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National Health Research Authority
ZAMBIA

# ADOLESCENT HEALTH RESEARCH & BEST PRACTICES SYMPOSIUM

## 15TH - 16TH DECEMBER 2021

*THEME: "STRENGTHENING EVIDENCE-BASED PROGRAMMING TO IMPROVE AND SUSTAIN ADOLESCENT HEALTH & DEVELOPMENT"*

# ABSTRACT BOOKLET

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MEDIA ACTION
TRANSFORMING LIVES THROUGH MEDIA AROUND THE WORLD

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*Oral Presentations*

Subtheme: Approaches to/for engaging adolescents in programming and research

# 'For us by us': Adolescents and young people's preferences for incentivised HIV and sexual reproductive health service delivery in Zambia.

*Original Research*

Mwenge, L[1], Hensen, B[2, 3,] Simuyaba, M[1], Mwansa, C[1], Kabumbu, M[1], Floyd, S[4], Phiri, M[1]., Musonda Simwinga[1], Kwame Shanaube[1], Sarah Fidler[5], Richard Hayes[4], Helen Ayles[1, 5], Matthew Quaife[6], Fern Terris-Prestholt[6].

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**Background:** There is growing recognition of the need to engage adolescents and young people in the design of interventions intended to address their healthcare needs. To finalise the design of an intervention to reach AYP aged 15-24 years with comprehensive sexual and reproductive health (SRH) services, we used a discrete choice experiment (DCE) to elicit AYP's preferences for SRH service delivery in two communities in Lusaka, Zambia.

**Methods:** We conducted eight focus group discussion with young people to formulate the DCE attributes. A DCE module was designed in Ngene, using a D-efficient experimental design, with 18 choice sets. We conducted a DCE among 420 young people to assess preferences for SRH service delivery. Participants made choices between two SRH service delivery models, described by six attributes: location, provider type, service type, health service differentiation by sex, presence of edutainment, and opening times. Each participant was presented with 6 choice sets. We used random parameters logit (RPL) models to estimate young people's preferences for SRH service delivery.

**Results:** Respondents preferred to access SRH services that combined delivery of HIV, contraceptive and other health services relative to delivery of HIV services alone (OR=2.04, $p<0.01$) delivered by both medical staff and peer support workers relative to medical staff alone (OR=1.97, $p<0.00$) at a youth-friendly spaces within the clinic (OR=1.49, $p<0.01$) relative to out-patient department (OPD). When the location of these services was change from the community hub relative to OPD, participants preferred the later. Male respondents had stronger preference for receiving SRH services from a lay worker whereas participants with marriage experience preferred services that were differentiated by gender. Respondents who had visited the clinic before had stronger preferred for receiving services at the community hubs which are provided by combination of medical staff and lay workers.

**Conclusion:** Our DCE found that AYP preferred delivery of a comprehensive package of HIV, contraceptive plus other health services, provided by both medical staff and peer supporter workers delivered through youth-friendly spaces. Further, we can deduce that where services are delivered is less important than how they are delivered when designing SRH service delivery for young people.

**Integrating technology and HIV services: Lessons learnt from the Insaka mobile phone-based virtual support group intervention for young pregnant women living with HIV aged 15-24 in Zambia**

Mbewe M[1], Phiri M[1], Simpson N[2], Sigande ML[1], Kydd A[2], Simwinga M[1], Shanaube K[1], Schaap A[1], Schlesinger H[2], Floyd, S[3] Hensen, B[3], Fidler, S[4], Hayes, R[3] and Ayles, H[1,3].

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*Original Research*

**Background:** There is growing interest in delivering HIV and sexual and reproductive health services via mobile phone-based platforms. In sub-Saharan Africa, studies show how young people living with HIV provided psychosocial and treatment support through virtual peer-to-peer support groups. We reflect on processes and lessons learnt from running mobile phone-based support groups during a pilot and follow-on intervention among young pregnant women living with HIV (YPWLHIV).

**Methods:** In the 2018 Insaka pilot, participants were recruited from two antenatal clinics; inclusion criteria were ≥28 weeks pregnant, HIV-positive and age (15-24-years). Pilot study findings were used to adapt the Insaka intervention currently being evaluated in a cluster-randomised trial in 10 residential zones (5 intervention, 5 control) in Lusaka. Participants were recruited from one local antenatal clinic; inclusion criteria were, age (15-24 years), HIV-positive, and, in intervention zones only, an ability to operate a basic smartphone. In both interventions, eligible, consenting participants were given a smartphone and enrolled in a virtual support group facilitated by a peer support worker (PSW).

**Results:** In the pilot study, 298 YPWLHIV were screened and 61 (20%) were eligible and included in the study. Consenting participants were placed in 6 virtual support groups. Participants unable to operate a basic smartphone were taught how to use emojis. Participants using emojis could not engage further than posting emojis. They neither responded to reactions to their emojis nor asked questions. Some participants mocked peers who only used emojis.

In the current study, out of 149 YPWLHIV screened in the intervention zones, 86(58%) were unable to operate a basic smartphone. Consequently, only 63 (42%) of these YPWLHIV were included in the intervention and placed in 7 virtual support groups. Participants engaged in conversations amongst themselves and guest speakers; troubleshooting instructions were given on phone use as needed.

**Conclusion:** Technology-based interventions are an innovative way to create social spaces when physical spaces are limited, which is of particular relevance in a COVID-19 era. However, benefits may be limited considering participants' inability to access and use technology-based platforms and limited literacy. Understanding context of mobile-phone ownership and use is key for effective future programmes.

# Be In The Know Zambia: Using digital co-design techniques to create a digital SRH intervention in the time of COVID-19

Azgad,Y[1] Roff, F[1] Sharma, A[2] Mwamba, C[2], Ng'andu, M[2,] Chilambe, C[2,] Chibwe,C,B[2] , Jabbie,[2] Kamanga, Z.V[2] Mendamenda, M.Z[2] , Chipungu, M[2] Sabuni, H[2] Chipungu, J[2] and Pry, J[2,3]

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*Original Research*

**Background:** The COVID-19 pandemic is expected to negatively impact sexual and reproductive health (SRH) outcomes among adolescents and young people (AYP). We present lessons learned from using online co-design processes to develop a digital intervention to improve knowledge, confidence, and uptake of SRH services among AYP (18-24 years) during the Zambian epidemic.

**Methods:** Participants in the co-design process were recruited online via WhatsApp and Facebook and gave online consent to either phone in-depth interviews (IDIs), online group discussions, or user survey. Eighteen phone IDIs on daily life and SRH needs revealed that lack of reliable information led to low confidence and fluctuating use of SRH services. The 'Be In the Know Zambia' (BITK) app was developed to address these knowledge and confidence needs and support SRH uptake. The functionality and content of BITK were co-created with three WhatsApp and three Facebook groups of 8-10 participants each. A post-intervention online user survey was conducted.

**Results:** Recruitment to the co-design process through WhatsApp and Facebook advertisements was completed within two days. Phone IDIs took 45 minutes and helped confirm eligibility and socio-demographic information. There was good engagement on both WhatsApp and Facebook though some participants remained 'lurkers'. WhatsApp allowed for broader discussions while Facebook allowed in-depth follow-up of participant comments. Both platforms allowed posting of graphics, comments, and survey links. The beta version of BITK offered dilemmas through comic strips, SRH topics guides, quizzes, content discussion starters, and action-oriented advice. Among 1,055 BITK users who responded to the survey, 987 (95%) rated it 'excellent' (n=607; 58%) or 'good' (n=380; 35%). 932 (89%) found the information very useful. 851 (83%) reported being very interested in it, with 896 (86%) very likely to share the content, 902 (87%) to recommend it and 900 (87%) to use it again.

**Conclusions:** Co-design processes on WhatsApp and Facebook can help create a digital intervention that aligns with AYP's needs, interests, and aspirations. Online co-creation led to a relevant and engaging product that can encourage contemplation and discussion as a first step to action on sexual health.

Sub-theme: Adolescent health service delivery approaches

**Uptake of HIV testing among adolescents and young people attending peer-led community-based sexual and reproductive health services in Lusaka, Zambia: early results from the "Yathu Yathu" trial**

Phiri M[1], Hensen B[2], Simwinga, M[1], Schaap A[1], Sigande, L[1·], Floyd, S[1]., Belemu, S[1]., Simuyaba, M[1], Shanaube K[1·], Hayes, R[2]., Fidler, S[3]., and Helen, A. [1,2]

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*Original Research*

**Background:** Adolescents and young people aged 15-24 (AYP) are underserved by available HIV-testing services (HTS). Delivering HTS through community-based, peer-led, hubs may prove acceptable and accessible to AYP, thus increasing HIV-testing coverage. Using data from the pilot phase of a cluster-randomised trial of community-based, peer-led comprehensive sexual and reproductive health services for AYP in Lusaka, Zambia, we describe and explore factors associated with self-reported history of HIV-testing and uptake of HTS through community-based hubs.

**Methods:** Twenty clusters across two urban communities were randomly allocated to intervention or standard-of-care. From August–December 2019, AYP in all 20 clusters were enumerated and offered a prevention point's card to enable tracking of services accessed. In intervention clusters, peer support workers, nurses and lay counsellors, provide comprehensive services, including HTS, from centrally-located hubs.At first hub visit, AYP are screened for alcohol use disorders using AUDIT-C and asked their HIV-testing history. We used card data from intervention clusters only to describe: HIV-testing history and uptake of HTS by age, sex, AUDIT-C score, education and marital status, and explored whether these factors were associated with both outcomes.

**Results:** In the first 4-months of implementation, 5,206 AYP attended a hub; 65% (n=3380) were female. Among AYP self-reporting their HIV-testing history, 69% (n=3461/5013) ever-HIV-tested before their hub visit. Adjusting for age and sex, ever HIV-testing differed by sex, age, educational attainment (Table 1). 76% (n=3,895) of AYP attending the hubs HIV-tested (75% via finger-prick HIV-testing; 25% HIV self-testing); including 80% (n=1243/1552) of AYP self-reporting *never* HIV-testing before visiting the hub. Lower uptake of HTS at hubs was associated with being married/cohabiting and at risk of alcohol use disorders.

**Conclusion:** A high proportion of AYP with no history of HIV-testing accessed HTS through community-based hubs. Better targeting of HTS to key groups who may not perceive their risk of HIV needs to be considered.

