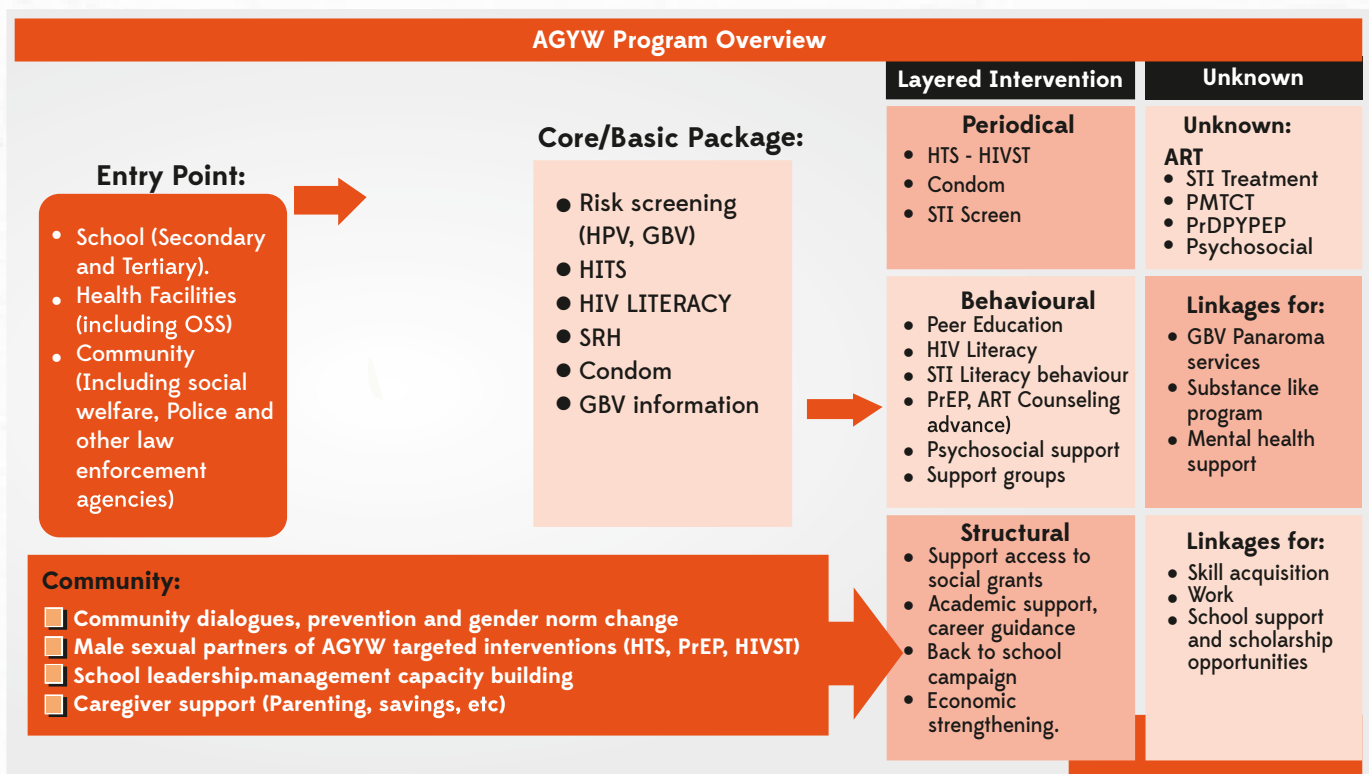
**AGYW Program Impact.** The impact will be a reduction of new infection of HIV among AGYW.

## IMPLEMENTATION APPROACH

Based on the conceptual and theoretical framework of the AGYW intervention of the grant, if AGYW are reached with a combination of three from each of the layers of behavioural, biomedical and structural interventions, then positive outcomes that lead to reductions in new HIV infection, all programmatic, financial, and political assumptions holding true should be expected.

Specifically, implementation of behavioural, biomedical, and structural interventions will lead to specific outputs such as AGYW receiving life skills education, increased health prevention services, HIV/SRH Literacy, etc. If these outputs are meaningful and achieved among the intended populations, the programme or project is likely to have positive effects or outcomes. The outcomes will be increased use of condoms, increased school attendance, increased adherence to ART, later age of first sex and will subsequently lead to a reduction in new cases of HIV infections.

