UNICEF catalyzes HIV results with and for adolescents using dedicated 7 percent set-aside funding in eastern and southern Africa
Acknowledgments:

We would like to express deep gratitude to the UNICEF Executive Director for dedicating resources to the important work being undertaken by national and local governments, UNICEF Country Offices, and their implementing partners in Botswana, Eswatini, Rwanda, Zambia and Zimbabwe. These combined efforts have contributed to improving the health and wellbeing of adolescents.

This report was written by Judith Sherman, Independent Consultant

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Each year the UNICEF Executive Director allocates 7 per cent of UNICEF’s regular resources to a range of innovative programmes for children and adolescents with the greatest need. Recognizing the urgency to curb new HIV infections and reduce AIDS-related deaths among adolescents, the Executive Director prioritized set-aside funds for adolescent HIV programming in five countries in Eastern and Southern Africa (ESA) - Botswana, Eswatini, Rwanda, Zambia and Zimbabwe - during 2019-2021.

The urgency to accelerate HIV prevention, care and treatment for adolescents is undeniable. Over 1.1 million adolescents with HIV live in the ESA region. Although adolescent girls and young women (15-24 years) account for approximately 10 per cent of the population, they represent 25 per cent of all new HIV infections in the region. AIDS remains the main cause of adolescent death in 12 countries in ESA.

The five UNICEF Country Offices invested strategically and deepened partnerships to leverage greater impact and scale. The flexibility of set-aside funds was particularly important at the onset of the COVID-19 pandemic, allowing for innovation and acceleration amidst challenges to service continuity and emerging threats to HIV, adolescent sexual and reproductive health, and mental health.

Shaping policy and programmes with improved evidence was a cornerstone of UNICEF’s work. Synthesizing existing evidence and advocacy for data disaggregation and use contributed to inclusive, data-driven policies and services. Rapid assessments helped governments respond to disruptions in HIV service provision and led to better informed HIV and COVID-19 responses.

Adolescent participation throughout these processes assured the relevance of national policies and programmes.

Reaching more adolescents and young people with quality HIV services was achieved in all five countries, including with expanded community-based services, such as HIV self-testing and mobile HIV testing caravans. Following training, health workers delivered more responsive client-centred HIV services, especially when caring for adolescents with HIV and disabilities.

The use of multimedia platforms, combined with innovative outreach and engagement of adolescents, resulted in adolescents receiving critical information and linkages to services, including HIV, sexual and reproductive health, gender-based violence, mental health, and COVID-19. Adolescents appreciated support from their peers, while in-person interactions were enhanced by adolescent-friendly radio shows, videos, social media, comic books, and educational materials.

Adolescents took action as leaders, change-makers, and valued community members, using their enthusiasm and skills to create public works of art, facilitate Teen Clubs, and support one another to access HIV and other services.

Energized by these results, UNICEF is working with governments and partners to build upon these efforts to achieve scale and sustainability, demonstrating that targeted funding and tailored programming combined can reach, engage and support the most vulnerable adolescents and young people with the highest needs.
The need to accelerate high-impact interventions for HIV prevention, care and treatment for adolescents in Eastern and Southern Africa (ESA) remains urgent. More than 1.1 million adolescents (10-19 years) are living with HIV in the ESA region.¹ Although new HIV infections among adolescents have declined over the last decade, the slow rate of decline, combined with the rapidly increasing adolescent population, means the HIV epidemic continues to grow.

Despite accounting for approximately 10 per cent of the population, adolescent girls and young women represent 27 per cent of all new HIV infections in the region.² New infections among adolescent girls and young women occur at a rate more than three times higher than among adolescent boys and young men. Adolescent girls and young women experience converging behavioural, social, cultural, gender-related, and economic challenges that undermine their sexual and reproductive health (SRH) and rights, putting them at a greater risk of HIV and poorer health outcomes.

