

TECHNICAL BRIEF

Nothing for us, without us: ensuring the engagement of young people for HIV and sexual reproductive health integration

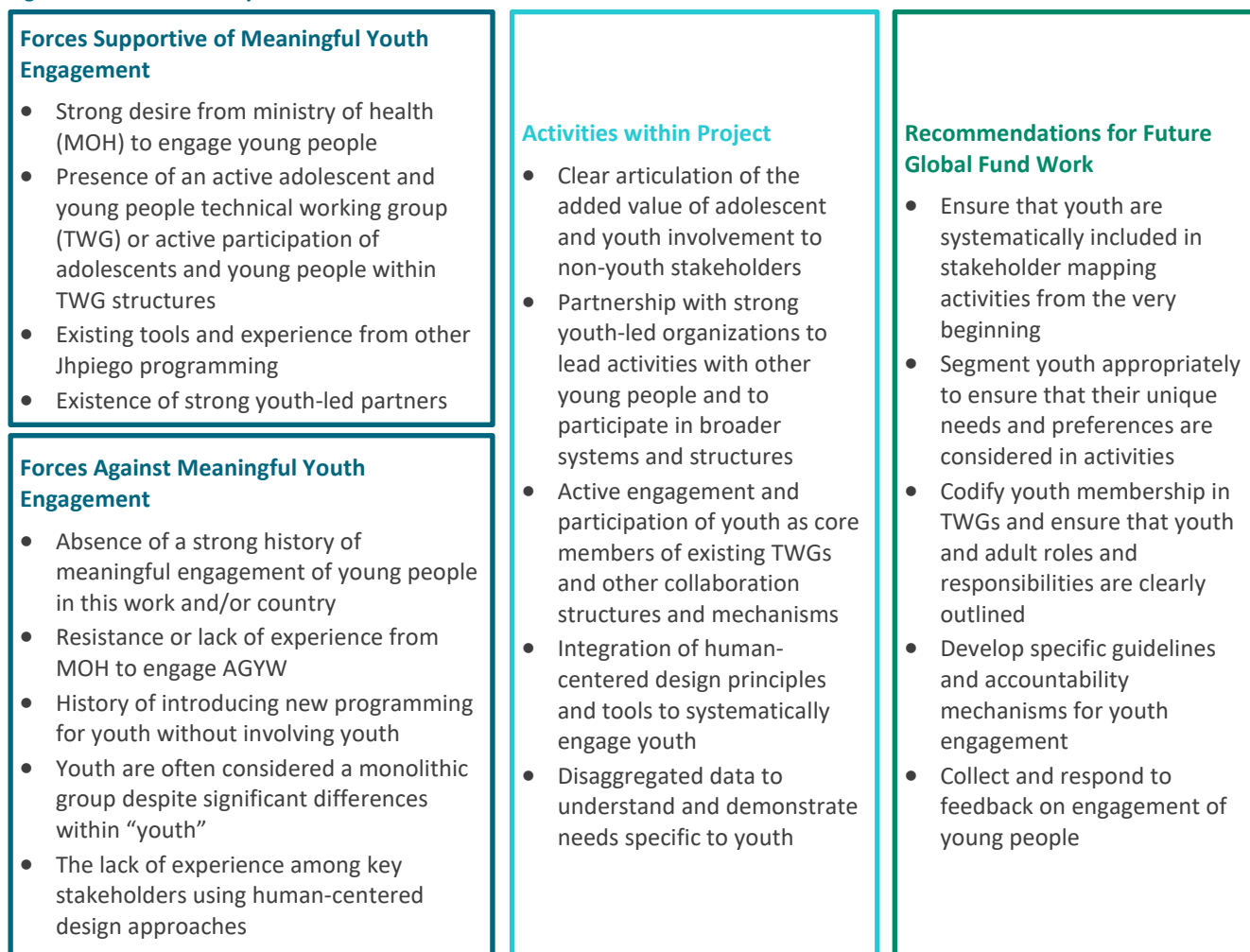
Background

Adolescent girls and young women (AGYW) face disproportionately high risk of unwanted pregnancy, unsafe abortion, and sexually transmitted infections (STIs) including HIV/AIDS. Structural factors such as early marriage and childbearing, inequitable social and gender norms, and poverty contribute to worsening sexual and reproductive health (SRH) and HIV outcomes. The Evidence for Contraceptive Options and HIV Outcomes (ECHO) trial revealed alarmingly high rates of HIV and other STIs among AGYW seeking contraception, underscoring the limited options for HIV prevention and contraception. Bridging this gap requires enhancing the integration of SRH and HIV services. Integrated SRH services offer an opportunity to reach women and young girls with HIV prevention, treatment, and care, while people living with HIV and those at high risk of HIV infection can be reached at HIV services for SRH care including contraception, infertility treatment, STI management, cervical cancer screening, and antenatal care. The integration of these services is a health systems response with the potential to increase access and uptake of services, improve staff and client satisfaction, extend coverage and reduce costs to users and services, ultimately improving both sexual and reproductive health and rights (SRHR) and HIV outcomes. The goal is to improve health outcomes related to SRH and HIV, including reducing HIV/STIs, AIDS-related deaths, unintended pregnancies, maternal mortality, cervical cancer, and gender-based violence.

The Global Fund invested in the Adolescent Girls and Young Women Strategic Initiative (AGYW SI) to address poorly integrated SRH and HIV services to improve outcomes for AGYW in Kenya, Mozambique, South Africa, Tanzania, and Zimbabwe. Under Component 2 of this investment, Jhpiego played a key role in providing technical support to HIV/STI/SRH integration and system readiness. A crucial aspect of this effort was ensuring the engagement of young people, who historically have been excluded from the decisions that affect their health, especially at the highest decision-making levels. Without their involvement, there is a risk of poor prioritization of areas with a potential negative impact, underutilization of services, and worsening health outcomes for young people, especially for the most vulnerable.