**Figure 7-1:** AGYW HIV prevention logic frame/theory of change





## BIOMEDICAL INTERVENTIONS

08

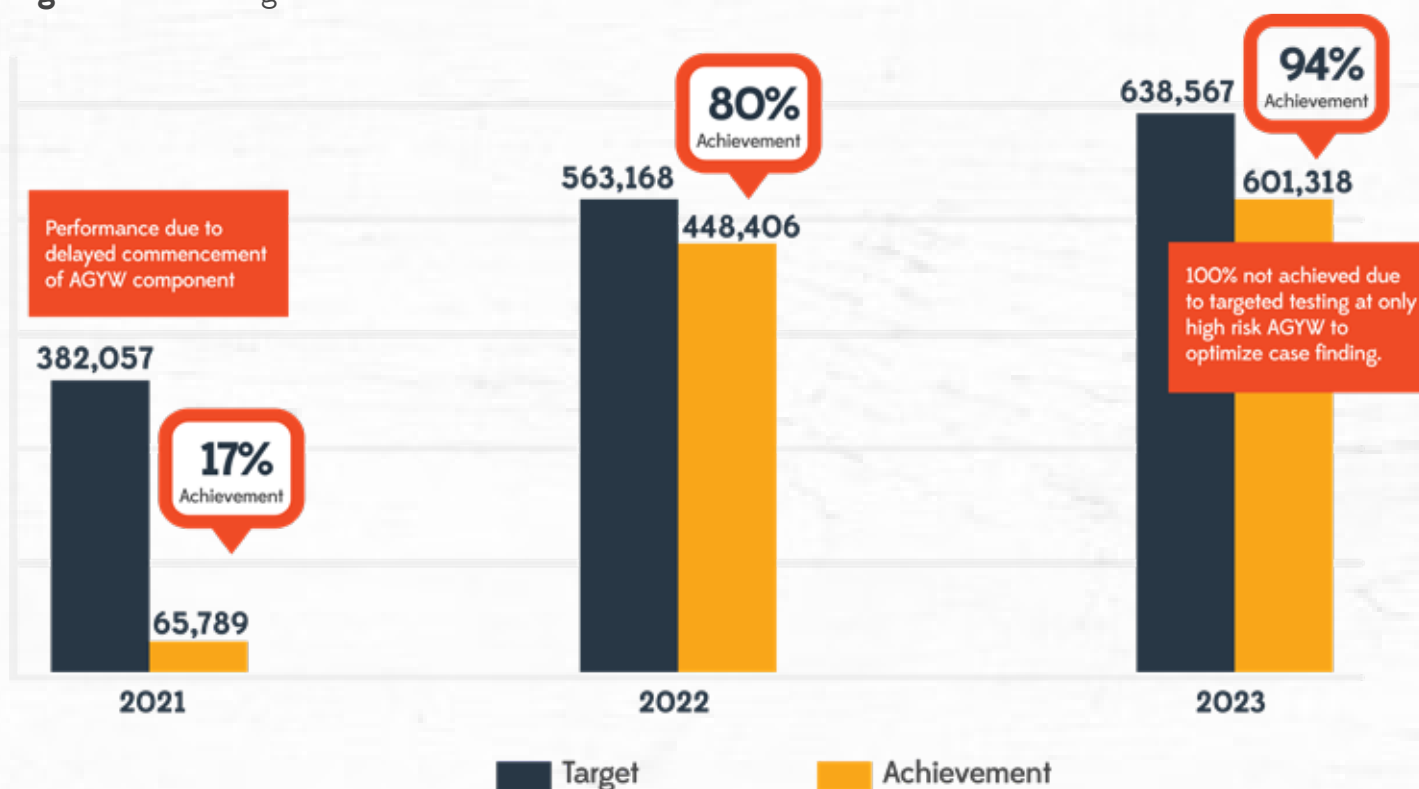
The biomedical interventions on the AGYW programme were targeted at addressing the biological risk factors of HIV infection. These risk factors included high biological susceptibility of women, especially adolescent girls, high viral load among male partners due to age disparate relationships, untreated STIs, and harmful sexual practices among AYPs. Key activities implemented and programme achievements under this intervention are discussed below. The indicator that was tracked under this intervention area was the number of AGYW who were tested for HIV and received their results during the reporting period.

### 8.1 STRATEGIES ADOPTED AND ACHIEVEMENTS

#### 8.1.1 HIV TESTING SERVICES (HTS 2 INDICATOR)

This intervention looks at the number of AGYW who were tested for HIV and received their results during the reporting period. As can be seen in Figure 8-1, the grant maintained an upward spiral from 17% (2021) achievement in Year-1 due to the delayed start of the AGYW component, to 80% and 94% in Year-2 (2022) and Year-3 (2023) respectively. The grant implemented AGYW hot spot mapping, moonlight and sunrise testing outreaches as well as the Differentiated HTS model to ramp up target achievement.