Each week 3,300 new HIV infections occurred in 2021 among adolescent girls and young women in ESA.³

Adolescents living with HIV are less likely than adults to receive and remain on lifesaving treatment. Although 75 per cent of adults with HIV are on treatment in the ESA region, the coverage rate for adolescents is only 63 per cent.⁴ This inequity is even greater in countries with a high burden of HIV. The gravity of the treatment gap is further aggravated by the low rate of viral suppression among adolescents.⁵ Nearly two thirds of global AIDS-related deaths among adolescents occur in the ESA region and, in 2021, 18,000 adolescents (10-19 years) died due to fully preventable AIDS-related causes.⁶

Each year the UNICEF Executive Director allocates 7 per cent of UNICEF’s regular resources to a range of innovative programmes for children and adolescents with the greatest need. Recognizing the urgency to curb new HIV infections and reduce AIDS-related deaths among adolescents, in 2019 the Executive Director prioritized set-aside funds for adolescent HIV programming in five ESA countries - Botswana, Eswatini, Rwanda, Zambia and Zimbabwe.

This document demonstrates how set-aside funds allowed UNICEF to accelerate HIV results with and for adolescents by:

- Shaping policy and programmes with improved evidence
- Reaching more adolescents and young people with quality HIV services that are responsive and inclusive
- Making a difference through multimedia platforms with innovative outreach and engagement of adolescents, particularly during the COVID-19 pandemic
- Adolescents taking action as leaders, change-makers, and valued community members.

² Ibid.
³ Ibid.
⁴ Ibid.
Shaping policy and programmes with improved evidence

Policies and programmes that successfully improve adolescent health and wellbeing rely on the availability and use of quality evidence. Through improved age- and sex-disaggregated data collection, reporting and use, UNICEF, alongside government counterparts and other partners, strengthened collective understanding of how best to meet the needs of adolescents. UNICEF ensured that adolescents were directly involved in assessing the evidence and guiding national HIV programming. Adolescents’ use of HIV and SRH services was tracked to better understand barriers and tailor services for adolescents. UNICEF also ensured that age- and sex-disaggregated data was available at sub-national level for analysis and decision-making to improve health outcomes, reduce age and gender-related inequities, and assure the efficient use of resources.

The COVID-19 pandemic hit during the implementation period of the set-aside funding and created immediate challenges to HIV service delivery and the continuity of HIV care and treatment. UNICEF country offices rose to this challenge, supporting rapid assessments that provided governments with critical data to ensure that adolescents continued to access HIV care and treatment. In Eswatini, the national network of young people living with HIV conducted a rapid assessment in six health facilities, informing national COVID-19 regulations to adapt services for adolescents. In Botswana, UNICEF engaged adolescents and young people to finalize 11 District AIDS Multi-sectoral Strategic Plans, resulting in priority interventions for adolescents being mainstreamed in both the HIV and COVID-19 responses. UNICEF Zimbabwe partnered with a youth-led civil society organization to conduct two surveys of adolescents and young people’s knowledge of and behaviour related to COVID-19. The results were used to inform the national Risk Communication and Community Engagement Strategy and the Vaccine Demand Generation Strategy. The results of the baseline survey were also used to tailor social and behaviour change activities across 12 districts. An endline survey showed increased knowledge among adolescents and young people on COVID-19 symptoms, transmission and preventive measures, and an increased willingness to receive a COVID-19 vaccine.
Adolescents and young people (10-24 years) in Zambia face significant SRH challenges. In 2021, 6,400 new HIV infections occurred among adolescents (10-19 years)\(^7\) and only 60 per cent of adolescents living with HIV are on treatment.\(^8\) One out of three adolescent girls (15-19 years) has given birth,\(^9\) and one out of five young women (18-24 years) has experienced sexual violence before the age of 18.\(^10\)

In partnership with the Ministry of Health, UNICEF coordinated an extensive review of peer-reviewed articles and grey literature on adolescent health. The review synthesized evidence on adolescents’ use of HIV, SRH, gender-based violence and mental health services, the risk factors that contribute to poor health outcomes, and promising interventions.