**Utilization of Sexual and Reproductive Health Services among Adolescent and Young People in Zambia**

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[1]Population Council

*Original Research*

**Background:** Comprehensive sexuality education (CSE) imparts knowledge which has the potential to reduce risky sexual practices and behaviors among adolescents and young people (AYP). The study was conducted in phases within selected schools in Mufumbwe and Solwezi districts of North Western Province in Zambia starting with a baseline in 2017, immediately followed by implementing structured interventions, with yearly data collection on sexual and reproductive health (SRH) knowledge and use, sexual behaviour, and pregnancy among girls in study schools. The end line study took place in December 2020.

**Methods:** Twenty-three (23) schools were selected at baseline and were randomized into three study arms, with Arm 1 the control, Arm 2 providing information on ASRH services and access at schools, and Arm 3 orienting adolescent pupils to ASRH services, both accessible and responsive to adolescents, at local health care facilities. This paper focuses on two primary outcome measures which are use of contraceptive methods and HIV testing. Descriptive statistics, cross-tabulations including chi-square analysis were conducted. Binary logistic regression was used to measure association of contraceptive use and uptake of HIV services within a CSE and SRH services linkages model.

**Results:** The findings suggest that there is higher uptake of HIV testing services (HTS) and contraceptive use among AYP aged 15-24 and in secondary school, particularly when efforts are made to link CSE with health facilities that are sensitized to be more receptive to the ASRH needs of AYP who may or may not be in school. Uptake of HIV testing or use of contraceptive methods was lower among adolescents aged between 12 -14 and still in primary school.

**Conclusion:** Given the findings, it is recommended that project implementation sustains efforts to increase levels of awareness of risks associated with early and unprotected sex, promoting continued receptive access, availability, and utilization of contraceptives to AYP who are sexually active and encouraging consistent condom use, promoting HIV counselling and testing, including knowledge of pre-exposure prophylaxis and post-exposure prophylaxis.

**Pilot implementation of a user-driven, web-based application designed to improve sexual health knowledge and communication among young Zambians: a mixed method study**

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*Original Research*

**Background:** The decline in HIV incidence among adolescents and young people (AYP) ages 15-24 in sub-Saharan Africa must be accelerated to end the AIDS epidemic by 2030. Interactive digital health interventions show promise to improve uptake of HIV services among AYP. To pilot-test a theory-based, empirically grounded web-based application designed to increase condom-related knowledge, sexual and reproductive health (SRH) communication, and healthier choices, among young Zambians.

**Methods:** We conducted a pre-post quasi-experimental evaluation of the user-driven, interactive 'Be in the Know Zambia' (BITKZ) application through online surveys and phone interviews. Using social media advertisements, we sequentially enrolled AYP in the intervention (1377 received link to BITKZ) and comparison group (1494 received no intervention). Our final analysis set comprised of 749 intervention and 878 comparison participants (N=1627) who had baseline and end-line (5-weeks after first enrollment) data. We interviewed 59 BITKZ users. App log files provided usage data. We conducted descriptive analyses and Student's t-test using an intention-to-treat approach, and rapid matrix analyses of interviews on excel.

**Results:** Users spent an average of 37 minutes on BITKZ. Intervention participants were more likely to score higher for intention to test for sexually transmitted infections (STIs) (0.21; *P*=.01) and HIV (0.32; *P*=.05) and, for resisting peer pressure (2.64; *P*=.02). We found no other statistically significant effect measure. At end-line, the intervention group (aOR-1.35; 95%CI 1.06-1.69) and those educated beyond primary level (range aOR 3.02-5.72) had higher odds while men had lower odds (aOR 0.73; 95%CI 0.58-0.92) of increased condom-related knowledge. Those educated had 27% (95%CI 1.06-1.54), those in full-time employment had 67% (95%CI 1.06-2.63), and men had almost two-fold increase (aOR-1.92; 95%CI 1.59-2.31) in odds of knowing how to wear condoms correctly. Interviews corroborated increased knowledge on correct and female condom use, awareness of STIs, and resisting peer pressure. Interviewees provided examples of SRH communication with partners and peers and of considering, adopting, and influencing others to adopt healthier behaviours.

**Conclusions:** Despite high baseline awareness of SRH among Zambian AYP with internet access, BITKZ provided modest gains in condom-related knowledge, resistance to peer pressure, and intention to test for STI/HIV.

**Reducing unintended pregnancies among in-school adolescents and young women through comprehensive sexuality education linked to accessible sexual and reproductive health services**

Mbizvo, M.T.,[1] Kasonda, K.,[1] Muntalima, N.C.,[1] Inambwae,S.,[1] Rosen, J.G., Namukonda, E.,[1] Mungoni, R.,[1] Okpara, N.,[1] Phiri, C.**[1]**

Population Council[1]

*Original Research*

**Background:** Advancing the health of adolescents, in particular their sexual and reproductive health, including HIV prevention and care; and fully attaining their educational goals, are crucial to national development. However, adolescent girls and young women (AGYW) in much of sub-Saharan Africa, including Zambia, encounter challenges rooted in gender inequalities. Lack of empowerment, inaccurate knowledge on sexuality, and poor access to sexual and reproductive health (SRH) services, result in many AGYW failing to complete school due to early unintended pregnancy (EUP). Comprehensive sexuality education (CSE), integrated in the school curriculum, confers opportunities for imparting scientifically accurate information about SRH, and potential reduction in EUP, but much less is known on accelerating reduction through health services linkages.

**Methods:** We developed and tested a model that links provision of CSE to pre-sensitized, responsive SRH services in selected schools in Zambia. Schools where CSE was being routinely provided were randomized into a non-intervention arm (arm1), an intervention arm in which information on available SRH services was provided in schools by health workers to complement CSE, (arm 2), and arm 3 in which pupils receiving CSE were also supported to access pre-sensitized, receptive SRH services.

**Results:** Following 3 years of intervention exposure, findings showed a significant decline in in-school pregnancies amongst AGYW in both intervention arms, with arm two exhibiting a more significant decline ($p< 0.001$), having recorded only 0.74 percent pregnancies at endline ($p< 0.001$), as well as arm 3, which recorded 1.34 percent pregnancies ($p< 0.001$), with some schools achieving no pregnancies throughout an academic year. Trends in decline of pregnancies started to show by midline, and persisted in 2020, despite the increases noted in some none-intervention schools during the COVID-19 pandemic restrictions.

**Conclusion:** A model linking CSE to SRH information and receptive health services is effective in reducing in-school pregnancies.

**High acceptance of incentivised community based HIV and sexual and reproductive health services in adolescents and young people: Results from the pilot phase of the Yathu Yathu trial in Zambia.**

Schaap A[1,2], Hensen, B[2], Phiri, M[1], Sigande L[1], Floyd, S[2], Simwinga M[1], Belemu S[1], Simuyaba M[1], Shanaube K[1], Hayes R[2], Fidler S[3], and Helen, A[1,2]

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*Original Research*

**Background**: Adolescents and young people aged 15-24 (AYP) are at high risk of HIV and other STIs and yet are the least likely to access health facilities. Integrating HIV services with broader sexual and reproductive health services (SRHS) is critical to their health and well-being. Through community-based, peer-led spaces, Yathu Yathu delivers comprehensive, SRHS to AYP in Lusaka, Zambia. Using data from a pilot implementation phase (August 2019-February 2020), we describe attendance to Yathu Yathu hubs by age and sex, and the key services accessed.

**Methods:** Two urban communities in Zambia (populations ~100,000 each), were sub-divided into 20 zones. Zones were randomized 1:1 to intervention or standard-of-care. Enumerators visited every household. Consenting AYP aged 15-24 were given a loyalty card, called "prevention points card" (PPC). In intervention zones, youth-friendly spaces (hubs) staffed by peer-support workers were established at central locations within the communities. AYP from intervention zones could accumulate prevention points after accessing SRHS at a hub or the local health facility. AYP from control zones only received points after accessing services at the local health facility. Accrued points could be exchanged for rewards.

**Results:** Over two-thirds of enumerated AYP consented to participate (29,370/40,864=71.8%) with recruitment similar in control and intervention zones. After accepting the PPC, 40.1% (5,962/14,872) of AYP from intervention zones accessed SRHS versus 8.2% (1,181/14,498) from control zones (OR 7.9, 95%CI 7.3-8.5). More AYP aged 15-17 accessed services than AYP aged 20-24. Attendance was higher among females. Among AYP from intervention zones attending hubs, the mean number of visits was 4.4 and most popular services utilized were comprehensive sex education sessions (12,037 visits), educational entertainment sessions (4,778 visits) and HIV-testing (4,605 visits). Over two-thirds of AYP from intervention zones (4,052/5,962, 68.0%) exchanged accumulated points for rewards. Facecloths (4,291), bathing soap (4,146) and toothpaste (3,201) were handed out most frequently.

**Conclusions:** This early evidence suggests that community-based SRHS, complemented by incentives through loyalty cards, are an innovative strategy to reach AYP and significantly increased access to services compared with standard of care. A future cluster-randomized trial will provide evidence of the impact of the strategy on coverage of HIV services.

**Reach Out and Catch Them Young: Promoting Uptake of SRH and HIV Service**

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[1]BBC Media

*Best Practice*

**Background:** Adolescents account for approximately 25% of the Zambian population, which translates to about 3.9 million people. Young people in Zambia who face many sexual and reproductive health (SRH) challenges including early sexual debut, teenage pregnancy, child marriage, unsafe abortion, STIs and HIV, with young women and girls being disproportionately affected. According to the ZAMPHIA, HIV prevalence among girls aged 15-19 years is 6% and 4% for boys, among young people aged 15 - 24, only 34% females and 37% males have comprehensive knowledge about HIV /AIDS and almost 17,000 adolescent girls drop out of school due to teenage pregnancy every year. Today's young people have access to multiple sources of information that subsequently informs their decision making processes. While some rely on guidance and teaching from teachers and elders in communities, many use social media and mobile platforms as seemingly trusted sources of vital information which is easily accessible and allows for anonymity. rWith this understanding, the Tikambe Project ensured that the target audience had access to accurate and youth friendly Sexual and Reproductive Health and Rights information through various initiatives such as radio programmes, in-school lessons and via social media platforms.