**Figure 8-1:** HTS target vs achievement: number of AGYW tested and received results.

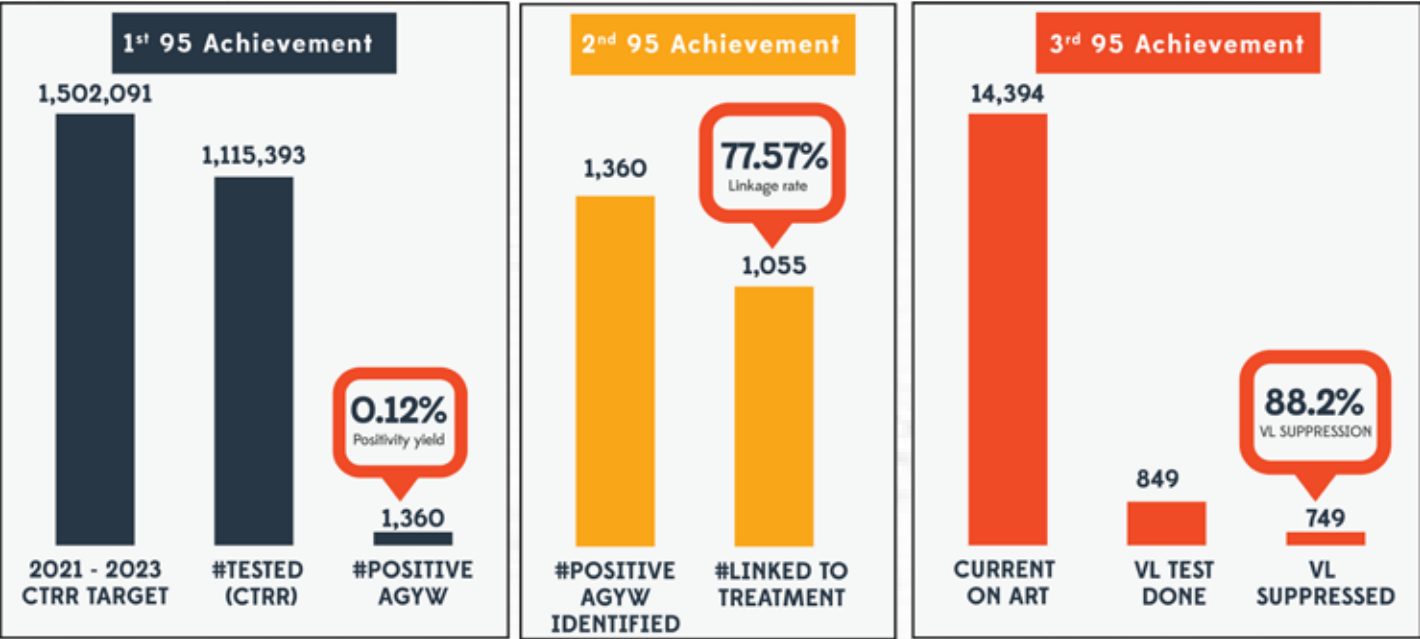


The Principal Recipient (PR) routinely analysed the data collected to gauge access to services for AGYW, as well as note and address gaps. The HTS for AGYW was strengthened to be targeted at high risk AGYW, based on the analysis of the data of 2022 implementation which showed the positivity yield (case finding) to be low despite intensified hotspot mapping and testing for AGYW. As such, risk profiling was made a standard for all AGYW HTS recipients using the national risk stratification tool.

## 8.2 AGYW CASCADE (95-95-95)

Although the indicators YP-2 and HTS-2 were tracked as per the performance framework, the PR routinely analyses the data collected to gauge the access to services for AGYW. The treatment cascade Figure 8-2 below provides information on AGYW performance with regards to the 95-95-95 goals. The treatment cascade below provides information on AGYW performance with regards to the 95-95-95 goals. Regarding first 95, the testing coverage was 74.3%, those linked was at 77.6% and suppression at 88.2%. The cascade consistently provided the PR and Sub Recipients (SRs) information on how to improve and where to improve. Due to the peculiarity and highly mobile nature of AGYW, linkage remained suboptimal due to issues of denial of HIV positive results by AGYW, non-disclosure to parents despite counselling and follow up to ensure referral completion.

Figure 8-2: AGYW cascade 95-95-95



**Establishment of adolescent and youth friendly service delivery points.** The programme established six Adolescent Friendly Service Delivery Points in Anambra State. This was designed to improve access to HIV prevention, care and treatment services and address the barriers faced by many AYPs and AGYW in accessing high-quality sexual and reproductive health (SRH) services. The programme trained and deployed a total of 724 (Abia-290/Anambra-434) healthcare workers and

facility/community based AGYW and Adolescent Boys and Young Men (ABYM) as Champions, Peer Educators (PEs), Case Managers, and Community Outreach Testers (COTs) to provide specialised care and services to AGYW, their male partners, and the babies of Positive Pregnant AGYW (PPAGYW). The AGYW Specific Human Resource also provided routine index case testing/sexual network testing offered to male partners of AGYW to elicit and reach AGYW with HIV prevention services at the community and facility levels. No adolescent and youth friendly service delivery points were established in Abia State during the life of project because the implementation design of the SR in the state did not include GF supported facility-based interventions for AGYW, the One Stop Shop (OSS) was the GF supported service delivery point in GC6 for Abia State. The state optimised the Differentiated Service Delivery Model for AGYW living with HIV (AGYWLHIV) to ensure availability and accessibility.

**Healthcare workers trained on provision of adolescent and youth friendly health services (AYFHS).** A total of 25 healthcare providers drawn from the AYFHS delivery points were trained on the AGYW package of care and sensitivity for the AGYW in Anambra State. In the life of the project, 724 (434 in Abia, 290 in Anambra) allied AYP support staff (AGYW Champions, COTs, PEs, and Case Managers) were also engaged and trained as counsellor-testers and peer influencers in generating demand for HTS among AGYW. They were also trained on puberty, and adolescent development, human sexuality across the life cycle, adolescent sexual health and sexual rights, general guidance on providing adolescent and youth friendly services, counselling skills for adolescent and youth friendly services providers as well as client rights and ethical considerations.