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\(^7\) [https://data.unicef.org/](https://data.unicef.org/)
\(^8\) [https://www.unicef.org/zambia/hivaids](https://www.unicef.org/zambia/hivaids)
\(^9\) CSO. Demographic and Health Survey Key Indicators, in Demographic and Health Survey. 2019, The DHS Program: Central Statistical Office, Lusaka.
The review found that, despite their many needs, adolescents use HIV and SRH services less frequently than adults and, overall, have poorer health outcomes. Poverty, limited availability of and access to services, stigma, and lack of family or community support constrain adolescents and young people’s use of services. Some sub-groups, such as adolescents with special needs and mental health concerns, lacked sufficient data for review, indicating the need for better evidence generation and data collection to inform programming.

The review also found that adolescents benefited from a range of interventions, such as safe spaces to openly discuss issues, psychosocial support from peers, supportive relationships with parents, and respectful and responsive health services. Evidence from promising practices noted the creative and innovative use of media and other platforms helped to create demand for services while multisectoral interventions with clear referral pathways facilitated greater access to services.

The findings were shared widely, including at a national adolescent health research and best practices symposium, organized by UNICEF, the Ministry of Health and partners. Recommendations from the symposium emphasized the importance of community leaders, schools, parents and healthcare providers working collectively and alongside adolescents. Participants called for peer support to be scaled up and institutionalized in schools, health facilities and communities. The need for targeted, differentiated interventions for adolescents living with disabilities, in correctional institutions, young refugees, young key populations and other marginalized groups was also highlighted.

The review also promoted routine and disaggregated tracking of adolescents’ use of SRH and HIV services. UNICEF collaborated with the Ministry of Health and other members of the National Monitoring and Evaluation Taskforce to revise district data collection tools and train District Health Information Officers and Adolescent Health Focal Persons from five of ten provinces on the revised tools. District health management teams now routinely consider sex- and age-disaggregated data and how social determinants influence adolescents and young people’s use of services in budgeting and programming decisions.

The review findings, symposium recommendations and emerging disaggregated data were used to inform the new National Adolescent Health Strategic Plan (2022-2026) which:

- Includes data-informed decision making at all levels of healthcare and institutionalises convening the Adolescent Health and HIV Research and Best Practices Symposium
- Explicitly articulates programming for adolescents with disabilities across all key programme areas
- Strengthens integration and cross-sectoral programming to respond to the multiple determinants of adolescent health and development
- Emphasizes the participation of adolescents and young people in co-creating and implementing programmes alongside technical experts
Adolescents and young people in Eswatini – “Policies and programmes for us, by us”

Adolescents and young people frequently demand full and equal inclusion in the decisions that affect them by stating, “Nothing for us, without us.” The right to be involved in decision-making is enshrined in the United Nations Convention on the Rights of Children. In Eswatini, UNICEF advanced this right by enabling adolescents and young people to contribute their experiences and perspectives to the national HIV response.
Eswatini has made great strides in the HIV response, thanks to effective at-scale treatment and prevention programmes. Yet new infections among adolescent girls and young women remain a significant concern as they represent 26 per cent of all new HIV infections in the country. Evidence points to numerous social, structural and behavioural risk factors that make adolescent girls and young women vulnerable to HIV infection, such as low HIV knowledge, early sexual debut, high rates of poverty, adolescent pregnancy, low secondary school education, transactional sex, and gender-based violence.

The Global Fund to Fight AIDS, Tuberculosis and Malaria has invested significantly in health, education and economic empowerment programmes in Eswatini to help reduce the vulnerability of adolescent girls and young women to HIV. UNICEF leveraged Global Fund investments by empowering adolescents and young people to offer their insights and strategic recommendations for improving the relevance and effectiveness of the proposed package of Global Fund-supported interventions for 2021-2023.

More than 600 adolescents and young people participated in a U-Report online survey and a self-administered questionnaire in selected implementation sites, and 116 participated in 11 focus group discussions. Additional key informant interviews with Outreach Workers and Community Youth Facilitators rounded out the data collection.

Adolescents and young people from rural and urban areas confirmed that social norms and judgmental attitudes from health workers discourage use of SRH services. They also experience violence within homes, schools and communities and risk behaviour is often related to limited economic opportunities. Gaps in knowledge on HIV, SRH and gender-based violence as well as on where and how to receive services were cited as ongoing concerns.