**Methods:** The Tikambe project with support from SIDA ensured the provision of accurate and youth friendly Sexual and Reproductive Health and Rights information through the radio partners who ensured that weekly Tikambe magazine programmes that included a component of radio drama were implemented. Furthermore, the project also built the capacity of radio production teams by conducting training sessions which focused on enhancing journalism skills, programme production, drama, audience outreach and engagement and outdoor broadcast events. Regular remote and in station mentoring sessions by experienced media professionals help ensure regular quality production is maintained. In addition, community journalist were trained and work closely with partner stations as well as assist in providing content, plan and implement the outreach activities including the weekly magazine programme, Outside Broadcasting events and drama. The community journalists also conduct listening groups on a regular basis. Social media particularly the Tikambe Facebook page continues to use innovative means to provide the target audience with reliable SRHR information such as live chats with experts which provide young people with opportunities to interact with trusted experts, Memes, comedy videos and animations have continued to be produced leading to an increase in Facebook followers.

**Results:** The young people managed to have dual sources of accessing information that subsequently informed their decision-making processes to accessing SRH services. On the the Tikambe Facebook page there was an increase in Facebook fans from 229,337 Likes and 243,286 Followers in September 2020 to 236,468 Likes and 259,049 followers at the end of August 2021. Through the strong referral system using the sign posting approach the Radio Programmes resulted in an increase in knowledge levels of young people which has helped them to make better and informed decisions concerning their Sexual and Reproductive Health thus resulting in the increase

in accessing SRHR services. Radio dramas within the radio programmes have also been successful in helping to bring about discussion and dialogue around social norms related to SRHR.

**Recommendations:** Engaging young people's circles of care (parents, teachers) and influencers (local leadership) by breaking communication barriers between them, generates champions for youth SRH and rights. This resulted in the creation of a sustained conducive environment within which young people can access HIV and SRH services free and report gender-based violence (GBV), or other harmful practices that place them at risk of HIV infection. Young people can be powerful drivers of social change as 'social leaders' when the requisite tools, skills, confidence availed and entry into strategic and safe spaces to navigate the SRH and HIV response to meet their specific needs.

**Access to Health Services for Adolescents with Special Needs**

Tundu, S [1] and Mumbi, G[2]

RICAP[1] Ministry of Health[2]

**Background:** Promoting and protecting the rights of persons with disabilities is among the right to health and one of the priorities of the Zambian government. There is undisputable evidence that adolescents with special needs in Zambia still face several challenges which have remained unattended with no proper mechanism to curb them. Adolescents with special needs also face serious stigmatization, discrimination, specific barriers to care and information about health services, violence and abuse when accessing health services as they usually get humiliated by health providers, while health centers' infrastructure pose obstacles for them to reach the facilities. Despite progress towards SDGs 3, 10, 16 and 17, Zambia is off-track towards achieving them by 2030. On the supply side, lack of mechanisms that promote citizen participation and civic engagement, monitoring and feedback on the quality of public services they receive is not seen as a priority.

**Description of intervention:** To address lack of civic engagement and participation in quality health service delivery for marginalized groups (adolescents with special needs included), RICAP implemented a social accountability (SA) project using a Rights Based Advocacy, Communication & Social Mobilization innovation approach to strengthen community health systems and create demand for transparent and accountable service delivery. The project used innovations and tools such as Public Dialogue Forums (PDF), Community Score Card (CSC), Policy review Meetings targeting community structures such as NHCs, SMAGs and Ward Development Committees (WDC's) and government service providers in order to build their civic engagement and social accountability skills capacity.

This methodology helped to ensure inclusion of the needs of the disabled in all advocacy interventions. Awareness raising contributed to improving access to health services for People Living with Disabilities (PLWD), demonstrating the value of promoting social inclusion within local structures and platforms. Other outcomes from these engagements were; creation of a multi-stakeholder district advocacy action group (DAAG) involving community, health sector and CSO representatives to spearhead advocacy for improved access to health services by marginalized groups such as adolescents with special needs.

**Recommendation:**

- Integrating advocacy and social accountability (SA) skills in health delivery service can increase adolescent with special needs' capacity to access and demand for better services and also help them to have a voice that promotes their SRH&R.

- Advocating for creation of spaces for adolescents to participate and influence the implementation of policies related to their SRHR at community level leads to positive health outcomes.
- Incorporating SA tools and social inclusion processes in district integrated annual plans leads to improved health service delivery and access.
- Training curriculum for health personnel should include social accountability and advocacy skills, sign language packages and disability rights.
- Targeting marginalized groups in broader service delivery initiatives where social inclusion can be built into service delivery reforms on the supply side is an effective way to design interventions and policies.

Sub-theme: HIV/AIDS and other STIs (Including PMTCT targeting AYP)

**Family Support for Adolescent Girls and Young Women Living With HIV in Zambia: Benefits, Challenges, and Recommendations for Intervention Development**

Roberts, ST., Edwards, P., Mulenga, M., Chelwa, N., Nyblade, L., Brander, C., Musheke, M., Mbizvo, M.T., and Subramanian, S.

*Original Research*

**Background:** Lack of family involvement is barrier to antiretroviral therapy adherence among adolescent girls and young women (AGYW). This study assessed family support for AGYW's engagement along the HIV care continuum to inform the design of a family-focused intervention in Lusaka, Zambia.

**Methods:** We conducted 16 in-depth interviews and four focus group discussions with 40 AGYW living with HIV. Three strategies were identified to strengthen family support.

**Results:** First, emotional and instrumental support are highly valued by AGYW and should be further developed or reinforced. Second, AGYW wanted more informational support and open discussion of HIV from family, and an intervention should aim to enhance these types of support. Third, existing appraisal support reinforced anticipated stigma among AGYW and discouraged disclosure, yet participants wished for more interactions with peers living with HIV.

**Conclusion:** Appraisal support should therefore be reframed to help AGYW decide to whom they should disclose and how to do so safely.

**The role of youth friendly practices in facilitating engagement to HIV and sexual and reproductive health care among adolescent girls and young women in Zambia**

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**Background:** Enhancing youth friendliness of clinics in sub-Saharan Africa has shown to improve engagement with HIV and sexual and reproductive health care among adolescent girls and young women (AGYW), who are disproportionately affected by HIV. The aim of this study

is to understand perspectives on what makes health services youth friendly among AGYW in Zambia.

**Method:** We conducted in-depth interviews and focus group discussions among 69 AGYW of ages 10-20 who were HIV-negative or of unknown status and 40 AGYW of ages 16-24 who are living with HIV in Lusaka, Zambia. The data was coded through inductive and deductive processes and was analyzed thematically using the World Health Organization (WHO) dimensions of quality for youth friendly services.

**Results:** High wait times was the most significant challenge in AGYWs' access to services, but many AGYW also struggled with inflexible opening hours for HIV-specific services. Other structural attributes important to AGYW included confidentiality, staff attitudes, feeling respected regardless of age or HIV status, and having appropriate services to help manage and improve health conditions.

**Conclusion:** The youth-friendly characteristics identified in this study supports the design of a tailored clinic-based intervention to improve HIV engagement and outcomes among AGYW in Zambia.

**Keywords:** Adolescent girls and young women, HIV, Zambia, youth friendly services, integrated care, engagement in care

**"It becomes easy, because she is free": Caregiver perspectives on self-management among adolescents and young people living with HIV in Ndola, Zambia**

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**Background:** To end the AIDS epidemic by 2030, the health needs of adolescents and young people aged 15 to 24 years living with HIV (AYAHIV) must be met. Understanding and engaging the household level is imperative for AYAHIV to achieve viral suppression. This study aims to understand caregiver experiences with AYAHIV who are transitioning to self-management to inform interventions to improve AYAHIV self-care and HIV treatment outcomes.

**Methods:** A secondary, thematic analysis was conducted using qualitative in-depth interview transcripts from 22 caregivers of AYAHIV who participated in Project Yes! (PY). PY was a randomized controlled trial that assessed the impact of a 6-month peer-mentoring intervention on viral suppression among AYAHIV in Ndola, Zambia. It included a caregiver component where youth-invited family caregivers could join an orientation and three caregiver support group meetings. Inductive and deductive analyses allowed exploration of caregiver experiences, roles, and needs related to their AYAHIV's self-management and their experience with PY.

**Results:** Almost all respondents engaged in the caregiver component of PY. Most of the respondents recognized the importance of their caregiver role and impact on their youth; this was reflected in how they would support and engage their youth. In describing effective self-management, most caregivers highlighted the importance of AYAHIV having a good mindset, described as being "accepting" of their HIV status and "free". This mindset was often attributed to PY and seen as facilitating other self-management improvements like medication adherence and clinic attendance. Caregivers also conveyed how their support roles were changing by giving their youth space to independently manage their own care, while remaining attentive of their self-management practices and available to assist as needed (e.g. with challenging medication changes).

**Conclusion:** This study highlights the importance of engaging with caregivers as partners in research and practice with older adolescents and young adults. Caregivers offer valuable insights on their AYAHIV and characteristics necessary to successfully live with and self-manage HIV. Further, including caregivers in programs, like the PY peer-mentoring program, can better position caregivers to transition from primarily overseeing youth's care to a more secondary, supportive role, allowing AYAHIV to take ownership of their self-management.

**'Supporting the supporter': lessons learnt from a virtual peer support intervention for young pregnant women living with HIV.**

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*Original Research*

**Background:** Antiretroviral therapy eliminates mother-to-child transmission (EMTCT) of HIV but requires adherence to daily medication which is a key challenge for many young mothers. There is a need for psychosocial support for young pregnant women living with HIV (YPWLHIV) in Sub-Saharan Africa. With the growing call for peer-led interventions for young people, peer-led psychosocial interventions have been considered. One key issue in providing psychosocial support is how to support the peer support worker (PSW) in return.

**Description of Intervention:** A mixed-methods phone-based peer-to-peer support group intervention for YPWLHIV was piloted in two urban communities in Zambia in 2018. 61 consenting participants aged 15-24 were recruited from two antenatal clinics, each were given a mobile phone and placed in six separate virtual support groups. Each support group was managed by a PSW, a trained community-based psychosocial HIV counsellor aged 24-30. Using an application called RocketChat, participants and their respective PSW, discussed a range of social and health-related topics through chat messages. A two-tier approach was used to support the 6 PSWs virtually and physically. At level one, PSWs supported each other through a PSW specific virtual support group. At level two, PSWs received virtual and physical support from the wider research team and specialist guest speakers. Each PSW wrote weekly reflections and attended research team debrief meetings fortnightly. The PSWs' support group chat data, reflection and debrief meeting reports were analyzed thematically.