**Photo 1:** The Grant's AGYW Lead facilitating a session in the training.



**Photo 2:** Participants at the training working on a group task.

**Condoms and Lubricant Programming for AGYW.** This intervention was another biomedical package for AGYW and their male partners. Condoms are vital for a successful combination HIV prevention approach and remain the only multi-purpose tool for preventing HIV, other STIs and unintended pregnancies which AGYW are highly susceptible to. Condoms (male and female) and lubricants were distributed to sexually active AGYW and their male partners during community outreaches and support group meetings. In the three years of the project, a total of 117,160 male and 13,351 female condoms, and 24,119 lubricants were distributed to AGYW and their male partners. AGYW were educated on condom use, negotiation skills and proper usage demonstrated using the penile and vaginal models before distribution.



### **Comprehensive HIV Testing Services training for AGYW Champions, COTs, Consultants, and Staff.**

A key lesson learnt from implementing the HTS component of the AGYW intervention in 2021 and 2022 was that the COT's training was not adequate for the volume and quality of the work that they had to do for AGYW. As such, a six-day training course was organised for the AGYW team to improve their capacity for the provision of quality HIV service delivery to the target beneficiaries. FHI 360 in collaboration with the National AIDS, Viral Hepatitis and STIs Control Programme (NASCP) of the Federal Ministry of Health conducted an HTS training for 46 AGYW specific Outreach Testers, Champions, and project staff. Lectures, discussions, PowerPoint presentations, observation, group work, plenary sessions, condom use demonstration using penile/vagina model, role plays, videos, practical exercises, and hands-on practical on HIV testing were some of the methodologies used during the training.

The training on HTS covered critical sessions like basic facts on HIV/AIDS, transmission and prevention of HIV, overview of HIV testing services, self-awareness and value clarification, sex and sexuality, counselling concepts, stigma and discrimination, communication skills and processes, disclosure, referrals and linkages, positive living, adherence counselling, couple counselling, post and pre-exposure prophylaxis and counselling for sexual assault.

The pre and post-test analysis and practical sessions showed a remarkable increase in knowledge and improvement of skills showing that the training achieved its desired outcome.

### **PrEP Training of Trainers for AGYW Champions, COTs, Consultants and Staff.**

Pre-Exposure Prophylaxis (PrEP) is a key and effective biomedical intervention for high-risk HIV negative AGYW and discordant AGYW partners. Reports from AGYW intervention in 2021 and 2022 showed there was no PrEP training for AGYW specific COTs, Champions and staffs since the grant commenced. Hence, their knowledge and skill for PrEP implementation

# 46

AGYW specific Outreach Testers, Champions, and project staff trained to provide HTS

# 724

Allied AYP support staff were engaged and trained as counsellor-testers and peer influencers in generating demand for HTS among AGYW.



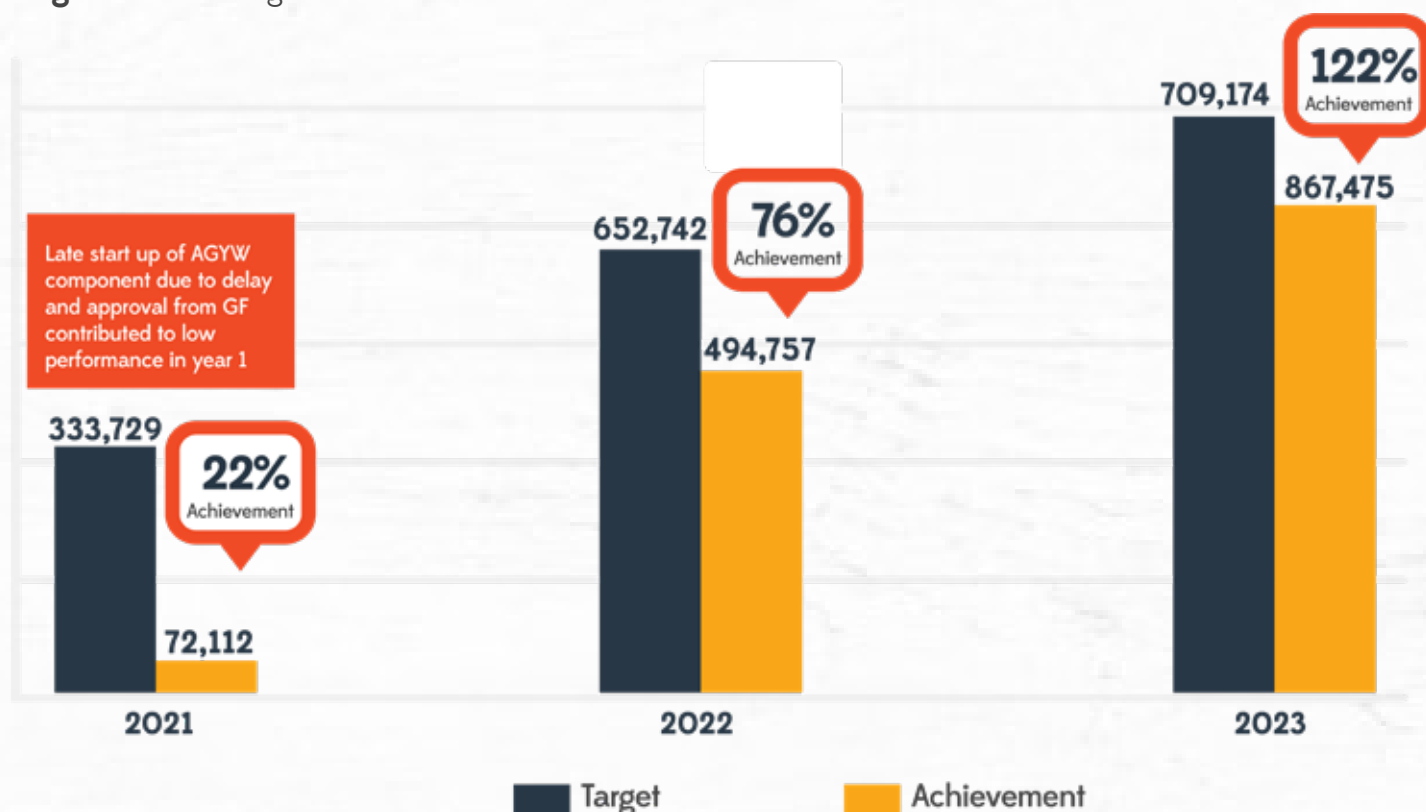
Therefore, a five-day residential training for 47 AGYW specific field volunteers, GoN representatives, PR and SR staff on the PrEP protocol using the national guideline was conducted in Enugu State. The training strengthened the capacity of the AGYW team to be able to determine those eligible for PrEP, assess risk factors, provide counselling, and assist clients who are motivated but lack a plan of action by addressing any possible concerns and/or linking them to proper PrEP services. The training was facilitated by experienced trainers from NASCP in accordance with the national guidelines for PrEP implementation and global best practices. Some of the methodologies employed by the facilitators included discussions, didactic sessions, brainstorming sessions, group exercises, role play and the use of videos with relevant materials. Participants were assessed both at the beginning and at the end of the training. The average score rose from 56% in the pre-test to 83% in the post-test.