Adolescents and young people called for taking successful interventions to scale, specifically recommending tailored social and behaviour change interventions with parents and community members that have effectively influenced social norms. Education subsidies have been a protective layer for girls and young women, and peer support has had a positive impact on sharing information and creating demand for HIV and SRH services. Yet these interventions have low coverage and are not consistently implemented. Participants called for interventions that engage boys and young men as partners in social change, and the expanded use of innovative communication platforms.

Amplifying the voices of adolescents and young people highlighted the multi-dimensional drivers of HIV risk and is driving more responsive programming in Eswatini. Importantly, adolescents and young people are at the forefront of ensuring policies, national priorities, and programmes across sectors reflect their lived experiences.

11 https://data.unicef.org/
Reaching more adolescents and young people with quality HIV and SRH services

Adolescents are frequently unaware of the HIV and SRH services to which they are entitled, or are reluctant to use them due to stigma. UNICEF directed 7 per cent set-aside funds to build healthcare providers capacity to deliver services to the most vulnerable adolescents. With concerning rates of treatment failure among adolescents living with HIV in Eswatini, targeted training of healthcare providers focused on prescribing and monitoring optimal treatment regimens for children and adolescents. In Zambia, healthcare providers received a first-ever training in providing quality, non-judgmental services for adolescents and young people with disabilities. Empowered with these new skills, healthcare providers integrated disability-responsive HIV and SRH services into outreach clinics.

UNICEF Zambia also engaged adolescents in using human-centered design techniques to co-create innovative HIV testing services, a process that entailed ideation, developing prototypes and implementation. The resulting intervention deployed customized caravans to provide mobile HIV services at 24 service delivery points while static services used repurposed containers to establish community booths, staffed by healthcare providers and peer educators. Services were promoted through social media, reaching 14,426 adolescents and young people with HIV testing and linkages to HIV prevention services. Among those who accessed testing, 350 adolescents were newly diagnosed with HIV and referred for treatment, confirming the importance of co-creating interventions with adolescents and offering services to adolescents through multiple platforms.

In Eswatini UNICEF contributed to HIV testing for 40,032 adolescents. The number of adolescents living with HIV who initiated antiretroviral treatment increased from 10,127 in 2019 to 11,675 in September 2020 (77 per cent coverage against a national target of 90 per cent).
Scaling up community-based HIV services for adolescents and young people

Knowledge of HIV prevention among adolescents and young people in Rwanda, aged 15-24, is only 65 per cent. An estimated 19,000 adolescents (10-19) are living with HIV and, in 2021, 28 per cent of all new HIV infections in Rwanda occurred within that age group. Treatment coverage among adolescents is 78 per cent, far short of the 94 per cent coverage achieved by adults in 2021 and the 95 per cent national target. To reduce new HIV infections and close the treatment gap among adolescents, UNICEF used the 7 per cent set-aside funding to reach young Rwandans with adolescent-centered peer support and HIV and SRH services through Ubuzima Bwiza, Ishema Ryanjye, (Good health, My pride).

The combined efforts of many players were key to the programme’s success. Health center managers promoted youth corners and special adolescents-only days while community outreach for HIV testing combined the efforts of nurses, data managers, laboratory technicians and peer supporters. Community leaders facilitated the use of youth centers for peer supporters’ work, including hosting information sessions on HIV and SRH, establishing financial savings clubs, and providing edutainment. Health

14 https://aidsinfo.unaids.org/
workers and peer supporters were trained together on administering an innovative HIV risk assessment tool and the use of HIV self-testing. District government officials, health center managers and community leaders collaborated enthusiastically on the initiative by sharing resources and joining monitoring visits.

Peer supporters received dedicated training on providing information and counselling on SRH, HIV prevention and treatment, seeking services for gender-based violence, coping with HIV-related stigma and discrimination, and condom distribution. Peer supporters also received job aids, reporting tools, and supervision and mentoring through routine monitoring visits and group meetings. When lockdowns associated with COVID-19 occurred, WhatsApp groups and social media helped peer supporters to reach adolescents and young people effectively, including with mental health support.

“Peer volunteers taught me to love myself and become a stronger person for me and my daughter. I feel proud that I can contribute to my family by running a small business in the village. I am grateful that the peer volunteers supported me to be part of the community and live the life I have today in that I’m able to support my fellow peers with whom we share similar circumstances.”