Despite recognizing the value of engaging adolescents, meaningful and systematic engagement remains challenging. Agreement alone is insufficient; there must be a mechanism for implementation. Through a lessons-learned workshop and modified force field analysis (Figure 1), in this document the project team explored the factors that were supportive of or resistant to youth engagement (“forces for change” and “forces against change”).

Figure 1. Force Field Analysis



Implementation

While implementation experiences varied from country to country, there were commonalities in youth engagement across the Jhpiego-led Component 2 AGYW SI that were identified during the lessons-learned workshop and modified force field analysis, and which could be applied in other implementation contexts, which we list below.

Clear articulation of the added value of adolescent and youth involvement

In each country context, it was crucial to define why involving adolescent and young people mattered, particularly among non-youth stakeholders. This involved considering cost savings, analyzing data, and demonstrating the consequences of not addressing their needs. Understanding stakeholder priorities and articulating the added value of youth engagement was a critical step in tailoring and sustaining engagement strategies.

South Africa has a history of engaging young people as part of program implementation; however, a lack of a strong systematic and consistent strategy for involving youth in the design and introduction of new programs for youth is evident. Without such a strategy the project experienced delays in attaining approvals to engage with young people. Taking the time to ensure relevant stakeholders understand and appreciate youth

engagement and normalizing this practice can reduce delays in seeking approvals and pave the way for future engagement with young people as part of informed program design.

In **Kenya**, active networks of adolescents and young people (AYP) take part in HIV/SRH TWGs and are represented in the youth policy-making processes from the design stages. These AYP networks had previously received support from the Global Fund and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), which focused on strengthening capacity for meaningful participation in these processes. In general, the importance of having young people involved in consultations and decision-making processes is recognized. However, sometimes, youth engagement is only done partially out of convenience and expedience, as some stakeholders felt the AYP may not have the technical expertise applicable in the policy review and making process. In these instances, Jhpiego and stakeholders discussed the importance of ensuring youth participation throughout the process to minimize resistance or pushback when AYP are included and when decisions are being made that are relevant to AYP's health needs.

