May 2023

HIV PREVENTION FOR ADOLESCENT GIRLS AND YOUNG WOMEN:

EVIDENCE FROM IMPLEMENTATION OF OUTCOME SPECIFIC MEASUREMENT IN GLOBAL FUND SUPPORTED AGYW PROGRAMS IN SUB-SAHARAN AFRICA

Adolescents and young people remain highly vulnerable to the risk of acquiring HIV. Globally, an estimated 4900 incident infections occur weekly among adolescent girls and young women (AGYW) aged 15-24. In sub-Saharan Africa (SSA), women and girls accounted for 63% of all new HIV infections in 2021 [1]. Six in seven new HIV infections among adolescents aged 15–19 years are among girls. Girls and young women aged 15–24 years are twice as likely to be living with HIV than young men [2].

Behavioral, structural and biological factors drive the proliferating growth of HIV among AGYW. For instance, sexual debut at a younger age, engagement in transactional sexual relationships with older men for increased financial gains, and reduced power to make decisions can increase young women's vulnerability to HIV. Biologically, an immature genital tract, a greater proportion of genital mucosa exposed to HIV and relatively high levels of genital inflammation, etc., increase the risk of HIV acquisition in younger girls and women [2]. Other factors such as the unsupportive laws and policies, violence, stigma and discrimination compound their risk of acquiring HIV.

The Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund) has committed to scaling-up programs to support AGYW in 13 countries with the highest burden of HIV. These include Botswana, Cameroon, Eswatini, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Tanzania, Uganda, Zambia and Zimbabwe. The Global Fund has set an ambitious goal to contribute towards reducing new HIV infections among females 15-24 by 58% by 2022 in this sub-set of countries through addressing the behavioral, biological and structural factors driving HIV acquisition and transmission among AGYW .

A measurement framework is available[1] to track progress in program coverage, outcomes and impact to demonstrate progress towards this goal and strengthen accountability for the Global Fund investments. AGYW programs funded by the Global Fund must monitor outputs and outcomes on time for needed course correction to reduce new HIV infections among AGYW.

This assessment titled, ‘Implementation of outcome specific measurement in Global Fund supported AGYW programs’, was implemented in 5 out of the 13 focus countries, i.e., Malawi, Lesotho, Namibia, Cameroon and Botswana. Each country has Global Fund Principal Recipients (PR) and a few Sub Recipients (SR) to implement the interventions. The University of Manitoba (UoM), in partnership with The Global Fund, proposed a design to conduct this assessment. In collaboration with country PRs and SRs, UoM developed country specific protocols, strengthened capacities of PR and SR (including staff of MoH involved in the assessment), and facilitated data collection and analysis to measure sexual, behavioral, biomedical and structural outcomes in these five countries.

This Evidence Brief discusses the findings from this assessment sharing country and age specific variations. District specific findings are included in the main detailed report.

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[1] Global Fund. Measurement guidance for Global Fund supported HIV Prevention Programmes. August 2022. me_measurement-guidance-hiv-prevention-programs_guidance_en.pdf (theglobalfund.org)

BJECTIVES
The assessment aimed to measure the sexual, behavioral, biomedical and structural outcomes of the AGYW programs in Botswana, Lesotho, Malawi, Namibia and Cameroon

The specific objectives of the assessment were as follows:

- To design a method for collecting sexual, behavioral, biomedical and structural outcomes, including the development of tools, data collection and analysis
- To implement a rapid, simple, cost-effective and efficient and easy- to-administer approach and innovative method to gather sexual, behavioral, biomedical and structural outcomes of AGYW programs within a program set-up and not a research setting
- To build the capacity of program staff of principal and sub-recipients and an identified local organization to replicate this approach to collect outcome indicators regularly

A. METHODS

University of Manitoba's research team, in discussion with the global and country technical teams of The Global Fund, PRs in the country[2] and other country stakeholders, finalized a cross-sectional mixed method design. Standardization of protocols and tools across five countries enabled the comparison of results.

A.1. Outcomes

The assessment measured the projects' sexual and behavioral, biomedical, and structural components.

Sexual and behavioral outcomes

- % of AGYW who have had multiple sex partners in the past 12 months
- % of AGYW who used a condom at last sex
- % of AGYW who had sex with a non-marital, non – cohabiting partner in the past 12 months
- % of AGYW who used a condom the last time they had sex with a non-marital, non-cohabiting partner

Biomedical outcomes

- % of AGYW who had unintended pregnancies in the last 12 months
- % of AGYW who are currently using contraceptives
- % of AGYW tested for HIV in the last 12 months
- % of AGYW living with HIV currently using ARVs (antiretrovirals)
- % of AGYW who have taken PrEP (Pre-Exposure Prophylaxis)
- % of AGYW who had access to condoms in the last 12 months
- % of AGYW who have been reached by AGYW services in the last 3 months

Structural outcomes

- % of AGYW who dropped out of school in the last 12 months
- % of AGYW who have an independent source of income currently

[2] Global Fund PRs involved in the assessment include World Vision International (Malawi), ACHAP (Botswana), Ministry of Health and Social Services (Namibia), PACT (Lesotho) and CAMNAFAW (Cameroon)

- % of AGYW who experienced physical or/and sexual violence from a male intimate partner in the last 12 months
- % of AGYW who experienced gender inequalities in the last 12 months
- % of AGYW who were part of groups currently

In addition, the assessment sought to understand the respondents' risk behaviors and vulnerability factors through focus group discussions (FGDs). The discussions also captured suggestions to improve the AGYW programs.

A.2. Sampling[3]

The assessment used a multistage probability sampling technique with the following broad stages.

In stage one, the team randomly sampled a maximum of five districts, with AGYW program, per country to participate in the assessment.

In stage two, the assessment listed intervention villages and towns within the sampled districts with the approximate number of AGYW within 15-17 and 18 – 24-year age groups[4]. Based on the number of AGYW, the assessment randomly selected a weighted sample of villages and towns.

In the third stage, within the sampled villages and towns, the assessment listed households with one or more AGYW between the two age brackets and randomly selected the households to participate in the assessment. In households with more than one eligible AGYW, the assessment followed a purposive sampling of only one AGYW. However, in Botswana and Lesotho, with lists of registered AGYW in the program, and a proportional allocation of the sample was done for registered and non-registered AGYW.

The assessment sample size ranged from 850 to 1056 per country. The sample was further distributed based on the number of districts selected and the distribution of young AGYW (15 to 17 years) and older AGYW (18 to 24 years) in the districts.

The assessment proportionally allocated the sample within each district based on the distribution of younger and older AGYW i.e., the number of AGYW sampled in the younger and older age groups reflected the age distribution in the district

A.3. Data Collection

The assessment used a mixed-method approach to gather and analyze quantitative and qualitative, outcome-specific data on the above indicators. It considered age and residence in the district as the key eligibility criteria.

Polling Booth Surveys [3]

Polling Booth Survey (PBS) is a group interview method. Participants enter a private space or booth with ballot boxes color-coded with labels 'yes', 'no', and 'not applicable'. Each gets a set of numbered 'voting' tokens corresponding to each questionnaire item.

[3] Details of sampling is provided in the main report

[4] In Cameroon the younger AGYW group included 15 to 20 yr old girls, while the older AGYW group included 21 to 24 yr old girls.

Participants then answer survey questions that are read aloud by the researcher by placing the appropriately numbered token in the relevant ballot box. All the responses are unlinked and anonymous. Hence, the method shows a higher probability of participants providing more honest responses to questions related to sexual behaviors.

The assessment team mobilized 4,581 AGYW (93.5% of the calculated sample) in groups of 10-12, stratified by age, and invited them to the project site office on specific days and times suggested during the community mobilization process. Of the 418 PBS sessions, the team conducted 284 sessions with 3,053 AGYW (67%) between 18 and 24 years and 134 PBS sessions with 1,528 AGYW between 15 and 17 years.

