



INTERNATIONAL WORKSHOP ON

ADOLESCENCE, SRHR, & HIV | 2024

ABSTRACT BOOK

International Workshop on Adolescence, SRHR, & HIV 2024

Nairobi, Kenya | 2 - 4 October 2024

ame

**academic
medical education**

All meeting materials such as abstracts, presentations, etc
will be posted on www.AcademicMedicalEducation.com

ORAL ABSTRACT PRESENTATIONS

Paper # - Paper Title	Page #
1 - Pilot Evaluation of Digital MindSKILLZ in Lagos, Nigeria: An Interactive Voice Response Game to Improve Mental Wellbeing of Adolescents	13
2 - Using Technology to Reach Adolescents and Young People (AYP) in Sub-Saharan Africa With SRH and HIV Services: The Case of the Tiko Platform	14
3 - “The Phone Works for Some Youth....” a Mixed Methods Evaluation of Patient Satisfaction With In-Person and Phone Delivery of the Adolescent Transition Package in Kenya During the COVID-19 Pandemic	15
4 - Mindful Responsive Services: Cross-analysis of Tiko Mental Health Service Integration, in HIV and Sexual Reproductive Health Services among Adolescent and Young People in Kenya	16
5 - Using HPV/DNA Testing to Target at Risk Young Mothers Living With HIV in Need of Cervical Cancer Screening in Zimbabwe	17
6 - Diving into the Life of Cameroonian Adolescents Living with HIV/Aids and Their Hope for Long-Acting Antiretroviral Treatment: The Cipher-Adola Study	18
7 - Early Results From the First Implementation of Cabotegravir Long-Acting (CAB-la) Injectable PrEP for Adolescents and Young People in Community-Based DREAMS Sites in Zambia	19
8 - Feasibility and Acceptability of a Novel, Gamified Mobile Solution Incentivizing Medication Adherence for Youth with HIV in Nigeria	20
9 - Lessons From the Implementation of the Adolescent Surge on HIV Outcomes Among Adolescents and Young People (15-24YEARS) in 29 Districts of Zambia, (2020-2022)	21
10 - Transitioning Adolescents Living With HIV to Tenofovir/Lamivudine+Dolutegravir Despite a Detectable Baseline Viral Load and Previous Exposure to Tenofovir/Lamivudine+Efavirenz Ensures Higher Virological Response: The CIPHER-ADOLA Study in Cameroon	22
11 - Effectiveness of Enhanced Adherence Counselling Among Adolescents Receiving Dolutegravir-Containing Regimens With Detectable Viremia in Cameroon: Optimizing Virological Outcomes in Paediatric Settings	24
12 - Understanding Social Determinants and Correlates of HIV and Mental Health among Adolescent Girls and Young Women	25
13 - Potentially Traumatic Life Events and Mental Health Among Youth Living With HIV in the Global Adolescent and Young Adult Network of IeDEA (AYANI)	26
14 - Reducing Vulnerability, Amplifying Resilience: A Comprehensive Approach to Engaging Adolescent Female Sex Workers in HIV Prevention Services in a Transit District of Kapiri Mposhi, Central Zambia	27
15 - "Enhancing Self-Care for Adolescents living with HIV: Strategic Insights and Best Practices from the Midterm Review of the You(th) Care Partnership" A Perspective from Kenya, Tanzania, and Zambia	28
16 - “I Wish Someone Else Could Notify the Partner”: Barriers to STI Partner Notification Identified and Experienced by Young Women and Health Care Workers in Cape Town, South Africa	29
17 - Addressing Barriers to Uptake of Pre-exposure Prophylaxis (PrEP) Among AGYW Using Community Quality Improvement Approach in Uganda	30



18 - Evaluating PrEP Initiation Among AGYW Who Are Pregnant and Mothers in Cape Town, South Africa	31
19 - Implementation of HIV Teams Substantially and Sustainably Improves HIV Indicator Condition-Guided Testing Rates in Hospitals in the Netherlands: The #Aware.HIV Study	32
20 - Improving Access to HIV Testing and Prevention Services Among Adolescents and Young People (AYP) Through Social Network Strategy (SNS) in Kajiado County, Kenya	33
21 - Male Engagement on Adolescent Maternal Mental Health: An Approach to Building Strong Families and Community Support for Adolescent Girls in Rakai and Kyotera Districts, Uganda	34
22 - Correlates of Long-Acting Reversible Contraceptive (LARC) Use Among Young Women in Southern Africa: A Secondary Analysis From HPTN 082	35
23 - Associations Between HIV Status Disclosure, Knowing Partner's HIV Status, and Condom Use Among Adolescent and Young Mothers in a High HIV Burden District, Eastern Cape, South Africa	36
24 - Optimising Engagement of Coaches to Mobilise Adolescent Girls and Young Women in Accessing Voluntary Family Planning Services in Northern Province of Zambia	37
41 - Stigma and Discrimination: Key Obstacles for Nigerian Adolescent Girls and Young Women Seeking HIV and STI Care	38

POSTER ABSTRACT PRESENTATIONS

Paper # - Paper Title	Page #
25 - Impact of the Egberifa Adolescent-led Health Program on HIV Prevention, Care, and Treatment in Yenagoa LGA, Bayelsa, Nigeria (December 2022 to December 2023): A Mixed Method Impact Study	40
26 - Gender Socialization, Masculine and Sexual Norms and Future Sexual Health Among Very Young Male Adolescents: Formative Research Findings From Zimbabwe	41
27 - Empowering Adolescents: Advocacy for Increased Contraceptive Uptake at Nyagoro Health Centre, Homabay County, Kenya	42
28 - Profiling HIV Risks of Adolescent Girls and Young Women who are Deaf: Insights from USAID CHEKUP I DREAMS Program in Zambia	43
29 - Using the Multidimensional Poverty Index (MPI) approach to ensure equitable HIV and SRH programming for Adolescents and Young People (AYP) in sub-Saharan Africa	44
30 - Scaling an Evidence-Based Model of Health, Happiness and Hope for Children and Adolescents Living with HIV in Sub-Saharan Africa	45
31 - Enhancing Mental Health Screening Among Adolescents Living With HIV: The Impact of the 'Horizon' Campaign at TASO Entebbe Wakiso District, Uganda	46
32 - Towards a Brighter Future: Using Person Centered HIV Prevention to Tailor HIV Programming to Needs of Young Girls and Adolescents	47
33 - Are We Leaving the Boys and Young Men Behind? Gender Disparities in PrEP Uptake Among Zambian Adolescents and Young People: A Descriptive Analysis	48



34 - Prevalence and Associated Factors of Sexual Abuse on HIV Outcomes Among Adolescents and Young Adults Living With HIV in Tanzania Within the Sauti Ya Vijana Cohort	49
35 - Role of the Orphans and Vulnerable Community Interventions in Addressing Viral Load Suppression amongst the CALHIV in Homa Bay County, Kenya	50
36 - Evaluating the Effectiveness of Social Media as a Feminist-Responsive Tool in Optimizing HIV Testing Services Among Highly Mobile Adolescent Males in Key Populations in Nigeria	51
37 - Building Capacity and Leadership of Adolescent Girls and Young Women in Sex Work through Social Enterprises in Mombasa County	52
38 - An Integrated School-Based SRHR Programme in Rural South Africa: Gender Differences in Uptake and Outcomes	53
39 - Access to HIV Information and Support for AYP in Kenya; A Case of One2one Integrated Digital Platform	54
40 - Exploring the Knowledge of South Africa's Safe Abortion Law Among Girls Aged 12-17 in Gauteng, South Africa	55
42 - Contraceptive Knowledge Gaps, Uptake and Concerns among Adolescent Girls in the MTN -034/Reach HIV Prevention Trial: The Uganda Site Experience	56
43 - Beyond Pills: A Holistic Approach to Supporting Adolescents and Young People Living with HIV (AYPLHIV) - The Operation triple zero (OTZ) Youth Kilifi Chapter Experience	57
44 - A Sexual and Reproductive Health Model for enhancing the prevention of HIV/AIDS Among young people (10 to 24 years) in Cameroon: The case of Fako Division in South West Region.	58
45 - Intersecting Stigmas and Their Impact on Adolescents' Sexual and Reproductive Health and HIV Outcomes	59
46 - Empowering Kenya's Girls: Transforming Adolescent Sexual and Reproductive Health Through Digital Feedback	60
47 - HIV Testing Uptake Among Adolescent Girls and Young Women Who Misuse Drugs or Alcohol in Selected Districts of Zimbabwe, 2023	61
48 - Ensuring Equity in Sexual Reproductive Health and HIV Programming for Adolescents and Young People	62
49 - Peer Navigators Involvement in FASTPrEP's Demand Creation to Promote Uptake of PrEP in Community-Based Clinic Services for Adolescent and Young People in Cape Town, South Africa	63
50 - Lessons From Mental Health Referrals for Young People Living With HIV Presenting With Mental Health Challenges in Tanzania	64
51 - Prevalence of Unprotected Sex Against Sexually Transmitted Infections and Pregnancy Among Adolescents and Young Adults Living With HIV: A Multiregional Analysis of the Adolescent and Young Adult Network of IeDEA (AYANI)	65
52 - Improving Access to SRH and HIV Prevention services through a Co-created safe-space model in rural Zimbabwe	66
53 - Adolescent Girls and Young Women's' Perspectives on Economic Empowerment in Kenya: Implications for Sexual and Reproductive Health Interventions	67



54 - Integration of Sexual Reproductive Health Services(Srhr) Among Adolescent and Young People(AYP) in Kenya, Machakos County	68
55 - Understanding the Pathways between INSPIRE-Aligned Provisions and Sexual Violence Outcomes in Adolescence: A South African Cohort Analysis	69
56 - Factors Associated With High Uptake of Sexual Reproductive Health Rights Services Among Adolescent Girls and Young Women to Reduce Vulnerability to HIV: Lessons From DREAMS Program in Zimbabwe, 2023	70
57 - Use of Pill Pack to Improve Antiretroviral Therapy [ART] Adherence Among Adolescents and Young People Living With HIV in Kenya,Nyandarua County	71
58 - Integrated Community and Facility-Based Service Delivery Models Reaching Adolescents and Young People Including Key Populations With Family Planning, HIV, and Mental Health Services: A Case Study of Mombasa County, Kenya	72
59 - Integrating DSD Models in DREAMS to Overcome Barriers to Linkage and Retention in HIV Care Among Adolescent Girls and Young Women in Kabwe, Central Zambia	73
60 - Breaking Barriers on Access to Mental Health Service Among Adolescents through a community based IPTG Intervention. Breaking Barriers on Access to Mental Health Service Among Adolescents through the use of community based Interpersonal Psychotherapy for Groups Intervention. A case study of two Counties in Kenya; Siaya and Machakos- Tiko Africa	74
61 - Training Peer Navigators to Deliver an Adolescent Mental Health Intervention as Part of a Comprehensive Sexual and Reproductive Health (SRH) Service	75
62 - Provision of Mental Health Services in Select HIV Clinics in Kenya	76
63 - Reaching Adolescent Boys 10-19 Years Old in the Community Through the Adolescent and Youth Mobile Clinic for Sexual and Reproductive Health in Maputo, Mozambique	77
64 - Exploring the Sexual and Reproductive Health Knowledge, Practices and Needs of Adolescents Living With Perinatally-Acquired HIV in Côte D'Ivoire: A Qualitative Study	78
65 - Patterns of Self-Disclosure among Adolescents and Youth Aged 15-24 Living with HIV (AYLHIV) in Western Kenya	79
66 - Relationship Dynamics, Sexual Patterns and PrEP Use Among Adolescents and Young Adults Enrolled in the Combined HIV Adolescent Prevention (CHAPS) Study Conducted in South Africa, Uganda, and Zimbabwe	80
67 - Enhancing Access to HIV & SRHR Self-Care Services for Adolescents and Young People: A Pathway to Ending AIDS by 2030 in Kenya, Zambia, and Tanzania	81
68 - Lessons Learnt From Engaging Adolescents in an SRHR Service Delivery Project in Rural Zimbabwe	82
69 - Development and Impact of the YAhealth Digital Health Platform on Adolescents' SRHR and HIV Awareness in Rwanda	83
70 - Comparing PrEP Initiation Rates by Service Delivery Models among High Risk Adolescent Boys and Young Men in KwaZulu-Natal, South Africa	84
71 - Optimizing Gender Based Violence Case Identification and Support Among Adolescents and Young People Through Community Mobilization in Rangwe Sub County Homa Bay County	85



72 - Strengthening Efforts to Enhance the Uptake of HIV and Sexual Reproductive Health Services by Adolescent Girls in Rural Areas Using the “Joint Implementation” Strategy: Lessons From Matobo District in Zimbabwe, 2024	86
73 - Utilizing Digital Literacy for HIV Prevention and Economic Empowerment among AGYW: Lessons from USAID CHEKUP I Programme in Zambia	87
74 - Trust Black Girls: Promoting Engagement and Participation in a Black Girl Centered Youth Advisory Board	88
75 - Improving Adolescents' Access to Contraceptive Services in Humanitarian Contexts in Uganda and South Sudan: A User-Centered Design Sprint Approach	89
76 - Factors Associated with HIV Testing Among Street-Connected and Homeless Youth in Kenya and Canada Enrolled in a Peer Navigator Program	90
77 - Improving Access to Sexually Transmitted Infections Services for Adolescents and Young People: The Community Health Awareness Programme of Shurugwi District, Zimbabwe	91
78 - Longterm Impact of Camp Program on Viral Load Suppression for Adolescents at Baylor Clinic Mwanza, Tanzania	92
79 - Impact of Peer Educators’ Program Towards the 3rd 95 UNAIDS Goal at Baylor Tanzania Mwanza CoE	93
80 - Enhancing Access to and Utilisation of Mental Health Services for Adolescents Living With HIV Through Lay Counsellors (Adolescents and Caregivers) Trained on the Friendship Bench Mental Health Problem Solving Therapy in Binga and Lupane District, Zimbabwe	94
81 - Improving Sexual Reproductive Health Rights Among Adolescent Girls and Young Women With Disabilities in the Salima District, Malawi	95
82 - Meaningful Involvement of Adolescents and Youth in HIV Research: Implementation of a Youth-Led Advisory Board in Western Kenya	96
83 - “They Are the Engine of Our Health Services...We Depend on Peer Navigators”: Qualitative Insights Into Peer Navigated-PrEP and SRH Integrated Services for Adolescent Girls and Young Women in Cape Town, South Africa	97
84 - “Unlocking Wellness: The Therapeutic Potential of Integrating Sports into Mental Health Programming for AGYW; A CHEKUP II Model to Explore Coping Strategies In Kapiri Mposhi, Central Zambia.”	98
85 - Systematic Review of Transition to Adult Care for Young People Living with HIV	99
86 - Identifying Upstream Community Factors Linked to Mental Health Issues in the Youth	100
87 - Improving the Efficiency of Community HIV Early Infant Diagnosis Using Point-Of-Care Testing in Teso Region: A Pilot Cross-Sectional Study	101
88 - Fostering Young People Living with HIV	102
89 - Improving HIV Case Identification in Adolescents and Young People (AYP) Through Index Case Testing: A Quantitative Study on Tracing Partners of HIV - Positive Adolescents in Kabwe District, Central Zambia	103
90 - “It Has Given Me a Voice:” a Combination Approach to Address the Structural Drivers of HIV Transmission Among Young Women in Western Kenya Through the Chak a Chaka Program	104



