

ASSESSMENT OF COMPREHENSIVE HIV-RISK REDUCTION PROGRAMMING FOR ADOLESCENT GIRLS AND YOUNG WOMEN

IMPLEMENTATION SCIENCE RESEARCH IN ZAMBIA

HIV prevalence among Zambian youth aged 15–24 is estimated to be 7 percent, and it increases with age, from 4 percent among 15–17 years olds to 12 percent in the 23–24 years age group. There is also regional variation: Copperbelt province has the highest HIV prevalence among adolescent girls and young women (AGYW) at almost 10 percent while Lusaka province has a prevalence of 8.4 percent.¹ Importantly, a greater proportion of AGYW in this age group acquire HIV annually compared to their male peers (HIV incidence of 1.05 percent vs. 0.07 percent). Estimates indicate that 40,000 AGYW will be infected with HIV each year in Zambia.²

AGYW's vulnerability in Zambia, as in many countries, is due to a host of reasons, including limited knowledge about HIV, low risk perception, and high levels of risk behaviours. Broader social factors typically include early marriage, poverty, gender inequality, sexual violence, lack of education, unemployment, and unequal power relations with older male partners. Further, programmatic factors include limited access to and utilization of health services, resulting from health provider's attitudes, inconvenient clinic hours or locations, cost of services, and health care staff inadequately trained to deal with adolescent health needs.

In collaboration with the Zambian government, the PEPFAR-supported DREAMS (Determined, Resilient, Empowered AIDS-free, Mentored, and Safe) Partnership in Zambia is responding to these challenges by delivering through existing platforms a comprehensive package of interventions designed to empower AGYW, mobilize communities, strengthen families, and reduce AGYW's sexual risk. Trained providers also are offering youth friendly services or making appropriate referrals based on individual AGYW needs.

The Population Council is conducting implementation research to build needed evidence to inform decision-making around effective implementation of community-based, girl-centred interventions and to assess their effectiveness in reducing HIV vulnerability among AGYW—a population in which AIDS is the leading cause of death in the region.

Learnings from this study and similar ones in Kenya and Malawi will be valuable for informing each country and the region how to implement AGYW programming that goes beyond the health sector to reduce AGYW's vulnerability to HIV.



NATALIE JACKSON, COURTESY OF THE POPULATION COUNCIL

Strengthening comprehensive programming to reduce HIV risk among adolescent girls and young women.

Location: Kalingalinga in Lusaka and Lubuto in the Ndola district (within Copperbelt province)

Study Duration: 2016–2018

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POPULATION COUNCIL'S DREAMS IMPLEMENTATION RESEARCH

This study is part of a portfolio of implementation science studies the Population Council is conducting, with funding from the Bill & Melinda Gates Foundation, related to the DREAMS Partnership. This Partnership aims to significantly reduce new HIV infections among AGYW in 10 countries in sub-Saharan Africa, including Zambia. Our studies are exploring whether the intended beneficiaries—AGYW and their male partners—are being reached and retained in services, how the interventions are being delivered to each group, and ultimately whether HIV risk among AGYW is being reduced.

OUR RESEARCH

We are using a mixed-method research design and gathering data with AGYW and program implementers. We conducted a community-based household survey with AGYW (n=854) and a survey with AGYW who are enrolled in DREAMS programming (n=1,320) to compare and assess if the most vulnerable AGYW were reached. We will also conduct a 12-month follow-up survey with the cohort of AGYW enrolled in the program (n=1,320). Additionally, we are collecting qualitative data from a sub-group of AGYW (n=36) during the course of the study to examine their motivations for participating in DREAMS programs, their program experiences, and use of programs services.

Using direct observations and interviews with implementing partners (n=24) we will assess facilitators and barriers to programming. Finally, in collaboration with the implementing partner, we will assess the costs associated with the DREAMS core package of interventions in the study sites.

The study will provide critical information to policymakers and programmers in designing relevant girl-centred, HIV-risk reduction programs in Zambia and elsewhere in sub-Saharan Africa.

RESEARCH UTILIZATION

We will actively engage key stakeholders throughout the study, including gaining their insights on key study questions, interpreting the findings, crafting initial programming recommendations based on findings, and supporting their adoption in Zambia and beyond. Stakeholders in Zambia include, among others, the Ministry of Health, National AIDS Council, PEPFAR-Zambia, PACT and other DREAMS implementing partners, youth, HIV and sexual and reproductive health service organizations, women's rights organizations, United Nations agencies, and media representatives.

WHAT WILL WE LEARN?

This innovative implementation science study will generate valuable evidence about the effectiveness of programs designed to respond to the individual, social, and health service-related factors that determine AGYW's vulnerability to HIV. Specifically the study will:

- Assess the ability of DREAMS programs to identify and engage the most at-risk AGYW.
- Determine the effectiveness of the DREAMS interventions to reduce HIV risk among AGYW participants.
- Identify major barriers to and facilitators of successful implementation of community-based, girl-centered HIV programming.
- Determine program costs and resources associated with delivering a comprehensive intervention package to reduce HIV risk among AGYW.

¹Central Statistical Office (CSO) [Zambia], Ministry of Health (MOH) [Zambia], and ICF International. 2014. Zambia Demographic and Health Survey 2013-14. Rockville, Maryland, USA: CSO, MOH, and ICF International.

²Zambia MOH and PHIA Project. 2016. "Zambia population-based HIV impact assessment, ZAMPHIA 2015-2016." Lusaka: Zambia MOH.



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