Country	Botswana	Cameroon	Lesotho	Malawi	Namibia
PBS Sessions	90	69	83	88	88
PBS participants	812	828	874	1047	1020

Focus Group Discussions

The team conducted one FGD per region/district with a PBS group randomly selected by the local research team. The assessment included 23 FGDs, 14 with 18 to 24-year-old AGYW and the remaining nine with 15 to 17-year-old AGYW. Each FGD, conducted in the local language, comprised seven to nine participants and took approximately 1.5 hours to complete. The discussions focused on understanding the outcomes and factors associated with risky behaviors, participation and utilization of services by AGYW and their recommendations to improve the services.

Country	Botswana	Cameroon	Lesotho	Malawi	Namibia
FGD Sessions	5	4	5	5	4

A local research team, selected by the PR in the country, collected the data. UoM built the capacities of the data collection team and supervised them virtually, as the team conducted the assessment during the COVID-19 pandemic.

Data collection in all countries was done within one month. Different countries collected data at different time periods starting with Botswana (April 2021), Lesotho (May 2021), Malawi (July 2021), Namibia (November 2021) and Cameroon (September 2022).

A.4. Data Analysis

The country research teams shared the filled PBS data reporting formats with the UoM team. The data was entered in an in-house web-based system that integrated data entry and analytics for the quantitative data. Frequencies were run for all variables, calculating the number of responses and percentages within each category of response for each participating country. Two stratifications were used for analysis. Age stratification i.e., the first strata was girls between 15 to 17 years (younger AGYW) while the second strata was girls and women aged 18 – 24 years (older AGYW). Further analysis was based on

geographical (districts) stratification i.e., within each state of the participating country. The team conducted a thematic interpretive analysis of the data from the FGDs to draw out and explore individual and shared group meanings pertaining to the central assessment objects. The analysis involved finding themes, coding and writing summary notes.

A.5. Ethical Approval[5]

An institutional Ethical Review Board reviewed the country-specific protocols for each of the five countries. All participants provided an informed consent. Parental consent was obtained if the participating girl was less than 18 years of age.

B. RESULTS

B.1. Sexual and Behavioral Outcomes

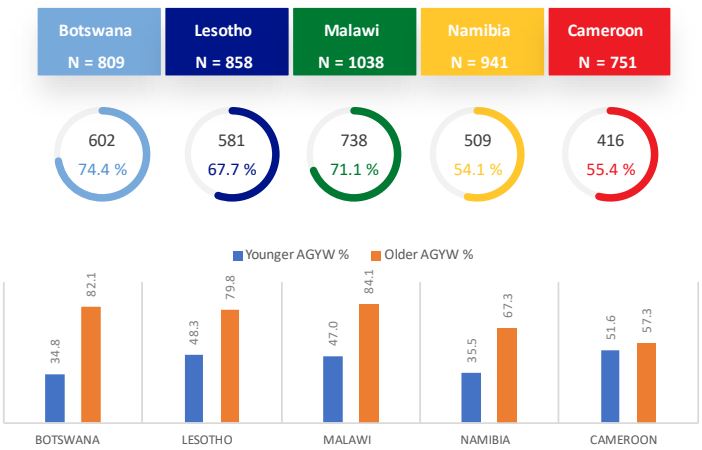
The assessment evaluated the sexual behaviors of participants through two key outcomes - having sex with multiple partners and unprotected sex with a non-marital, non-cohabiting partner.

B.1.1. Multiple Sex Partners

- *At least half of the AGYW were sexually active*

At least 50% and above of respondents in all five countries reported ever having sex - 74.4% in Botswana, 71.1% in Malawi, 67.7% in Lesotho, 55.4% in Cameroon and 54.1% in Namibia. In all five countries, a higher proportion of older AGYW (18-24 years) were sexually active than younger AGYW (15-17 years).

Figure 1: AGYW who ever had sex by country by age



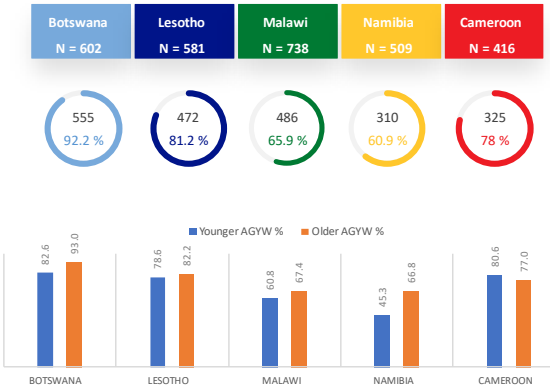
- *Over 60% of AGYW had sex in the last 12 months*

Among the respondents who ever had sex, 60% and above had sex in the last 12 months. Botswana reported the highest percentage (92.2%) of AGYW who had sex in the previous

[5] Details of ethical issues including consenting is available in the main report

12 months, followed by Lesotho (81.2%), Cameroon (78%), Malawi (65.9%) and Namibia (60.9%). A higher proportion of older AGYW had sex in the last 12 months in all countries except Cameroon[6].

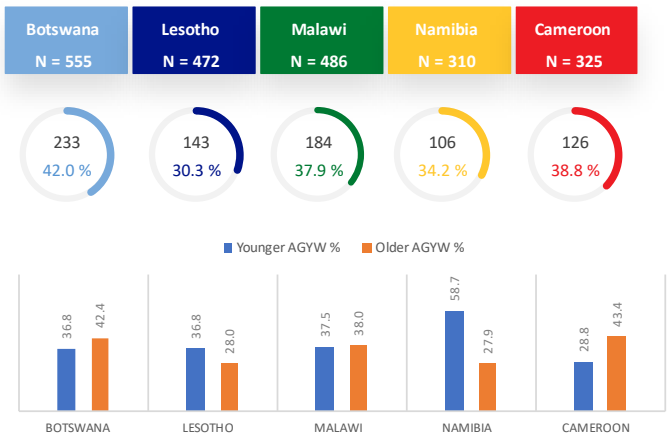
Figure 2: AGYW who had sex in the last 12 months (among those who ever had sex) by country by age



- *More than 30% of sexually active AGYW had multiple partners*

Among the respondents who were sexually active in the last 12 months, at least one-third reported having sex with multiple partners. The proportion was highest in Botswana (42%), followed by Cameroon (38.8%), Malawi (37.9%), Namibia (34.2%) and Lesotho (30.3%). A higher proportion of younger AGYW in Namibia (58% younger vs 27.9% older AGYW) and Lesotho (36.8% younger vs 28% older AGYW) reported having multiple partners in the last 12 months.

Figure 3: AGYW who had sex with more than one person in the last 12 months (among those who had sex in the last 12 months) by country by age

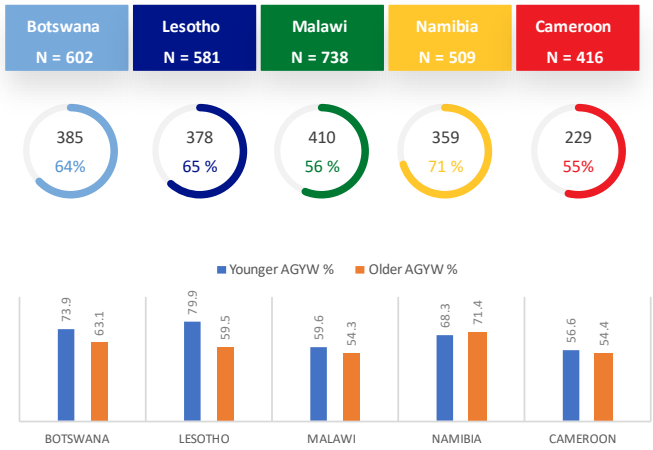


[6] This could be because of the different definition of young AGYW used by Cameroon (15-20 years).

- *Condom use at last sex ranged from 55% to 71%, higher among younger AGYW*

Among the respondents who ever had sex, 71% in Namibia, 65% in Lesotho, 64% in Botswana, 56% in Malawi and 55% in Cameroon reported using a condom at last sex. A higher proportion of younger AGYW reported using condoms at last sex in all countries except in Namibia.