**Lessons learnt:** Across all datasets, PSWs reported anxiety about getting and keeping participants' attention and virtual troubleshooting. Handling domestic violence, depression and suicidal situations sometimes required guest-specialist support and referrals. PSWs shared notes and

experiences amongst themselves about what worked well, these ideas were replicated in other groups within the study. PSWs reported that openly expressing themselves about their experiences, challenges and fears with peers and research staff, made the experience feel like a team effort and lessened anxiety. PSWs described writing reflections and attending debrief meetings as therapeutic.

**Conclusion:** We demonstrate the success of a structured support pathway to enable young PSWs to lead group discussions around complex and difficult conversations amongst vulnerable young women.

Sub-theme: Sexual and Gender-Based Violence

## RISK FACTORS AND CHILD SEXUAL ABUSE AMONG HIGH SCHOOL PUPILS IN LUSAKA DISTRICT, ZAMBIA.

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**Background:** Child sexual abuse is a serious problem for children worldwide. Prevalence is estimated at between 10-20% for girls and 5-10% for boys when sexual abuse is measured on a continuum from exposure, through unwanted touching to penetrative assault prior to 18 years of age. In Zambia, like many other African countries, there are several conditions that put children at risk of sexual abuse, such as parental absence, among others. However, most of the risk factors remain unexplored. This study, therefore, was aimed at investigating risk factors and exploring child sexual abuse among high school students in selected schools of Lusaka District. The objectives were to 1). Identify forms of sexual abuse; 2). Examine the grooming tactics used by sexual abusers; 3). Find out the disclosure rate of child sexual abuse cases; 4). Determine abuser-victim relationships: and 5). Make recommendations for child sexual abuse prevention.

**Methods:** An anonymous and randomly selected sample of 200 High School students (86 males and 114 females) was recruited in the study. Their ages ranged from 16 to 21 years. Data was collected using a structured self-report questionnaire and analyzed using the Statistical Package for the Social Sciences (SPSS, version 11).

**Results:** The results show an overall prevalence rate of child sexual abuse to be 87 (43.5%). Of the 87 victims, 36 (41.1%) were males and 51 (58.6%) were females. Among the forms of sexual abuse, sexual touch/arousal had the highest frequency of 54 (62.1%). Most of the subjects (n=59; 67.8%)) did not disclose their sexual experiences. Majority of the perpetrators were family members 39 (44%). Other perpetrators included friends to the family (39); strangers (5); baby sitters/nannies (5); teachers (1); and others (2).

Of the 6 risk factors for sexual abuse examined individually, parental absence had the highest frequency (n=63, 73.3%); having punitive parents (n=57, 68.7%); alcohol intake by a parent or other guardian (n=30, 34.5%); poor parent-child relationship (n=20, 23.7%); parental conflict (n=19, 22.4%); and presence of a stepparent (n=13, 13.1%).

Furthermore, the results showed that the most frequently used grooming tactic for sexual abuse is the offer of money and /or other gifts. This was reported by 67.8% of the participants. Sixty-nine percent of the victims lacked knowledge that the grooming they experienced would result into sexual abuse.

**Conclusion/Recommendations:** The findings from the study indicate that child sexual abuse continues to be a challenge in Zambia. This study also demonstrates that most common form of sexual abuse is touching/arousal. One way of reducing this problem is to equip children and adolescents with the knowledge and skills that they require to protect themselves and others against sexual abuse. To this effect, it is strongly recommended that school and community-based interventions must be established for the prevention of child sexual abuse in Zambia.

**Support for Child Survivors of Sexual Violence in Zambia: A Police Response Model**

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*Original Research*

**Background**

Worldwide a 10th of girls aged under 20 are subjected to forced sexual intercourse. The 2014 ZDHS found 17% of women aged 15 - 49 experienced a form of sexual violence. SV perpetrated against children presents critical public health concerns and is known to have devastating mental, reproductive and physical health sequel. These can be mitigated if survivors receive psychosocial, medical, & legal support within 72 hours. Previous studies in Zambia found survivors of SV often report at police stations first.[1] Previous studies in Zambia found that the survivors of SV often report to police stations first; 85% of those that reported in 2013 were below 16years. However, these studies noted major gaps in police officers providing emergency post-rape care and linkage to healthcare for child survivors. Drawing lessons from previous interventions and the 2011 *GBV Guidelines,* an intervention was designed to strengthen the "police response model" for child survivors. The intervention sought to: eliminate transportation barriers to health facilities for survivors, maintain the police provision of EC and strengthen police and health provider ability to care for child survivors.

**Methods**

The study took place between January 2017 and April 2017 at Chawama and Kanyama police stations and the University Teaching Hospital (UTH) in Lusaka. The intervention was implemented by: i) creating a transportation voucher system which allowed child survivors from both police stations to access care at UTH, ii) establishing sustainable channels for replenishing stocks of EC, and iii) training providers on the National Guidelines and the proper channels for post-rape care, with a specific emphasis on the management of child survivors.

Police and hospital records on child survivors were collected and analyzed using R. Field notes detailing the survivors' experiencing through the process were written and submitted by the escorting police officers. These notes, along with key informant interviews with police and health centre staff, helped to establish the feasibility and desirability of the intervention.

**Results**

Of the 21 cases reported at the police stations, 19 child survivors (90%) were escorted to UTH and 44% of eligible survivors were provided with EC at the police station. Additionally, six health providers and 78 police providers were trained on the management of child survivors. Overall, the intervention proved to be acceptable and desirable to caregivers, police, and health providers. Despite these successes, many areas for improvement emerged, such as, delays at UTH due to an

overburdened health system, under- staffed and resourced police stations and posts, and poor data management.

**Conclusion**

Strengthening post-rape care by focusing on the first point of contact – police stations – had considerable positive impacts for child survivors. However, many areas for improvement remain in providing this vulnerable population with the highest quality of post-rape care.

Sub-theme: Sexual Reproductive Health and Rights

**Menstrual hygiene management practices among rural adolescent Girls in Kabangwe, Chibombo District, Zambia**

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*Original Research*

*Introduction:* Although menstruation is normal physiological process, the phenomenon is often considered unclean. In Zambia, menstruation, and Menstrual Hygiene Management (MHM) and practices are clouded by socio-cultural practices and taboos which often results in gender disparities and adverse health outcomes. In rural areas, girls' access to facilities to better practice MHM is low and in addition, access to menstrual health, sanitation and water within schools and at home is relatively low compared to those in urban areas. Hence, this study explored MHM practices among rural adolescent girls in Kabangwe, Chibombo District of Zambia.

*Methods:* Two full-day Drawing-Out workshops and 20 in-depth interviews (IDIs) were conducted among girls aged 15-19 who had begun menstruating before 2018. Girls were purposively selected to reflect the various dynamic of socio-economic status in the community. Both the drawings (as interpreted by participants) and textual data were analyzed inductively using content analysis.

*Results:* This study found that MHM has been challenging to practice due to the patriarchal nature of society; this puts men at the top to make decisions that affect girls' access to proper MHM facilities. MHM challenges identified by the girls included 1) inadequate hygiene and sanitation facilities in schools 2) lack of water, soap or safe places to dispose of sanitary wear and 3) use of non-absorbent and uncomfortable menstrual materials. Girls' school attendance and participation in any activities at home and at school were compromised when menstruating due to fear of staining their uniform, discomfort from period pain and shame. Girls reported an overload of cultural teachings about marriage and hygiene. To hide their "shame" during menstruation, girls preferred to dispose of used menstrual materials in pit latrines and through burning.

*Conclusion:* The mentioned challenges were found to lead to several gender disparities and how they restrict girls' access to good health, education and income-generating activities making them inferior to males. Adequate MHM materials and an enabling environment to practice MHM, which promotes education, use of absorbent menstrual paraphernalia and adequate WASH facilities, are essential to providing an equal and equitable opportunity for all girls in rural area.

**A future yet unplanned: Utilization of sexual and reproductive health services during COVID-19 among adolescents and young people in Zambia**

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*Original Research*

**Background**: We sought to understand adolescents and young people's (AYP) need and access to sexual and reproductive health (SRH) and HIV services during the COVID-19 pandemic, which began in March 2020 in Zambia.

**Methods**: We conducted in-depth phone interviews on SRH among AYP. AYP received invitations on known adolescent WhatsApp groups and Facebook advertisements targeting 18-24 years old in Zambia. Those interested were re-directed to online screening, consenting, and survey, ending with requests for their preferred phone number, language, and time of interview. Trained age-appropriate interviewers re-consented participants and interviewed them by phone for approximately 45 minutes. Audio-recordings were translated into English and analysed along with analytical memos using inductive reasoning to complete matrix analysis on excel.

**Results**: All 18 participants were single, 21 years on average, with secondary or more education. Half were women, employed, from Lusaka, rated their socio-economic status as 5+ on an 1-10 scale, and were willing to pay 50ZMW (2.50USD) or more for data. More participants chose 10 for the likelihood of using a condom (55%) than other contraception (33%) at next intercourse (1-10 scale). Since COVID-19, 6 had sex protected by condoms (n=5) and other contraceptives (n=3). Though 11 (60%) reported decreased HIV risk, 16 (90%) reported testing for HIV during the epidemic. Interviewees reported easy access to condoms in community pharmacies and less so to clinic-based HIV testing. They expressed considerable anxiety around pregnancy, contraception, and morning after pills due to lack of information on options, risks, and benefits; dissuasion by peers/siblings; and fear of side- and long-term effects. Participants had not planned actions to prevent pregnancy, relying on luck instead. This lack of planning, minimal investment, and unrealistic expectation also marked their approach to long-term ambitions. AYP craved confidence and ability to start discussions on the 'how to' of SRH and contraception with parents/other trusted adults.

**Conclusions**: Condom and HIV testing points provide opportunities for AYP to access dual protection. Training adults to give correct information and motivational guidance may increase AYP's confidence and ability to plan for their future including through delaying pregnancy.

**The effectiveness of economic support, sexual and reproductive health education and community dialogue on early childbearing and grade 9 completion in Zambia**

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*Original Research*

**Background:** Adolescent pregnancies pose a risk to young mothers and their babies. In Zambia, 31% of 18 year old girls have given birth. Poverty, low secondary school enrolment, myths and community norms contribute to early childbearing. We assessed the effectiveness on adolescent childbearing and grade 9 completion of economic support alone and in combination with a community intervention.