In **Tanzania**, the government supports meaningful AYP engagement in program design, implementation, and monitoring and evaluation. In fact, AYP are represented in the family planning (FP)/HIV Integration sub-technical working group (FP/HIV Sub-TWG) and the adolescent and young stakeholders sub-technical working committee (AYAS Sub-TWC), which are under the Ministry of Health's (MOH) Directorate of Reproductive, Maternal and Child Health (DRMCH) and Prime Minister's Office (coordinated the Tanzania Commission for AIDS [TACAIDS]), respectively. However, a significant gap remains in the technical know-how on engagement of these groups (i.e., approach, tools, and process). The goodwill of the various government structures and platforms to engage AGYW and adolescent boys and young men (ABYM) is limited by the technical capacity and experience of both MOH and TACAIDS technical staff to engage AYP using a systematic and structured approach. Current efforts to meaningfully engage AYP primarily lack standardization and remain driven by implementing partners.

In initial discussions with the DRMCH in **Zimbabwe** regarding the review of the National Operational Guide for SRH/HIV Integration, Jhpiego proposed ensuring AYP engagement, which was welcomed by technical experts. However, the MOH team did not fully grasp the need to deliberately involve AYP from the early design phases. Additionally, systematic and meaningful AYP engagement is less appreciated by the non-government stakeholder TWG members. Conventional AYP engagements are usually limited to inviting a few AYP representatives to TWG meetings during the review of documents and strategies. Under the AGYW SI, Jhpiego advocated for tailored engagement strategies for different AYP typologies, including out-of-school and in-school, younger and older, men and women, HIV negative and people living with HIV, those with formal education and those without, and those residing in urban and rural areas. Since the commencement of the National AIDS Council in Zimbabwe, AYP have remained vital contributors to the national HIV/AIDS response. A National Youth Program was established to coordinate the multi-sectorial response to HIV/AIDS for AYP, which aligns directly with the National Development Strategy 1 under the social development component, which focuses on health and well-being, human capital development, and social protection.

In **Mozambique**, adolescents were not traditionally included in technical groups, although some programs like Geração BIZ and DREAMS created effective platforms for participation and engagement. During consultations, partners agreed that engaging young people is crucial; however, a systematic methodology to add value to this engagement and effectively impact the design of youth health policies is not yet available. To address this gap, Jhpiego introduced human-centered design (HCD) to enhance participation and engagement of adolescents and youth. This approach ensures that the outcomes of these efforts are considered in the design of policies and other resources.

Partnership with strong youth-led organizations to lead activities with other young people and to participate in broader systems and structures

In multiple countries, the project established strong partnerships with local, youth-led partners. Youth-led organizations have a unique perspective on the landscape and were effective facilitators when engaging other youth. Particularly helpful was the linkage with existing groups that represented different sub-populations of youth, such as youth living with HIV and young parents.

In **Mozambique**, Jhpiego implemented an HCD workshop in collaboration with MOH and Associação Coalizão da Juventude Moçambicana, a local youth-led organization. Youth co-facilitators were knowledgeable about the health system and skilled in facilitation. Associação Coalizão da Juventude Moçambicana led sessions to understand the priorities of young people around feedback mechanisms and co-designed solutions based on their experiences and unique perspectives.

In **Tanzania**, Jhpiego collaborated with the FP2030 youth focal point to co-facilitate an HCD workshop. The leadership provided by the youth focal point was critical in contextualizing activities and in identifying youth partners for the workshop. Participants in the workshop were representatives of several local youth-led organizations, including Young and Alive, Jamii Integrated Development Initiative, Dare for Progress, Network of Young People Living with HIV (NYP +), and Mulika Tanzania. In particular, the strength and diversity of these youth-led partners were critical in ensuring a more comprehensive understanding of youth perspectives.