Figure 4: Condom use at last sex (among AGYW who ever had sex) by country by age



- *Various reasons prompt AGYW to engage in sex at a young age*

The FGDs revealed several reasons for AGYW to be sexually active at a young age. These included a lack of parental guidance, peer pressure, the influence of alcohol and drugs, the desire for experimentation, and social media influence.

> "… since your peers are dating you also want to have the same experience, if they get money from their boyfriends and very good taken care off, then you also would like to have the same..." - Participant, Ohangwena Region, 15 – 17 years

- *Nature of the sexual relationship varied with type and number of partners*

AGYW keep multiple partners as each partner caters to different needs, i.e., dating older men with a steady income or dating young boys from wealthy families for money and status. Some are in marital sexual partnerships or stable love relationships, while others sell sex due to poverty.

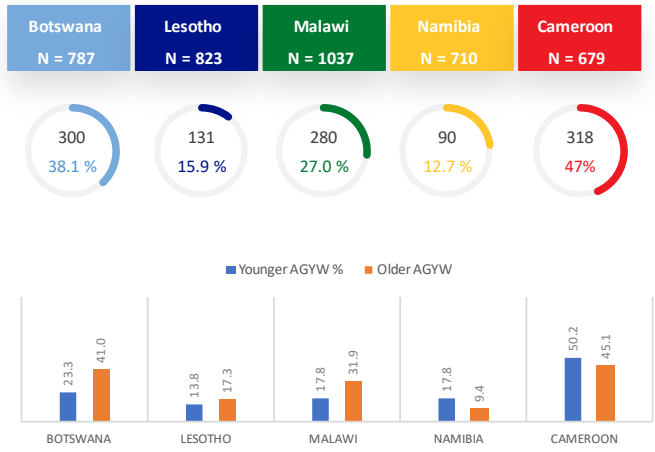
> "… For example, the other boyfriend buys me airtime while the other one gives me money for transport and for this reason, we have sex with all of them" - Participant, Lesotho

B.1.2. Unprotected Sex with a Non-Marital Non-Cohabiting Partner

- *Wide variations in AGYW reporting a current non-marital non-cohabiting partner*

A higher proportion of AGYW reported having a current non-marital non-cohabiting (NMNC) partner in Cameroon (47%), followed by Botswana (38.1%), Malawi (27%), Lesotho (15.9%) and Namibia (12.7%). In Namibia (18% younger vs 9% older AGYW) and Cameroon (50% younger vs 45% older AGYW), a higher proportion of younger AGYW had a current NMNC.

Figure 5: AGYW with a current non-marital/non-cohabiting sexual partner by country by age



- *Variation in AGYW reporting having sex with non-marital non-cohabiting partners in the last 12 months*

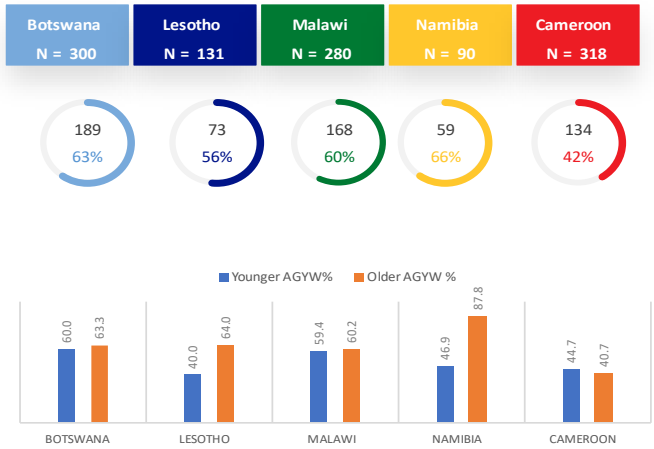
Among the AGYW who reported having NMNC partners, a higher proportion of AGYW reported having sex in the last 12 months in Botswana (78%) followed by Malawi (68%), Cameroon (62%), Namibia (54%) and Lesotho (40%). In all countries, higher proportion of older AGYW reported having sex with a NMNC in the last 12 months except in Cameroon (67% younger AGYW vs 59% older AGYW).

- *Wide variations in AGYW who reported using condoms with NMNC partners at last sex in the last 12 months*

In the last 12 months, 66% of AGYW in Namibia, followed by Botswana (63%), Malawi (60%), Lesotho (56%) and Cameroon (42%), reported condom use at last sex with an NMNC. Condom use showed a significant age-stratified difference in all countries, with older AGYW reporting higher condom use than younger AGYW except in Cameroon[7] (45% younger vs 41% older AGYW).

[7] This could be because of the different definition of young AGYW used by Cameroon (15-20 years)

Figure 6: AGYW reporting condom use at last sex with a NMNC partner in the last 12 months (among those who reported having a NMNC) by country by age



- *High levels of awareness did not necessarily ensure condom use*

AGYW showed high levels of awareness of the benefits of condom use, such as preventing pregnancies, HIV and other STIs. However, FGD analysis showed that condom use remained low as girls and women feared their partners would leave, considered the non-use of condoms as a mark of showing trust in their partners, or because older male partners determined condom use in intimate relationships.

> "…sometimes you are in a relationship, and the guy tells you that if you really like me, you cannot use a condom..." - Participant, Ohangwena Region, 15 – 17 yrs group, Namibia

- *Myths and fear prevented the use of condoms*

Various myths, such as condoms reduce pleasure, cause allergic reactions, side effects or muscle loss, or lead to cellulite formation, prevented condom use among girls and women. During FGDs, some AGYW stated that sex with a condom is unenjoyable or causes pain during menstruation and their male partners claimed that condoms are harsh to their private parts or harm their kidneys. Fear of being seen or recognized also stopped AGYW from getting condoms from a hospital or a shop.

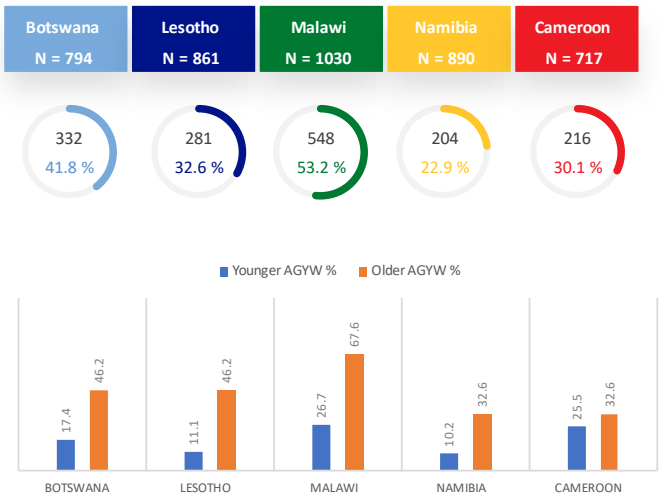
B.2. Biomedical Outcomes

B.2.1. Unplanned Pregnancies

- *22% to 53% of AGYW reported being pregnant at least once*

A high proportion of AGYW reported ever being pregnant. More than half the AGYW (53.2%) were pregnant at least once in Malawi, followed by Botswana (41.8%), Lesotho (32.6%), Cameroon (30.1%) and Namibia (22.9%). A much higher proportion of older AGYW (18 to 24 years) reported ever being pregnant in all the countries, the highest being in Malawi (66.9%).