91 - Meaningful Engagement of Adolescent Girls and Young Women Ambassadors to Scale-up HIV and Violence Prevention in Dreams Program, Homa-Bay County, Kenya	105
92 - Addressing Gaps in HIV Services For Adolescent Girls, Young Women, and Key Populations in Nigeria: Identifying Effective Community-Led Strategies	106
93 - Navigating the Digital Landscape: Balancing Opportunities and Risks for Adolescent Well-being through Content Platforms and mHealth Technologies	107
94 - Improved Access to Information and Services on Safe Self-Managed Medical Abortion Among Young Women and Adolescents in Migori County	108
95 - Adolescent Health and Prevention at the Fore Front	109
96 - Leveraging on Integration to Strengthen HIV and Sexual Reproductive Health Intervention in Homa Bay County, Kenya	110
97 - Interventions to Improve Access to Sexual and Reproductive Health (SRH) Services for Adolescents Living with HIV (ALHIV) in Sub-Saharan Africa: A Scoping Review	111
98 - Equipping Adolescents Living With HIV With Mental Health Coping Skills and Developing Their Resilience in Lusaka District, Lusaka Province and Chipata, Eastern Province, Zambia	112
99 - Addressing the Risk of HIV Infection Among Adolescent Girls and Young Women Through Economic Empowerment: Evidence From USAID CHEKUP I DREAMS Program in Zambia	113
100 - Access to Sexual and Reproductive Health Information and Services by Very Young Adolescents in Mazowe District of Zimbabwe: Implications for HIV Prevention, 2022	114
101 - Implementation of MindSKILLZ in Temporary Camps in Malawi: Lessons Learned From Play-Based Mental Health Programming for Internally Displaced Adolescents in Nkhotakota District	115
102 - A Retrospective Analysis of Treatment Outcomes Among Young People and Adolescent Peers That Have Transitioned Out of the Young People and Adolescent Peer Support (YAPS) Program in Uganda	116
103 - Retrospective Case Series Study on Common Elements Treatment Approach for Managing Mental Disorders in Adolescents Living with HIV in Zambia	117
104 - Outcomes From Engaging Adolescents in the Design, Implementation, and Delivery of an Adolescent Health Project in the Context of Zimbabwe's Rural Public Health System: A Case Study	118
105 - Empowering Self-Disclosure: Lessons from a Peer-Led Mental Health Intervention for Adolescents and Young Adults Living with HIV in Tanzania	119
106 - Treatment Optimization in Adolescent Girls Using Operation Triple Zero Plus Strategy at Kenyena Sub County Hospital in Kisii County	120
107 - Optimizing HIV Treatment Outcomes Among Adolescents and Young People at Kitale County Referral Hospital in Western Kenya	121
108 - Supporting Disclosure: A Peer-Led Approach for Children Perinatally Infected With HIV	122
109 - Too Young to Be a Mother and Wife: An Analysis of Adolescent Pregnancies in Eastern and Southern Provinces of Zambia	123
110 - Building a Brighter Future: Staying Ahead of the Evolving HIV and Srhr Landscape and the Urgent Need to Include Boys in Sexual Health Programs	124



111 - Advocacy against Stigma for Pregnant Adolescents through Development of Policy and Legal Frameworks	125
112 - Understanding Obstacles: Why Adolescent Girls and Young Women in Nigeria Face Challenges Accessing HIV and STI Services	126
113 - Acceptance of Pre-exposure Prophylaxis (PrEP) and Reasons for Discontinuation among Adolescents and Pregnant Woman in Akwa Ibom State	127
114 - Transition to adult HIV care processes for Adolescents living with HIV: An Integrated Literature Review	128
115 - Differentiated Service Delivery of HIV and Mental Health Services Through Digital Innovation to Improve Retention in Care for Adolescents and Young People	129
116 - Lessons Learned From Adapting the Objective-Reflective-Interpretive-Decisional Framework: Engaging With School and Community Stakeholders on Pregnant and Mother Learners in South African Secondary Schools	130
117 - Building a Youth Community Advisory Board (YCAB) in Masiphumelele: Lessons Learned and Successes in Adolescent Health Research	131
118 - Uptake of Mental Health Services by Adolescents Living With HIV at Matero First Level Hospital Between October 2022 to May 2024, in Zambia	132
119 - Feasibility, Acceptability and Fidelity of a Peer-Led Mental Health and Life Skills Intervention for Youth Living With HIV Sauti Ya Vijana Trial in Tanzania	133
120 - Increasing Uptake of HIV and Srh Services among Adolescents 10 -14 Using Uptake of HPV Vaccine as an Entry Point	134
121 - Community-Powered Transformation: A Holistic Approach to Enhance SRHR Outcomes among Adolescent Girls and Young Women through Community-Led Advocacy in Nairobi, Kenya	135
122 - HIV Prevention Through Results-Based Community and Schools' Partnership for Keeping Girls in School: Lessons From Mazowe District in Zimbabwe, 2024	136
123 - Harnessing the Power of Digital and Social Media to Disseminate Comprehensive Sexuality Education for Adolescents Using the AMAZE Africa Digital Campaign	137
124 - Empowering Adolescent Girls through Podcasts: Addressing Barriers to Sexual Education in Nigeria	138
125 - Understanding the Impact of Age of Consent Policies on HIV Prevention for Adolescents in Zambia	139
126 - Adolescent Boys, Young Men (ABYM) and Male Sexual Partners (MSP) involvement in addressing Triple Threat in Homa Bay County, Kenya	140
127 - Enhancing Sexual and Reproductive Health Services and Menstrual Health to Adolescents with and without Disabilities	141
128 - "I Had No Idea That There Was Something Called the YouthFriendly Corner": Influencers to Service Uptake Among Adolescent Girls in Zambia's Chelstone First-Level Hospital & Kamwala Clinic	142
129 - Establishing an Adolescents' Community Advisory Board in Research: Best Practices, Experiences, Challenges, and Successes	143
130 - Empowering Adolescents: Innovations in Sexual and Reproductive Health Education	144



131 - Evaluating the impact of Adolescent Champions in Strengthening youth Friendly Service Delivery in the Community, Mwanza Region	145
132 - There Are Still Myths and Misconceptions Around It!! Assessing Pre Exposure Prophylaxis Knowledge Among Adolescents in Zambia, a Mixed Method Survey	146
133 - Effect of Comprehensive HIV Prevention Information Package on Risky Sexual Behavior Among Youth in Kakamega and Kericho Counties, Kenya	147
134 - HIV Risk Perception and Behavior Among Adolescent Girls and Young Women Enrolled in the Determined, Resilient, Empowered, AIDS Free, Mentored and Safe HIV Prevention Program in Selected Districts of Zimbabwe, 2023	148
135 - Use of Demand Creation to Improve Uptake of Cervical Cancer Screening Services Among Women Living With HIV at Buntungwa Urban Health Centre in Mansa District, Zambia	149
136 - The Importance of Comprehensive Sexuality Education in HIV Prevention Among Young People	150
137 - Overcoming Stigma to Support Adolescent Mothers' Return to School	151
138 - Lessons Learned: Uptake of the Primary Prevention Strategy (In 10-24 Year Old's) for Cervical Cancer in Health Facilities in Blantyre, Malawi (Analysis of Pre-covid, COVID and Post-covid Trends).	152
139 - Beyond Silos: The Intersectional Benefits of a Multi-Sectoral Approach to Addressing Gender Based Violence among Adolescent Girls and Young Women under the Usaid Chekup II Dreams Activity in Kapiri Mposhi District, Central Zambia	153
140 - Investigating the Representative Council of Learners (RCL) Engagement and Policy Awareness to Support Adolescent Pregnancy Management in South African Schools in the Eastern Cape Province	154
141 - Sexual Behaviour and Condom Use among Adolescents aged 15-19 years in Nigeria	155
142 - It's Time to Tell: How Early Naming of HIV to Children Improves Adolescent Well-Being and Reduces Self-Stigma	156
143 - "A Hungry Stomach, An Empty Home and A Broken Family". A Comprehensive Intervention for Orphans and Vulnerable Children Living with HIV In Nakuru and Samburu Counties, Kenya	157
144 - Health and Social Dynamics of Teenage Mothers Living with HIV in Kenyan Slums	158
145 - Use of Differentiated Service Delivery Model to Improve Retention in Kwale County	159
146 - Prevalence of Mental Disorder Symptoms and Substance Use Among HIV Virologically Unsuppressed Adolescents on Antiretroviral Therapy in Zambia	160
147 - Using Targeted Interventions to Create Awareness on HIV/AIDS, GBV & Teenage Pregnancy Among Adolescents in Rural Kenya	161
148 - Empowering Every Voice: Bridging HIV Prevention Gap Among Adolescent Girls and Young Women (AGYW) With Disabilities Through the PEPFAR DREAMS Initiative	162
149 - A Community Health Worker (CHW) - Led Approach to Uptake of Fistula Intervention Services Among Adolescent Girls in West Nile	163
150 - The Feasibility of Protective Communities Approach as Key Strategy to reduce Stigma and Improve Access to HIV Prevention Information and Services among Adolescent Girls and Young Women in Yobe, Northeast-Nigeria	164



151 - HIV Prevention Services (PrEP) Integration Among MSM in Kenya	165
152 - Peer-led Social Network Strategy to improve HIV case identification among adolescents and young people at Kitale County Referral Hospital in Western Kenya	166
153 - Integration of Human papillomavirus Vaccination Within the HIV Clinic at Kitale County Referral Hospital in Western Kenya	167
154 - Use of Pay-For-Performance Mechanisms to Generate Verified Impact for Adolescent HIV and SRH Integrated Services: A Case Study of the Development Impact Bond in Kenya	168
155 - Prevalence of and Factors Associated with Contraceptive Use among Adolescent Girls in Kibera, Nairobi County: A Mixed Methods Study	169
156 - Jua Mtoto Wako Initiative (JMWI): Addressing Barriers to Viral Load Suppression (VLS) Among Children and Adolescents Living With HIV (CALHIV) Through Enhanced Case Management in Migori County, Kenya	170
157 - Piloting the Zvandiri Model in South Africa: a journey of implementation and integration to date	171
158 - Care for the Carers: Mental Health Challenges Amongst Peer-Educators in South Africa	172
159 - The Factor Structure, Reliability, and Validity of the 10-Item HIV Stigma Scale for Adolescents and Young Adults Living With HIV in Southwestern Uganda	173
160 - Digital Innovation for SRHR: A Namibian Case Study on Sex Talks Podcast and Youth Empowerment	174
161 - Lessons Learnt on Censorship for Content Related to Digital Intervention Program for SRHR and Key Populations in India	175
162 - Making Public Health Clinics Adolescent Friendly to Help Increase Uptake of Male Circumcision Services among Adolescent Boys and Young Men. Evidence from Central and Western Provinces of Zambia	176
163 - Economic Stress and Behavioural Risks Among ABYM NEETs: A Cross-Sectional Analysis of Programmatic Data	177
164 - Plugging into Health: A Peer-Powered Revolution for Youth	178
165 - Treatment Interruption Patterns Among Young People in USAID-Supported PEPFAR Programs	179
166 - Mixed-Methods Evaluation of the Patients of the Adolescent and Young Adult Health Care Transition Clinic	180
167 - Combined Approaches Towards Improving Access to and Use of Contraceptives Amongst Adolescents and Youths: A Case Study of Nyalkinyi Health Centre in Homabay	181
168 - Improving the participation and attendance in support groups by adolescents living with HIV through provision of sports in 2 clinics in Binga district, Zimbabwe	182
169 - "Some Rumors Can Make You Fear to Use the Methods": A Qualitative Analysis of Factors Affecting the Utilization of Modern Family Planning Services Among Adolescent Girls and Young Women In Rural Northern Uganda	183
170 - Analysis of Adolescents' Attitudes and Knowledge on Sexual Reproductive Health and HIV Services in Abuja and Anambra	184
171 - Challenges Faced by Adolescents Living with HIV in Pediatric HIV Care Clinics: An Integrated Literature Review	185



172 - A Review of an Adolescent Peer Navigator Training Curriculum in Western Kenya	186
173 - Empowering Adolescents Living with HIV: Access to Justice and Community Sensitization on Gender-Based Violence in Nyaribari Chache, Kisii County	187
174 - Mental Health Problems Among Adolescents Living With HIV: A Cross Sectional Study of Four Provinces (Western, Southern, Eastern and Lusaka) in Sites Implementing CETA	188
175 - The Impact of the Grassroot Soccer and the SKILLZ Program on the Adolescent Young People Within Alexandra Community	189
176 - Standardized Peer Support Led Facility Safe Spaces for Adolescent Living with HIV In Bulawayo Zimbabwe	190
177 - Exploring Peer-Based Support Models in Schools for Pregnant and Mothering Adolescent	191
178 - An Exploration of PrEP to ART User Journey of Young People During a PrEP Implementation Study in Cape Town, South Africa	192
179 - Barriers in Accessing Youth Friendly Reproductive Health Services at Nyalkinyi H/C in Homabay County	193
180 - Steady Increase of HIV Prevalence among Adolescent PWID aged 15-19 years in Nigeria: Analysis of Three Rounds of Biological Behavioural Surveys from 2010 - 2020	194
181 - Expanding Access to Low-Priced Blood-Based HIV Self-Testing: Findings From Nigeria	195
182 - Guardians' Perspectives on Life Orientation in Schools: A Case Study of Schools in Limpopo Province, South Africa	196



ORAL ABSTRACT PRESENTATIONS

**International Workshop on Adolescence,
SRHR, & HIV 2024**

Live Meeting

2 – 4 October
Nairobi, Kenya

1

Pilot Evaluation of Digital MindSKILLZ in Lagos, Nigeria: An Interactive Voice Response Game to Improve Mental Wellbeing of Adolescents

Kuthyola K¹, Lee D², Ndlovu P³, Odusolu B⁴, Sekoni A⁵

1Grassroot Soccer, Inc., Lilongwe, Malawi, 2Grassroot Soccer, Inc., Cape Town, South Africa, 3Grassroot Soccer, Inc., Bulawayo, Zimbabwe, 4Grassroot Soccer, Inc., Lagos, Nigeria, 5College of Medicine of the University of Lagos, Lagos, Nigeria

Background: Digital and mhealth platforms show promise in reaching young people without access to in-person mental health resources, but data costs and network connectivity remain challenging. Interactive voice response (IVR) on the Viamo 4-2-1 platform addresses these challenges, as it is accessible from any phone by call, and prompts users to respond and choose options via phone number keys. Grassroot Soccer (GRS) partnered with Viamo to develop and evaluate the Digital MindSKILLZ IVR game, which aims to deliver mental health information and introduce positive coping skills to young people in an engaging, accessible way. Voice actors guide participants through mental health, football knowledge, and coping skills content in the game, as participants respond to questions and navigate through the game.

Methods: GRS conducted a pilot evaluation to examine acceptability, feasibility, and preliminary effectiveness of the Digital MindSKILLZ game as a platform for young people aged 15-24 in Lagos, Nigeria to access mental health information. Participants were recruited to complete a short survey before (n=25) playing the game and took part in focus group discussions (FGDs) (n=3) to provide additional feedback. The survey was also administered again at 8 weeks follow-up (n=22).

Results:

- Acceptability was very high, with 92% of participants reporting that they liked the game a lot, and 84% reporting that it was easy to understand. Participants also reported via FGDs that they found the game to be fun and interesting.

- Participant mental well-being scores increased modestly at follow-up (86% scoring 50 or higher on WHO-5, vs 77% pre-intervention), while mental health knowledge and stigmatizing beliefs also showed small improvements.

- Participants reported improved understanding of mental health after the game, and that they enjoyed learning coping skills (mindful breathing), finding them clear and useful.

- Connectivity via phone call remained challenging, and some participants recommended improving the navigation through the game. Participants also recommended connecting the game to services, and providing a Q&A function.

Conclusion: The highly acceptable Digital MindSKILLZ game shows IVR platform could be replicated to enhance reach to a wider population of adolescents with critical health information in other disease areas and geographies.



2

Using Technology to Reach Adolescents and Young People (AYP) in Sub-Saharan Africa With SRH and HIV Services: The Case of the Tiko Platform

Essendi H¹, Gichiri S¹, Malaba S¹, Ogada-Wanaswa L¹

¹Tiko, Nairobi, Kenya

Background: Access to crucial reproductive health and HIV services remains a challenge for many eligible adolescents and young people (AYPs) in sub-Saharan Africa (SSA). Consequently, they face increased rates of unintended pregnancies, unsafe abortions, increasing HIV infections and other sexually transmitted infections. As a result, there is a high HIV burden among AYPs aged 15-24 years.

Methods: To address these gaps, Tiko implements a digital platform that connects AYPs (15-24 years) to a network of quality assured public facilities, private clinics and pharmacies where they can access free or fully subsidised SRH, HIV and mental health services. The HIV services accessed include HIV testing, prevention through pre-exposure prophylaxis (PrEP) and treatment through antiretroviral therapy (ART). Tiko targets vulnerable AYPs in urban and peri-urban communities in Kenya, Uganda, Ethiopia, Burkina Faso, South Africa and Zambia. By creating this ecosystem of actors, Tiko creates positive feedback loops where AYPs can access information from community mobilisers, community health assistants and health providers and can be referred for services, meet with youth-friendly service providers, access the health and wellbeing services, and then rate the services to give service providers feedback on how they are performing, always taking applicable privacy legislation into account.