## BEHAVIOURAL INTERVENTIONS

The behavioral interventions of the grant were targeted at addressing the behavioral risk factors of HIV infection among AGYW including age-disparate relationships involving unequal power dynamics that might prevent safer sex among AGYW. Other behavioural risk factors targeted by the behavioural intervention of the grant included multiple sexual partnerships, transactional sex, sex work, early sexual debut, knowledge gap in HIV prevention, and health in general. These interventions included HIV literacy, SRH and GBV literacy, peer education, adherence counselling for HIV positive AGYW, and mental health and psychosocial support.

A total of 1,434,347 AGYW were reached with diverse prevention packages of prevention interventions by 31<sup>st</sup> December 2023. This initiative played a crucial role in raising awareness about HIV and ensuring that AGYW have access to testing, prevention, and treatment services, as well as promoted and reinforced behaviour change. As can be seen in the Figure 9-1, the yearly target achievement maintained an upward trend exceeding the target in Year-3 by 22%.

**Figure 9-1:** HTS target Vs Achievement: number of AGYW tested and received.



## 9.1. STRATEGIES ADOPTED

### 9.1.1 SOCIAL BEHAVIOR CHANGE COMMUNICATION

**Community outreaches.** The grant optimized HIV, SRH, GBV education outreaches to schools and communities through outreaches and campaigns to secondary schools, beauty salons, churches, vocational skill training centers and other AGYW congregate settings in the 10 high incidence LGAs in Abia and 13 LGAs in Anambra. The outreaches were aimed at addressing HIV knowledge gaps, risk behaviors/factors, GBV and demand creation for the uptake of HTS by AGYW. Additionally, in collaboration with the state ministry of health in Anambra State, 24 school health clubs were established and inaugurated to make coordination of activities easy and promote sustainability of interventions.

#### **Target-Audience Driven Interventions for AGYW.**

Adolescent Girls and Young Women were engaged as AGYW Champions, Community Outreach Testers (COTs), and Case Managers to drive the interventions for AGYW. In the spirit of male involvement, young men were also engaged as COTs to support the interventions for AGYW. The engagement of young women as service providers also acted as an economic empowerment initiative for over 724 unemployed young women in both Abia and Anambra states with the success story of being a motivator for enrolling in higher education for some of the champions, Peer Educators and COTs. AGYW champions played active roles in leading the community outreach teams involved in the outreaches to provide HTS in the communities where AGYW live, tertiary institutions and other AGYW hotspots. Collaborations with community-based and community-led organisations as key service providers and as referral systems to the facilities played a pivotal role in the success of the interventions.

**Sexual and Reproductive Health and HIV Literacy.** In accordance with the national educational parameters governing adolescent sexuality education in the country,

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School health clubs were established and inaugurated to make coordination of activities easy and promote sustainability of interventions.

the programme adopted the comprehensive sexuality education trainers' resource manual, a curriculum that covered comprehensive sexuality education for both in-school and out-of-school AGYW. This was adopted to reach AGYW with information and educational support to be empowered to take charge of their own health and be able to make informed decisions relating to their health and sexuality. AGYW were targeted with age-appropriate information on HIV and SRH. Furthermore, HIV prevention messaging via IEC and SBCC materials, radio jingles and talk shows were utilised to serve as reminders and talking points among AGYW.