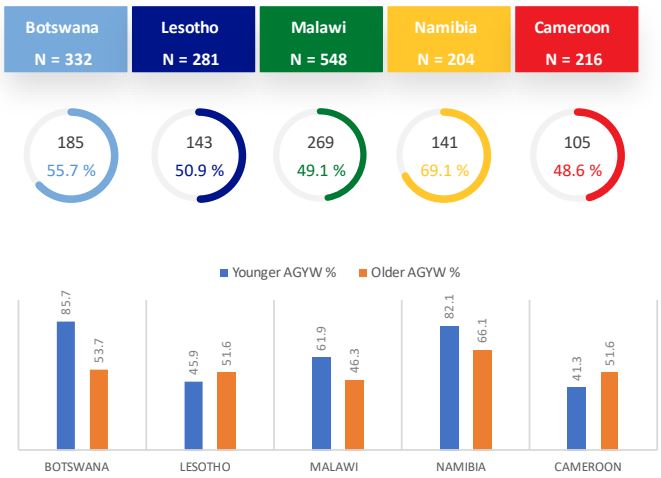
Figure 7: Pregnancy in AGYW by country by age



- *Nearly half of the AGYW had a pregnancy in the past 12 months*

Among the AGYW who have ever been pregnant, a high proportion reported being pregnant in the past 12 months, Namibia (69%), followed by Botswana (55.7%), Lesotho (50.9%), Malawi (49.1%) and Cameroon (48.6%). At least 30% more younger than older AGYW in Botswana (85.7% younger vs 53.7% older AGYW), Namibia (82.1% younger vs 66.1% older AGYW), and Malawi (61.9% younger vs 46.3% older AGYW) experienced pregnancy in the past year. In comparison, the reverse was true in Lesotho (45.9% younger vs 51.6% older AGYW) and Cameroon (41.3% younger vs 51.6% older AGYW).

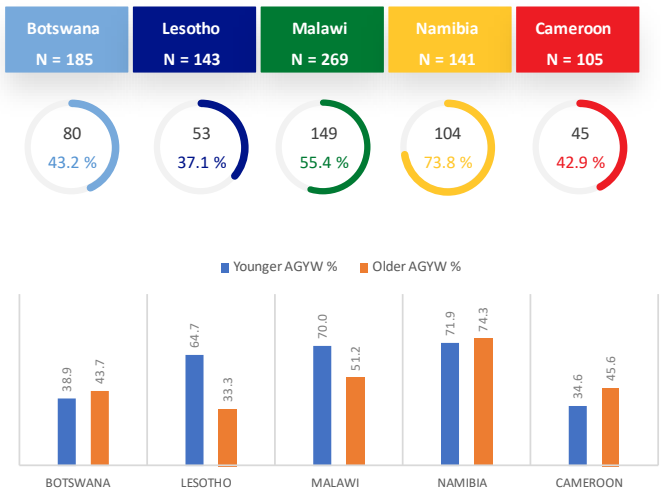
Figure 8: Pregnancy in the last 12 months (among AGYW who have ever been pregnant) by country by age



- *A high proportion of girls reported unplanned pregnancies*

Among those who have been pregnant in the last 12 months, 74% in Namibia, 55% in Malawi, 43% in Botswana and Cameroon and 37% in Lesotho were unplanned. Age-stratified distribution of pregnancies varied across countries. Lesotho (65% younger vs 33% older girls) and Malawi (70% younger vs 51.2%) had more younger girls reporting unplanned pregnancies.

Figure 9: Unplanned pregnancy (among AGYW who have been pregnant in the last 12 months) by country by age

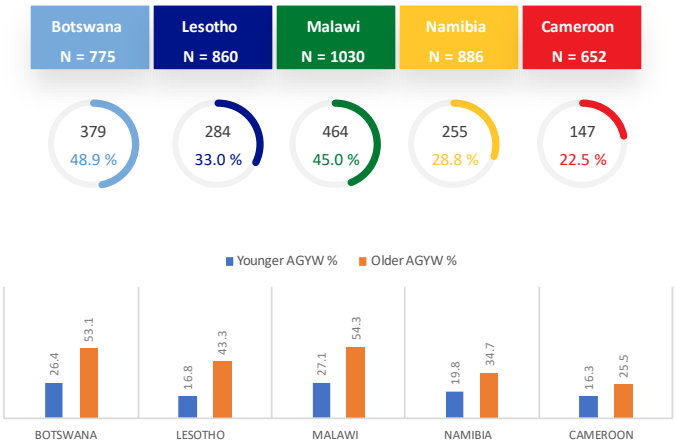


B.2.2. Currently using Contraceptives

- *Less than 50% of AGYW used contraceptives*

Nearly half the AGYW in Botswana (48.9%) and Malawi (45%) reported contraceptive use, followed by Lesotho (33%), Namibia (28.8%), and Cameroon (22.5%). A much higher proportion of older AGYW reported using contraceptives in all five countries. AGYW preferred injectables as contraceptive methods over condoms and pills in Lesotho. However, in Malawi and Namibia, pills were a choice. Most AGYW said contraceptives are not readily available from hospitals and other public facilities.

Figure 10: Contraceptive use among AGYW by country by age

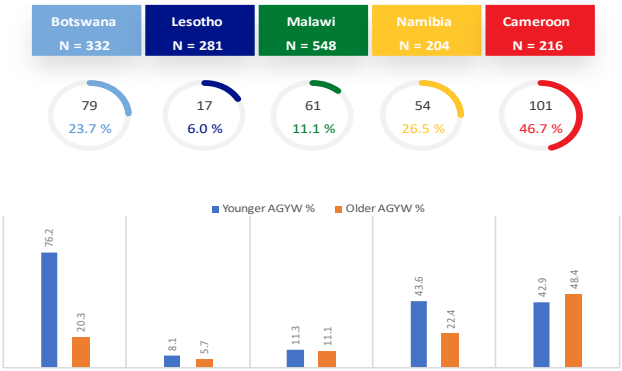


B.2.3. Ever had an Abortion

- *Several countries had high proportion of AGYW having an abortion*

Among the AGYW who were ever pregnant, Cameroon had a high proportion of AGYW (46.7%) reporting ever having an abortion, followed by Namibia (26.5%), Botswana (23.7%, Malawi (11.1%) and Lesotho (6%). More young AGYW girls reported abortion in Botswana (76% younger vs 20% older AGYW) and Namibia (44% younger vs 22% older AGYW). Discussions in focused groups suggested that the fear of societal judgment, family rejection and losing their life during delivery leads to high rates of abortion among AGYW.

Figure 11: Abortion (among AGYW who were ever pregnant) by country by age



B.2.4. HIV Testing

- *63% to 90% of AGYW reported having tested for HIV*

Lesotho had the highest proportion of AGYW (90.5%) ever tested for HIV, followed by Malawi (87.5%), Botswana (82%), Cameroon (69%) and Namibia (62.6%). A similar proportion of older and younger AGYW tested for HIV in Lesotho and Cameroon while in Botswana, Namibia and Malawi, a higher proportion of older AGYW reported ever testing for HIV.

Botswana (82.1%) reported the highest, followed by Lesotho (78.2%), Malawi (73.9%), Namibia (68.7%) and Cameroon (66.7%) of AGYW tested for HIV within the past 12 months. A similar proportion of older and younger AGYW tested for HIV in all countries except Botswana and Malawi. In these two countries, a higher proportion of older AGYW reported testing for HIV in the last 12 months.

Figure 12a: HIV testing (ever) among AGYW by country by age

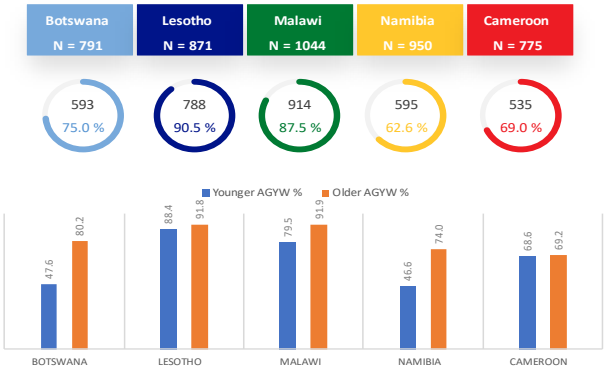
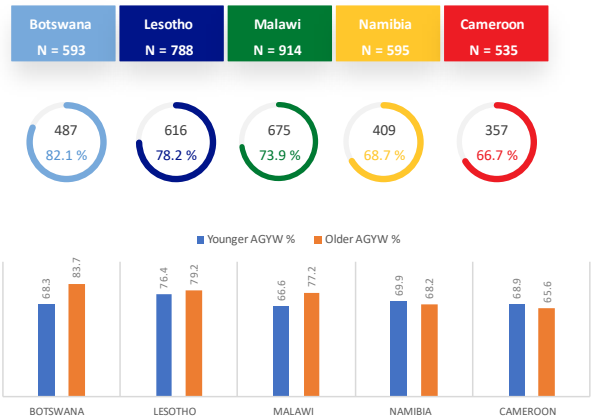