Active engagement and participation of youth as core members of existing TWGs and other collaboration structures and mechanisms

Through existing structures and revisions to existing protocols, engagement and participation of young people in formal structures, such as TWGs, was an important first step to ensuring young people are represented in decision-making processes.

In **Zimbabwe**, a pre-existing TWG, dedicated to young people with HIV/AIDS and managed by the National AIDS Council, served as the entry point to overall project activities. The composition of the TWG includes representatives from youth-led organizations and networks and representatives of implementing partners working directly with AYP. The TWG played a critical role in facilitating a multi-stakeholder workshop, where priority actions for service integration were reviewed. Additionally, through HCD activities and a pre-exposure prophylaxis (PrEP) communication workshop, we successfully involved the TWG, which engaged throughout the process and offered critical insights that informed the resulting materials. Furthermore, members of the TWG contributed as local artists (voice-overs) in the production of an animated video addressing barriers in HIV testing service provision for children and adolescents.

In **Kenya**, youth and adolescent participation is embraced and implemented in existing HIV/SRH TWGs. This is particularly so in the HIV program where, for instance, the youth from the NYP+ network were actively involved in the development of the Global Fund Grant Cycle 7 (GC7) funding application, where they played a major role, and have representation in the Kenya Country Coordinating Mechanism. These networks of young people were involved during implementation of AGYW SI and participated actively in the relevant TWGs and stakeholder forums to review the integration framework.

In **Tanzania** during technical assistance, Jhpiego reviewed the terms of reference (TOR) for the FP/HIV Integration Sub-TWG and AYAS Sub-TWC and included in the TOR a requirement for AYP constituencies representation and participation (i.e., AYP community-based and civil society organizations/networks/ groups). In the TWG/TWC meetings that were held recently, AYP were not only invited but also actively participated. However, the remaining issue to resolve is how to strategically and deliberately engage AYP outside and in between TWG/TWC meetings (i.e., gathering their voices/ insights) so that during the TWGs/TWCs, the

platform is used for presentation and discussions of the above issues representing broader AYP needs and interests. The TACAIDS is developing the national adolescent and youth participation guide, which will provide guidance for this type of work.

In **South Africa**, youth were also at times included to participate as part of the national TWG; however, this practice was not conducted consistently. This would need to be addressed and included in the TOR with a clear indication of who the youth representatives will be on a consistent basis. Furthermore, the country has national SRH and rights/HIV core team members who form part of the larger TWG. This group is a much smaller group led by the MOH and inclusive of only a small number of donor agencies and partners responsible for supporting the MOH to plan activities and make key decisions regarding program design and implementation. This structure may also benefit greatly from having a youth representative to ensure their voices are among the key role players.

Integration of HCD principles and tools to systematically engage youth

Using systematic approaches to engage young people facilitated a more comprehensive process. This not only guaranteed the inclusion of youth viewpoints in the project but also helped to identify promising approaches that could be applied across many contexts. We were able to demonstrate the feasibility of using HCD principles for MOH colleagues, which has helped garner support for continued use of these strategies.

In **South Africa**, conducting HCD workshops with young people was crucial in ensuring that the voices, opinions, and preferences of young people and providers were incorporated in the digital self-care (DSC) program. These sessions were co-led by the local Department of Health in the respective locations encouraging ownership of the results and the DSC project. The sessions with young people were guided by the HCD principles and were held with two groups of young people (one group of young women and another of young men) between the ages of 18 and 24 years in each of the four pilot provinces. The HCD workshops were also an opportunity to test prototypes of information, education, and communication materials for DSC; their development was guided by the landscape analysis done by the World Health Organization. Over and above the DSC project, the insights gathered from young people were also used to understand how best to strengthen the overall delivery of health services to young people.