**School Health Clubs.** In collaboration with the state ministry of health in Anambra State, 24 school health clubs were established and inaugurated to make coordination of activities easy and promote sustainability of interventions. The school entry process includes, getting approval from the state ministry of education for advocacy and sensitisation to the school authorities on the intervention and health club formation and management modalities, awareness creation on the school assembly ground, or school-wide meeting set up by the school authorities. To foster ownership, schoolteachers were nominated as health club matrons and patrons to manage the school health clubs with support from the State AGYW Specialist. Through the school health clubs, health talks, talk shows, drama, and debates as well as weekly peer education sessions take place on the topics from the curriculum utilised. Topics discussed included, puberty and adolescent, male and female reproductive system, teenage pregnancy, HIV, STIs, communication skills, assertiveness, refusal skills, and negotiation skills.



**Photo 3:** AGYW/AYP School based sensitization programme in Anambra



## **GBV Prevention Interventions.**

**Self-defense empowerment training of trainers for 40 AGYW champions and peer educators (26 Anambra, 14 Abia).** This training was aimed at mitigating child abuse and address GBV issues. Participants included AGYW and GBV focal persons drawn from the State Agencies for the Control of AIDS (SACA), State Ministry of Women Affairs, Human Rights Commission, and the state ministries of health and education. The training of trainers was a capacity building session for the champions and peer educators which enabled them step down the training on self-defense empowerment to 500 AGYW in the communities and schools (200-Abia and 300-Anambra). The programme established a directory for Sexual and Gender Based Violence Response Centres in each state as well as established referral linkages. Five cases were identified and addressed in Abia state, and one case was identified in Anambra State. Due to the prevalence in Abia State, nine paralegal personnel were engaged to address gender and human right (GHR) and GBV related issues on the programme in Abia State to strengthen GHR awareness, and GBV reporting at the onset of the grant.

### **16-Days of Activism Against Gender Base Violence.**

The 16 days of activism is an annual international movement that calls for an end to violence against women and girls. The programme commemorates 16 Days of Activism by bringing together AGYW in schools and communities, community gate keepers and state actors to increase awareness, intensify advocacy efforts and share knowledge and innovations to help prevent all types of violence against women and girls. Community dialogues were held in high risk LGAs, GBV outreaches were conducted in schools, awareness walks were embarked on and a workshop on GBV carried out with state actors. All activities were implemented in collaboration with SACA, SASCP, ministries of education and women affairs to foster sustainability, ownership and increase awareness and scale up advocacy. The PR developed and distributed branded t-shirts, flyers, and posters to the states to commemorate 16-days of activism and raise awareness on GBV. At the national level, the PR in collaboration with AYP CBOs and the GoN utilised the public awareness creation approach mass media conduct radio talks across selected radio station with large listener audience and coverage. Talks were provided in formal English as well as the Nigerian pidgin English to reach different target audiences. 16-Days awareness and sensitisation activities were mainstreamed into the community dialogue sessions of the month, and discussions streamlined to address GBV at the state level.

"The training was highly engaging, educative, and impactful. On behalf of the Human Rights Commission, I want to say a big thank you to Achieving Health Nigeria Initiative and SFH for inviting me to the training"

**Henry Dike**

"I have attended several trainings on GBV, but this is the first time I'm seeing it taken the way the facilitator for this training did"

**Barr. Akudo (FIDA)**

**GBV prevention and response and GHR Training of Trainers for AGYW Champions, COTs, Consultants and Staff.** Implementing the AGYW intervention since inception revealed the need for mainstreaming of GBV prevention, response, and mitigation, and GHR into the AGYW intervention. Consequently, a three-day residential training was conducted for 39 AGYW team members in Anambra State. The training participants included Anambra State AGYW Champions and COTs, GoN representatives from the state, representatives from AYP CSOs (APYIN, NYNETHA), AHNi, AGYW team from Anambra State and the AGYW team from the PR. The training included sessions on the following: human rights, M&E in gender-based response, gender sensitivity, working with AGYW, GBV case management and response, client-centred response, referral pathways, and community mobilization. Participants were assessed both at the beginning and at the end of the training.



**Photo 5 & 6:** Group work on PrEP strategic information system.

**Paralegal Services.** Nine paralegals were engaged and trained in Abia State on providing legal guidance and support to address legal issues related to HIV/AIDS and GBV for AGYW. The team also functioned in strengthening access to justice for violence perpetrated against AGYW by establishing referral linkages for human rights and legal support services.

**Mental Health and Psychosocial Support.** The mental health initiative of the GF GC6 NAHI grant was structured to target Key Populations and the clinical psychologists that were trained and engaged on the grant were stationed at the OSS. However, the AGYW component mainstreamed mental health awareness and education

into the Support Group and Community dialogue guide developed, and established referral linkage between the AGYW service delivery points and the OSS for AGYW to be able to access Mental and Psychosocial Support Services. The modality of the services provided are detailed in the full mental health session of the End of Programme Report.

**Social Media Advocacy and Demand Creation.** The programme identified, trained, and mobilised 11 (Abia-4, Anambra-7) AGYW Social Media Advocates (SMAs) or Champions in leveraging relevant social media platforms to strengthen communication interventions for young, marginalised, and vulnerable groups in Anambra and Abia states. The trained SMAs supported in raising awareness and promoting information on HIV prevention, treatment, and care support services targeting social groups for young people. The SMAs supported in interfacing with young people through face-to-face dialogues and social media advocacy campaigns (particularly via Facebook and WhatsApp platforms) to promote and sustain behaviour change.