Figure 12b: HIV testing in the last 12 months (among AGYW who ever tested for HIV) by country by age



- *AGYW reported several barriers to testing for HIV*

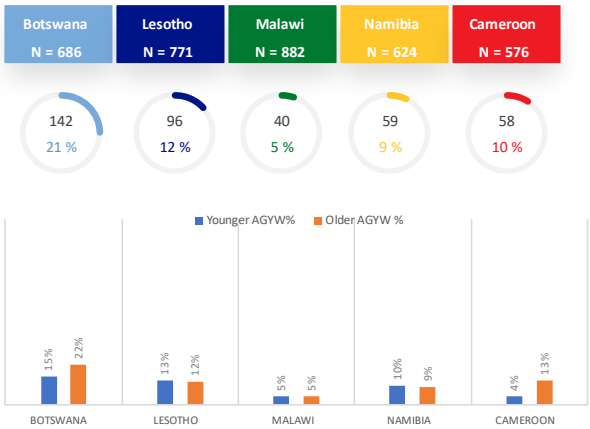
The uncertainty of test outcome, fear of positive results and the painful experience of finger pricking during testing hindered the uptake of HIV testing among AGYW. Stigma related to HIV positivity prevented girls and women from accessing ART. They preferred accessing testing services in the village, as testing staff at the clinic could be rude and discriminatory. Girls preferred accessing sexual and reproductive health services from private non-government organizations than from public health facilities.

> "What scares me is that, if tests confirm I am HIV positive I will fall sick even due to the stress of knowing that I am HIV positive" - Participant, Lesotho

- *A high proportion of AGYW self-reported living with HIV*

Botswana had the highest proportion of AGYW (21%) living with HIV, followed by Lesotho (12%), Cameroon (10%), Namibia (9%) and Malawi (5%). A similar proportion of older and younger AGYW reported living with HIV in all countries except Botswana (15% younger vs 22% older AGYW) and Cameroon (4% younger vs 13% older AGYW).

Figure 12: AGYW self-reported living with HIV by country by age

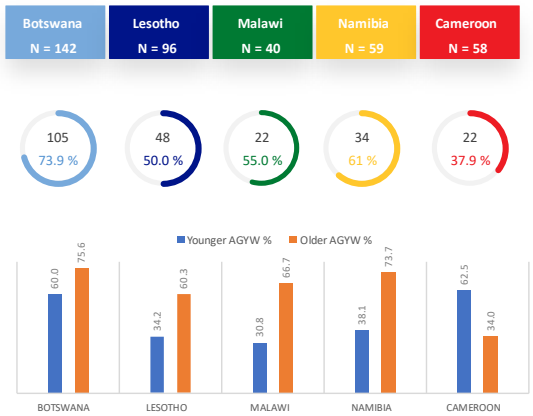


B.2.5. HIV Treatment and Support

- *Only around half of AGYW living with HIV were taking antiretroviral therapy*

Among those AGYW who reported living with HIV, Botswana had the highest percentage of AGYW on ART (74%), followed by 61% in Namibia, 55% in Malawi, and 50% in Lesotho. In Cameroon, only 38% of the HIV-positive AGYW reported being on ART. In all countries, a higher proportion of older AGYW living with HIV were on ART except Cameroon (63% younger vs 34% older AGYW).

Figure 13: AGYW currently taking ART (among those who are living with HIV) by country by age



B.2.6. Use of prevention products

- *Low Use of PrEP among AGYW across countries*

Less than 10% of AGYW reported ever taking PrEP in all countries except for Cameroon, where it was 29.9%. Among those who had ever taken PrEP, a high percentage of the respondents in Namibia (80.5%) and Botswana (77.8%) were currently taking PrEP

compared to Cameroon (39.1%), Malawi (35%) and Lesotho (25%). Higher proportion of younger AGYW were currently taking PrEP compared to older AGYW except in Namibia.

Figure 14a: Use of PrEP (ever) among AGYW by country by age

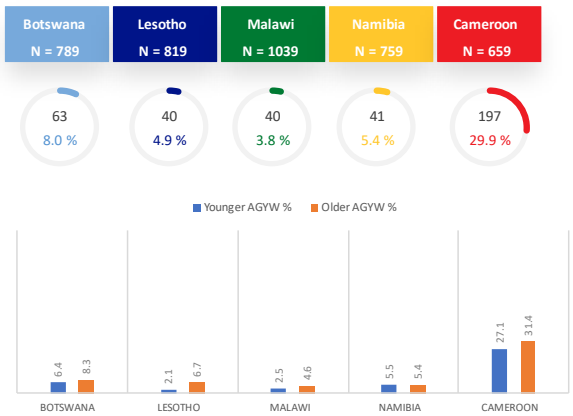
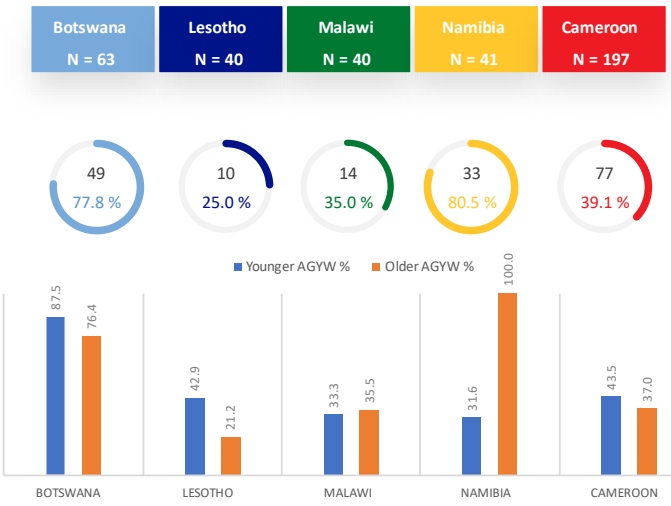


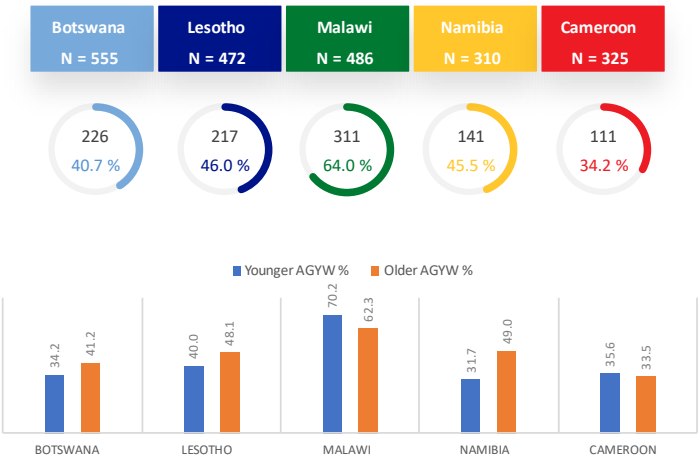
Figure 14b: Current use of PrEP (out of those that have ever taken PrEP) among AGYW by country by age



- *A high proportion of girls and women reported the unavailability of condoms*

Nearly two-thirds of the AGYW in Malawi (64%) reported the unavailability of condoms when needed in the last 12 months, followed by Lesotho (46%), Namibia (45.5%), Botswana (40.7%) and Cameroon (34.2%). AGYW, aged 18 to 24, faced the issue of the unavailability of a condom more than younger AGYW in most countries except Malawi (70% younger vs 62% older AGYW). In Cameroon, the experience was similar for AGYW in both age groups.