**Methods:** This cluster randomized controlled trial (CRT) had two intervention and one control arm. In 2016, 157 rural schools and 4922 grade 7 girls were recruited. In the economic arm, girls and their guardians were offered cash transfers and payment of school fees. In the combined support arm, economic support, comprehensive sexual and reproductive health education (CSRHE) and community dialogues were offered. Interventions were implemented for 2.25 years, and participants were followed for another 2 years. The primary outcomes were "incidence of births within 8 months of end of the intervention period", "incidence of birth before 18th birthday" and "proportion sitting for grade 9 exam". Analysis was by intention-to-treat, adjusted for cluster design, stratified randomization and baseline confounders.

**Results:** The cumulative incidence of births within 8 months of the end of the intervention was 26% in the economic, 25% in the combined arm and 29% in the control (HR 0.87, 95% CI 0.73-1.03 for economic vs control; HR 0.80, 95% CI 0.68-0.95 for combined vs control; and 0.92, 95% CI 0.80-1.07 for combined vs economic). The incidence of births before the 18th birthday also tended to be slightly lower in the economic and combined arms compared to the control (HRs 0.90, 95% CI.74-1.09, and 0.87, 95% CI 0.72-1.05, respectively). The proportions sitting for grade 9 exam were 65% in the control, 76% in the economic and 82% in the combined arm (RRs 1.16, 95% CI 1.07-1.26 for economic vs control; 1.25, 95% CI 1.16-1.35 for combined versus control; and 1.08, 95% CI 1.02-1.14 for combined vs economic).

**Conclusion**: Economic support tended to give a small reduction in childbearing and a moderate increase in the proportion who sat for grade 9 exam. There was a very small added effect of the CSRHE and community dialogue on sitting for grade 9 exam.

## Sexual reproductive health and HIV service knowledge and use among adolescents and young mothers in Western and Central Provinces, Zambia: a qualitative Knowledge, Attitudes and Practices study

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*Original Research*

**Introduction**
This study aimed to gain an in-depth understanding of the knowledge, attitudes and practices around SRH and HIV focusing on prevention of Mother-To-Child Transmission (PMTCT) of HIV among adolescents and young women of reproductive ages (15 to 24 years old) to inform interventions to improve uptake of SRH/PMTCT/HIV/SGBV services.

**Methods**
The study employed a qualitative approach involving key informant interviews (KIIs), focus group discussions (FGDs) and in-depth interviews (IDIs). The participants included provincial, district and facility level officials, HIV support groups, Safe Motherhood Action Groups (SMAGs), HIV free and HIV positive adolescent girls and young mothers aged 15-24. The study covered a total of about 84 participants via 17 KIIs, 10 FGDs and 4 IDIs. The study was conducted in two districts in Western and Central Provinces.

**Results**
The results show that the lack of action or delayed action against perpetrators discourages survivors/victims of SGBV from reporting cases. As such, GBV survivors prefer to use the customary approaches to dealing with GBV rather than the formal legal system. Lack of spousal or partner support discourages the use of SRH services, including ANC and family planning services among adolescent girls and young women (AGYW). The lack of privacy at health facilities, perceived lack of confidentiality and judgmental attitudes among health workers, act as barriers to accessing SRH and HIV services among AGYW. Also, the lack of training among peer educators leads to loss of confidence in the messages they communicate to AGYW.

**Conclusion and Recommendations**
There is need for IEC on SRH, family planning and SGBV, which should be less technical to ensure wider readership among the AGYW. Beyond awareness campaigns, long-term life skill programmes targeted at adolescents in and out of school should also address family planning issues for the younger adolescents. Orientation and training in adolescent health needs to be targeted not only at health workers but the range of other non-clinical workers at the health facility and community workers that interact with AGYW. Improved funding to support community activities aimed at increasing SRH and HIV awareness among adolescents, support for the training of peer educators and the orientation of other community groups on adolescent SRH is necessary.

**Effectiveness of the Join-In Circuit (JIC) on AIDS, Love and Sexuality Methodology in changing behaviour towards and increasing knowledge in SRHR among youth in Zambia**

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*Original Research*

**BACKGROUND:**

An increasing body of evidence suggests that HIV and Sexual Reproductive Health Rights (SRHR) behaviour change interventions can increase knowledge, but are less effective improving behaviour. This study adds to the evidence by evaluating the impact of 'Join-In-Circuit on AIDS, Love and Sexuality' (J-IC) a learner-centered, interactive program for teaching young people about HIV/AIDS, SRHR and healthy relationships while building a foundation for positive changes in attitude and behaviour. The primary aim of the J-IC is to decrease HIV prevalence and teenage pregnancies among young people.

**METHODS**
A mixed-method study including a cluster-randomized controlled trial (CRCT) and qualitative methods was conducted in Livingstone and Choma districts in Zambia in October/November 2017. For the CRCT, 133 schools were randomly assigned to the control arm. Semi-structured interviews and focus group discussions were held with students that participated in the J-IC and key informant interviews were conducted with headteachers and implementing partners.

**RESULTS:**
8,270 learners were sampled of whom 1,949 participated in the J-IC. The mean age was 13.2 years (σ=2.4) and 54% were female learners. Students participating in J-IC were 9 percentage points (pp) more likely to have been tested for HIV, 8 pp more likely to have visited a health facility for family planning services in the past six months and 6 pp more likely to be aware of family planning methods. There was no evidence that J-IC had significant impact on condom use and comprehensive knowledge of HIV. The impact of J-IC was greater among girls than among boys. J-IC had positive spill-over effects: students that never participated in the J-IC but attended schools where the J-IC was implemented had improved knowledge and behaviour with regard to family planning and condoms and they were more likely to visit a health facility for contraceptive services compared to students in schools without the J-IC.
**Conclusion:** The J-IC has positive impact across a range of outcomes including HIV testing, health facility visits and awareness about contraception (including condom use) and HIV. This impact suggests positive steps towards achieving the main goal of J-IC to decrease HIV prevalence and teenage pregnancies. Therefore, expansion of the J-IC to cover other geographic locations and target groups (e.g. out of school youth) is recommended.

**A critical discourse analysis of adolescent fertility in Zambia: a postcolonial perspective**

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*Original Research*

**Background:** Despite global and regional policies that promote the reduction of adolescent fertility through ending early marriages and reducing early child-bearing, adolescent fertility remains high in most sub-Saharan countries. This study aimed to explore the competing discourses that shape adolescent fertility control in Zambia.
**Methods:** A qualitative case study design was adopted, involving 33 individual interviews and 9 focus group discussions with adolescents and other key-informants such as parents, teachers and policymakers. Thematic and critical discourse analysis were used to analyze the data.
**Results:** Adolescents' age significantly reduced their access to Sexual and Reproductive Health, SRH services. Also, adolescent fertility discussions were influenced by marital norms and Christian beliefs, as well as health and rights values. While early marriage or child-bearing was discouraged, married adolescents and adolescents who had given birth before faced fewer challenges when accessing SRH information and services compared to their unmarried or nulliparous counterparts. Besides, the major influencers such as parents, teachers and health workers were also conflicted about how to package SRH information to young people, due to their varying roles in the community.
**Conclusion:** The pluralistic view of adolescent fertility is fuelled by "multiple consciousnesses". This is evidenced by the divergent discourses that shape adolescent fertility control in Zambia, compounded by the disempowered position of adolescents in their communities. We assert that the competing moral worlds, correct in their own right, viewed within the historical and social

context unearth significant barriers to the success of interventions targeted towards adolescents' fertility control in Zambia, thereby propagating the growing problem of high adolescent fertility. This suggests proactive consideration of these discourses when designing and implementing adolescent fertility interventions.

**Health Facility Assessment for service delivery for young people in line with existing international youth-friendly services (YFS) guidelines and standards**

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*Original Research*

**Background**

There is a growing recognition of the need to make Adolescent Youth-Friendly Health Services (AYFS) more available to ensure use of high-quality sexual and reproductive health (SRH) services that meet the distinctive and specific health needs for adolescents and young people (AYP). This study was aimed at assessing health service delivery for young people in line with existing international youth-friendly services (YFS) guidelines and standards and make recommendations for investment required for the health facilities to be fully functional and deliver services effectively.

**Methods:** Triangulation of different approaches was used based on a desk review, observations, and qualitative case study techniques between April and June 2021. Observations and qualitative case studies were done across 12 HTEIs in Zambia, using In-depth Interviews (IDIs) and Focus Group Discussions (FGDs) with health care providers and AYP, while Key-informant Interviews (KIIs) were conducted with various stakeholders. A total of 102 interviews were conducted. Content analysis was done for qualitative data.

**Findings:** Desk review findings revealed that although standards and guidelines for providing AYFHS do exist in Zambia, they are not comprehensive and not well aligned to the international standards for quality health care services for adolescents and young people. The guidelines for providing AYFHS were not available in most health facilities. A number of barriers which include lack of adequate spaces, inadequately trained and poor attitude of health care providers, stock outs of medical supplies, inadequate equipment and operating hours hindered access to the services, lack of awareness about the services. Discussions with health care providers in all the facilities revealed that AYFS were generally available but most of the services referred to were curative services and less preventive and health promotion services for young people. All the facilities did not have specific services for the LGBTIQ community.

**Conclusion:** Based on the identified opportunities for policy development and implementation to improve programming for AYP accessing the HTEIs, we recommend need for the review and updating of the guidelines to align with international standards, need for sustainable funds for the implementation of AYFHS, need to train and assign more younger health care providers in AYFHS to the youth-friendly corners, provision/creation of designated youth-friendly spaces in all the HTEIs, need for consistent and efficient supply of commodities and need for inclusion key populations in service provision.

**'Sex before marriage is a sin'…. addressing community norms regarding access to sexual and reproductive health services for adolescents and young people in the Yathu Yathu Trial in Zambia.**

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*Best Practice*

**Background**

Adolescents and young people (AYP) aged 15 to 24 wishing to access sexual and reproductive health services (SRHS) face numerous barriers. Community norms can impede access to SRHS especially for unmarried AYP and may be a barrier to HIV prevention efforts particularly if AYP are unable to access condoms. We share our experiences of conducting community dialogue to address community norms that constrain AYP's access to SRHS offered by the Yathu Yathu ("For us by us") study in 2 communities in Lusaka, Zambia. The Yathu Yathu (For us by us) Study is a cluster-randomised trial of community-based sexual and reproductive health services for AYP aged 15 to 24 in two Zambian urban communities.