(Young mother living with HIV, Rwanda)

After vigorous mobilization, by early 2022 nearly 60,000 adolescents and young people in- and out-of-school had been reached by peers and 23,000 adolescents and young people had received HIV testing services. The HIV risk assessment tool proved to be a useful way to screen adolescents and young people for individual risk, while HIV self-testing showed high levels of acceptance, particularly among adolescents and young people reluctant to visit health facilities. With their consent, and the confidentiality of relevant service providers, adolescents who tested positive were supported for timely entry into care and adherence to treatment through peer-led, community-based, post-test support services. All adolescents, regardless of their HIV status, were counselled on HIV prevention.

A programme assessment confirmed that peers can play a key role in testing new innovations and scaling up HIV services. Responding to the diverse needs of peer supporters and the dynamic nature of peer interventions, including adolescent mobility, will be built into future programmes.

UNICEF is currently partnering with the Ministry of Health and the Rwanda Biomedical Council to conduct implementation research on the use of HIV self-test kits and the risk assessment tool by health workers and peer supporters to assess the impact on increasing the identification of adolescents and young people living with HIV. The findings will inform adolescent HIV testing strategies both in Rwanda and across Eastern and Southern Africa.
The use of multimedia has enabled information sharing, peer support and demand generation for HIV and SRH services among adolescents and young people. Innovation with digital technology, leveraged with set-aside funding, was especially important during the onset of the COVID-19 pandemic.

As COVID-19 restrictions increased, UNICEF and implementing partners developed innovative ways to continue their work and interaction with adolescents and young people. In Botswana, UNICEF supported the development of a remote training platform that facilitates HIV prevention, psychosocial support and care for adolescents with HIV; adapts the teen club curriculum for remote delivery; and includes additional information on COVID-19 and vaccines. WhatsApp groups and Zoom sessions with adolescents and young people were organized in six implementation districts to provide an opportunity for deeper interaction and contribute to longer-term change. As of March 2022, 200 adolescents with HIV have been enrolled into the virtual teen clubs and are receiving peer-led psychosocial support and 193 health workers have been trained on the provision of quality adolescent-friendly HIV services. Leveraging these early achievements, additional resources for the remote training platform were mobilised from the US Centers for Disease Control. The participation of district health management teams and adolescents and their caregivers in the design and pre-test phases was key to successful and rapid uptake of the new platform.
Across the region, U-Report, an SMS-based messaging platform, allowed adolescents and young people to engage in dialogue with policy makers and programmers on HIV, SRH and other issues, and played an important role in COVID-19 risk communication.

**U-Report** polls were launched by UNICEF teams to assess awareness of COVID-19 transmission and the availability of HIV and SRH services, promote health seeking behaviour, and provide credible information on COVID-19. U-Report served as a platform for information and advice to users (known as U-Reporters) on how to continue accessing HIV and SRH services during the pandemic.

In Botswana, 21,000 U-Reporters spoke out on risks associated with age-disparate relationships and HIV testing services. Adolescents and young people explored poll results and shared their perspectives and experiences on a U-Chat Roundtable session that was broadcast live on social media. U-Reporters presented poll results and U-Chat insights to government, and key partners at a high-level advocacy event. Adolescents and young people offered recommendations on using creative communication strategies to tackle the fear of COVID-19 and increasing the use of social media and radio to inform adolescents and young people in hard-to-reach areas. They also called for the scale up of referrals for mental health and psychosocial support services, strengthened parenting programmes, and continuous engagement through youth-friendly platforms.

In Zambia, subscription on U-Report rose from about 195,000 to 239,867 as U-Report polls were conducted on diverse topics relevant to adolescents and young people. The poll results have been disseminated on various platforms and are informing programming. Messages on HIV prevention, condom use, pregnancy, gender-based violence, mental health, COVID-19, and service continuity have been transmitted to over 200,000 U-Reporters. On the U-Report SMS interactive platform, counsellors responded to nearly 100,000 messages from adolescents and young people. Social media influencers (32 peer educators and 8 lay counsellors) were trained to promote HIV and SRH awareness and service availability in the context of COVID-19 through their personal social media platforms. A combination of static and live social media programmes reached around 16,400 adolescents and young people. In addition, close to 1,800 adolescents and young people called the UNICEF-supported toll-free hotline seeking information on HIV and SRH services. Nearly half of the callers cited digital platforms as their source of information and/or referral.