Figure 15: Condom unavailability reported by AGYW by country by age

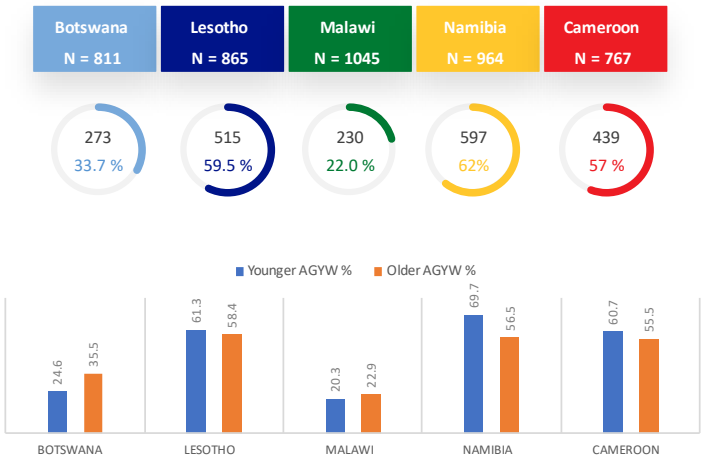


B.2.7. Reached by AGYW programs

- *AGYW reached by programs varied across countries*

More than half of the AGYW in Namibia (62%) and Lesotho (59.5%), and Cameroon (57%) reported being reached by a program in the last three months, while it was much less in Botswana (33.7%) and Malawi (22%). The program reached younger AGYW between 15 to 17 years more than the older AGYW, except in Botswana (25% younger vs 35% older AGYW) and Malawi (20% younger vs 23% older AGYW).

Figure 16: AGYW reached by a program in the last three months by country by age



B.3. Structural Outcomes

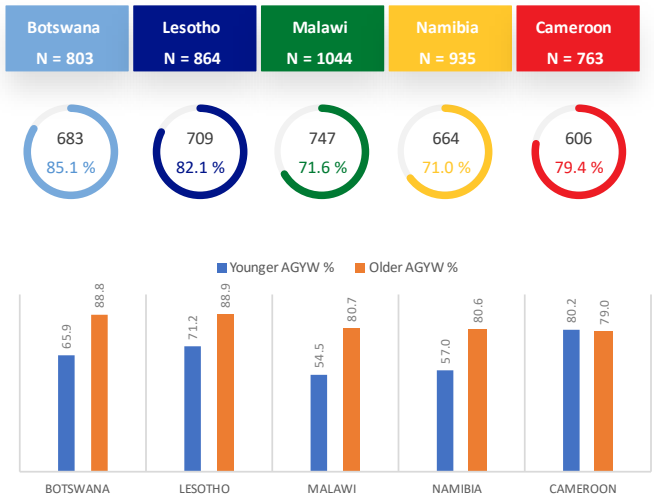
B.3.1. Intimate Partner Violence

- *More than 70% of AGYW had an intimate partner*

Over 70% of AGYW in all countries reported ever having an intimate partner, i.e., a lover, boyfriend, or husband. Botswana had 85.1% AGYW with an intimate partner followed by

Lesotho (82.1%), Cameroon (79.4%), Malawi (71.6%) and Namibia (71%). A higher proportion of older AGYW, over 80% in all countries except Cameroon, had an intimate partner. In all five countries, 55% and more of younger AGYW reported having an intimate partner.

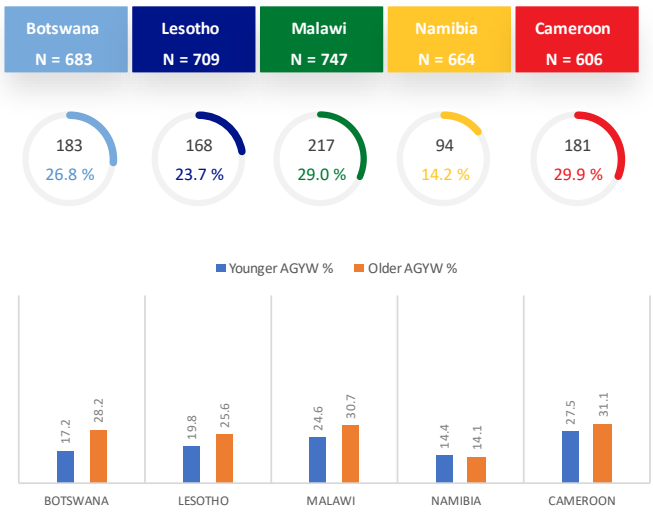
Figure 17: AGYW who had an intimate partner by country by age



- *Nearly one-fourth of AGYW reported ever experiencing intimate partner violence*

Among those AGYW who had an intimate partner, a high proportion of AGYW in Cameroon (30%), Malawi (29%), Botswana (26.8%), Lesotho (23.7%), and Namibia (14.2%) reported ever experiencing intimate partner violence (IPV). The IPV incidence was higher among older AGYW in all countries, with the highest in Malawi at 30.7% of 18 to 24-year-old AGYW reporting ever experiencing intimate partner violence.

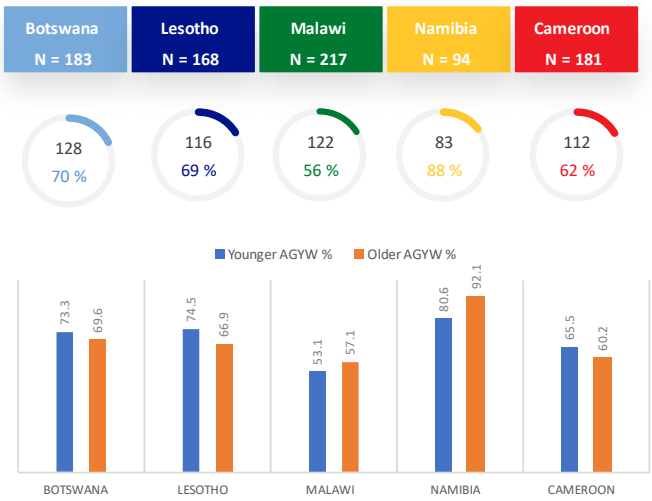
Figure 18: Experience of intimate partner violence(among AGYW who have an IP) by country by age



- *56% to 88% of AGYW reported facing violence in the past 12 months*

Among those AGYW who reported ever experiencing IPV, 88% in Namibia, 70% in Botswana, 69% in Lesotho, 62% in Cameroon and 56% in Malawi reported experiencing IPV in the last 12 months. Younger AGYW in most countries reported higher IPV incidence in the previous 12 months, except Malawi and Namibia.

Figure 19: Experience of intimate partner violence (among AGYW who ever experienced violence) in the last 12 months by country by age



- *Girls and women faced varied forms of violence*

AGYW reported physical abuse like beating and kicking, emotional abuse like insults and nags, and sexual abuse like forced sex by boyfriends, husbands and cohabiting partners. Few mentioned financial abuse, such as partners taking away their earnings or not allowing them to work and earn. AGYW identified the unequal power dynamics due to age disparity as the main driver for violence. The possibility of a break-up, loss of economic support and shame prevented girls and women from reporting violence.

- *AGYW used several coping mechanisms to deal with IPV*

Girls turned to their peers, family members or parents for support when they experienced IPV. Some AGYW reported NGO interventions, such as a toll-free line for reporting violence and help from the Child Protection Workers or the Chiefs as support mechanisms.

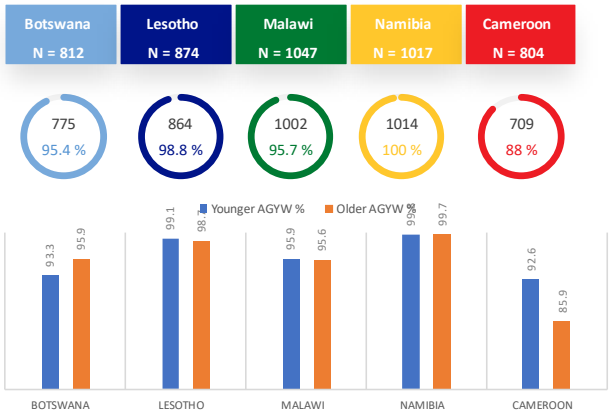
> "Sometimes the girls are abused and discriminated against when the partner is the one who provides, buys things, and the girl does not contribute anything. We have gender-based groups that support both male and females who have experienced gender-based violence." - Participant, Ngami District, Botswana

B.3.2. Education and School Dropouts

- *More than 85% of AGYW ever attended school in all countries*

Nearly all AGYW interviewed in Namibia (100%) and Lesotho (98.8%) ever attended school, while more than 95% of AGYW in Botswana (95.4%) and Malawi (95.7%) reported ever attending school. Cameroon (88%) had comparatively fewer AGYW ever attending school. In Cameroon, a higher proportion of younger than older AGYW (92.6% younger vs 85.9% older AGYW) ever attended school.