In **Tanzania**, we held a series of workshops using HCD principles to inform revisions to the National Operational Guidelines for Integration for sexual, reproductive, maternal, newborn, child, and adolescent health and HIV. The goal of the HCD work was to collect insights on SRH/HIV integration for AGYW. During the adolescent HCD workshop, participants moved through a series of activities to collect insights from adolescents on their experiences or desires for integrated care. Specifically, participants worked to 1) create personas of a “typical adolescent girl” who needs to access multiple health services, 2) develop a journey map of adolescent experience with care, from first understanding the need to access all of her care needs and identifying barriers and facilitators along the way, 3) identify the priority areas for adolescents on what is necessary for successful integration of services, and 4) brainstorm how might we reconsider service integration to best meet the needs of adolescents.

Through the HCD approach, we were able to co-develop transformative solutions. Our approach, which focused on involving young people in every phase of program design, was crucial in bridging the gap in youth engagement. By employing a variety of methods, HCD fostered empathy and co-creation of solutions with youth, involving them through participatory sessions and direct involvement in decision-making processes. Innovative tools, such as a secure digital platform for schools and a community-based grievance box, created new avenues for youth feedback and participation.

The application of HCD approaches for youth engagement in **Mozambique** resulted in tailored project interventions and activities that contributed to key outcomes. Adolescents identified a range of strengths, challenges, and barriers in accessing high-quality health services, which were categorized into themes, such as quality of service, health services in schools, receptive health services, and SRH/HIV information. The activity brought attention to key issues such as the opportunities for peer support, prevalence of sexual harassment, need for comprehensive health services, presence of harmful gender and social norms, challenging legal system, demand for more community services, limited economic opportunities, importance of support from families and school, and distrust in the systems due to concerns of corruption.

In **Zimbabwe**, The PrEP communication plan development workshop focused on HCD tools and methods to deepen and complement the user research phase of the project. Given the sensitive and personal nature of AYP SRH work, specific tools and methods were used to build a safe and empathetic environment to make it easier for youth and adolescents to open up. Jhpiego established a safe space that involved intentionally creating a judgement- and stigma-free environment for participants to freely express themselves through interviews and role playing. This was used to understand barriers, motivators, sources of information for young couples, the decision-making process, and influences on adolescent and youth SRH perceptions. Proper consent was an important part of this approach. Using the HCD helped to uncover hidden insights and put programmers into the minds and lives of the young people they are serving in communities.

Disaggregated data to understand and demonstrate needs specific to youth

Creating a shared understanding, among stakeholders, of the needs of AYP requires the collection and analysis of available data as well as advocacy for better data supporting integration efforts.

As part of technical assistance for strengthening AGYW HIV/FP service integration in **Mozambique**, Jhpiego supported the MOH to conduct an analysis of the national health data monitoring and evaluation system (SISMA) to identify trends in these service delivery areas. The main indicators analyzed were HIV testing yield (proportion of cases identified out of those tested), teen pregnancy, condom distribution, and FP uptake in *Servicios Amigos dos Adolescentes* clinics (SAAJ—Friendly Services for Adolescents) in Mozambique from 2020–2022. This exercise was important for building an understanding of behaviors and trends in service delivery uptake of AGYW and other priority populations, informing evidence-based decision-making, tailoring interventions, advocating for policy changes and resource allocation, and monitoring progress and accountability. The results of this analysis clearly showed the need for targeted interventions and increased focus on HIV prevention strategies for older adolescents with concerning trends of HIV-positive results in SAAJ. Specifically, it emphasized the urgency to address the specific challenges faced by this age group (15–19 years) in terms of HIV prevention and contraception, especially in Inhambane and Nampula provinces. The government and stakeholders involved in this analysis agreed that intentional efforts need to be directed towards provinces with high HIV positivity rates, such as Inhambane, Maputo City, and Maputo Province. This can involve strengthening prevention programs, expanding access to testing and counseling services, promoting condom use, and providing targeted education and support to adolescents in these areas; the data depicted opportunities to better strengthen SRH/HIV integration targeting AGYW.