The Tiko platform provides a unique way of directly observing AYPs preferences for SRH and HIV products and services:

- It removes the barriers to access
- It provides AYPs with everything they need to make an informed decision

- It tracks the decisions they make to tell us what methods/services AYPs are using
- It tracks those coming for repeat service and those failing and nudges their behaviour
- Tiko's further enables a real-time tracking of service use including repeat uptake of services

Findings: Between January 2017 and April 2024, Tiko reached

- 1,171,457 users in Kenya with HIV and SRH services & 882,532 family planning services
- 185,547 integrated services offered to 60,541 AYPs (261 Transgender, 5,580 Males, 54,699 females) with 2,859 being KPs (335 PWID, 2,260 FSW, 238 MSMs)

Conclusions: Tiko platform offers a novel approach to reducing hidden costs of accessing health and wellbeing services by AYPs



3

“The Phone Works for Some Youth...” a Mixed Methods Evaluation of Patient Satisfaction With In-Person and Phone Delivery of the Adolescent Transition Package in Kenya During the COVID-19 Pandemic

Mangale D¹, Onyango A², Majaha M¹, Mugo C^{2,3}, Wamalwa D⁴, Means A¹, Weiner B¹, John-Stewart G^{1,3,5,6}, Njuguna I^{1,2}, Beima-Sofie K¹

¹Department of Global Health, University of Washington, Seattle, United States of America, ²Research & Programs, Kenyatta National Hospital, Nairobi, Kenya, ³Department of Epidemiology, University of Washington, Seattle, United States of America, ⁴Department of Paediatrics and Child Health, University of Nairobi, Nairobi, Kenya, ⁵Department of Pediatrics, School of Medicine, University of Washington, Seattle, United States of America, ⁶Department of Medicine, School of Medicine, University of Washington, Seattle, United States of America

Background: The COVID-19 pandemic disrupted clinic visits and prompted a switch from in-person to phone delivery of HIV services for youth living with HIV (YLH). There is limited data from YLH’s perspective on service delivery options for HIV care beyond the pandemic. This study aimed to examine youth satisfaction with phone versus in-person delivery of an Adolescent Transition Package (ATP) to support transition to independent HIV care in Kenya.

Methods: We nested this analysis in a hybrid 1 cluster randomized controlled trial. Applying a mixed methods approach, we collected data using satisfaction surveys with YLH and in-depth interviews (IDIs). The survey data was analyzed using descriptive statistics. Using content analysis we evaluated the qualitative data for salient themes underlying YLH experiences.

Results: We surveyed 375 YLH, majority of which were ≥18 years (55%) and female (62%), and interviewed 35 YLH, a majority of whom were ≥18 years (65%) and female (56%). Overall, the survey indicated there was higher satisfaction for in-person delivery of the ATP than phone delivery. For phone delivery, YLH experienced highest

satisfaction with the language used and sense of being valued during phone calls (both 89%) compared to duration, timing and speed for in-person visits (all 97%). For both strategies, items depicting suitability for self-expression and appropriateness for communicating sensitive issues had the lowest performance (phone: 58% and 34%; in-person: 67% and 36%, respectively).

IDIs indicated that youth had good experiences with both strategies, but phone delivery was limited by privacy concerns, call quality issues and low rates of comprehension of the ATP material. In contrast, in-person visits were perceived to better alleviate most privacy issues while facilitating meaningful relationship connections and better communication. Nonetheless, the phone was found to be more convenient, time efficient and more affordable than in-person visits.

Conclusion: We identified higher satisfaction with, and preference for receiving the ATP sessions during in-person visits. However, privacy and confidentiality, patient-provider relationship and connection, convenience, and averted time and financial costs were notable drivers of satisfaction and preference for phone use, and this may be important to consider when designing delivery strategies for this YLH.



4

Mindful Responsive Services: Cross-analysis of Tiko Mental Health Service Integration, in HIV and Sexual Reproductive Health Services among Adolescent and Young People in Kenya

Otieno B¹

¹Tiko Africa, Nairobi, Kenya

Background: Exposure to chronic poverty, and abuse, coupled with rapid physical, emotional and social concerns have led to the high burden of adolescent mental health morbidity in Sub-Saharan Africa (Mabrouk et al., 2022). In sub-Saharan Africa, depression and anxiety are becoming the leading mental health conditions with prevalence rates of 19%, and 20%, respectively among adolescents and young people 15-24 compared to the current prevalence of general mental health at 23% among the same cohort globally (Hunduma et al., 2021). Tiko Africa conducted a desk review of their services data and integration of mental health services among Adolescents and young people 15-24 years.

Methods: Tiko Africa conducted a co-relational analysis of its integrated Service uptake data of Mombasa and Kilifi counties in Kenya that offered mental health services alongside other health programs i.e SRH, and HIV intervention. A desk review of three health services (HIV testing, FP, and PrEP services) and a correlation analysis of the Mental Health screening and service offered at Tiko was conducted. The feasibility of the intervention was measured by assessing their Mental health service uptake data to determine the specific integrated services performance to these intervention data. Qualitative data were analyzed using thematic analysis.

Results: Overall, there was a 44.14% (n=13960) uptake rate of mental health services alongside other health services. Both counties (Kilifi and Mombasa) had their programmes screening 19,205 adolescents for depression with 8477 adolescents accessing mental health services and

additional services between May 2022 to the end of June 2024. The analysis noted improvement between overall service uptake in HIV, FP, and PrEP services at 62%, 60% and 8% respectively and mental health services. Longitudinal analysis of specific users showed improvement in repeat uptake of services where mental health service was integrated. Uptake of HIV, FP and PrEP was high among AYPs 17-21yrs at 36% (n=3194) compared to the other age groups.

Discussions: Mental health service-seeking behavior among AYPs 15-20 years could be achieved optimally when integrated within existing programs where routine screening is conducted at the lowest health system level.



5

Using HPV/DNA Testing to Target at Risk Young Mothers Living With HIV in Need of Cervical Cancer Screening in Zimbabwe

Kuchocha P¹, Chitiyo V¹, [Sellberg A](#)¹, Bondayi S¹, Chikwanya T¹, Makamba A¹, Mnkandla P¹, Madakadze S³, Andifasi P², Mushavi A², Willis N¹, Pascoe M⁴

¹Zvandiri, Harare, Zimbabwe, ²Ministry of Health and Child Care, Harare, Zimbabwe, ³Population Solutions for Health, Harare, Zimbabwe, ⁴Newlands clinic, Harare, Zimbabwe

Background: Cervical cancer is the fourth and most common cancer among women globally and Zimbabwe, respectively. WHO recommends high-risk Human Papillomavirus Virus (hrHPV) screening modality starting at the age of 25 with regular screening every 3 to 5 years. Zvandiri provides peer-led, differentiated services to Young Mothers living with HIV (YMLWHIV) through the Young Mentor Mother (YMM) programme. Programmatic data showed comparatively high proportion of lesions suspicious for cancer among YMLWHIV screened using Visual Inspection with Acetic Acid and Camera (VIAC). To explore this further, Zvandiri collaborated with Her Voice Fund and Population Solutions for Health (PSH) and used hrHPV screening.

Description: YMLWHIV across 10 districts in Zimbabwe in the YMM programme were mobilized for hrHPV screening from November-2022 to February-2023. Eligibility was based on risk factors including early sexual debut, multiple sexual partners and history of treatment for sexually transmitted infections. The YMMs collaborated with healthcare workers to link YMLWHIV to HPV screening provided in Harare and Bulawayo districts, by PSH. Those screening positive were linked to VIAC and treatment: cryotherapy and Loop Electro-Excision Procedure (LEEP) as per need.

Lessons Learned: 183 YMLHIV (19-24years, median age;21years), were mobilized for hrHPV screening and 113/183(62%) were successfully screened. Among these, 44/113 (39%) who screened positive

were referred and 41/44 (93%) accessed VIAC services. Three YMLHIV did not receive services due to pregnancy. 6/40(15%) were identified with lesions suspicious of cancer, of which all accessed treatment: cryotherapy (3/6;50%) or LEEP (3/6;50%). Histological examination of excised tissue from LEEP showed Cervical Intraepithelial Neoplasia (CIN1) and CIN3 for one and two of the samples, respectively.

The high proportion of YMLWHIV with lesions requiring treatment showed the need for cervical cancer screening, even at lower ages than recommended by WHO. HPV screening was useful to determine those in need of earlier screening.

Next-steps: There is need to confirm these findings through a larger research, to help inform efforts for early identification and treatment of cervical cancer which has known adverse outcomes if there are delays along the continuum. The research will contribute to inform WHO guidelines for YMLWHIV and influence global, regional and national policies.



6

Diving into the Life of Cameroonian Adolescents Living with HIV/Aids and Their Hope for Long-Acting Antiretroviral Treatment: The Cipher-Adola Study

Bouba Y¹, Santoro M³, Ka'e A^{2,3}, **Gouissi Anguechia D^{2,4}**, Nka A², N. Tetang S⁵, Simo Kamgaing R², N. Ateba F⁶, Nga Motaze A⁵, Fainguem N², Tommo Tchouaket M², Takou D², Guebiapsi Tameza D⁷, Ayafor C⁸, A. Menye M⁹, Noukayo F¹⁰, Essamba S¹¹, Ketchaji A¹², Kamgaing N², Yakouba L¹¹, Ngoufack Jagni E², E. Gabisa J², Wome Basseck R⁴, Wiadamong A⁸, Abdou G¹³, Eyenga C⁵, Etame N², Kengni A², Moko L², Yimga J², Sosso M², Ngo Nemb M¹⁴, Njom Nlend A¹⁵, Penda C¹⁶, Halle Ekane G¹⁷, Bacha A¹⁸, Tchendjou P¹⁹, A. Ajeh R²⁰, Armenia D¹, Bissek A²¹, Same Kob D²², Colizzi V²³, Koki Ndombo P⁶, Ndjolo A², Perno C²⁴, Ceccherini-Silberstein F³, Fokam J^{2,11,17}

¹UniCamillus University/CIRCB, Yaounde, Cameroon, ²Chantal Biya International Reference Centre for Research on HIV/AIDS Prevention and Management (CIRCB), Yaoundé, Cameroon, ³Department of Experimental Medicine, University of Rome Tor Vergata, Rome, Italy, ⁴Faculty of Medicine and Biomedical Sciences, University of Yaoundé 1, Yaoundé, Cameroon, ⁵Essos Hospital Centre, Yaoundé, Cameroon, ⁶Mother and Child Centre, Chantal BIYA Foundation, Yaoundé, Cameroon., ⁷Integrated research education and support group (IREG), Yaoundé, Cameroon, ⁸Protestant University of Central Africa, Yaounde, Cameroon, ⁹Mbalmayo District Hospital, Mbalmayo, Cameroon, ¹⁰Cite-verte District Hospital, Yaoundé, Cameroon, ¹¹Central Technical Group, National AIDS Control Committee, Yaoundé, Cameroon, ¹²Department of Disease, Epidemics and Pandemic Control, Ministry of Public Health, Yaoundé, Cameroon, ¹³Central African Catholic University, Yaoundé, Cameroon, ¹⁴Evidence Action, Yaoundé, Cameroon, ¹⁵Health Ebene Consulting, Yaounde, Cameroon, ¹⁶Faculty of Medicine and Pharmaceutical Science, University of Douala, Douala, Cameroon, ¹⁷Faculty of Health Sciences, University of Buea, Buea, Cameroon, ¹⁸HIV/AIDS and adolescents Program, United Nations Children's Fund (UNICEF), Yaoundé, Cameroon, ¹⁹Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Yaoundé, Cameroon, ²⁰HIV, Tuberculosis and Malaria Global Funds Subvention Coordination Unit (UCS), Ministry of Public Health, Yaoundé, Cameroon, ²¹Division of Health Operational Research, Ministry of Public Health, Yaoundé, Cameroon, ²²The Joint United Nations Program on HIV/AIDS (UNAIDS), Yaoundé, Cameroon, ²³University of Bandjoun, Bandjoun, Cameroon, ²⁴Bambino Gesù Pediatric Hospital, Rome, Italy

Long-acting injectable antiretroviral (LAI-ART) might be a potential game-changer in the

treatment of adolescents living with HIV (ALWH). We aimed at delineating the profile of Cameroonians ALWH regarding their interest in receiving LAI-ART.

Cross-sectional study was performed among participants of the CIPHER-ADOLA cohort which enrolled ALWH 10-19 years receiving tenofovir/lamivudine/dolutegravir (TLD) in four paediatric treatment centres in Cameroon. Data were collected using medical records and questionnaires. Uni-multivariate logistic regression was performed to identify factors associated with interest of ALWH to LAI-ART.

We enrolled 236 ALWH (male: 51.7%; median [IQR] age: 15 [13-17] years) mainly treated in urban-settings (84.3%), with a median-BMI of 19.3 (17.3-21.8); overweight: 10.6%; and underweight: 7.2%. Majority lived with their biological parents [60.6%] and HIV status was partially/fully disclosed in 76.7%; stigmatised and non-injectable drug-users represented 3.0% and 5.9%, respectively. About 77.5% were in a multi-month ARV-dispensing differentiated service delivery model (M-DSD) and only 34.3% self-reported no missed ARV-dose since 30-days. About 30.9% were knowledgeable on LAI-ART; and 73.1%, 15.8% and 11.1% had respectively no-, moderate- and high-fear of injection/needle. About 71.6% and 72.5% respectively had a VL<50 copies/mL and CD4≥500 cells/mm³. Globally, 92.4% (n=218) were LAI-ART interested. Compared to non-LAI-ART interested ALWH, they had a higher median-age (15 [13-17]) vs. 13 [11-15], p=0.010); higher BMI (19.4 [17.4-21.9] vs. 17.9 [16.7-19.3], p=0.041), mainly living with their biological-parent (62.4% vs. 38.9%, p=0.096), mainly non-injection/needle fearing (74.5% vs. 55.6%, p=0.058), and knowledgeable on LAI-ART (32.6% vs. 11.1%, p=0.075). Sex, immunovirological status, ART-adherence and living in urban-settings were not significantly associated with interest in LAI-ART. In multivariate model, only injection/needle fear independently predicted LAI-ART interest. Compared to ALWH with high fear, those without fear were about four-folds more interested (OR [95% CI]: 4.243 [1.089-16.527], p=0.037). Finally, concerning the preference between LAI-ART and M-DSD, 74.8%, 20.9% and 4.3% respectively preferred LAI-ART, M-DSD and no preference. Cameroonians ALWH have many challenges to overcome during their therapeutic pathway. Despite their low knowledge of LAI-ART, they express a high interest in LAI-ART, particularly predicted by the absence of injections/needles fear. Providing data on their eligibility to this new strategy is essential to guide decision-making.



7

Early Results From the First Implementation of Cabotegravir Long-Acting (CAB-la) Injectable PrEP for Adolescents and Young People in Community-Based DREAMS Sites in Zambia

Mwango L¹, Baumhart C^{2,3}, Malwa Z¹, Bwembelo B¹, Mbokile W¹, Olowski P⁴, Tembo K¹, Phiri A¹, Adebayo O⁴, Lavoie M^{2,3,5}, Claassen C^{2,3,4}

¹Ciheb Zambia, Lusaka, Zambia, ²Institute of Human Virology, University of Maryland School of Medicine, Baltimore, USA, ³Center for International Health, Education, and Biosecurity, Institute of Human Virology, Baltimore, USA, ⁴Maryland Global Initiatives Corporation Zambia, Lusaka, Zambia, ⁵Division of Global Health Sciences, Department of Epidemiology and Public Health, Baltimore, USA

Cabotegravir long-acting (CAB-LA) injections for pre-exposure prophylaxis (PrEP) have demonstrated high efficacy in preventing HIV infections in clinical trials. In February 2024, the Zambia Ministry of Health launched CAB-LA PrEP for HIV prevention through a phased approach at nine sites, targeting 80% adolescent girls and young women (AGYW) and 20% adolescent boys and young men (ABYM). Ciheb Zambia implemented CAB-LA at two DREAMS centers for adolescents and young people (AYP) aged 16-24 years with the goal of initiating 50% PrEP-naïve clients, and 50% PrEP-experienced clients of more than 6-months who will transition from oral to injectable PrEP. We describe initial implementation of CAB-LA in a real-world setting in Zambia.

Ciheb Zambia trained 20 healthcare workers and 24 DREAMS staff to implement CAB-LA PrEP following national guidelines. AYP were mobilized, sensitized, and screened using an HIV risk screening tool. AYP who were not high risk were referred to alternative services while those who screened as high risk received additional laboratory screening including HIV-serology, HIV-DNA, liver function, Hepatitis-B, and pregnancy tests. Eligible clients received further counselling on the importance of adherence, injection

schedules, and seeking immediate guidance for CAB-LA cessation.