**Description of intervention**

The study team collaborated with the Community Advisory Boards and the Neighbourhood Health Commitees to invite participants. Age, gender, and religious beliefs were all represented in the community dialogue meetings. Meetings with a mix of age and gender, mixed gender over 25 years, 18 years, and 18 years to 25 years were among the options. Other gatherings were limited to adult males, adolescent males, and adult females. During meetings, participants were divided into groups based on their personality types and invited to discuss and achieve an agreement, which they then shared with the rest of the group in a plenary session. After that, there was a round of debate. Different points of view were settled and a common ground was found. Meetings were also open to participants in the study. They expressed their own unique viewpoints on the subject at hand. Participants in the study discussed sensitive issues that they would not have discussed otherwise.

Objections to condom provision and contraceptive services are driven by community norms around AYP not engaging in sex outside marriage, religion and misinformation about these services.

Parents and guardians fear that giving contraception to AYPs in care will encourage them to participate in sex. Contraception should only be administered to persons over the age of 18, say older participants. Others stated that AYP should simply be taught personal hygiene and not be offered contraception. All ages and gender felt if a person begins taking contraception early in life, it will be difficult for them to conceive when the time comes to have a child. Contraception is best for those who are married or have already had a child. An older female participant indicated that "*condoms if not used well would be 'swallowed' by a female and block her organs*".

The parents/guardians and younger men expressed reluctance to accept that adolescents should have access to condoms and contraceptive services outside marriage. On the other hand, they accepted that HIV, teenage pregnancy rates, and child marriages were problems. They cited

technology as the main contributor to lack of adherence to traditional norms by AYP. It was particularly difficult to change the perceptions of representatives of religious organizations. This included AYP from religious organizations. Parents/guardians were sometimes overbearing during discussions with AYPs.

**Conclusion/Recommendations**

Community dialogue meetings with parents/guardians and AYP, coordinated by study staff, may be crucial in gaining parental/guardian support for AYP access to SRHS. Shifting community perceptions is not a one off activity and requires constant follow-ups. While community perceptions about SRHS should be part of the planning process to achieve SRHS acceptance and uptake by AYP, ongoing dialogue will be needed throughout the intervention to address already held, and emerging perceptions.

*Poster Presentation*

Sub-theme: Approaches to/for engaging adolescents in programming and research

**Using implementation science research to inform HIV prevention and care programming among adolescents in Zambia in the wake of the Covid-19 Pandemic.**

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*Original Research*

**Background:** The escalating cases of Covid-19 during 2020 and 2021, have generally affected the delivery of and access to essential health services in Zambia and other countries. Health systems have been overwhelmed, leading to low and reduced access to sexual and reproductive health (SRH) services, including services for HIV prevention, treatment and care among adolescents. Essentially, such services entail having information on one's HIV status and subsequent prevention of HIV or its complications through testing and early treatment services (HTS), as well as access and utilization of services for prevention of unintended pregnancies.

**Methods:** The Council undertook a situation analysis to ascertain trends in service utilization and access within health facilities, in the wake of Covid-19 in Lusaka. Workshops with adolescent opinion leaders as key informants were held to identify preferences for accessing information and services on HTS, antiretroviral treatment (ART) and SRH in the context of Covid-19 pandemic restrictions.

**Results:** The workshops generated critical information that informed the need to; have self-testing kits made more readily available, separate but discrete HIV services centers, train providers to be more receptive to adolescents seeking HTS and HIV services, HIV positive AYP to receive their medications for longer periods of time to avoid disruptions in their ART treatment; ensure all types of family planning (FP) methods readily available to avoid AYP having to keep changing their preferred method to suit what is available as well as strengthen menstrual health management awareness, among others.

C**onclusion:** Innumerable health and social challenges face AYP; hence the need to improve our understanding of this age group and to focus energies on alleviating these problems. Political efforts need to be directed towards providing youth-appropriate services, infrastructure and commodities. The health establishment must follow a comprehensive, evidence-based approach that raises the capacity of health workers and implements bold initiatives for, and with, AYP. Importantly, health care providers have an important role to play in the advancement of ASRH services so that healthcare workers move from being part of the problem to part of the solution.

Sub-theme: Adolescent health service delivery approaches

**Experiences of Yathu Yathu hub services providers in delivering comprehensive sexual and reproductive health services to adolescents and young people aged 15 - 24 in Lusaka, Zambia.**

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*Original Research*

**Background:** Adolescents and young people aged 15-24 (AYP) are poorly served by available facility-based HIV and sexual reproductive healthcare (SRH) services. Youth-led and youth-focused delivery of HIV/SRH services in community-based and adolescent-friendly spaces may improve AYP's access to SRH services. The Yathu Yathu intervention is being evaluated in a cluster-randomized trial and offers comprehensive HIV/SRH services to AYP through ten community-based spaces (hubs), in two urban communities in Lusaka. Services are managed by trained peer support workers (PSWs) supported by hub supervisors and a rotating nurse, collectively known as hub service providers (HSPs). Here we report HSPs' experiences of delivering the services, which are central to the overall success of the intervention.

**Methods:** Four focus groups discussions were conducted with HSPs in December 2019 (n=2) and December 2020 (n=2). In total, 31 HSPs (19 PSWs, 10 supervisors and 2 nurses; 20 women and 11 men) participated in the discussions. Informal discussions with HSPs during hub observations (n=30) provided further information on HSPs' experiences with providing services. Additionally, HSPs completed diaries recording events and experiences of delivering services. Data were analysed thematically.

**Results:** Delivery of services to AYP was described as rewarding yet challenging. AYP's self-reported positive behavioral change stories, increased HIV testing at hubs and accessibility of HIV/SRH services reaffirmed the importance of HSPs' roles_ *"Just adolescents testing for HIV is a success because they eagerly wait for three months to elapse; 'Test us, test us', they say"*. HSPs interpersonal skills and confidence improved with practice and they had to overcome some of their own beliefs and prejudices about the appropriateness of some AYP using contraception and condoms_ *"I have learnt tolerance…I can proudly say, my girl child when she reaches 15 years I will take her personally to access family planning".* In addition to service provision, HSPs promoted services and addressed community concerns and misconceptions.

**Conclusions:** PSWs' experiences of delivering HIV/SRH services to AYP were positive overall and showed that young people can deliver youth-focused and youth-targeted comprehensive HIV/SRH services. While challenges remained, most could be mitigated by applying the skills PSWs gain from training and practice.

**Adolescent health in Zambia: a scoping review of evidence informing the six priority areas of the Adolescent Health Strategy 2017-2021.**

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*Original Research*

**Background:** Zambia's Adolescent Health Strategy 2017-2021 seeks to strengthen the capacity of the health sector to deliver adolescent responsive health services, facilitate the prioritization of health promotion and demand creation for services and create an enabling environment by strengthening leadership and governance. We conducted a scoping review to map and analyse existing evidence and gaps relating to the health and well-being of adolescents and young people (AYP) in Zambia along the six priority areas of the Strategy; Sexual and Reproductive Health,

HIV and AIDS/STIs, Gender-based violence, Non-Communicable Diseases, Substance abuse and adolescents with special needs.

**Methods:** Evidence was gathered through searches of electronic databases (PubMed, Embase and Web of Science), reference lists of included articles and grey literature conducted in February 2021. Studies that described the epidemiological profiles, risk factors and interventions related to the six priority areas of the strategy were included. A total of 4984 titles were identified of which 95 met the eligibility criteria.

**Results:** Adolescent friendly health corners though appropriate for addressing the needs of AYP have limited reach in the country. Delivery of HIV interventions through community based structures resulted in better patient and service outcomes including greater acceptability and coverage of services and health literacy. Despite high levels of teenage pregnancies and early marriage, access to age appropriate Comprehensive Sexuality Education and contraceptives remains very low. The absence of standardized reporting approaches for sexual and gender-based violence was found to inhibit reporting by AYP. Poor nutrition outcomes are influenced by low economic status, low education attainment, marital status and having begun childbearing. There was a paucity of studies estimating the burden of Mental health conditions among adolescents in Zambia. Further, there were no studies that look at adolescents with special needs as defined in the Adolescent Health Strategy as those with disabilities. Health programmes have not been inclusive of adolescents especially those with special needs in planning, implementation and evaluation of health services to address their needs.

**Conclusions:** Research is needed on areas such as Non Communicable diseases, Adolescents with special needs and tailoring implementation strategies to ensure that they are adolescent responsive.

**Positive Linkage Initiative (PLI) for young Populations in Zambia to help with the HIV Response**

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[1] National HIV/AIDS/STI/TB Council (NAC), Zambia: [2] Positive Linkages Initiative

*Best Practice*

**Background:** Adolescents aged 10-19 comprise 23 percent of the total Zambian population. There are approximately 1.7 million adolescents aged 15 to 19 years in Zambia. In 2014, there were around 856,000 adolescent girls aged between15-19 according to the 2010 National Census 2014 estimatesYoung people as a whole along with other sub groups defined as key populations in the 2017-2021 National

HIV and AIDS Strategic Framework, will continue being a primary concern of the Government of Zambia. This is because they are more adversely affected by the HIV pandemic than the general population. This is even more pronounced among young women. For example, the 2016 Zambia Population Based HIV Impact Assessment showed that while the HIV incidence in the adult age group 15-49 years was 3.6 times higher in women than men, in the same age bracket, the incidence among young women, aged 15-24 years, was 11.8 times higher than among young men of the same age group. It is in view of this that the National HIV/AIDS/STI/TB Council introduced an initiative known as the Positive Linkage in order to improve the uptake of HIV services among young people both negative and positive.

**Description:** The National HIV/AIDS/STI/TB Council with support from UNICEF trained young people in Peer Education and theatre for development as a way of imparting skills which they would be using in their day to day activities with the adolescents and young people. The focus of the initiative is on linking HIV Positive trained peer supporters who are experienced with supporting adolescents living with HIV to peer educators in health centres to help mentor and develop their capacity to support adolescents living with HIV.

**Lessons learned:** Since its inception, the PLI has increased adolescent and youth awareness on HIV and AIDS, SRHR, Positive Living, Ending Child and Early Marriages and other youth related issues. This has given adolescents an understanding and motivation to form possible solutions to solve these issues and provides an atmosphere where adolescents can voice out, defend themselves and encourage their families to accept who they are. It has enhanced their leadership and speaking skills as well as participation in advocacy campaigns around HIV and SRHR. The PLI has also helped to reduce stigma among young between those who are negative and positive. In the recent past it was observed that young people who will positive could not meet in the same safe space with those who are negative thus exacerbating stigma.