In **Tanzania and Kenya**, the AGYW SI coincided with the country's preparations for the Global Fund's GC7. In **Kenya**, Jhpiego actively participated in the AYP module development and together with the writing team, supported the review of data and prioritization of interventions for AYP based on existing data. This in turn informed allocation of resources to the different interventions. In **Tanzania**, one component of the technical assistance provided by Jhpiego included conducting an analysis of the spectrum data by profiling all the Tanzania Mainland districts/ councils according to age-disaggregated AGYW HIV incidence and other SRH vulnerability parameters (i.e., teenage pregnancy, multiple sexual partnerships, condomless sex, HIV

prevention knowledge, spousal violence, primary school dropout rate, contraceptive prevalence rate, unmet FP need, and female genital mutilation/cutting); then using this analysis to inform geographical prioritization of the GC7 AGYW program and to develop monitoring and evaluation targets for social protection intervention (economic strengthening for vulnerable AGYW including seed grant for business startup), behavior interventions (peer-led social and behavior change communication), and comprehensive sexuality education (school-based) interventions. Using this process, Jhpiego was able to support TACAIDS and the National AIDS, STIs and Hepatitis Control Programme to clearly articulate HIV/SRH programming needs of AGYW and ABYM for the 2024–2026 Global Fund implementation cycle, both in terms of geographical locations where the program should focus and the specific intervention-specific targets. Additionally, looking at other AGYW implementing partner scopes (i.e., PEPFAR/DREAMS and UNICEF UJANA SALAMA), the geographical split was decided; furthermore, where implementing partners co-exist in the same regions, mapping of services that require bi-directional referrals was also done.

In **South Africa**, the findings gathered from engagements with young people and health providers were and continue to be used to inform the design of the DSC program and revision of the adolescent and youth-friendly services training curriculum.

Recommendations

Meaningful youth engagement is not limited to representation; it requires building trust and ensuring true participation in project activities from start to finish. Based on our experiences, the following recommendations may be useful when strengthening youth engagement for SRH/HIV integration:

1. **Ensure the deliberate and systematic inclusion of youth during stakeholder mapping activities from the very beginning.** Consider youth as equitable and strategic partners from the outset, recognizing them as key stakeholders when identifying relevant groups through mapping activities.
2. **Segment youth appropriately to ensure that their unique needs and preferences are addressed in various activities.** Youth are not one homogenous group; they have distinct sub-groups with different needs. It is important to consider what segmentation is necessary to ensure that youth engagement is appropriate and relevant to programming.
3. **Codify youth membership in TWGs and ensure that youth and adult roles and responsibilities are clearly outlined.** In TWG meetings, ensure the representation of AGYW and ABYM voices. While participation in TWGs is a crucial step in ensuring meaningful engagement of youth in relevant activities, it is necessary to ensure that all parties understand how youth engagement functions within the group. Specify roles and responsibilities to guide all members in supporting this engagement.
4. **Develop a systematic and practical youth-led process for engaging different typologies/constituencies of youth outside of TWGs.** While TWGs are an important component of youth engagement, youth can only play a limited role. Establish a process for youth engagement throughout the design, planning, implementation, monitoring, evaluation, and dissemination of activities. Consider getting views from youth-led networks and groups for escalation to the TWG. The existence of a wider range of digital tools/platforms and social media provides a good opportunity to better engage AYP outside of TWGs.
5. **Develop specific guidelines and accountability mechanisms for youth engagement.** Although effective youth engagement is achievable, outlining the approach, process, roles, responsibilities and measurement criteria helps prioritize the engagement itself.
6. **Collect and respond to feedback on engagement of young people.** As with all youth-led activities, collecting feedback on engagement provides insights for continuous improvement and sharing successes.

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