Animations and comics proved to be a popular communication medium to reach adolescents and young people. In Eswatini, comic books on COVID-19 were distributed to adolescents and young people and nine videos were produced and shared on social media and with health education partners. In Zambia, young people helped produce animated videos focusing on HIV testing and alcohol and substance use that were disseminated through social media and digital platforms popular to adolescents and young people. “Likes” and comments on social media confirmed the appeal of these visual modes of learning.

Radio remained an effective tool for public health information. In Rwanda, two interactive radio shows featured adolescents talking about HIV and SRH and the importance of accessing services during the COVID-19 pandemic, reaching nearly 15,000 of their peers. Shuga Radio, a popular series in Botswana, expanded its reach to encompass interactive scenario building, peer education, and social media.
Growing up with Shuga

“Informative,” “Relatable,” “Intriguing.” These are just some of the words that listeners are using to describe MTV Shuga Radio, a dramatic series that tells the story of the everyday life of a group of adolescents and young people living in Botswana. Since the show’s inception in 2019, the characters have dealt with challenges around SRH and HIV. This has included HIV testing, HIV treatment, pre-exposure prophylaxis for HIV prevention, condom use, transactional sex, inter-generational sex, gender-based violence, and mental health. In season three, the storyline expanded to include issues related to COVID–19.

MTV Shuga Radio could not be more relevant. Botswana has the fourth highest HIV prevalence globally, yet only 47 per cent of adolescents and young people (15-24 years) have comprehensive knowledge on HIV.15

Adolescent participation is promoted through interactive media and peer education. Shuga Radio listeners are encouraged to play Shuga Wanji, a free, interactive game that allows users to ‘direct’ Shuga stories, select different scenarios, and then view the outcomes. To date, at least 75,567 adolescents and young people have played Shuga Wanji, creating and learning from the adventures of the Shuga Radio characters. Shuga Wanji is especially popular among younger adolescents, aged 10-14 years, who often lack access to evidence-based SRH information.

15 https://aidsinfo.unaids.org/
Shuga Radio’s key messages are reinforced by young influencers who run active social media campaigns. With over 270,000 followers, the influencers host live chats, post weekly videos and stories, and link followers to services. During their last campaign, the influencers reached more than 60 per cent of listeners on Yarona FM.

In 2021, through a combination of digital interventions and virtual outreach, up to 495,000 young people across the country were reached with information and services.

Young Batswana are inspired by Shuga Radio to have autonomy over their life decisions. Pre- and post-listenership surveys, conducted using interactive voice response, showed an increased number of adolescents and young people recognize the risks of age-disparate relationships and transactional sex, feel more confident about reporting sexual abuse, and are more likely to seek HIV testing services.

Peer educators have deepened the impact of Shuga Radio among both in- and out-of-school adolescents and young people, particularly in rural and peri-urban areas. In January to July 2022, peer educators used individual and group discussions, including sessions with parents, to reach over 6,000 peers with information and referrals to services. With the on-set of the COVID-19 pandemic, peer educators combined in-person activities with virtual outreach, allowing them to increase the frequency of repeat contacts. The peer education programme also extended its reach into remote, rural and underserved areas as UNICEF leveraged existing resources to mobilize private sector funding.

Shuga Peer Education is currently being scaled up by the government from the initial four districts supported by UNICEF. In 2022, the programme is being implemented in more than 10 districts through the government social contracting model. Given this successful scale up, the government is assuming full implementation of the programme, with UNICEF providing technical support. UNICEF’s 7 per cent set-aside resources have made it possible for thousands of young Batswana to obtain the information and develop the skills they need to make informed decisions, practice safe behaviours, access health and other services, and take ownership of their lives.

“Shuga Radio teaches me a lot about life. I have been listening for two years now.”
– 20-year-old female listener.