We screened 132 AYP for eligibility; 104 (79%) were eligible, 28 (21%) were not eligible due to breastfeeding (18/28, 64%), taking oral PrEP for less than 6-months (2/28, 7%), pregnancy (6/28, 21%), hepatitis B (1/28, 4%), and HIV-DNA (1/28, 4%). Among eligible AYP, 103/104 (AGYW: 90, 87%; ABYM: 13, 13%) consented and received initiation injection #1; 83% were PrEP-naïve while 17% were PrEP-experienced transitioning from oral PrEP. Four clients reported pain at injection site, and two reported one day of diarrhea. All eligible clients received initiation injection #2 (59/59, 100%) and third injections (3/3, 100%), and no clients discontinued CAB-LA or seroconverted to HIV-positive.

Early CAB-LA PrEP implementation for AYP at-risk for HIV at DREAMS centers in Zambia demonstrated successful integration into real-world settings with high acceptability and adherence to injection schedules and no observed seroconversions or discontinuations. These findings highlight the feasibility of CAB-LA as a preventive intervention in community-based settings, supporting broader rollout for HIV prevention among high-risk populations.



8

Feasibility and Acceptability of a Novel, Gamified Mobile Solution Incentivizing Medication Adherence for Youth with HIV in Nigeria

Were M¹, Idigbe I², Pierce L³, David A², Ejiga Q², Ogunwale J², Agbo I², Shepherd B⁴, Ezechi O², Musa Z², Dowshen N⁵, Yu Z⁴, Okonkwo ⁶, Ahonkhai A^{3,7,8}

¹Division of Biomedical Informatics, Vanderbilt University Medical Center, , United States, ²Nigerian Institute of Medical Research, , Nigeria, ³Medical Practice Evaluation Center, Massachusetts General Hospital, Boston, , United States, ⁴Vanderbilt University School of Medicine, Nashville, , United States, ⁵Department of Health Policy, Vanderbilt University Medical Center, Nashville, , United States, ⁶APIN Public Health Initiatives, , , ⁷Division of Infectious Disease, Vanderbilt University Medical Center, Nashville, , United States, ⁸Division of Infectious Diseases, Massachusetts General Hospital, , United States

Background: PEERNaija is a gamified mobile application designed to improve adherence through medication reminders, points, multi-level leaderboard, challenges, achievements and virtual peer social support (via chatroom) for youth with HIV (YWH) in Nigeria.

Methods: We conducted a 6-month pilot randomized controlled trial to assess implementation feasibility, acceptability, appropriateness and preliminary efficacy of additional lottery-based financial incentives (PEERNaija+) compared to no financial incentive (PEERNaija). YWH, 15-29 years, in care, and on antiretroviral therapy were eligible for participation. Demographic characteristics, psychosocial (self-efficacy, social support), adherence assessments, and implementation outcomes (via validated scales) were collected at 0, 3, and/or 6 months. HIV RNA was assessed up to 3 months before enrollment, and at study completion (+/- 1 month). Descriptive statistics were used to assess differences between study arms, and clinical, user, and implementation measures over time.

Results: Among 54 individuals enrolled, 26 were randomized to PEERNaija and 28 to PEERNaija+; 12 exited early (83% due to lost, broken, or switch to incompatible phones); 42 completed the intervention. Average age was 19.2yrs (SD 3.8) and

57% (n=24) were male. Mean baseline viral load (5422 copies/mL), social provisions (72.7), self-efficacy (7.8), and adherence scores (83) did not differ significantly between study arms, or assessment periods (p>0.05). Mean acceptability (4.1, SD0.7), appropriateness (4.1, SD0.7), and feasibility (3.9, SD0.7) scores were high without difference between study arms (p>0.05). At 6-months, 77% (n=30) of participants received all reminders, 69% (n=27) felt it helped to see peers' adherence. Only PEERNaija+ participants thought the app (71%, n=15) helped them to miss fewer doses. Most participants 95% (n=35) would use the app after the study ended and 97% (n=38) would recommend the app to a peer.

Conclusions: The PEERNaija application provides a novel, feasible and acceptable multifaceted approach to improving medication adherence for YWH. Awareness of peers' adherence (social incentive) was found to be helpful with user reported benefit of added financial incentives. Larger, powered hybrid effectiveness studies are needed.



9

Lessons From the Implementation of the Adolescent Surge on HIV Outcomes Among Adolescents and Young People (15-24YEARS) in 29 Districts of Zambia, (2020-2022)

Chisenga T¹, Siame M¹, Longwe B², Mwansa M³, Sianyinda C¹, Funsani P⁴, Chungu C⁵, Mwiya M⁵, Zyambo K⁵, Musonda B⁶

¹Ministry of Health, Lusaka, Zambia, ²Clinton Health Access Initiative, Lusaka, Zambia, ³National AIDS Council, Lusaka, Zambia, ⁴Zambia National Public Health Institute, Lusaka, Zambia, ⁵University Teaching Hospital, Lusaka, Zambia, ⁶Center for Infectious Disease Research in Zambia, Lusaka, Zambia

Background: Zambia has made progress towards the UNAIDS 95-95-95 targets, currently at 88-98-96. However, there remains a high HIV incidence among adolescents and young people (AYP), with the 95-95-95 targets at 78-96-88 for this population. To address this, the Ministry of Health initiated the Adolescent Surge, a multi-stakeholder approach involving government, civil society, and implementing partners. The goal of the surge was to enhance HIV prevention, case finding, retention in care, and viral load suppression among AYP.

Description: The Adolescent Surge initiative was implemented from 2020 to 2022 in 29 of the 116 districts in Zambia. Districts with the highest number of AYP (15-24) living with HIV and low Antiretroviral (ART) initiation and coverage (<90%) were prioritized. Targets were established and assigned to facilities to monitor progress in the number of AYP tested for HIV, initiated and continued on ART and those linked to Oral Pre-exposure prophylaxis (PrEP) in the period of implementation.

Lessons Learned: A total of 31,608 adolescent boys aged 15-19 were tested for HIV, with 587 testing positive (1.8% positivity, up from 1.2% in 2019). Among adolescent girls aged 15-19, 75,328 were tested, with 2,463 testing positive (3.2% yield, up from 2.6% in 2019). For males aged 20-24, 62,086 were tested, with 2,544 testing positive (4% compared to 3% in 2019). Among females

aged 20-24, 136,837 were tested, with 9,146 testing positive (6.7% compared to 5% in 2019). ART initiation rates for males aged 20-24 increased from 85% to 96%, while for females, it decreased from 104% to 99%. The number of viral load suppressions increased from 80% in 2020 to 84% in 2021 with a decrease in 2022 to 83%. There was an improvement in PrEP uptake from 2.6% to 4.8% in females and from 2.9% to 6.4% in males.

Conclusion: The adolescent surge showed an increase in case finding and PrEP uptake among AYP. There is need to adopt person-centered approaches and address structural barriers to ensure access to primary health care services. The upscaling of the Adolescent Surge has the potential to significantly reduce new HIV infections among the AYP and improve HIV outcomes.



10

Transitioning Adolescents Living With HIV to Tenofovir/Lamivudine+Dolutegravir Despite a Detectable Baseline Viral Load and Previous Exposure to Tenofovir/Lamivudine+Efavirenz Ensures Higher Virological Response: The CIPHER-ADOLA Study in Cameroon

Bouba Y^{1,2}, **Ka'e A**², Santoro M³, Armenia D¹, Gouissi D^{2,4}, Nka A², Moyo Tetang S⁵, Kamgaing Simo R², Ateba F⁶, Nga Motaze A⁵, Fainguem N², Tommo Tchouaket M², Takou D², Guebiapsi Tameza D⁷, Ayafor C⁸, Menye M⁹, Noukayo F¹⁰, Essamba S¹¹, Ketchaji A¹², Kamgaing N², Yakouba L¹¹, Ngoufack Jagni Semengue E², Gabisa J², Wome Basseck R⁴, Wiadamong A⁸, Gnambi A¹³, Eyenga C⁵, Etame N², Kengni A², Moko L², Yimga J², Forgwei L¹³, Mundo A², Chenwi C^{2,3}, Beloumou G², Djupsa S², Sosso S², Ngo Nemb M¹⁴, Njom Nlend A¹⁵, Penda C¹⁶, Halle Ekane G¹⁷, Bacha A¹⁸, Tchendjou P¹⁹, Ajeh R²⁰, Bissek A²¹, Same Kob D²², Colizzi V²³, Koki Ndombo P⁶, Ndjolo A², Perno C²⁴, Ceccherini-Silberstein F³, Fokam J^{2,11,17}

¹UniCamillus-Saint Camillus International University of Health Sciences, Rome, Italy, ²Chantal Biya International Reference Centre for Research on HIV/AIDS, Yaounde, Cameroon, ³Department of Experimental Medicine, University of Rome Tor Vergata, Rome, Italy, ⁴Faculty of Medicine and Biomedical Sciences, University of Yaounde 1, Yaounde, Cameroon, ⁵Essos Hospital Centre, Yaounde, Cameroon, ⁶Mother and Child Centre, Chantal Biya Foundation, Yaounde, Cameroon, ⁷Integrated research education and support group (IREG), Yaounde, Cameroon, ⁸Central African Protestant University, Yaounde, Cameroon, ⁹Mbalmayo District Hospital, Mbalmayo, Cameroon, ¹⁰Cite Verte District Hospital, Yaounde, Cameroon, ¹¹Central Technical Group, National AIDS Control Committee, Yaounde, Cameroon, ¹²Department of Disease, Epidemics and Pandemic Control, Ministry of Public Health, Yaounde, Cameroon, ¹³Central African Catholic University, Yaounde, Cameroon, ¹⁴Evidence Action, Yaounde, Cameroon, ¹⁵Health Ebene Consulting, Yaounde, Cameroon, ¹⁶Faculty of medicine an pharmaceutical science, University of Douala, Douala, Cameroon, ¹⁷Faculty of Health Sciences, University of Buea, Buea, Cameroon, ¹⁸HIV/AIDS and adolescents Program, United Nations Children's Fund (UNICEF), Yaounde, Cameroon, ¹⁹Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Yaounde, Cameroon, ²⁰HIV, Tuberculosis and Malaria Global Funds Subvention Coordination Unit (UCS), Ministry of Public Health, Yaounde, Cameroon, ²¹Division of Health Operational Research, Ministry of Public Health, Yaounde,

Cameroon, ²²The Joint United Nations Program on HIV/AIDS (UNAIDS), Yaounde, Cameroon, ²³University of Bandjoun, Bandjoun, Cameroon, ²⁴Bambino Gesù Pediatric Hospital, IRCCS, Rome, Italy

Background: WHO recommends transitioning to tenofovir/lamivudine/dolutegravir (TLD)-regimen to improve virological success (VS), considering vulnerable populations like adolescents living with HIV/AIDS (ADLHIV). Due to scarcity of evidence in this target population, we sought to ascertain VS and virological rebound (VR) among Cameroonian ADLHIV after switching to TLD in real-life.

Methods: Multicentre cohort-study was conducted among ADLHIV (aged 10-19) switching/starting TLD monitored with ≥ 2 HIV-RNA load (VL) measurements after switch. Survival analyses were performed to evaluate VS (VL<200 copies/mL in the viremic-group) and VR (VL \geq 1000 copies/mL among non-viraemic-group) according to baseline parameters.

Results: Overall, 351 ADLHIV were enrolled (52.1% female, median [IQR] age 14[12-15] and weight 40[34-52] Kg). At baseline, 62.1% (n=218) were non-viremic and 37.9% (n=133) viremic; 60.5% switched from a TDF/3TC-based regimen. Overall, VS at 12- and 24-months was 65.0% and 94.3%, achieved in a median-time of 6.8[4.8-8.6] months. At 24-months, 100% of males achieved VS versus 90.4% in females, p=0.065; 100% ADLHIV starting TLD as their first-line treatment achieved VS, compared to those switching with a detectable VL (VL=51-999 copies/mL: 96.1%; VL \geq 1000 copies/mL: 91.1%, p=0.620). No difference in VS was found between switching from TDF/3TC-backbone (89.9%) versus ABC/3TC (100%), p=0.353. Of the 7 cases of non-VS, 57.1% switched from TDF/3TC-backbone and 57.1% had a VL \geq 1000 copies/mL. VR at 12- and 24-months was 2.8% and 10.8%, respectively. At 24-months, ADLHIV switching from ABC/3TC showed a lower probability of VR (16.7%) versus TDF/3TC (23.9%) and AZT/3TC (70.2%), p=0.008. Lower VR in ADLHIV switching from EFV-based (6.6%) versus DTG (31.4%) and LPV/ATZ/r (40.3%), p=0.008 was observed. Of the 25 ADLHIV experiencing VR, most received TDF/3TC (52.0%) versus ABC/3TC (32.0%) and AZT/3TC (16.0%), p=0.035. At multivariate analysis, switching from DTG-based regimen had 8-times more risk of VR (aHR [95% CI]: 8.099 [1.404-46.730], p=0.019) compared to switching from EFV-based regimen.

Conclusion: In Cameroon, switching ADLHIV to TLD favours a sustained viral control after switch. However, VR occurs in some cases, especially



when switching from a DTG-based regimens. Thus, scaling-up the transition of ADLHIV to TLD, regardless of previous exposure to TDF/3TC/EFV and baseline VL, would contribute to markedly decreasing, down toward eliminating, paediatric AIDS.



11

Effectiveness of Enhanced Adherence Counselling Among Adolescents Receiving Dolutegravir-Containing Regimens With Detectable Viremia in Cameroon: Optimizing Virological Outcomes in Paediatric Settings

Tetang Ndiang S¹, Bouba Y², NKA A², Ka'e A², Kamgaing R², Gouissi D², Kamgaing N², Tommo Tchouaket M², Nguendjoung Fainguem N², Nga Motaze A¹, Ateba F³, Takou D², Forgwei L¹¹, Guebiapsi Tameza D⁴, Ayafor C⁵, Jeremiah E², Abate M⁶, Noukayo F⁷, Essamba S⁴, Ketchaji A⁸, Yakouba L⁹, Ngoufack Jagni Semengue E², Wome Basseck R¹⁰, Wiadamong A⁵, Gnambi A⁵, Eyenga C¹, Etame N², Kengni Ngueko A², Moko L², Yimga J², Zam K², Mundo A², Ambe Chenwi C², Beloumou G², Djupsa S², Ekwoge Mejane R¹², Sosso S², A. Ajeh R¹⁵, Bacha A¹³, Tchendjou P¹⁴, Njom Nlend A¹⁶, Penda C¹⁷, Koki Ndombo P³, Armenia D¹⁹, Colizzi V², Ceccherini-Silberstein F³, Santoro M³, Ndjolo A², Perno C¹⁸, Fokam J⁴

¹Centre Hospitalier D'essos(che), Yaoundé, Cameroon, ²Chantal Biya International Reference Centre for Research on HIV/AIDS Prevention and Management (CIRCB), , Yaounde, Cameroon, ³Mother and Child Centre, Chantal BIYA Foundation, Yaounde, Cameroon, ⁴Central Technical Group, National AIDS Control Committee, Yaounde, Cameroon, ⁵Central African Protestant University, Yaounde, Cameroon, ⁶Integrated Research Group, Yaounde, Yaounde, Cameroon, ⁷Mbalmayo District Hospital, Mbalmayo, Cameroon, ⁸Department of Disease, Epidemics and Pandemic Control, Ministry of Public Health, , Yaounde, Cameroon, ⁹Cite-verte District Hospital, Yaounde, Cameroon, ¹⁰Faculty of Medicine and Biomedical Sciences, Yaounde, Cameroon, ¹¹Central African Catholic University, Yaounde, Cameroon, ¹²University La Sapienza , Rome, Italy, ¹³UNICEF-HIV/AIDS and Adolescents, Country office, Dakar, Senegal, ¹⁴Elizabeth Glaser Pediatric AIDS Foundation, Country office, Douala, Cameroon, ¹⁵HIV, Tuberculosis and Malaria Global Funds Subvention Coordination Unit, Ministry of Public Health, Yaounde, Cameroon, ¹⁶Health Ebene Consulting, Yaounde, Cameroon, ¹⁷Douala General Hospital, Douala, Cameroon, ¹⁸Bambino Gesù' Pediatric Hospital, Rome, Italy, ¹⁹UniCamillus - Saint Camillus International University of Health Sciences, Rome, Italy

Background: In low-and middle-income countries (LMIC), mortality among adolescents living with

HIV(ADLHIV) is still concerning, driven by poor viral suppression(VS) in the frame of limited adherence monitoring approaches. We herein evaluated the virological outcomes after enhanced adherence counselling (EAC) among ADLHIV with non-VS and low-level viremia (LLV) in the era of tenofovir-lamivudine-dolutegravir (TLD) in Cameroon.