The advocates also supported in the development of social and behavioural change communication activities including design and implementation of TV and radio programmes on GBV. The advocates also engaged in promotional messaging on print and digital platforms to promote equitable access and quality health care service provision. The activities reached vast audience and quickly produced more young people informed on HIV/AIDS matters.

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SMAs were trained in leveraging relevant social media platforms to strengthen communication interventions for young, marginalised, and vulnerable groups in Anambra and Abia states.



## STRUCTURAL INTERVENTIONS

The structural interventions for AGYW on the NAHI grant were targeted at addressing the structural risk factors of HIV infection among AGYW such as harmful social and gender norms, gender inequality and unequal power dynamics, child sexual abuse, GBV, and poverty. Key interventions implemented to tackle this on the grant included community dialogue sessions on GBV and harmful gender norms and cultural practices that fuel HIV infection among AGYW. The community dialogue sessions were held quarterly using the community dialogue session guide developed on the grant. Other key interventions implemented are discussed below.

**Integrated Economic Empowerment, SRH and Life Skill Education Intervention.** This intervention was designed in line with the recommendations of the baseline assessment to tackle the structural risk factors of HIV among AGYW living with HIV. Having fulfilled the donor requirements of conducting a needs and risk assessment to determine AGYW who were eligible for the grant as shown below, the intervention was commenced after a robust and transparent process of identification of AGYWLHIV,

assessment for eligibility based on vulnerability and indigence, interest profiling and enrolment.

**Official launch of the initiative:** The official launch ceremony of the intervention held in Anambra State. It was targeted at fostering community ownership and support for the beneficiaries of the initiative. The commissioner for women affairs and social development as well as a delegate from the wife of the Anambra State governor were in attendance. Over 200 persons were in attendance from relevant ministries and agencies like the ministries of education, women affairs, health, social development, information, and the SACA. Traditional rulers and royal fathers from the intervention communities were in attendance as well as the AGYW who benefitted from the vocational skills and provision of start-up grant. Stakeholders from NEPWAN, UNAIDS, WHO, APYIN and others were also in attendance with keynote addresses from the commissioner for women's affairs, SACA Executive Secretary and the UNAIDS' State Coordinator.



**Photo 7:** cross-section attendants at the launch of economic empowerment program in Anambra



The theme of the keynote address was: “Eliminating the Structural Drivers of the HIV epidemic among AGYW in Anambra State: and the role of your ministry in addressing the structural barriers”. Speakers pointed out that the integrated economic empowerment, SRH education and life skills building intervention of the GF-NAHI was in line with the Global AIDs strategy, and a step in the right direction. The commissioner for women affairs reiterated the commitment of her ministry to developing AGYW and improving the lives of women in Anambra State. She called everyone to join in the fight against HIV/AIDs. She talked about the socio-cultural drivers of the epidemic pointing to the current case of child prostitution in Anambra State and how her ministry has supported in apprehending the perpetrators.

**Provision of Start-up kits for vocational skills.** Two hundred and twenty-five AGYW beneficiaries in Anambra State who participated in the integrated economic empowerment and SRH initiative and successfully completed the vocational skills training were provided with various start-up kits. The beneficiaries in Abia State were not provided start up kits due to the late start of the initiative in Abia. The distribution of the different skill areas and equipment/materials provided are presented in the table below:

STARTUP KITS DISTRIBUTED TO GRADUATES OF AGYW VOCATION SKILLS	NO. OF PERSONS
<b>Description of items/services</b>	
Tailoring Materials/Equipment	56
Hairdressing Materials/Equipment	47
Catering Materials/Equipment	93
Make up Materials/Equipment	26
Hat Making Materials/equipment	1
IT/Digital Marketing Materials/Equipment	2
<b>TOTAL</b>	<b>225</b>



**Photo 8 & 9:** Economic empowerment and SRH initiative beneficiaries receiving startup kits.

### **Business Plan Development Training for Indigent AGYWLHIV.**

Report from the baseline assessment for AGYW noted poverty as the main reason for which the AGYWs engage in transactional sex, transgenerational sex and sex outside marriage. The study further suggested empowerment with information and communication materials and skill acquisition to facilitate income generation and improve their livelihood thereby reducing new infection among them. As part of the identified effective HIV programming strategy, the AGYW component of the NAHI project developed an integrated economic empowerment activity as it contributes to influencing the decision and opportunities of the AGYW in accessing HIV prevention, treatment care and support services.

The business plan development training was a one-day capacity building training on business plan development (BPD) for the eligible 323 AGYWLHIV in eight batches in Anambra State while that of Abia State was mainstreamed into the vocational skills training. The BPD was aimed at orienting and preparing the beneficiaries for the skill acquisition and start up grant by strengthening their capacity on decision making, goal setting, business and money management. The main output from the training was the development of business plans by AGYWLHIV in their chosen vocational skill with support from the facilitators. Pre and post training assessments were conducted to gauge participants' knowledge and proficiency on the topics as well as prepare participants for the training content ahead. Two hundred and fifty-five (255) indigent AGYWLHIV successfully completed the training and developed their business plans.