“As a passionate listener of the radio drama, I learnt about standing up for myself and not letting anything stand in my way...I learnt about making healthy relationship choices.”
– 20-year old female listener.

“Young people need other young people like them so that they can be open to discuss and solve their problems.”
Kagiso, Peer facilitator, Selebi Phikwe District.
Adolescents taking action

"The viral suppression materials give me a green light to say yes, I am HIV positive, but I can conquer the virus in me."

– Study participant, Zimbabwe.

With the infusion of 7 per cent set-aside funding, UNICEF deepened the engagement of adolescents and young people across the region as programme designers, peer supporters, network leaders, and community mobilizers, and brought them into new areas of contribution, including resource mobilization. Adolescents and young people led demand for high-impact HIV prevention and treatment services through interactive social and traditional media, thematic dialogues, artistic expression, and evidence-based interpersonal communication.

In Eswatini, young people from UNICEF’s implementing partners used home visits, sms-based counselling services and teen clubs to reach nearly 200,000 peers with information and skills on preventing HIV and gender-based violence, and accessing HIV, SRH, gender-based violence and mental health services. Peer supporters also engaged parents and community members through community dialogues to improve parent-child communication on HIV and SRH. The positive impact of peer support was clear: among one implementing partner, nearly all (91%) of adolescents had a suppressed viral load, significantly higher than the national level of 73.1 per cent for adults.16

In Zimbabwe, youth leaders were empowered to develop new ideas and deliver viable solutions for sustaining adolescent and young people's use of HIV and SRH services during the COVID-19 pandemic. In a powerful display of young people’s contributions to their communities, young people painted murals across the country that prompted dialogue on COVID-19 and other health issues. (https://www.unicef.org/zimbabwe/stories/murals-game-changer-zimbabwes-battle-against-covid-19). Youth Advocates led young people in the design and launch of an inclusive multimedia campaign across 12 districts to engage peers in conversations about HIV, SRH and COVID-19, including generating demand for the COVID-19 vaccine. Activities included sharing information through social media, drama, storytelling, and a toll-free Helpline that offered information, counselling, and referrals to over 265,000 adolescents and young people and their families.

After facilitating qualitative research on adolescents’ understanding of viral load testing, UNICEF worked with partners in Zimbabwe to develop educational materials for adolescents living with HIV and their caregivers on what a viral load test is and what the result means for overall wellbeing. The materials were then distributed nationally through the Community Adolescent Treatment Supporters network.

16 https://phia.icap.columbia.edu/eswatini-summary-sheet/
Adolescent girls and young women gain new skills to reduce their risk of HIV

Adolescent girls and young women face a disproportionately high risk of HIV infection, early pregnancy and sexual violence in Zimbabwe. New HIV infections among adolescent girls and young women represented nearly one fourth of all new HIV infections during 2021. One out of five women aged 20-24 give birth before the age of 18 and nearly one in 10 girls experienced sexual violence during childhood, nine times the rate experienced by boys.

In Zimbabwe, 68 new HIV infections occur every day in girls 15-19 years.

UNICEF supported the development of an evidence-based HIV communication package designed to provide adolescent girls and young women with the information and skills they need to make informed decisions, practice safe behaviours, and access HIV and SRH services.

The HIV Activity Pack is grounded in an evidence-based theory of change suggesting that the drivers of HIV risk, including social, gender and economic factors, can be addressed by engaging adolescent girls and young women in peer settings, increasing their knowledge of factors contributing to HIV risk, and strengthening their protective and resiliency strategies. Delivered through interactive activities, the package is designed to strengthen self-efficacy in accessing HIV and SRH services and reducing individual risk.

17 https://aidsinfo.unaids.org/
20 https://data.unicef.org/topic/hivaids/adolescents-young-people/
Designing the HIV Activity Pack began with a participatory needs assessment. Group sessions were held with 251 adolescents and young people (194 female, 57 male), aged 10-24 years, including those who are in- and out-of-school, as well as girls and young women living with disabilities, and those residing with a partner. The group sessions were designed to give participants a central role in defining their own needs, priorities, and preferences. In addition, 48 parents and 15 community stakeholders took part in focus group discussions and interviews.