Methods: In the frame of the CIPHER-ADOLA project, we conducted a multicenter facility-based cohort-study among ADLHIV(10-19 years) in Cameroon. Three EAC sessions were provided to ADLHIV with a viral load (VL)≥50 copies/ml for a period of 3-months. VS, low-level viremia(LLV) and virological failure(VF) were defined as VL<1000, 50-999 and ≥1000 copies/mL, respectively. The outcome after EAC among ADLHIV with LLV and VF was respectively to achieve undetectability and VS.

Results: Of 252 ADLHIV enrolled for VL testing, 70(27.8%) had a VL≥50 copies/ml (female:58.6%, median[IQR] age: 15 [13-17]). Pre-TLD backbones included ABC+3TC(50.0%), TDF+3TC(41.4%) and AZT+3TC(8.6%); median TLD-duration was 23.5[±11.6] months. Before EAC, 72.9% (51/70) had poor ART-adherence; 44.6% and 55.4% had VLs 50-999 and ≥1000, respectively. At the end of follow-up, 60.7% had good adherence; with higher-rates of adherence associated with being female (22/37 [59.4%]) versus male (15/26[57.7%];p=0.889) and attending all 3 EAC-sessions (57.1% [32/56] vs 42.9%[24/56],p=0.001). Among the 56 ADLHIV with available VLs post-EAC, 58.9%, 19.6% and 21.4% had VLs<50, 50-999 and ≥1000, respectively, indicating an overall 33% reduction in poor VS. Interestingly, among ADLHIV with VL≥1000 at baseline, 70% achieved VS and 30% experienced VF after EAC. In LLV group at baseline, 74% had a VL<50 and 26% remain in LLV. Despite a non-significant decline in median VL (126[52-1871] post-EAC versus 135[95-8519] at baseline,p=0.945), viral non-suppression and LLV significantly declined from 55.4% to 21.4%(p=0.0002) and 44.6% to 19.6%(p=0.0046) respectively after EAC. Overall,73.2% significant decline in VLs(-0.5 log₁₀ RNA) was observed between pre- and post-EAC.

Conclusion: In LMICs transitioning to TLD, an effective EAC would substantially improve ART outcomes among ADLHIV experiencing non-VS. In context, LMICs are encouraged to accompany the transition to pediatric dolutegravir-containing regimens with a robust adherence support strategy for ADLHIV with detectable VL to achieve elimination of pediatric AIDS by 2030.



12

Understanding Social Determinants and Correlates of HIV and Mental Health among Adolescent Girls and Young Women

Kalungwana L¹

1Usaid Chekup II- JSH, Lusaka, Zambia

Introduction: A clear relationship between HIV and mental health has been established among adolescents. The Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) program is aimed at preventing HIV among Adolescent Girls and Young Women (AGYW). The DREAMS program has with time incorporated mental health as part of the service delivery package in Zambia. However, there is still limited research aimed at understanding the social determinants and correlates of HIV and mental health among AGYW.

Materials and Methods: The USAID Controlling HIV Epidemic for Key and Underserved Populations (CHEKUP II) Activity works to provide comprehensive services including mental health to priority and underserved populations in Zambia. In the CHEKUP II activity, AGYW are reached through the DREAMS program. As part of service delivery, we screened 7365 Adolescent Girls and Young Women (AGYW) for common mental health problems between January 2023 and November 2023 who were identified to be at risk of HIV infection. Of those screened, 5283, were enrolled in group therapy sessions aimed at addressing symptoms of Depression, Anxiety, and Substance Abuse. Correlates of HIV and mental health were determined by HIV risk vulnerability and mental health services provided. Descriptive statistics were used to determine HIV and mental health risk vulnerability by age band.

Results: Results indicated that AGYW exposed to violence, involved in transactional sex, experiencing sexual violence, using alcohol and substances at an early age, and practicing irregular condom use had higher risks for both HIV and mental health issues. Emotional and sexual abuse were more frequently reported among AGYW

aged 10-14. For those aged 15-19, sexual violence, orphanhood, and irregular condom use were more common. In the 20-24 age group, transactional sex and irregular condom use were the most reported behaviors.

Conclusions: The understanding of social determinants and correlates of HIV and mental health adds to improved service provision that is targeted at the needs of AGYW. Additionally, integrating mental health in HIV programming that is age-specific and context-specific is important in addressing these social determinants among AGYW.



13

Potentially Traumatic Life Events and Mental Health Among Youth Living With HIV in the Global Adolescent and Young Adult Network of IeDEA (AYANI)

Enane L^{1,2}, Parcesepe A³, Kooreman H⁴, Musick B⁴, van Dongen N⁵, Pinto J⁶, Jesson J⁷, Puthanakit T⁸, Kwena Z⁹, Murenzi G¹⁰, Mureithi F¹¹, Machado D¹², Oka G¹³, Ditangco R¹⁴, Nyandiko W¹⁵, Musabyimana F¹⁰, Ferreira T⁵, Luque M¹⁶, Amorissani-Folquet M¹³, Sudjaritruk T^{17,18}, Jaguga F¹⁹, Brazier E²⁰, Chihota B¹¹, Maruri F²¹, Leroy V⁷, Suwanlerk T²², Wools-Kaloustian K^{2,23}, Vreeman R²⁴, on behalf of the Adolescent and Young Adult Network of IeDEA

¹The Ryan White Center for Pediatric Infectious Disease and Global Health, Department of Pediatrics, Indiana University School of Medicine, Indianapolis, United States, ²Indiana University Center for Global Health Equity, Indianapolis, United States, ³Department of Maternal and Child Health, Gillings School of Global Public Health, University of North Carolina, Chapel Hill, United States, ⁴Department of Biostatistics and Health Data Science, Indiana University School of Medicine, Indianapolis, United States, ⁵Empilweni Services and Research Unit, Department of Paediatrics and Child Health, Rahima Moosa Mother and Child Hospital, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa, ⁶Federal University of Minas Gerais, Belo Horizonte, Brazil, ⁷Inserm, Toulouse, France, ⁸Department of Pediatrics, Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand, ⁹Kenya Medical Research Institute, Kisumu, Kenya, ¹⁰Rwanda Military Hospital, Kigali, Rwanda, ¹¹Centre for Infectious Disease Research in Zambia, Lusaka, Zambia, ¹²Department of Pediatrics, Federal University of São Paulo, São Paulo, Brazil, ¹³Centre Hospitalier Universitaire de Cocody, Abidjan, Côte d'Ivoire, ¹⁴Research Institute for Tropical Medicine, Muntinlupa, Philippines, ¹⁵Department of Pediatrics, Moi University College of Health Sciences, Eldoret, Kenya, ¹⁶Instituto Hondureño de Seguridad Social and Hospital Escuela Universitario, Tegucigalpa, Honduras, ¹⁷Division of Infectious Diseases, Department of Pediatrics, Faculty of Medicine, Chiang Mai University, Chiang Mai, Thailand, ¹⁸Clinical and Molecular Epidemiology of Emerging and Re-emerging Infectious Diseases Research Cluster, Faculty of Medicine, Chiang Mai University, Chiang Mai, Thailand, ¹⁹Moi Teaching and Referral Hospital Department of Mental Health, Eldoret, Kenya, ²⁰Institute for Implementation Science in Population Health, City University of New York (CUNY) School of Public Health, New York, United States, ²¹Division of Infectious Diseases, Department of Medicine, Vanderbilt University Medical Center, Nashville, United States, ²²TREAT Asia/amfAR, The Foundation for AIDS Research, Bangkok, Thailand, ²³Division of Infectious Diseases, Department of Medicine, Indiana University School of Medicine, Indianapolis, United States, ²⁴Icahn School of Medicine at Mount Sinai, New York, United States

Background: Youth living with HIV (YLHIV) may face potentially traumatic exposures (PTEs) from violent and life-threatening experiences. Limited data exist regarding the burden of PTEs among YLHIV, and their associations with mental health and medication adherence.

Methods: A cross-sectional study was conducted among YLHIV, ages 15-24, enrolling in the Adolescent and Young Adult Network of IeDEA across 15 sites in 10 low- and middle-income countries. Lifetime PTEs were ascertained from the Life Events Checklist (LEC-5), adapted WHO Sexual Health Survey, and sociodemographic variables. PTEs were grouped by type and assessed using chi-square analysis for associations with symptoms of post-traumatic stress disorder (PTSD; age \geq 18: PTSD Checklist DSM-5 \geq 31; age $<$ 18: Child PTSD Symptom Scale \geq 11), moderate-to-severe depression (Patient Health Questionnaire-9 \geq 10), and moderate-to-severe anxiety (Generalized Anxiety Disorder-7 \geq 10); missed antiretroviral doses (\geq 1 past-month); and non-suppressed viral load (\geq 200 copies/ml).

Results: Among 666 YLHIV (52% female, median age 19.0 years, interquartile range [IQR] 18.0-22.0), PTEs included physical (21%), sexual (17%), or witnessed violence (26%), war/captivity/severe human suffering (20%), severe illness (48%), disaster(s)/accident(s) (49%), or other event(s) (11%). Overall, 79% experienced \geq 1 PTE. Among 111 YLHIV who experienced sexual violence, gender was self-identified as woman (64%), man (24%), or other identities (12%). Physical and sexual violence were associated with symptoms of PTSD (OR 2.7, 95% CI 1.6-4.6, $p=0.0001$ and OR 4.0, CI 2.3-6.9, $p<0.0001$); depression (OR 3.7, CI 2.2-6.4 and OR 4.1, CI 2.3-7.1, $p<0.0001$); and anxiety (OR 2.1, CI 1.2-3.8, $p=0.0089$ and OR 2.7, CI 1.5-4.8, $p=0.0008$). Physical violence was associated with missed doses (OR 1.9, CI 1.3-2.8, $p=0.0012$). Experiencing both physical and sexual violence (6.1%) was associated with PTSD (OR 5.1, CI 2.6-10.4, $p<0.0001$), depression (OR 6.2, CI 3.1-12.7, $p<0.0001$), anxiety (OR 3.2, CI 1.5-7.1, $p=0.0025$), and missed doses (OR 2.8, CI 1.4-5.7, $p=0.0025$). Experiencing other PTEs was associated with PTSD (OR 1.9, CI 1.0-3.8, $p=0.0449$) and depression (OR 3.2, CI 1.7-6.0, $p=0.0001$). PTEs were not associated with viral non-suppression.

Conclusions: Lifetime PTEs were prevalent among YLHIV in this cohort and associated with poor mental health. Physical violence exposure was associated with missed doses. Interventions to address trauma among YLHIV are needed.



14

Reducing Vulnerability, Amplifying Resilience: A Comprehensive Approach to Engaging Adolescent Female Sex Workers in HIV Prevention Services in a Transit District of Kapiri Mposhi, Central Zambia

Kasonde K¹, Banda J¹, Shitima P¹, Mulenga M¹

¹John Snow Health, Lusaka, Zambia

Background: Adolescent girls and young women (AGYW) in Zambia face numerous intersecting challenges which make them most vulnerable to HIV acquisition. Kapiri Mposhi being a transit town linking the route to Congo DRC and Tanzania, has rampant transactional sex due to truck packs and International Truck Drivers transiting. AGYW challenges propel them to engage into transactional sex at a young age to make ends meet, increasing their risk. AGYW in Zambia are at higher risk of contracting HIV compared to other population groups. The prevalence rate among AGYW remains a significant national concern: according to UNAIDS (2021), approximately 9.1% of AGYW aged 15-24 are living with HIV in Zambia. Addressing the realities of Adolescent Female Sex Workers requires a multi-faceted approach.

Materials and Methods: Using trained peer safe space mentors under the Determined, Resilient, Empowered, AIDS free, Mentored and Safe women (DREAMS) Initiative, the USAID Controlling HIV Epidemic for Key and Underserved Populations (CHEKUP II) Activity engaged Adolescent Female Sex workers with a Standardized Evidence Based curriculum is Safe spaces, to provide prevention messaging and skills based on each adolescent's unique needs. The adolescent female sex workers were met in the safe space of their choice where they felt safe, their challenges heard and needs met.

Results: Between April 2024 to June 2024, the DREAMS team reached 31 adolescent female sex workers with individualized packages of services. Of those enrolled, 25 tested for HIV, 20 accessed PrEP, 17 accessed Family planning, 21 were

screened for STIs, 25 accessed condoms, 31 accessed tailoring skills building trainings and savings while 31 were screened for mental health and provided with Psychological First Aid and one on one therapy.

Conclusions: This abstract underscore the importance of addressing the social and structural determinants of health that contribute to the high rates of HIV among adolescent female sex workers. We found that empowering adolescent female sex workers through SRH, economic empowerment, skills building, psychosocial support and harm reduction strategies is critical to reducing their vulnerability to HIV acquisition. We recommend more innovative and effective interventions to address the specific needs and challenges of adolescent female sex workers.



15

"Enhancing Self-Care for Adolescents living with HIV: Strategic Insights and Best Practices from the Midterm Review of the You(th) Care Partnership" A Perspective from Kenya, Tanzania, and Zambia

Jebet I¹, Nuh O¹, Katekwe M¹

¹Global Network Of Young People Living With Hiv, Kisumu, Kenya

Background: You(th) Care consortium aims to empower adolescents and youth (10–24) in Kenya, Tanzania, and Zambia by expanding access to (digital) self-care services. The project advocates for adolescents and youth engagement in self-care to fulfill their Sexual Reproductive Health (SRH) needs. The Midterm Review (MTR) evaluated progress, identified best practices, and informed strategic decisions for the project's second half.

Materials and Methods: The MTR was initially piloted in Kenya and later expanded to Tanzania and Zambia. Insights from initial data collection informed process improvements for the remaining countries. Findings from document reviews, 3 Key Informant Interviews (KIIs) with 9 implementing partners, and 3 Focus Group Discussions with 31 young people, 5 peer educators, 6 community health workers, 2 facility service providers, and 2 duty bearers. The findings from the workshop guided a remote validation workshop involving 20 consortium members. Two pathways were assessed, pathway 1; on lobby and advocacy for an enabling environment, and Pathway 2; on capacity strengthening and advocacy for quality service.

Results: The program demonstrated relevance and effectiveness for target beneficiaries. The KPIs with the highest two achievement rates for pathway 1 were the number of consortium partners with increased knowledge of evidence and messaging required for effective advocacy at 180% (30 organizations) and the policy briefs developed per country at 54%. Within Pathway 2 the two highest-scored KPIs were the number of public health

service providers trained to deliver quality psychosocial care and support 114% (234) and the number of health facility quality improvement plans developed 127% (42). However, extending outreach to more adolescents and boys is essential which was identified as a gap.

Conclusion: The consortium partners' expertise positions them well for pursuing collaborative partnerships and funding opportunities beyond the project. Establishing clear targets for KPIs and implementing annual goals in addition to end goals would enhance progress tracking.



16

“I Wish Someone Else Could Notify the Partner”: Barriers to STI Partner Notification Identified and Experienced by Young Women and Health Care Workers in Cape Town, South Africa

Bennin F¹, Bутtenheim A³, Egbe T³, Fuzile P¹, Jonas M¹, Mahlalela N², Mistri P², Maughan-Brown B⁴, Sindelo S¹, Vundhla P¹, Rousseau E¹

¹Desmond Tutu Health Foundation, Cape Town, South Africa, ²Health Economics and Epidemiology Research Office (HE2RO) Wits Health Consortium, University of the Witwatersrand, Johannesburg, South Africa, ³Center for Health Incentives & Behavioral Economics Department of Medical Ethics & Health Policy, University of Pennsylvania, Pennsylvania, USA, ⁴Southern Africa Labour and Development Research Unit, University of Cape Town, Cape Town, South Africa

Background: South African clinical guidelines for sexually transmitted infections (STI) treatment and management recommend that all individuals who test positive for STIs should be provided with a notification slip for their partners. However, despite these guidelines, STI partner notification (PN) and treatment rates remain low. Barriers to STI PN include gendered belief around transmission, misinformation, and interpersonal barriers such as fear of stigma, being accused of infidelity, physical violence from partners as well as reluctance to notify multiple or casual partners.

Material and Methods: We used a behavioural design approach to identify challenges experienced by adolescent girls and young women (AGYW) in notifying their predominantly asymptomatic male partners about a positive STI diagnosis, with the aim to encourage treatment and prevent re-infection. 7 AGYW and 8 Health Care Workers (HCWs) attended behavioural mapping and co-design workshops in Cape Town, South Africa. During the mapping exercise we explored general insights, barriers and solutions for the PN process.