## LESSONS LEARNT AND BEST PRACTICES

**On time performance tracking and accountability systems** strengthened risk identification and mitigation in AGYW programming, leading to optimal target achievement and performance. As it is with all human management ventures, the grant learnt to monitor and effectively track performance using a real time accountability matrix to curtail truancy, redundancy, and falsification of data by daily reporting of performance with a GPS means of verification showing the locations of work for each day. To achieve this, different WhatsApp groups were set up for the different clusters with a backstop for each group. Additionally, a weekly analysis of achievement was done, comparing achievement with target and all challenges and impediments to target achievement were deep dived and addressed in a timely manner.

**Community-based coordination by indigenous organizations** strengthened oversight, coordination, monitoring, and performance for AGYW interventions because the PR believes in the ownership and sustainability gains of implementing indirectly through indigenous CBOs. This was the model adopted for the AGYW component of the grant. However, several attempts at engaging a capable and structured indigenous CBO for Anambra State failed, while Abia State was able to engage a competent CBO. On the other hand, Anambra State worked through the State Ministry of Health to engage indigenous talents as AGYW Champions and Community Outreach Testers, bridging the gap that would have been seen from the unavailability of a competent and structured AYP CBO in Anambra State.

**Accurate and timely forecasting of required tools necessary for target achievement.** Stock-out of tools, especially test kits, was a recurring issue for the AGYW team in Anambra State. Upon deep diving of the issue, it was discovered that the AGYW component was not factored in when forecasting for test kits. This contributed to the inability of field teams to meet their weekly targets and subsequently grant target. Test kits had to be sourced from other components to continue with implementation. Reduction in test kits stock-out led to increased target achievement of HTS 2 indicator, especially for Anambra State. Early and accurate forecasting of the tools required for 100% target achievement and procuring for the entire year is necessary for quality implementation, and reporting.





**The introduction of SCRUM principles helped increase the achievement rate.** Deep dives, daily scrum meetings, real time performance tracking and accountability mechanisms, were some of the SCRUM principles utilised by the AGYW team on the grant. The field team were also involved in the deep dive sessions in quarter three of 2023, which helped highlight challenges faced in the course of their work. Utilising these principles helped to identify, prevent, and mitigate performance risks. These ultimately led to increased achievement rates in Year-3 of the grant.

**Integration of SRH, Life skills and economic empowerment.** AGYW consultants provide weekly life skills and SRH education at the vocational skills training centres where the beneficiaries were enrolled: Vocational skills training are usually implemented as stand-alone and focused on only vocational skills. However, the GF-NAHI grant in line with the combination prevention approach to behaviour change integrated SRH and life skills sessions into the training. AGYW consultants were engaged and trained to conduct the sessions in addition to their attendance tracking and quality monitoring terms of reference.

**Accurate and timely projections and engagement of needed number of volunteers and other HR categories** were an important pre-requisite in programme success: Because of the late commencement of the AGYW component of the grant, due to a drag in the approval process, there was a need to fast track implementation to meet up with the annual timelines. To achieve this, the annual targets were projected for each month, and the requisite manpower for achieving the targeted calculated, based on the national guideline for the maximum number of clients to be attended to by one HTS service provider per day to ensure quality and minimize errors due to fatigue. This projection supported the achievement of targets.

**Use of Risk Stratification Tool (RST) for targeted testing in identified AGYW hotspots in the two implementing states led to increased positivity yield.** The team adopted strict targeted testing



modalities to increase positivity yield. The RST was institutionalized for usage in assessing AGYW testing eligibility before testing was conducted. Testing outreaches were conducted in mapped hot spots and RST was administered to clients.

**Recalibrating targets and utilizing one of the Scrum principles.** deep dives with the field team helped highlight challenges faced in the course of implementation, thereby proffering solutions together and ultimately increasing HTS performance. Leveraging on the gains of moonlight and sunrise testing outreaches during the period of training by strategically locating AGYW residential trainings in targeted hotspots proved very effective.

**Conducting joint PR-SR and state government onsite supportive supervisions** assisted in improving the capacity of the CBO and AGYW champions, peer educators and testers for quality delivery of HTS and Minimum Prevention Package of Intervention.

**Strategically locating AGYW residential trainings in targeted hotspots** to leverage on the gains of moonlight and sunrise testing outreaches during the period of the training helped fast track target achievement.

◦ **Ensuring that all HTS services are provided in accordance with the principles of privacy and confidentiality in all settings** through the procurement of privacy materials like tents for community HTS outreaches will reduce denial of a HIV positive result, and increase initiation on ART.

## KEY RECOMMENDATIONS

### Key recommendations to be made to improve future interventions.

- Scale up and budget for school health club formation and management.
- The vocational and economic empowerment interventions should not only target indigent HIV positive AGYW but should be expanded to include indigent vulnerable non-positive AGYW.
- Broadening interventions to cover Adolescent Boys and Young men (ABYM) as they are equally at risk of HIV infection and GBV.
- Ensure CBO engagement for all intervention states before active implementation commences, from the designing, planning, implementation, and monitoring.
- Focus on primary prevention for AGYW who are HIV negative to prevent the acquisition of the virus through risky sexual behavior through Life Skill Education and Empowerment. This can be achieved easily if the targets for the HTS 2 are drastically reduced to give more leverage for innovative and creative prevention activities.



## APPENDIX



Startup kits on display ready-for-distribution to beneficiaries of economic empowerment and SRH initiative.





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