**Conclusions/Next steps:** The PLI envisions itself contributing significantly to the transformation of adolescents especially adolescent girls and young women to become more assertive and take charge of their health thereby reducing HIV infections. This will be achieved through promotion of healthy behaviours which will translate into an increase in the uptake of access to HIV and SRH services.

**REVERSE INDEXING: An integrated strategy to increase HIV Knowledge and reduce HIV Contraction Risk among Zambian Adolescent Girls and Younger Women in Safe Spaces.**

Chishala, F[1] and Mwanza, J[2];

[1]USAID DISCOVER-Health Project.

*Best Practice*

**Background.**

Adolescent girls and young women continue to be at a high risk of contracting HIV due to vulnerability emanating from socio-cultural, economic factors, including gender based violence (GBV) and early marriages. According to ZDHS 2019, AGYWs are 4 times more likely to contract HIV compared to a fellow male counterparts aged between 20 to 24 years.

The Ministry of Health (MoH) working in collaboration of Partners for Health have implemented combination HIV prevention initiatives tailored to reduce HIV prevalence among AGYWs. Among the initiatives is Pre Exposure Prophylaxis (PrEP), which was rolled out in DREAMS Safe spaces, of which since its introduction in 2017 has resulted into 2382 (63%) AGYWs access PrEP, among other HIV prevention and risk reduction services including GBV screening.

Despite continued risk reduction communication and economic support offered, there still continues to be high demand for PrEP among AGYWs. As a result, reverse indexing was introduced aimed at obtaining list of sexual partners for follow up counselling and testing, as a way of understanding impact of risk communication on reducing multiple sexual concurrent partners among AGYWs, and also as a way of increasing awareness on HIV acquisition risk levels and promote informed decision making among AGYWs.

**Description of the Intervention**

Reverse Indexing involves obtaining a list of partners from a PrEP client during initiation process and also during pharmacy appointments, for the purpose of testing partners and help AGYWs make informed decision on the level of HIV acquisition risk. When male partners are tested positive, AGYWs concerned are informed to ensure sexual network is cut or where possible enhance HIV prevention mechanisms. This initiative was started in DREAMS safe spaces in 2021 August, and has since been replicated to other conventional sites. Documentation takes a similar approach to that of indexing in general Ante Retroviral Treatment (ART) services. Since the introduction of Indexing for Prevention, a total of 371 AGWYs were offered, a total of 501 partners were elicited indicating AGYWs still in multiple sexual concurrent relationships. A total of 100 Men were tested with 5 testing positive (5% yield) and Linked to ART. All AGYWs who were partners to positive clients decided to quit sexual relations as a way of reducing the risk of contracting HIV and subsequent seroconverting while on PrEP.

**Recommendations**

Reverse indexing being an initiative aimed at helping HIV negative individual understand the level of HIV acquisition risk from sexual partners, there is need to adopt and scale up as a key initiative to fast track HIV epidemic control by MoH and other implementing partners operating in safe spaces and conventional sites, train all providers formally to provide integrated approach in all entry points, ensure availability of records at site level and incorporate achievements in formal reporting tools, as a way of tracking its impact.

**When Monitoring Isn't Enough (and Evaluation is Too Expensive): Using existing programmatic touch points to assess outcomes of HIV prevention interventions among adolescent girls and young women (AGYW)**

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[1]PACT Zambia, [2]USAID,
*Best Practices*

**Background:** In a time of increasing funding scarcity for evaluation, it is important to build larger research questions into monitoring systems to ensure that projects contribute to the larger evidence

base. Pact's Z-CHPP, a five-year USAID funded project aimed to reduce new HIV infections in Zambia, systematized a process for utilizing existing programmatic interactions to collect outcome data among AGYW enrolled in the flagship DREAMS program. The DREAMS Program is aimed at reducing new HIV infections among priority populations including AGYW between the ages of 10 and 24 years. It uses an integrated 'Safe Space' model as the primary platform for reaching AGYW with a package of high impact HIV prevention services. The AGYW participate in a 13-week evidence-based HIV-prevention curriculum developed to disseminate information and create demand for HIV-prevention services. In addition to the safe space, AGYW can utilize DREAMS Centers to access high impact services such as HIV testing, family planning, PrEP, and condoms in a safe and confidential environment.

An outcomes assessment tool was administered to a sample of AGYW at enrollment into the 13-week DREAMS curriculum, then again at graduation and, finally at three months post-graduation to capture changes post-intervention.

**Description of intervention:** Though routine monitoring provides valuable project performance data, it often does little to shed light on changes in the lives of project participants compared to research and evaluation. Unfortunately, research and evaluation are costly, and donors are becoming less inclined to fund the evaluation of interventions.

Pact Zambia has addressed this critical gap in its DREAMS intervention by utilizing an outcomes assessment tool to collect outcome data with minimal added cost. The tool was designed to capture changes in key outcomes expected from participation in DREAMS; namely: resilience, empowerment, self-agency, self-esteem, mental health, educational outcomes, HIV knowledge, risk perception and stigma.

**Lessons learned:** During the first cohort, the tool was administered to a random sample of 2, 915 AGYW at enrollment into the DREAMS program and then again 13 weeks later at graduation. Preliminary results show increase in HIV/AIDS composite knowledge among the AGYW from 59% at enrollment to 91% at graduation. The results also showed that through the DREAMS program, AGYW were more empowered(43% at enrollment and 76% at graduation) and Resilient( 50% at enrollment and 87% at graduation) Results also showed improvement in mental well-being of the AGYW from 32% at enrollment and 49% at graduation.

To assess longer term change, the same sample of girls will also be administered the tool at 3-4 months post- graduation. The tool will also allow for deeper analysis on services provided through DREAMS; shedding light on how layering of different services links to outcomes among the AGYW; and providing crucial evidence for scaling of the intervention.

**Conclusions:** Through its outcomes assessment, Pact Zambia has been able show that with appropriate utilization of data, it is possible to measure short term outcomes of project implementation with limited resources.

Sub-theme: HIV/AIDS and other STIs (Including PMTCT targeting AYP)

**Health worker perspectives of HIV stigma towards Zambian adolescent girls and young women (AGYW): examining community and clinic roles**

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[1]RTI; [2]Population Council

*Original Research*

**Background**: This article explores health workers' perceptions of clinic- and community-level HIV stigma against adolescent girls and young women in Lusaka, Zambia.

**Methods:** We conducted 18 in-depth interviews with health workers across six public health facilities in urban and peri-urban Lusaka. Data were analyzed using an iteratively developed qualitative codebook in Dedoose (2019).

**Results:** The manifestations of stigma that health workers described observing in the clinic setting often reflected manifestations of stigma that they described observing in the larger community. In addition, despite reporting observed manifestations and acknowledging negative impacts of stigma, as well as expressing general comfort with providing AGYW services, several contradictions emerged in the health workers' responses that indicate the lingering presence of implicit stigma.

**Conclusion:** These findings demonstrate the overlap in health workers' clinic and community roles and suggest the need for stigma reduction interventions with multi-level approaches that address the drivers of stigma in health facilities.

Sub-theme: Non-Communicable Diseases (including nutrition and mental health_

**Risk factors for acute kidney injury (AKI) at presentation among children with CNS malaria: A case control study.**

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*Original Research*

**Background:** Acute kidney injury (AKI) due to severe malaria and recent research in Uganda has shown that 7.6% of children with severe malaria develop chronic kidney disease (CKD) with AKI during the acute infection being a major risk factor for CKD. Most malaria endemic regions do not have ready access to renal function tests so there is limited information on risk factors for AKI in pediatric malaria. We used enrolment data from an ongoing clinical trial of antipyretics in malaria involving the central nervous system (CNS malaria being malaria with seizures or coma) being conducted in Zambia and Malawi (https://clinicaltrials.gov/ct2/show/NCT03399318) to identify risk factors for AKI at presentation.

**Methods:** Children 2-11 years old with CNS malaria underwent screening including creatinine (Cr) to determine eligibility for the clinical trial. Exclusion criteria included vomiting, circulatory collapse, or a serum Cr>106 µmol/l. Among eligible children, written informed consent from the parent/guardian was required. Enrolled children were categorized as having AKI using the Pottel age-based estimate of baseline renal function, the admission Cr, and the KDIGO 2012 criteria for AKI. Ordinal logistic regressions were used to identify clinical and demographic risk factors for AKI.

**Results:** 465 children including 21 with Cr>106µmol/l were screened to enroll 209. In these 209,

AKI was observed in 134 (64.1%). Risk factors for AKI included: higher admission temperature (<37<38.5°C OR 6.31;95%CI 1.26-31.66 and >38.5°C OR 10.35;95%CI 2.10-51.04), cerebral malaria (OR 1.77;95%CI 1.07-2.93), and wasting based upon weight/length (OR 3.98;95%CI 1.26-12.50). Protective factors included being older (OR 0.73;95%CI 0.64-0.83) and having seizures prior to admission (multiple/prolonged seizures OR 0.48;95%CI 0.25-0.94). A post hoc analysis showed a non-significant trend for children with seizures presented more quickly for care than those who do not (20.8 vs 25.0 hours).

**Conclusion:** AKI at presentation is evident in more than half of children with CNS malaria with younger and wasted children at highest risk. More severe malaria disease and higher fevers contribute to renal injury. Delays in care seeking may also place children at risk of AKI. These data suggest that malaria may be a contributor to CKD in malaria endemic regions.

**Analysis of policy Response to Address common Risk Factors Across All NCD's Including Nutrition and Mental Health**

Kapole, T[1]

[1]Kasama Christian Community Care

*Best Practice*

**Background:** Non-communicable diseases are a rapidly growing health concern globally. Non-communicable diseases are non infectious and they are chronic diseases. These diseases were more common in countries that are developed, and not so much in developing countries (which are low or medium earned incomes). The most prevailing issue in developing countries were communicable diseases, but now non-communicable diseases are rapidly increasing in developing countries which includes Zambia. The Question at hand is, are matters in regards to NCD's being given enough attention as needed (Zambia, 2016).

Hypertension, diabetes mellitus (Type II), respiratory diseases, mental illnesses and sickle cell anaemia are most common in Zambia. These diseases cause a reduction in the productivity of an individual, and also causes a strain on their resources. This in turn increases poverty in households and bears a negative impact on the general economic well-being of the nation.