Results: Using the NUDGE (Narrow, Understand, Discover, Generate, Evaluate) framework, we identified several behavioural barriers to PN.

AGYW experienced various emotions when receiving a positive STI result, including denial, confusion around mode of transmission, fear of the impact on their future, as well as anxiety around their partners' reaction. This resulted in the AGYW wanting to be removed from the PN process altogether. HCWs expressed concerns around AGYW's understanding of STIs and their limitations with relaying their STI result to their partners, particularly when one or both partners were asymptomatic. Suggestions to improve the PN slip included using simpler terms and layout, and where possible, to remove the AGYW from PN altogether.

Conclusions: Our results provide insight into the barriers experienced and identified by AGYW and HCWs, from AGYW receiving a positive STI test result, through to notifying their partners. Next steps include further development of co-created intervention strategies into high fidelity prototypes, which may involve removing AGYW from the PN process. These prototypes will be formally tested in a real-world setting with the intention of new interventions being incorporated into normal standard of clinical care.



17

Addressing Barriers to Uptake of Pre-exposure Prophylaxis (PrEP) Among AGYW Using Community Quality Improvement Approach in Uganda

Cheptoris J¹, Mutumba R¹, Balidawa H¹, Kadama H¹, Tumushabe B², Nabwire J², Engwau F³, Mudiope P¹

¹Ministry Of Health Uganda, Kampala, Uganda, ²USAID URC Uganda Health Activity, Kampala, Uganda, ³United Nations Population Fund, Kampala, Uganda

Background: The Ministry of Health (MOH) Uganda recommends PrEP for Adolescent Girls and Young Women (AGYW) at substantial risk of HIV infection and has implemented the Determined Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) program in high HIV burden Districts, to reduce HIV incidence and teenage pregnancy. Despite these efforts, PrEP uptake among eligible AGYW remains low. A community quality improvement (QI) initiative was set up to identify and address barriers to PrEP uptake in this group.

Methods: A Community QI collaborative was implemented in seven DREAMS regions (Acholi, Lango, Ankole, Kampala, Masaka, Mubende, and Mukono) in Uganda. The team developed coaching guide tools and conducted guided data systematic reviews and Root Cause Analyses (RCA). Interventions included forming community QI committees with AGYW peer leaders, awareness creation, and monthly coaching visits at the safe spaces. Monthly review meetings, quarterly mentorship, learning sessions, and a national QI harvest meeting were held as part of implementation.

Results: Identified barriers were: fear of being seen picking or carrying PrEP drugs from the HIV clinic, stock out of HIV testing commodities, far distances to the health facility, inadequate information on PrEP, myths and misconceptions around Prep use, partner refusing AGYW from taking PrEP, Lack of integration of PrEP screening in other services. Interventions to close these gaps were implemented resulting in improvement in

PrEP for eligible AGYW, from 30% in March 2022 to 77% by March 2023.

Conclusions: The community QI initiative, effectively addressed barriers to PrEP uptake among AGYW, such as stigma, misinformation, and logistical challenges. Through selected interventions; awareness creation, training, and regular coaching visits, PrEP uptake increased from 30% in March 2022 to 77% by March 2023. This highlights the success of targeted, community-driven strategies in enhancing HIV prevention efforts for vulnerable populations.



18

Evaluating PrEP Initiation Among AGYW Who Are Pregnant and Mothers in Cape Town, South Africa

Chen-Charles J¹, Joseph Davey D^{2,3}, Rousseau E¹, Mathola N¹, Macdonald P¹, Vanto O¹, Wallace M¹, Bekker L¹

¹Desmond Tutu HIV Centre, University of Cape Town, Cape Town, South Africa, ²Department of Epidemiology and Biostatistics, School of Public Health, University of Cape Town, Cape Town, South Africa, ³Division of Infectious Diseases, Geffen School of Medicine, University of California, , United States

Background: Oral pre-exposure prophylaxis (PrEP) uptake among adolescent girls and young women (AGYW), especially adolescent and young mothers (AYM) and pregnant AGYW (PAGYW), is under-researched. Targeted interventions for this population are urgently needed for effective HIV prevention.

Methods: FastPrEP, an implementation science project in Cape Town, South Africa, evaluates the adoption and effectiveness of a decentralised PrEP delivery model from mobile clinics and primary health facilities. Cross-sectional analysis was conducted on AGYW who initiated on PrEP (aged 15-24 years, mean: 19.65). Participants were categorised into two groups: 1) AYM (with ≥ 1 children) and PAGYW (self-reported/positive pregnancy test) (AYM+PAGYW), and 2) non-mothers/non-pregnant AGYW. Descriptive analysis and logistic regression (adjusting for age and relationship status) compared AYM+PAGYW vs non-mothers/non-pregnant AGYW.

Results: From August 2022 to June 2024, n=4609 AGYW initiated PrEP. Almost a quarter were AYM not currently pregnant (n=995, 22%); n=63 (1%) were currently pregnant AYM; and n=105 (2%) were PAGYW who were not AYM. More AYM+PAGYW initiated PrEP from mobile clinics compared to government clinics (53% vs 44%, $p < 0.001$). Non-mothers/non-pregnant AGYW had higher odds of accessing PrEP through mobile clinics (aOR 2.87, 95%CI:2.46-3.34) than AYM+PAGYW. AYM+PAGYW had higher odds of learning about FastPrEP through FastPrEP 'Champions' than non-mothers/non-pregnant

AGYW (also adjusted for service location: aOR 1.94, 95%CI:1.64-2.30). AYM+PAGYW had higher odds of having an STI/their partner having an STI in the past month (aOR 1.67, 95%CI:1.28-2.19), and higher perception of HIV infection risk (aOR 1.31, 95%CI:1.11-1.53) than non-mothers/non-pregnant AGYW. AYM+PAGYW also had higher odds of being in a relationship (aOR 2.54, 95%CI:2.17-2.96), and having had a HIV test in the past six months (aOR 1.46, 95%CI:1.25-1.72).

Conclusion: The findings highlight the heightened vulnerabilities of AYM+PAGYW, underscoring their need for targeted interventions and comprehensive sexual and reproductive health and rights (SRHR) education and services. This study indicates the potential of mobile clinics and the significant role of FastPrEP 'Champions', demonstrating the importance of peer-led initiatives, in enhancing PrEP uptake for this population. These findings emphasise the necessity of developing strategies that address the unique circumstances of AYM and PAGYW to optimise HIV prevention efforts and SRHR services for this high-risk demographic.



19

Implementation of HIV Teams Substantially and Sustainably Improves HIV Indicator Condition-Guided Testing Rates in Hospitals in the Netherlands: The #Aware.HIV Study

Jordans C¹, Vliegthart-Jonbloed K¹, Osbak K¹, Hanssen J, Vriesde M¹, van Beek J¹, van Holten N¹, Dorama W¹, van der Sluis D¹, Verbon A¹, Roukens A¹, Rokx C¹

¹Erasmus University Medical Center, Rotterdam, Netherlands

Introduction: Missed testing opportunities contribute to late HIV diagnoses impacting many people worldwide. HIV indicator condition (IC)-guided testing helps to identify undiagnosed HIV infections. The aim of this study was to evaluate the effect of implementing HIV teams on HIV IC-guided testing in hospitals in the Netherlands.

Materials and Methods: The #aware.hiv project is an ongoing prospective implementation study. Here we present data from January 2020 to July 2023. Patients ≥18 years newly diagnosed with HIV ICs in Erasmus Medical Center (EMC) were included. The intervention consisted of proactive peer-to-peer HIV testing recommendations and education from the HIV team to the treating physician. The primary outcome was the overall HIV testing rate in patients diagnosed with HIV ICs. Secondary outcomes were HIV testing rates over time, per specialty and the HIV prevalence. Additionally, we evaluated reasons for physicians to withhold HIV testing. For external validation we implemented this strategy in a second hospital in Leiden University Medical Center (LUMC).

Results: At EMC the HIV testing rate increased significantly from 50.1% (222/443) pre-implementation of HIV teams to 80.7% (1,576/1,952) post-implementation ($p < 0.001$). The overall HIV testing rate showed a sustained increase with variability over time (range 72.4-89.9%). This sustained increase was observed across all medical specialties, except for dermatology. HIV prevalence amongst those

tested was 0.6% (95%CI 0.3–1.1%). The HIV team intervened in 411 HIV ICs, resulting in 69 (16.3%) extra HIV ICs being tested for HIV. Reasons for not testing were provided in 49.4% of cases. Most frequent reasons were patient not returning to the hospital after HIV test advice was given (18.4%), HIV test in diagnostic plan but not performed (10.2%), and physicians assuming there was no clinical indication to test for HIV (8.5%). When HIV teams were implemented in LUMC, the testing rate increased significantly from 51.8% (87/168) pre-implementation to 66.3% (114/172) post-implementation ($p < 0.01$) with an HIV positivity rate of 0.9% (95% CI 0.02–4.8%).

Conclusion: Implementing HIV teams in hospitals significantly and sustainably increased HIV IC-guided testing and can be successfully implemented in another hospital. These results encourage the broader adoption of HIV teams in diverse hospital settings.



20

Improving Access to HIV Testing and Prevention Services Among Adolescents and Young People (AYP) Through Social Network Strategy (SNS) in Kajiado County, Kenya

Musyoki P¹, Njoroge A², Munteyian L², Kamau C², Marima R¹, Arodi S¹, Kubo E¹, Kihoro C¹, Yonga I³, Mecha J¹, Otieno C¹

¹Department of Clinical Medicine and Therapeutics, University of Nairobi School of Medicine, Kenya, Nairobi, Kenya, ²Kajiado County Department of Health, Kajiado, Kenya, ³USAID Kenya - East Africa, Nairobi, Kenya

Background: Despite significant global strides in reducing new HIV infections, HIV incidence remains unacceptably high among Adolescents and young people (AYP) in Sub-Saharan Africa. In Kenya, AYPs account for 52% of all the new HIV infections and hence the need to adopt more evidence-informed HIV testing services (HTS) strategies targeting them. The Social Network Strategy (SNS) is one key promising modality for reaching AYP peers who share similar HIV risk behaviors. We sought to describe the effect of the SNS strategy on identification of AYPs living with HIV in Kajiado County.

Methods: From October 2023 to May 2024, USAID - Fahari ya Jamii in collaboration with Kajiado County Department of Health supported implementation of SNS among AYPs at 34 health facilities (62% of total sites supported by the program) in Kajiado County. The AYPs were screened by HTS providers and those at high risk offered HTS and enlisted as recruiters (seeds) for SNS. The HTS providers then offered them instructions on the recruitment process and gave them referral coupons to invite their peers (mbogi) whom they felt were at risk of HIV acquisition. We conducted a retrospective review of the data and performed a descriptive analysis.

Results: Through the initiative, we engaged 219 AYP seeds who referred 633 peers for HTS, of whom 608 (96%) were eligible for testing. Out of

these, 571 (94%) received an HIV test and 34 (6.0% positivity) were diagnosed with HIV. This was a 4.3% increase from the overall yield of 1.7% obtained from other testing approaches. All the 34 were linked to ART treatment, while 476 (89%) of those who tested negative were enrolled on Pre-Exposure Prophylaxis.

Conclusion: The SNS strategy was 3.5 times more effective in identifying AYPs living with HIV compared with the other conventional HTS modalities. Every effort should therefore be made towards scaling up SNS among the AYPs as a high yielding modality for case-finding and entry to prevention services. This is key in averting new HIV infections in efforts towards ending the AIDS epidemic as a public health threat.



21

Male Engagement on Adolescent Maternal Mental Health: An Approach to Building Strong Families and Community Support for Adolescent Girls in Rakai and Kyotera Districts, Uganda

Najjuko S¹, Kimaka R, Butayi X, Lwetabe M, Nabayinda R, Tumusiime O, Wekoye A, Nambuusi B, Nakintu E, Murokora D

¹BABIES AND MOTHERS ALIVE FOUNDATION, MASAKA CITY, Uganda

Background: Globally, mental health conditions account for 16% of the global burden of disease to adolescents aged 10-19 years. Male partners play a critical role in recognizing and responding to maternal mental health through provision of support to the family. This study determined the level of male partner's engagement in peer parenting support groups on the mental health of adolescent mothers aged 15-19 years in Rakai and Kyotera Districts.

Methodology: A prospective descriptive cohort study design was used. Ninety monthly peer parenting support groups for adolescent pregnant mothers aged 15-19 years in third trimester were followed up for 12 months. Male partner participation was through invitation letters and call reminders from Mama/Papa Ambassadors. WHO Self-Reported Questionnaire (SRQ20) and the Multi-Dimensional Scale of Perceived Social Support (MSPSS) were used as assessment tools at 0 (baseline), 6 and 12 months. SRQ20 was categorized into none, depression, anxiety, and somatic disorder symptoms while perceived social support scores were grouped into poor (≤ 35), moderate (36 to 60), and high (> 61). Descriptive statistics were presented as means, standard deviation and percentages. Data was analyzed using logistic regression in Stata Version 15.

Results: The study enrolled 1037 participants, 501 and 536 from Kyotera and Rakai respectively. Mean age was 18 years (SD, 1.36). 59.4% had attained primary education and 70.7% were living

with a partner. 60% (N=733) of male partners attended the group sessions. Their mean age was 27 years (SD,4.94), 587 (57%) had attained primary education and had mean monthly income of Ugx.108,570 (SD,132992.2). The level of perceived support from male partners was 89.8%, a 20.6 improvement from the baseline (69.3%). There was a 32.1% improvement in maternal mental health from 61.1% (N=1037) to 93.2% (N=885). Symptoms of depression, anxiety, and somatic disorders reduced by 15%, 14%, and 15% respectively. Male involvement group sessions (AOR 0.108, 95% CI: 0.017,0.659), childcare (AOR 0.062, 95% CI: 0.004,0.869) and maternal care (AOR 0.085, 95% CI: 0.014,0.449) were significantly associated mental health disorders.

Conclusion: 3/10 mental health disorder symptoms were averted by the male partner engagement in peer parenting support group sessions by the twelve month.



22

Correlates of Long-Acting Reversible Contraceptive (LARC) Use Among Young Women in Southern Africa: A Secondary Analysis From HPTN 082

Ssemambo P¹, Burton M⁵, Gati Mirembe B¹, Nakabiito C¹, Donnell D⁵, Beauchamp G³, Delany-Moretlwe S⁴, Celum C³, Velloza J²

¹Makerere University Johns Hopkins University (MU-JHU) Research Collaboration, Kampala, Uganda, ²University of California San Francisco (UCSF), San Francisco, United States of America, ³University of Washington Seattle, Washington, United States of America, ⁴University of Witwatersrand Johannesburg, Johannesburg, South Africa, ⁵Fred Hutchinson Cancer Center, Washington, United States of America

Background: Long-acting reversible contraception (LARCs), including intrauterine contraceptive devices, injectables, and implants, could play a fundamental role in preventing unintended pregnancies and their sequelae, especially among adolescent girls and young women (AGYW) who frequently experience poor maternal and infant health outcomes. Overall, LARC use in sub-Saharan Africa (SSA) is low and acceptance is lowest in women below 35 years. Understanding predictors of LARC uptake and continuation among AGYW may provide insights into potential benefits and challenges associated with LARC use.

Methods: We conducted a secondary data analysis from an HIV Prevention Trials Network (HPTN) pre-exposure prophylaxis (PrEP) demonstration study. HPTN 082 enrolled 451 AGYW aged 16-25 years in Zimbabwe and South Africa, who had vaginal or anal sex in the month preceding screening and reported PrEP interest. Contraception, along with contraceptive counseling was offered at enrollment and during study visits every 1-3 months over 39 weeks. Our outcome variable was any LARC use, and explanatory variables included age, education, sexual behavior (sexual partners, condomless sex acts), past intimate partner violence, social support, hope for the future, perceived risk of pregnancy in the next year, and past pregnancy. We performed descriptive analyses and multilevel

logistic regressions and report associations using adjusted odds ratios.

Results: Overall, 60% (299/499) of AGYW selected a LARC method and 78% (234/299) persisted on a LARC method during follow up. Switching between or off contraceptives at any point during the study was low [20.7% (93/449)]. Factors significantly associated with ever choosing a LARC were prior pregnancy [AOR:2.45; 95% CI: 1.6, 3.77; p<0.001], and comfort talking to close friends about sexual relationships [AOR:1.83; 95% CI:1.03, 3.24; p=0.04]. Consistent condom users were less likely to choose LARC [AOR:0.27; 95% CI:0.19, 0.39; p<0.001].