The needs assessment found that adolescent girls and young women had limited understanding of HIV risks and underlying vulnerabilities, including harmful gender norms that limit their ability to protect themselves or seek services. They also had a low self-risk perception of HIV and sexually transmitted infections, and how these relate to behaviours such as transactional sex. Knowledge of HIV prevention was found to be lowest among younger girls and those with disabilities. Access to SRH services was correlated with age, with young women (20-24 years) more likely to have accessed HIV and SRH services than adolescent girls (10-19 years).

Of note was the limited knowledge of HIV among adolescent boys and young men when compared to girls, especially younger boys. Adolescent boys and young men cited schools as their main source of HIV information, and stated that they hardly engage with health services, even when they are sick. They also noted that they are often left out of opportunities to gain knowledge and skills as most HIV prevention programmes target adolescent girls and young women.

Based on the needs assessment, an inclusive package for adolescent girls and young women was developed, with suggested adaptations for adolescents and young people living with disabilities. The package encompasses a wide range of topics, including strengthening accurate knowledge on HIV and SRH; understanding risk behaviour; developing problem solving and critical thinking skills; building self-efficacy; and changing harmful gender and social norms.

Trained facilitators tested the intervention over a two week period with 292 adolescent girls and young women, 290 of whom completed both a pre- and post-intervention assessment. There were marked increases in HIV knowledge, perceived self-efficacy to access services, and understanding of HIV-related risk. Nearly all of the participants felt more capable of protecting themselves from HIV infection, and had an increased knowledge of newer biomedical HIV prevention methods. Participants particularly valued activities on decision-making as being useful in identifying and reducing risks. A greater number of participants also knew how to access HIV and SRH services and were more comfortable speaking to their peers about HIV and SRH issues and encouraging them to seek related services.

Moving forward, the government plans on rolling out the HIV Activity Pack through a variety of existing platforms and incorporating it into future resource mobilization. The HIV Activity Pack will be one component of the efforts required to fully meet the diverse needs of vulnerable adolescents and young people, including:

- Strengthening the inclusion and participation of all adolescents and young people through accessible platforms
- Tailoring HIV and SRH programmes for different age groups using innovative, interactive and appealing formats
- Investing in strategies that improve communication within families
- Creating safe spaces where adolescents and young people can engage with peers and trusted adults who will help them put protective behaviours into practice
- Addressing the underlying structural drivers, such as poverty, that push adolescents and young people into at-risk situations
- Linking adolescents and young people to employment opportunities, alongside vocational and entrepreneurial skills building
- Continuous engagement of boys and young men as key agents of change and how they contribute to social norms
Forging a way forward

The flexibility of the 7 per cent set-aside funds enabled UNICEF to direct and catalyze efforts for and with adolescents and young people where they were most needed. Key lessons that will be carried forward include the following:

- UNICEF influenced national level policy, contributing to sustainable change. Leveraging the 7 per cent set-aside funds with other resources helped to strengthen partnerships, increase scale and deepen results not only for HIV but also for broader adolescent SRH and wellbeing.
- In the midst of an unprecedented and complex public health emergency, the flexibility of the 7 per cent set-aside funds enabled UNICEF to respond quickly and innovatively to new challenges, while making existing services more accessible to adolescents.
- Delivering peer and community models for adolescents and young people helped maximise reach and impact.
- Leadership and deepened engagement by adolescents and young people led to investments that were creative, responsive and effective. Of note was learning for expanded programming and tailored responses for younger adolescents, boys and young men, and adolescents and young people with disabilities.
- Partnering with adolescents and young people as co-creators to develop and deliver interventions enhanced outcomes for themselves and their peers across multiple domains, including HIV, health, education, and protection.

Energized by these results, UNICEF is working with governments and partners to build upon these efforts to achieve scale and sustainability, demonstrating that targeted funding and tailored programming combined can reach the adolescents and young people with the greatest needs.

For additional information please Contact:
Laurie Gulaid, UNICEF Regional HIV Advisor, Eastern and Southern Africa, lgulaid@unicef.org
Alice Armstrong, UNICEF Adolescent & HIV/AIDS Specialist, Eastern and Southern Africa, aarmstrong@unicef.org