Figure 20: School enrolment among AGYW by country by age



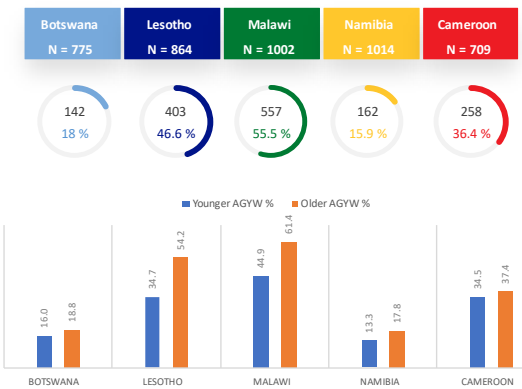
- *AGYW highly value education in all countries*

Girls value education highly as a way to a brighter future. Various reasons motivated school attendance, including affordability, role models within the community, hardworking teachers, and availability of financial assistance and scholarships. The AGYW cited a desire to change their status quo within the families and support from community members in influencing parents as additional reasons for going to school.

- *School dropout rates varied between the five countries*

A higher proportion of AGYW ever dropped out of school in Malawi (55.5%), Lesotho (46.6%), and Cameroon (36.4%) as compared to Namibia (15.9%) and Botswana (18%). In all counties, a higher proportion of older AGYW dropped out of school than younger AGYW.

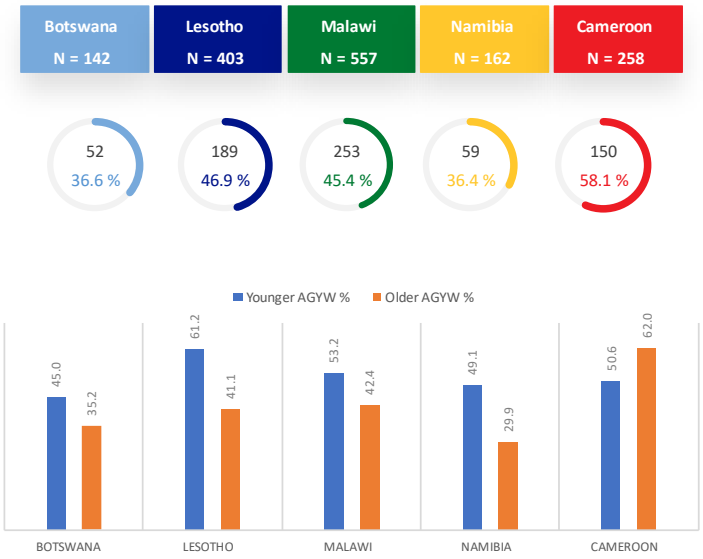
Figure 21: School dropout among AGYW by country by age



- *At least 30% of AGYW dropped out of school in the last 12 months*

A higher proportion of AGYW dropped out of school in the last 12 months in Cameroon (58.1%) than in Lesotho (46.9%), Malawi (45.4%), Botswana (36.6%) and Namibia (36.4%). Except for Cameroon[8], in all countries, younger AGYW dropped out of school in the last 12 months.

Figure 22: School dropout in the last 12 months (among AGYW who dropped out of school) by country by age



- *Multiple reasons trigger school dropouts*

Structural, financial, and academic pressures forced school dropouts among AGYW. Some reported low motivation to attend school, poor academic performance and long distance from home to school as reasons for dropout. Others mentioned poverty, the need to earn for a better future and the inability to pay school fees for not attending school. Girls also reported teenage pregnancy, peer pressure and early marriage as educational barriers.

> "Some get pregnant at an early age and that hinders them from going back to school, because they feel ashamed of being noticed. Our parents want us to get married so that they get money through mahali (bride price)" - Participant, Lesotho

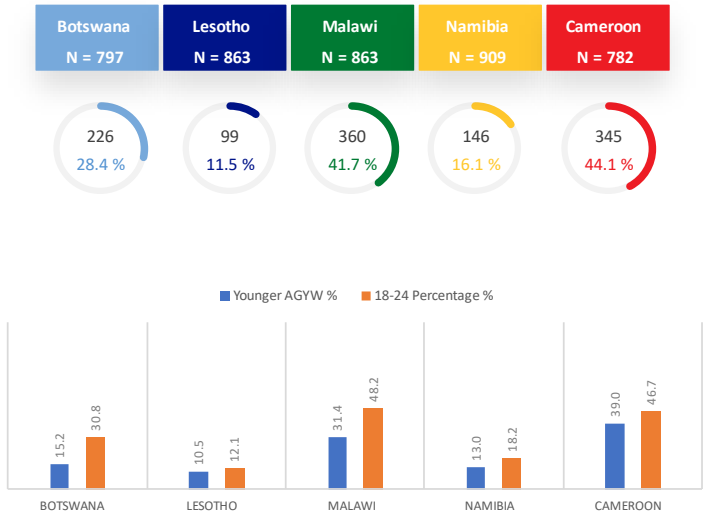
B.3.3. Independent Source of Income

- *Wide variation across countries in girls and women with independent income sources*

Cameroon (44.1%) and Malawi (41.7%) had a higher percentage of AGYW working and earning money as compared to Botswana (28.4%), Namibia (16%) and Lesotho (11.5%). A higher proportion of older AGYW had an independent source of income than the younger AGYW.

[8] This could be because of the different definition of young AGYW used by Cameroon (15-20 years)

Figure 23: AGYW with an independent source of income by country by age

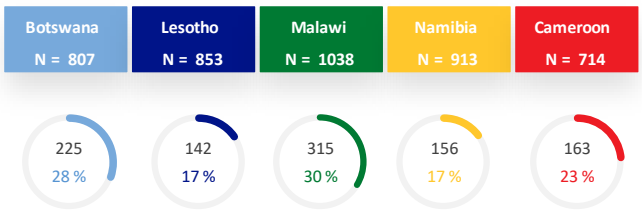


B.3.4. Gender Inequalities

- *AGYW reported experiencing gender discrimination within the family*

AGYW who reported experiencing gender-related discrimination within the family in the last 12 months was highest in Malawi (30%), followed by Botswana (28%), Cameroon (23%) and Lesotho and Namibia (17%). Generally, older AGYW reported higher experience of gender-based discrimination within the family - Botswana (30% vs 19%), Lesotho (17% vs 16%), Malawi (31% vs 29%) and Cameroon (25% vs 19%), except Namibia (18% younger vs 16% older AGYW).

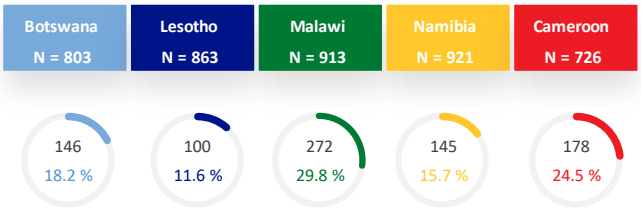
Figure 24a: Experience of gender discrimination in family in the last 12 months among AGYW by country



- *AGYW also reported experiencing gender discrimination within the community*

Malawi had the highest proportion of AGYW (30%) reporting experiencing gender-related discrimination within the community in the last 12 months, followed by Cameroon (24.5%), Botswana (18.2%), Namibia (15.7%) and Lesotho (11.6%). A higher proportion of older AGYW reported experience of gender-based discrimination within the community.