Conclusion: Counseling about high efficacy of LARC should be emphasized for women who have had prior pregnancies for birth spacing and to nulliparous women to reduce unintended pregnancies. Peer support could play an important role in contraceptive decision making for AGYW. Lower condom use among LARC users highlights the need for integration of HIV and sexual and reproductive health (SRH) services to improve PrEP accessibility for AGYW.



23

Associations Between HIV Status Disclosure, Knowing Partner's HIV Status, and Condom Use Among Adolescent and Young Mothers in a High HIV Burden District, Eastern Cape, South Africa

Maakamedi T¹, Tolmay J², Langwenya N², Toska E¹

¹University of Cape Town, Cape Town, South Africa, ²University of Oxford, Oxford, United Kingdom

Background: Although condoms are the most widely available and effective HIV prevention method, their use remains suboptimal, especially among adolescent and young mothers (AYM), who are at greater risk of HIV exposure. Relationship dynamics, including being in a committed relationship, may impact the decision to use condoms, increasing the risk of HIV exposure among sexual partners and HIV superinfection among AYM living with HIV (AYMLHIV). However, little is known on how HIV disclosure and knowledge of partner's HIV status affect condom use in committed relationships.

Methods: To refine condom programming for AYM and their male sexual partners, we analysed cross-sectional data from n=219 AYMLHIV and in committed relationships, defined as having a steady partner. Interviews were done remotely due to Covid-19, between 2021-23 in the Eastern Cape, South Africa. We conducted descriptive statistics and multivariate logistic regressions, testing associations between HIV status disclosure, knowing partner's HIV status and condom use at last sex among AYMLHIV, controlling for covariates.

Findings: 69% of AYMLHIV were aged 20-24 years, 64% had one child and 58% used a condom at last sex. 70% disclosed their HIV status to their partner and 74% knew their partner's HIV status (45% of sexual partners were HIV negative vs. 29% living with HIV). In multivariate analysis, knowledge of partner's HIV status was not associated with

condom use at last sex, and, there was a marginal association between AYMLHIV who disclosed their HIV status to their partners and condom use at last sex (AOR 2.28; 95%CI 0.968–5.360). Knowing how to use a condom correctly was a significant predictor of condom use at last sex (AOR 5.23; 95%CI: 2.623–10.443). However, cohabitation (AOR 0.13; 95%CI 0.060–0.301), past-year experience of sexual intimate partner violence (AOR 0.14; 95%CI 0.021–0.875) and reporting depressive symptoms in the past two weeks (AOR 0.46; 95%CI 0.232–0.898) were associated with decreased odds of using condoms at last sex.

Conclusion: Correct condom use skills and disclosing one's HIV-positive status to sexual partners may facilitate condom use in committed relationships. However, interventions promoting negotiation skills and disclosure support are needed for AYM living with HIV and their sexual partners.



24

Optimising Engagement of Coaches to Mobilise Adolescent Girls and Young Women in Accessing Voluntary Family Planning Services in Northern Province of Zambia

Chikweto C¹, Mwanza E², Manyele C², Chanda L³

¹Grassroot Soccer Zambia, Mbala, Zambia, ²Grassroot Soccer Zambia, Lusaka, Zambia, ³Grassroot Soccer Zambia, Kasama, Zambia

Background: Grassroot Soccer (GRS) Zambia is a sub-implementing partner to Right to Care Zambia (RTCZ) on the USAID Action HIV project with a goal to reduce HIV mortality, morbidity, and transmission by achieving the UNAIDS and PEPFAR goal of 95/95/95 HIV treatment coverage, providing comprehensive HIV prevention, care and treatment maintenance services. Among the objectives is integration of family planning services into 95% of HIV service delivery locations.

Description: In Northern Province, GRS has deployed trained near-peer mentor Coaches, young women aged 18 to 35, to create demand for voluntary family planning (FP) services among adolescent girls and young women (AGYW) aged 15-24. To facilitate FP uptake, GRS utilises a three-pronged mobilisation strategy: firstly, Coach-led community outreaches targeting hotspots, door-to-door, and marketplaces with FP messaging. Community mobilisation is conducted in collaboration with RTCZ and Ministry of Health service providers. Secondly, FP messaging is integrated within health facility service delivery points. Lastly, Coaches also implement the evidence-based SKILLZ Girl curriculum, a 12-session program with content on FP and other key health topics, targeting 15- to 19-year-old girls in and out of school.

Lessons Learnt: - Due to the three-pronged mobilisation strategy used in FY23, GRS noted an increase in access to family planning services among AGYW from 3,116 (Injectables 64%, Pills 24%, and Implants 12%) reached in FY22 to 4,405 (Injectables 45%, Pills 33% and Implants 22%) in FY23.

- SKILLZ Girl Coaches serving as role models in their local communities are easily trusted as links for adolescents and young people to access FP services at health facilities.

- Coaches' participation in facility planning and data review meetings was cardinal in strengthening collaboration with implementing partners, resulting in a high linkage rate to FP services.

Conclusion: Implementing combination mobilisation strategies is helpful in creating demand and motivating uptake of FP services by AGYW. Community outreach, SKILLZ interventions, and integration of FP messaging at health facility service delivery points have been successfully implemented under the ACTION HIV project.



41

Stigma and Discrimination: Key Obstacles for Nigerian Adolescent Girls and Young Women Seeking HIV and STI Care

Andrew A¹, Sylvester U¹, Aguolu R¹, Andrew V², Agbo F¹

¹National Agency For The Control Of AIDS, Abuja, Nigeria,

²Bingham University, Karu, Nigeria

Introduction: Adolescent girls and young women (AGYW) in Nigeria continue to face significant challenges in accessing HIV and sexually transmitted infection (STI) services, with stigma and discrimination playing a vital role in hindering their healthcare-seeking behaviors. HIV and STI prevalence among this population is still high, despite attempts to increase access to healthcare. This study emphasizes the need to address the barriers preventing them from receiving essential services.

Methods: This study conducted a secondary analysis of the operation research on Community-directed initiatives that improve access to HIV and STI services and retention among Adolescent Girls and Young Women (AGYW) and key vulnerable populations in six states across the six geo-political zones in Nigeria. Employing a cross-sectional descriptive approach, the study used quantitative and qualitative data collection methods. Qualitative data were obtained through key informant interviews (KII) which covered the 95-95-95 cascade and their various modalities. The quantitative aspect was achieved through client exit interviews where the project beneficiaries were interviewed using a structured questionnaire for the model's acceptability, accessibility, confidentiality, safety, satisfaction, and service quality.

Results: The study involved a total of 2,520 adolescent girls and young women. 17.9% of respondents reported stigma and discrimination as barriers to accessing HIV/STI services while 12.1% said they were afraid of being harassed. 6.2% said pre-existing cultural and religious beliefs prevented them from accessing essential services.

Three percent (3%) reported service providers had a negative attitude toward young women and adolescent girls. Intimate partner abuse was cited by 1.6% of respondents as a barrier to receiving these services.

Conclusion: The study highlights several significant barriers that prevent adolescent girls and young women from accessing HIV/STI services. Stigma and discrimination emerge as the most prevalent obstacle, affecting nearly one-fifth of the respondents. Fear of harassment also appears to be a major concern, impacting over 12% of the participants. Improving HIV/STI service access for adolescent girls and young women requires tackling broader societal, cultural, and institutional challenges. Efforts to reduce stigma, ensure safety, and provide culturally sensitive care could significantly enhance service utilization among this vulnerable population.



POSTER ABSTRACT PRESENTATIONS

**International Workshop on Adolescence,
SRHR, & HIV 2024**

Live Meeting

2 – 4 October
Nairobi, Kenya

25

Impact of the Egberifa Adolescent-led Health Program on HIV Prevention, Care, and Treatment in Yenagoa LGA, Bayelsa, Nigeria (December 2022 to December 2023): A Mixed Method Impact Study

Arinze U¹, Stow J¹

¹Center for Clinical Care and Clinical Research, Abuja, Nigeria

Background: Adolescents living with HIV face unique challenges, resulting in lower retention in care and viral suppression rates. The Egberifa Adolescent-led Health Program aimed to address these gaps by integrating adolescent-led initiatives into HIV prevention, care, and treatment. The goal was to create a model for differentiated service delivery (DSD) that leverages peer influence to improve health outcomes among adolescents, enhancing health system effectiveness and providing a scalable model for other regions.

Methods and Materials: This mixed-method impact study, conducted at the Federal Medical Centre in Yenagoa, Bayelsa, Nigeria, from December 2022 to December 2023, involved three phases. In the first phase, 40 adolescents living with HIV, affected by sexual violence, or children of key populations underwent a two-week training on HIV care and prevention and were paired with adult health staff mentors. In the second phase, 12 adolescents from this group received additional training to lead community and clinic support activities. In the third phase, three adolescents were integrated as ART Cohort leaders. Program monitoring data were collected from LAMIS for Quantitative analysis using SPSS, while qualitative data from focus groups and interviews were analysed using Atlas.ti.

Results: Pre-implementation retention in care for adolescents aged 10-17 years was 86%. After one month of program implementation, retention increased to 93%, and at six months, it reached 98%. Viral suppression rates, which had not exceeded 85% in the last 10 years at the facility,

improved to 90% after one month and 95% after six months.

Qualitative data revealed that clinic staff perceived the intervention as more effective due to improved peer communication. Counseling staff noted increased acceptance from peer counseling and a higher willingness among adolescents to accept linkage to care. Adolescent beneficiaries expressed recurring themes of feeling understood, heard, and accepted within their peer groups.

Conclusion: This study demonstrated that the Egberifa Adolescent-led Health Program improved key health indicators and fostered a supportive environment that enhanced communication and acceptance among peers. This model presents a promising approach for other regions seeking to improve adolescent HIV services. Further studies and long-term implementation could expand the benefits observed in this pilot program.



26

Gender Socialization, Masculine and Sexual Norms and Future Sexual Health Among Very Young Male Adolescents: Formative Research Findings From Zimbabwe

Nyamwanza O¹, Bikwayi T¹, Chinozvina T¹, Makoni L¹, Muronzi F², Changombe M², Obasi A³, Xaba S⁴, Mugurungi O⁴, Hargreaves J⁵, Cowan F^{1,3}, Mavhu W^{1,3}

¹CeSHHAR Zimbabwe, Harare, Zimbabwe, ²Restless Development, Harare, Zimbabwe, ³Department of International Public Health, Liverpool School of Tropical Medicine, Liverpool, United Kingdom, ⁴AIDS and TB Unit, Ministry of Health and Child Care, Harare, Zimbabwe, ⁵Department of Public Health, Environments and Society, Faculty of Public Health and Policy, London School of Hygiene & Tropical Medicine, London, United Kingdom

Background: Adolescence shapes boys' future masculine and sexual norms. These norms ultimately impact their health outcomes, including in relation to HIV and other STIs. We explored these norms among very young adolescents (VYA, 10-14 years old) to inform an intervention theory of change.

Materials and Methods: March to June 2023, we collected data from a purposive sample of 80 VYA, 24 older adolescents (15-19 years-old), 24 parents/guardians and 14 key informants in 4 peri urban locations. We used participatory workshops (n=4) with VYA, encompassing various activities. Further, we held 4 FGDs with older adolescents and parents/guardians (n=48). We also conducted interviews (n=14) with influential others and used interpretive thematic analysis to generate themes across data.

Results: Through role playing, adolescent boys exhibited an affinity to masculine norms like independence, self-reliance, physicality/aggression, noting that they were socialized to be enterprising self-and-family providers. Such masculine norms likely increase their susceptibility to HIV as they promote poor sexual and health practices (e.g. unprotected sex).

Male participants also used physicality trait to justify bullying and interpersonal violence as something "natural" to boys. This promotes gender-based/intimate-partner violence which increases sexual and reproductive health risks in adult life. Masculine norms including male power, risk-taking, dominance, were also notable among VYA as participants acknowledged the dominance of boys in establishing romantic relationships and initiating sex. Boys who took the lead were highly regarded, while girls were attacked as "loose" if they initiated sex. This likely influences boys' risky sexual conduct, including multiple, concurrent sexual partnerships, unsafe sex, which heighten their chances of contracting and/or transmitting HIV. We further established that drug and substance abuse norms feed off masculine and sexual norms, resulting in risks which compromise health and wellbeing. Of note, adolescents generally disapproved these norms, pointing to the opportunity to shift these norms subsequently.

Conclusions: We identified key gender stereotypes, information which is critical for informing a gender-transformative intervention theory of change. Although deeply-seated, these stereotypes are not insurmountable, particularly among VYA. Intervening in early adolescence provides the opportunity to promote gender-equitable identities, and challenge inequitable gender stereotypes before they are solidified and become less amenable to change.



27

Empowering Adolescents: Advocacy for Increased Contraceptive Uptake at Nyagoro Health Centre, Homabay County, Kenya

Oluoch W¹, Okal C¹, Oliech I², Mbugua M³

¹Ministry Of Health, Homabay, Kenya, ²Network For Adolescent and Youth of Africa, Kisumu, Kenya, ³Paediatric-Adolescents Treatment Africa, Nairobi, Kenya

Background: Teenage pregnancy is a threat in Kenya at 18% according to UNESCO and KHIS 2022 and Homabay County the rate is 33% almost double the national percentage (UNICEF, 2021). Nyagoro Health Centre in Homabay County has a catchment population of 9365 with teenage pregnancy at 45% and contraceptive use at 12% in 2020. Implementation of the scorecard/ client satisfaction targeting adolescent and young people (AYP) (10 -24 years) was done as mechanism to harvest feedback identifying service delivery gaps including, lack of Sexual and Reproductive Health and Rights (SRHR) information and lack of youth friendly services. In addition, a peer model in SRH was used to bridge knowledge gaps, mobilization and link the adolescents for SRH services. The objective of the study was to increase Contraceptive Uptake among adolescents from 12% to 80% by December 2024 at Nyagoro Health Centre.

Methodology: Periodic scorecard/client satisfaction surveys were conducted targeting AYP accessing services at the facility to identify SRHR service delivery gaps. Training of seven adolescent advocates who engaged peers via WhatsApp and face-to-face interactions, distributed IEC materials, and provided information on contraceptive use, STIs, and menstrual health, creating a peer support network and leading awareness campaigns for SRH policy changes and community engagement. The health facility established a Youth Friendly Centre (YFC) with flexible hours, assigning a focal health worker and youth advocate who facilitated escorting adolescents for services. Baseline and follow-up surveys and service utilization records, measured contraceptive

uptake. Descriptive statistics and trend analysis assessed changes over time.

Results: In 2020 the contraceptive uptake among AYP was 25 compared to 2021 where the numbers rose to 35. With the implementation of the scorecard and peer models in 2022 there was a spike increase of contraceptive uptake to 259 AYP with 42% being referred and escorted by the advocates. In 2023 a youth friendly Centre was started and the number of the AYP taking up contraceptives escalated to 855 with referrals at 50%.

Conclusions: The use of AYP scorecard analysis is necessary for designing responsive SRH services, and should be included in the standard package of care.



28

Profiling HIV Risks of Adolescent Girls and Young Women who are Deaf: Insights from USAID CHEKUP I DREAMS Program in Zambia

Mushiki B¹, Musheke M¹, Siame C¹, Khondowe W¹, Muyunda W¹, Siamasuku B², Allenby D³, Kanene C⁴, Phiri A⁴

¹Centre for Infectious Disease Research in Zambia, Lusaka, Zambia, ²Young Women Christian Association of Zambia, Lusaka, Zambia, ³Sign Language Channel of Zambia, Lusaka, Zambia, ⁴United States Agency for International Development, Lusaka, Zambia

Background: Despite a notable decline in the prevalence of HIV among adolescent girls and young women (AGYW) in Zambia from 4.8% in 2014 to 2.6% in 2021 among 15 to 19-year-olds, AGYW still faces a high risk of HIV infection. From the estimated 26,000 new HIV infections among adolescents aged 15 to 24, AGYW accounted for 75% of the infection rates. There is a lack of data on HIV prevalence among adolescent girls and young women who are deaf, however, evidence from a situation analysis on HIV risk among persons with disabilities in Zambia reveals significant HIV risks in this population.

Methods: Through the USAID-funded Controlling HIV Epidemic for Key and Underserved Populations (CHEKUP) I, the Determined, Resilient, Empowered, AIDS-free, Mentored, Safe (DREAMS) intervention targets AGYW aged 10 to 24 who are deaf with a core package of interventions to prevent new HIV infections. These interventions are designed to address the risk profiles identified for each AGYW.