Premature death is one of the results to individuals whose diets are unhealthy and lack of physical activity. These may be reflected in people as obesity, increased blood sugar and high blood pressure. All these are categorically known as metabolic risk factors that lead to cardiovascular diseases. NCD's are often a result of behavioural, genetic, physiological and environmental factors (MOH, 2009). Mental health also has some links to respiratory diseases, cancer and diabetes. Mental conditions and disorders that are most prevailing are depression and anxiety.

**Description of intervention:** With all the global issues that keep arising it is imperative that solutions to these issues are found. That is why this paper is aimed at giving an analysis in regard to the policies that the government is implementing to address NCD's. The more awareness and knowledge that can be contributed to breach the gap between understanding what is being done to address NCD's the better the understanding of what needs more attention. Risk factors are an important aspect in this because if properly understood and considered to be handled in

communities, the more it will prevent NCD'S, through the policies made by government being implemented by the ministry of Health (WHO, 2013).

**Conclusion:** Non-communicable diseases are an issue that needs more attention and so having an understanding on how the government is addressing this matter will give more awareness on what needs more work. In past years Zambia has mainly focused on the communicable diseases and non-communicable diseases were not prioritized. It is for this cause, that more insight and knowledge should added for better understanding which in turn will increase health promotion on the matter. A recommendation that can be given is that, there must be a formulation of adequate policies and legislation on control of the key risk factors of NCD's.

Sub-theme: Sexual Reproductive Health and Rights

**An Investigation in the life Histories of Adolescent girls with early pregnancies.**

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[1]Chilanga District Health Office; [2]The University of Zambia, School of Public Health

*Original Research*

**Introduction:** Adolescent pregnancy does not only come with obstetric complications but is also associated with several social issues: poverty, low education levels, and the lack of awareness about sex and pregnancy prevention. This study on the 'life histories of adolescent girls with early pregnancies' considered examining the characteristic of these girls through the narrations of their life histories to try and answer questions like 'who are these girls?'

**Method:** A qualitative study with a narrative approach was used. Data was collected using time line interviews for adolescents and questionnaire guides for the key informants. The study had 21 adolescents and 7 key informants. The study was conducted in the rural setup of Zambia. The age range for the girls was 13 to 19 years old. Thematic analysis was used to analyze the data. Sub themes and Major themes emerged from the analysis.

**Results:** The study revealed that these girls mainly came from social-economic disadvantaged backgrounds, single parenting households or kept by guardians as they were either half or full orphans. Elements of poor parenting was quite prominent in those coming from single parenting households. Compromised family financial positions exposed them to child labor and school drop outs. Cultural norms and beliefs disadvantaged the girls from sex education therefore had no to poor knowledge on contraceptives. Peer influence was quite pronounced in the lives of these young people.

**Conclusion:** Addressing the pregnancy related complications may require promoting health family relationships through providing education on parenting. In addition, it is important to address the characteristics at individual level that promote early pregnancy and advocate for health peer relationships. Cultural norms, values and beliefs are other elements that may need streamlining.

**Sexual and reproductive health services during epidemics in sub-Saharan Africa: A literature scoping review**

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*Original Research*

**Background:** The COVID-19 pandemic could worsen adolescent sexual and reproductive health (ASRH). We sought evidence on the indirect impacts of previous infectious disease epidemics and the current pandemic on the uptake of ASRH in sub-Saharan Africa (SSA) in order to design relevant digital solutions.

**Methods:** We undertook a literature scoping review per the Arksey and O'Malley framework and PRISMA reporting guidelines to synthesize evidence on the indirect impacts of COVID-19 on ASRH in SSA. We conducted the search on PubMed, Embase, Google Scholar, and ResearchGate in June and November 2020. All peer-reviewed, English-language primary studies on the indirect impacts of infectious disease epidemics on uptake of sexual and reproductive health (SRH) in SSA were included. We tabulated and synthesized the evidence.

**Results:** We included 21 of 42 identified studies. Sixteen (76.2%) quantitatively assessed utilization and access to SRH during epidemics. Five studies (2 [9.6%] qualitative and 3 [14.3%] mixed methods) explored factors affecting SRH services. All studies focused on adult populations, most often on labor and delivery (n=13 [61.9%]) and family planning (n=8 [38.1%]) during Ebola (n=17 [80.9%]) and COVID-19 (n=4 [19.0%]) epidemics. One study (4.8%) highlighted adolescent-specific outcomes and condom use. Utilization and access to antenatal services and delivery decreased dramatically during Ebola, while family planning, HIV care, and maternal mortality decreased before and after Ebola. Barriers to SRH uptake included reduced ability to pay due to lost income, travel restrictions, and fear of infection. Supply-side issues included lack of open facilities, workers, commodities, and services. Community-based peer delivery systems, telemedicine and transport services improved SRH uptake.

**Conclusion:** Access to SRH services during epidemics among adolescents and young people in SSA is understudied. No study addressed abortion, emergency contraception, sexually transmitted infections, or cervical cancer. Key and standardized SRH data elements should be included in routine data collection and analyzed disaggregated by age, gender, and geography to understand gaps in ASRH service delivery and uptake during pandemics. Additional rigorous epidemiological and social-behavioral studies should be rapidly implemented. Community-based peer delivery systems, telemedicine, internet-based and other technological solutions may better reach adolescent and young people in SSA.

**Effective Engagement of Traditional Leaders Key to curbing Teenage Pregnancies A case of Northern Province, Zambia**

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[1]*Clinton Health Access Initiative* [2]*Zambia Ministry of Health Word Limit: 500 Words*

*Best Practice*

**Background:** The United Nations Population Fund (UNFPA) states that pregnancies among adolescent girls aged below 18 years have life-threatening consequences in terms of sexual and reproductive health. In Zambia, 29% of adolescents aged 15-19 are already mothers or pregnant with their first child. Research studies conducted in Zambia reveal that adolescent pregnancies are high due to social economic factors, insufficient knowledge about sexuality, reproduction and low contraceptive use. According to the ZDHS report of 2018, teenage pregnancy is high in rural areas at 36% than 20% in urban. In Northern Province, childbearing starts as early as 19 years. Traditional Leaders are key in addressing early child marriage at community level. There is, however, inadequate information on effective involvement of Traditional Leaders in Adolescent Sexual and Reproductive Health.
Based on these concerns, CHAI in collaboration with the Ministry of Health through the Northern Provincial Health Office implemented an integrated Sexual Reproductive Maternal and Newborn Health (SRMNH) program that engaged traditional leaders in 143 health facilities in the 12 districts of Northern Province to strengthen collaboration at community level.

**Method:** CHAI collaborated with Ministry of Health (MOH) through the SRMNH program to address Adolescent Sexual Reproductive Health barriers in Northern Province. The project team held introductory meetings with Chiefs followed by meetings with village head persons to explain the program activities. Village Heads supported selection of Community Based Volunteers (CBVs) to train as Safe Motherhood Action Groups (SMAGs), Community Based Distributors (CBDs) and Peer Educators. Facility assessments were conducted at program baseline which revealed that only 28% of the eligible facilities had spaces for adolescents and weak traditional leadership engagement. After assessments, trainings were conducted to 84 Health Care Workers (HCWs), 360 Peer Educators, 1,450 SMAGs and 756 (CBDs) using the existing MOH SRH training packages to raise awareness, service provision and demand generation. Trained CBVs held several community meetings supported by traditional leaders where SMAGs shared the number of teen pregnancies recorded in their registers, root cause analysis and developed action plans to mitigate the problem. Trained HCWs created adolescent friendly spaces in their facilities. These spaces allow peer-to-peer counselling as well as provision of adolescent focused services.

**Results:** Results from baseline in 2018 to quarter three 2021 show a reduction in teen pregnancies from 29% to 18%. There was also an increase in the percentage of adolescent access points from 28% in quarter three 2018 to 94% in quarter three of 2020.

**Conclusion:** A comprehensive approach to increasing access to SRMNH services through engagement of traditional leaders in adolescent issues as well as working with various cadres in the health and education systems can help reduce teenage pregnancy, increase family planning acceptance, and consequently reduce maternal mortality.

**Enhancing Adolescent Sexual and Reproductive Health and Rights Services in Zambia**

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**Background/introduction:** The project is set out to simplify key policy documents such as the National Health Budgets, the Adolescent Health Strategy (ADH 2017-2021) and to build the capacity of Adolescents and Youth in Budget Tracking and Social Accountability in Zambia. The simplification was done in order to increase accessibility and availability of pertinent information to adolescents and youth in Zambia using user-friendly brochures. The project also set out to build the capacity of 80 adolescents and youth from Lusaka, Muchinga, Eastern and Copperbelt Provinces. The target groups were trained in social accountability and audits, human rights and budget and expenditure tracking of ADH resources at the community.

**Description of intervention:** Adolescents and youth from the 4 provinces were identified using affiliates and members in the catchment areas. Those identified exhibited interest in ADH services provision in their respective communities and work or/and are affiliated to ADH friendly corners in their communities. The project trained the identified target groups to act as social change agents at community level who conduct social audits of the ADH spaces in their respective communities using a developed scorecard that seeks to assess the ADH spaces in order to evaluate if the spaces meet the standards set out in the National guidelines. This is in order to strengthen governance and leadership in the ADH spaces in accordance with the 4th strategic objective of the ADH Strategy for 2017-2021. The trained cohorts report their findings to the Ministry of Health, Adolescent Department at MoH HQ. AAAZ is the co-chair for the Governance and Leadership technical working group and the information provided by the trained cohorts aids the ADH department to understand the situation on the ground in the health facilities and therefore, inform their future programming.

**Recommendations**:

- There is need to engage traditional and religious leaders in the capacity building activities as stakeholders because their influence will contribute towards improving access and better conditions to ASRHR and services in rural settings.

- There is need to engage parents/guardians and siblings in the capacity building activities as the support framework because their support will contribute towards adolescents and youth freely accessing ASRHR information and services without any social norm barriers in home settings.
- There is need to scale the training beyond the 4 provinces so that there is a better understanding of ASRHR and services in all provinces.
- Development of a ASRHR training manual for facilitators to increase the number of target groups capable of monitoring and evaluating ASRHR provisions.

**Conclusions:** Young people need to be engaged more with interventions that expose them to information that leads to a greater demand for social accountability in the health facilities. This begins by young people having access to the information such as the Adolescent Health Strategy, ESA Commitment and the National Budget so that they are well informed of the Adolescent Health guidelines. With this information well understood by adolescents and youths as active agents of social accountability in all communities, governance and leadership will be improved in ADH spaces.


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