Figure 24b: Experience of gender discrimination in community in the last 12 months among AGYW by country

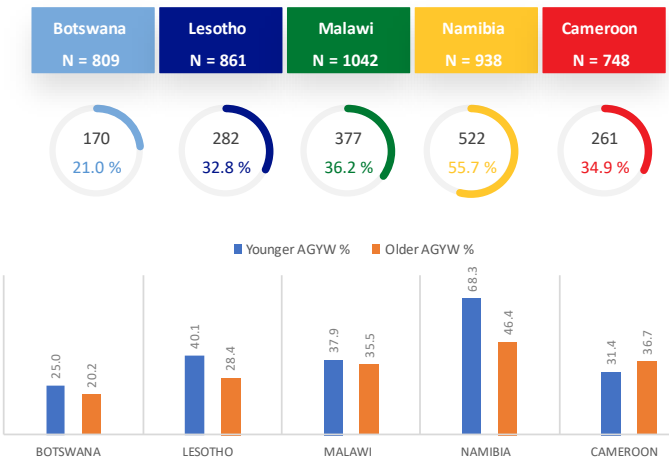


B.3.5. Membership in a Support or Life Skills Group

- *Support Groups present in all five countries*

More than half of the AGYW (55.7%) in Namibia reported being members of support groups or groups for life skills development, followed by Malawi (36.2%), Cameroon (34.9%) and Lesotho (32.8%). In Botswana, only 21% of AGYW reported membership in such groups. Except in Cameroon[9], a higher proportion of AGYW aged 15 to 17 were members of such groups.

Figure 25: Membership in a group among AGYW by country by age



[9] This could be because of the different definition of young AGYW used by Cameroon (15-20 years).

C. IMPLICATIONS FOR PROGRAMMING

C.1. Summary of Findings

This assessment has improved the understanding of the sexual, behavioral, biomedical and structural factors associated with HIV-related risk and vulnerability among AGYW in five African countries. Following are some of the key findings drawn from the assessment:

- Overall, there is diversity in outcomes across the countries and AGYW respondents by age. We have seen clear country-wise and district-wide[10] variations in performance across outcomes. The assessment also shows age-wise differences in results, with higher age-specific risks and vulnerabilities like condom use among older AGYW or lower initiation/retention of younger AGYW living with HIV on ART.

- Results show that a high proportion of respondents, at least 50% and above, from all five countries are sexually active. At least one-third or more of the sexually active AGYW reported having sex with more than one partner in the last 12 months. Many AGYW engage in sexual activity at a young age due to a lack of parental guidance, peer pressure to fit into the group, the influence of alcohol and drugs and experimentation. AGYW reported social media influence as a key factor that makes AGYW engage in sexual activity at a young age.

- AGYW revealed having several sexual relationships, including a steady intimate partnership based on love, sexual relationships with older wealthy men for financial gains, and sexual relationships with young rich boys for status. They keep multiple partners as each partner caters to different needs. AGYW with current non-marital non-cohabiting (NMNC) partners varied from 13% in Namibia to 47% in Cameroon, generally high among older AGYW except in these two countries. A significant proportion, 70% and above, of AGYW in all countries, reported having an intimate partner, i.e., a lover, boyfriend, or husband.

- Condom use among AGYW varied widely across the five countries, with condom use at the last sex ranging from 55% to 71%. Interestingly, younger AGYW reported using condoms more compared to older AGYW, possibly because older AGYW may have been in marital or intimate relationships. Generally, condom use is low in intimate relationships since the AGYW fear a break-up with their partners if they negotiate condom use, and non-condom use indicates trust within the relationship. Condom use remained low in relationships with NMNC partners, from 42% to 66%. AGYW did not always get condoms when needed in the last 12 months, with 34% of AGYW in Cameroon to 64% in Malawi reporting unavailability. Uptake of other prevention services like PrEP was also low, from 4% of AGYW in Malawi to 30% in Cameroon ever taking PrEP.

- Over 65% of AGYW reported testing for HIV in the last 12 months. Respondents reporting an HIV-positive status ranged from 5% in Malawi to 21% in Botswana. All countries fell short of achieving the second 90 target, i.e., 90% of people living with HIV on ART. AGYW who reported living with HIV and being currently on ART ranged from 38% in Cameroon to 74% in Botswana.

[10] Though this brief does not specifically show district variations within a country, the district level data is in the detailed report for reference.

- The proportion of AGYW reached by programs in the last three months range from 22% in Malawi to 62% in Namibia. As the programs are expected to reach only a proportion of the AGYW, specially those who are at risk and most vulnerable, it would be important to explore if the proportion of girls reach by the programs are those who have the highest need.

- 22% in Namibia to 53% in Malawi had been pregnant at least once, with a reasonably high proportion of unplanned pregnancies among AGYW in the last 12 months, ranging from 37% to 74%. Less than 50% of the AGYW reported using contraceptives. AGYW in some countries, such as 47% in Cameroon, reported getting an abortion. Fear of societal judgment, family rejection and losing their life during delivery led to high rates of abortion among AGYW.

- A quarter of the AGYW who had an intimate partner, except Namibia, have experienced verbal, physical or sexual violence from an intimate partner. In most instances, AGYW never reported intimate partner violence. The issue is even more prevalent among non-marital secretive relationships since unmarried AGYW cannot go to their families or parents for support.

- Over 85% of all respondents ever attended school. School dropout varied between countries, with 16% AGYW in Namibia to 56% in Malawi, ever dropping out. AGYW reported early marriages and teenage pregnancies, poverty, early entry into the job market due to the family's priority to earn money, poor performance in school and the inability to pay school fees as reasons for leaving school.

- AGYW also reported experiencing gender discrimination within families, community and school.

C.2. Recommendations for Programs

The programs would benefit from a more targeted approach to reaching the AGYW, whose need for HIV services is the greatest as the study shows that a proportion of AGYW have higher risk and vulnerabilities. The targeting can use a geography, age-, and risk specific approach.

The assessment shows that some countries and districts have AGYW experiencing higher risks and vulnerabilities and some which need better program performance, such as improving the access and utilization of services by AGYW. These countries and districts will need immediate attention. Within a particular geography, risk and vulnerabilities vary by age like higher proportion of younger AGYW undergoing abortion or lower proportion of older AGYW using condoms. Hence, programming for AGYW should consider age-specific needs and priorities and design customized intervention packages for different age groups. In addition, the assessment shows that some AGYW (irrespective of age) have higher risk and vulnerability like AGYW with multiple partnerships or non-marital and non-cohabiting (NMNC) partners, AGYW in violent relationships, or living with HIV but not adhering to treatment, etc., and need more intensive support. Hence, programs must conduct a thorough risk assessment and provide intensive services to those who need the most.

In all countries, HIV prevention among AGYW should be a priority considering multiple sexual partnerships, including NMNC partnerships. Condom availability and accessibility need to increase, and condom negotiation and use, especially with NMNC partners, should

improve. Programs should scale access and demand generation to PrEP among AGYW at highest risk.

Most countries had a high self-reported HIV prevalence among AGYW, despite low linkage to treatment. The programs must also ensure that all AGYW living with HIV are linked to ART and continue in treatment to ensure high viral suppression. The program access to AGYW, focusing on the highly vulnerable and at-risk AGYW, should improve immediately.

Along with HIV-related services, the need for sexual and reproductive health services is a priority. Correct information, access to contraceptives and self-confidence among AGYW to negotiate and use them is crucial and should be part of an AGYW program.

Structural interventions are a significant and essential element of an AGYW program. The assessment shows that the AGYW experience intimate partner violence and gender-based discrimination within families and communities. Integrating violence prevention and redressal mechanisms within an AGYW program is critical. Addressing gender norms and inequality within families, communities, schools, and health facilities is essential to providing stigma-free services. Access to education and other skill-based training should also be a necessary part of the package offered by AGYW programs.

Advocacy with the national government for supportive policies and laws can enable a successful AGYW program. Developing AGYW's leadership groups to champion HIV prevention and meaningfully engage them in service provision is equally essential.

The assessment process and interaction with the partners during sampling to collect program data revealed that the programs in most countries, except probably Botswana and Lesotho, have fragile routine monitoring systems. The AGYW program could use Unique Identification Codes (UIC) to register the AGYW and young women and track individual service provision routinely to understand the program coverage based on need and vulnerability.

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