Results: Out of the 70 AGYW screened, a total of 68 AGYW with hearing impairments were enrolled into the DREAMS program representing (n=20) 10-14 years, (n=27) 15-19 and (n=21) 20-24. The AGYW enrolled presented the following risk factors, (n=23) reported no or irregular condom use, (n=20) suffered emotional, physical abuse or neglect, (n=15) experienced sexual violence, (n=12) abused alcohol or drugs, (n=11) orphans, (n=10) had multiple sexual partners, (n=9) were into transactional sex and (n=6) were diagnosed

with STIs. A structured package of biomedical, behavioral, and structural interventions was provided to address these risk factors, particularly for those AGYW who are deaf.

Conclusions: AGYW who are deaf often face challenges negotiating for safer sex and are victims of all forms of gender-based violence including sexual violence. The DREAMS core package of interventions effectively provides AGYW who are deaf with appropriate HIV prevention services tailored to their risk profiles to prevent HIV.



29

Using the Multidimensional Poverty Index (MPI) approach to ensure equitable HIV and SRH programming for Adolescents and Young People (AYP) in sub-Saharan Africa

Essendi H¹, Gichiri S¹, Ogada-Wanaswa L¹, Kiema G¹, Feleke F¹, Niwagaba N¹, Mokooane P¹, Malaba S¹

¹Triggerise, Nairobi, Kenya

Background: Evidence indicates that people living in poverty, including young people, face disproportionate barriers in accessing the much needed sexual and reproductive health services thereby exacerbating their need. On this note, Tiko seeks to implement strategies reaching the most marginalised to ensure they access the required SRH and HIV services. We use routine assessment of the wellbeing of its users by conducting multidimensional poverty assessment (MPI) using client exit interview surveys (CEIs) to track how the programmes are performing. These CEIs are conducted monthly, quarterly or bi-annually depending on programme target and the results routinely used to structure/restructure programme approaches to ensure the poorest AYP access the required SRH and HIV services.

Results: Trend analysis of MPI assessed in the regular CEIs indicates Tiko programmes in Kenya to have improved their effectiveness in reaching vulnerable girls over an 11 month period - from 40% in July 2023 to 54% in May 2024. Data from MPI tracker in Ethiopia indicates an improvement in reaching AYP living in severe multidimensional poverty (from 1% in December 2022 to 2% in October 2023 and 11% by April 2023).

Conclusions: MPI tracker for Kenya and Ethiopia demonstrate the organisation's efforts to reach vulnerable AYP using the MPI tool whose assessment is conducted regularly (monthly for Kenya and bi-annually for Ethiopia). It is thus clear that this routine assessment is helpful for programme implementers as it helps track their efforts to reach the most vulnerable and take

remedial actions where necessary. Consequently Tiko has made a strategic decision to ensure routine MPI assessment is done across all its countries of implementation including Uganda, Burkina Faso, South Africa and Zambia where MPI routine assessment will be done quarterly.



30

Scaling an Evidence-Based Model of Health, Happiness and Hope for Children and Adolescents Living with HIV in Sub-Saharan Africa

Sellberg A¹, Ricotta A¹, Combes J¹, Chikwanya T¹, Mawodzeke M¹, Chitiyo V¹, Willis N¹

¹Zvandiri, Harare, Zimbabwe

Background: The Global Alliance partners have committed to ending paediatric AIDS by 2030, through scaling up evidence based models. Notably, 11/17 Global Alliance countries have existing partnerships with the Zimbabwe based Zvandiri for technical support to set up the evidence based Community Adolescent Treatment Supporter (CATS) model, for provision of holistic services and care to Children Adolescents and Young Adults living with HIV (CAYALHIV) through peer-led support, and caregiver/workforce strengthening.

Between 2016–2023, Zvandiri provided in-person and virtual technical support and mentorship to Zambia, Uganda, Tanzania, South Sudan, South Africa, Namibia, Mozambique, Cote d'Ivoire, Angola, Nigeria, Ghana, Rwanda and Eswatini where 1,606 peer counsellors living with HIV were integrated in 613 health facilities, supporting 50854 CAYALHIV.

Description: The Zvandiri team did a review of programme data collected between 2018 and 2022 from eight countries to evaluate the technical support programme, using on site health facility pre-and post-assessments adapted from WHO's Global Standards for Quality Health Care Services for Adolescents. In addition, self-assessment questionnaires were completed with ministries of health (MoH), facility managers, healthcare providers (HCP), and young people. Key informant interviews were held with government representatives and implementing partners that addressed recommendations for scaleup.

Lessons learned: The Zvandiri team found that the model had been successfully integrated into national HIV responses. Results included improved

child and adolescent-responsive health facilities, viral load monitoring and viral suppression, strengthened data management systems, greater community engagement, and stronger linkages to social protection services.

“Having been part of the NATS [Namibia Adolescent Treatment Supporter] programme from the start I have witnessed young people get a voice, a space in the health care system.” (HCP, Namibia)

“The fact that the CATS Programme is embedded in the MoH is part of its success.” (National AIDS Control Programme, Ghana)

Conclusions/Next steps: The CATS model has huge potential in assisting countries to reach its Global Alliance targets. The technical support from Zvandiri was successful in transferring skills for peer-led delivery of quality HIV services for CAYPLHIV and contribute to the global goals for improved CAYPLHIV health and well-being. Countries have subsequently expanded geographical reach and secured funding for national scale-up.



31

Enhancing Mental Health Screening Among Adolescents Living With HIV: The Impact of the 'Horizon' Campaign at TASO Entebbe Wakiso District, Uganda

Joseph S¹¹TASO ENTEBBE, Kampala, Uganda

Background: Globally, mental health screening among adolescents living with HIV remains challenging, especially in low-income countries like Uganda, where HIV and mental health issues are prevalent among adolescents. The intersection of HIV and mental health significantly impacts mental health management, posing serious health risks. As of January 2024, only 11% of HIV-positive adolescents at TASO Entebbe had undergone mental health screening, far below the recommended 100%, revealing an 89% gap. This disparity may lead to poor treatment adherence and worse health outcomes. To address these issues, the TB clinic team launched the "Horizon" campaign, which ran for six months from January 2024 to June 2024, with the aim of enhancing mental health screening for adolescents attending the HIV clinic.

Intervention: In January 2024, the adolescent clinic team employed the 5 Whys technique to identify root causes of low mental health screening rates among adolescents: health workers prioritizing routine HIV care and a lack of awareness among peers and parents regarding mental health screening's importance. In response, they applied the Pareto Principle to prioritize interventions, launching the "Horizon" campaign. This initiative aimed to empower key stakeholders—health workers, peers, and parents—to overcome barriers to mental health screening. Health workers underwent a two-week intensive training program on mental health screening and symptom recognition, enhancing their ability to integrate mental health care into routine services. Monthly workshops further reinforced these skills. Educational materials on mental health were distributed during clinic visits,

and peer-led support groups enabled mental health survivors to share their experiences, enhancing peer understanding and helping parents distinguish mental health issues from behavioral problems. Suspected cases identified by parents and adolescents were promptly referred via a dedicated hotline for rescreening by trained health workers to ensure comprehensive support.

Results: The campaign resulted in a substantial increase in screening rates, rising from 11% in January to 95% by June 2024, demonstrating the effectiveness of targeted collaborative approach interventions.

Conclusion: The "Horizon" campaign showcases effective collaboration in enhancing mental health screening for adolescents with HIV at TASO Entebbe, serving as a replicable model for similar settings worldwide and fostering a prosperous future for adolescents.



32

Towards a Brighter Future: Using Person Centered HIV Prevention to Tailor HIV Programming to Needs of Young Girls and Adolescents

Akuno J¹, Mwangi E¹, Alons C², Tsiouris F², Lenz C²

¹Elizabeth Glaser Pediatric AIDS Foundation, , Kenya, ²Elizabeth Glaser Pediatric AIDS Foundation, , United States

Introduction: Adolescent girls and young women (AGYW) experience vulnerabilities that increase their risk of HIV acquisition. With support from ELMA Philanthropies, EGPAF implemented the Girl-Power (protected, optimistic, wise, empowered, resilient) initiative, a peer-supported, person-centered model to improve health and wellbeing of AGYW and their infants and minimize risk of HIV acquisition and vertical transmission.

Methods: AGYW presenting at Girl-Power facilities are screened and tested for HIV, pregnancy, and gender-based violence. AGYW confirmed pregnant or breastfeeding (PBF) are enrolled in Girl-Power and complete an assessment that informs their individualized care plan. AGYW living with HIV receive PMTCT services. HIV-negative, PBF AGYW receive combination HIV prevention, including PrEP services, alongside HIV re-testing throughout antenatal care (ANC) and post-natal (PNC) periods. Other services include support for retention in care, psychosocial support, and linkage to social protection.

Results: Girl-Power was implemented in 36 facilities in Homa Bay County, Kenya. Forty trained AGYW mentors support implementation. From October 2022-September 2023, 56,706 AGYW completed a pregnancy risk assessment; 20,375 received a pregnancy test and 7,310 (36%) were confirmed pregnant. Virtually all pregnant AGYW (7,298) were linked to ANC and received HIV-testing (99.7%) with 1.9% (115) testing HIV-positive. From October 2022-September 2023, the monthly proportion of PBF AGYW enrolled in Girl-Power retained and active in care 12-months following ART initiation was consistently between 98-100%. Of PBF AGYW who defaulted, 89% (2017/2271) were successfully re-engaged. Viral

load (VL) coverage among PBF AGYW on ART was regularly between 94-98%; VL suppression (VLS) ranged from 93%-100%. HIV re-testing among HIV-negative PBF AGYW was consistently over 98% during ANC/PNC. This is a marked increase compared to baseline (September 2020-August 2021) where HIV-retesting ranged from 19% at 18-months-PNC to 64% at 6-months-PNC. HIV-positivity among AGYW retesting in ANC/PNC ranged from 0.1-0.5%. Among HIV-negative PBF AGYW, 351 were screened for HIV risk; 59%(207) were eligible for PrEP and 94% (194/207) initiated PrEP. 940 PBF AGYW continued with ongoing PrEP care.

Conclusions: Low rates of seroconversion were observed among PBF AGYW in Girl-Power. The intensified model supports girls to stay in care, reach VL suppression and supports prevention of HIV acquisition.



33

Are We Leaving the Boys and Young Men Behind? Gender Disparities in PrEP Uptake Among Zambian Adolescents and Young People: A Descriptive Analysis

Longwe B¹, Banda K¹, Siame M², Silondwa M¹, Hachilensa L², Mweemba M², Mwamba T¹, Michelo J¹, Shakwelele H¹, Haimbe P¹

¹Clinton Health Access Initiative, Lusaka, Zambia, ²Ministry of Health Zambia, Lusaka, Zambia

Background: Zambia has made strides in reducing the HIV burden, according to ZAMPHI, HIV incidence declined from 0.61% in 2016 to 0.31% in 2021 among the general population aged 15-49 years. However, adolescents and young people (AYP) aged 15-24 years continue to face a higher HIV incidence rate of 0.4%. In 2019, Zambia introduced oral pre-exposure prophylaxis (PrEP) targeting high-risk populations. The PrEP program expanded rapidly, with a 93% increase in annual new initiations between 2022 and 2023, predominantly among females. This analysis focuses on trends in PrEP uptake among AYP in Zambia to guide targeted HIV prevention efforts.

Methods: We extracted national data on Oral PrEP for January 2021 to December 2023 from District Health Information system. Our analysis provides a trend of PrEP uptake among AYP aged 15-24 years to understand the difference by sex. Using excel, we conducted a descriptive analysis of data from 3,534 health facilities.

Results: The analysis shows that PrEP uptake among AYP increased significantly from 22,719 in 2021 to 78,946 in 2023. PrEP uptake increased by 12 percentage points between 2021 and 2022 and doubled (increasing by 24%) between 2022 and 2023.

Disaggregated by sex, in 2021 and 2022 adolescent girls and young women accessed more PrEP, 64% (14,441 and 25,099) and 66% (51,854) in 2023 as compared to adolescent boys and young men who accounted for only 36% (8,278 and 14,337) and 34% (27,092) within the same period.

Urban districts showed higher PrEP uptake from 2021 to 2023, notably in Lusaka, where 13,063 (9%)AYPs accessed PrEP. In contrast, rural districts reported lower uptake, with Kapombo having only 3 reported. This urban-rural disparity is consistent across this demographic when disaggregated by sex.

Conclusion: Despite the commendable increase in PrEP uptake among AYP, particularly among adolescent girls and young women, there is still a disparity between genders, with adolescent boys and young men showing lower PrEP utilization rates. Targeted efforts are needed to increase the uptake of PrEP among adolescent boys and young men as linking them to care improves their health and reduces incidence in adolescent girls and young women.



34

Prevalence and Associated Factors of Sexual Abuse on HIV Outcomes Among Adolescents and Young Adults Living With HIV in Tanzania Within the Sauti Ya Vijana Cohort

Elimwaria W¹, Ambokile A², Senkoro E², Gallis J⁴, Ketang'enyi E¹, Mmbaga B^{2,3}, Dow D^{2,3,4}

¹Baylor College of Medicine Children's Foundation Tanzania, Mwanza, Tanzania, United Republic of, ²Kilimanjaro Christian Medical Center-Duke Collaboration, Moshi, Tanzania, United Republic of, ³Kilimanjaro Christian Medical University College, Moshi, Tanzania, United Republic of, ⁴Duke Global Health Institute, Durham, United States of America

Background: Intimate partner violence (IPV) and sexual abuse can negatively affect mental health, adherence to antiretroviral therapy (ART), and viral suppression among adolescents and young adults with HIV (AYALWH). This study investigates the prevalence of sexual abuse and its association with health outcomes among AYALWH in Tanzania.

Methods: In a cross-sectional analysis, we analyzed baseline data from 671 AYALWH (50% females) enrolled in the Sauti ya Vijana (SYV) randomized controlled trial, conducted across HIV clinics in Tanzania. Sexual abuse was measured using the IPV questionnaire. We describe prevalence and associated factors of reported sexual abuse among AYALWH.

Results: The study found 8% of youth reported ever experiencing forced sex, with 57% occurring in the past year. Two percent of youths reported ever being coerced into sex (40% in the past year). Females were more likely to be victims than males and mean age was higher for both. Perpetrators included romantic partners, strangers, or others (family members, schoolmates). AYALWH with sexual abuse history compared to those without had higher mean PHQ-9 scores (4.2 vs. 2.7, $p < 0.001$) and GAD-7 scores (2.5 vs. 1.5, $p = 0.002$) and no major difference in self-reported medication adherence (75% vs. 77%, $p = 0.344$) nor viral suppression (87% in each group). Similarly, PHQ-9 scores (7.1 vs. 2.8, $p < 0.001$) and GAD-7 scores (3.6 vs. 1.5, $p = 0.001$) were higher,

and medication adherence lower (67.0% vs. 77.0%, $p = 0.034$) among those reporting coercion, with no difference in viral suppression rates (85.7% vs. 86.6%, $p = 0.920$). Mean age was higher (19.1 vs. 17.5, $p = 0.014$). Youth who report sexual abuse are referred for a needs assessment, first-aid counseling, and evaluation for referral to gender-based violence services and a follow-up with a psychologist.

Conclusion: Sexual abuse and coercion in AYALWH is associated with worse mental health and lower ART adherence, but did not significantly affect viral suppression. Robust and targeted interventions could contribute to improved mental health and ART adherence.



35

Role of the Orphans and Vulnerable Community Interventions in Addressing Viral Load Suppression amongst the CALHIV in Homa Bay County, Kenya

Owuor V¹, Okal C¹, Amayo J³

¹1, Homa Bay, Kenya, ²2, Homa Bay, Kenya, ³3, Homa Bay, Kenya

Background: HIV is one of the leading causes of morbidities and mortalities in children and adolescents in Homa Bay County. Rachuonyo North sub-county had an HIV prevalence rate of 22% with 2,277 children and adolescents living with HIV in 2019.

Viral suppression amongst Children and Adolescents Living with HIV (CALHIV) was 85% in 2019, community model targeting Orphans and Vulnerable Children was strengthened to address socioeconomic, psychosocial, and structural gaps to help in viral suppression.

Objective: To assess the overall contributions of the community Orphans and Vulnerable Children (OVC) interventions in viral load suppression among the Children and Adolescents Living with HIV in Rachuonyo North Sub County.

Methods: Retrospective data review of 1,935 children and adolescents within the range of 1 – 18 years on follow-up across the 37 ART sites from January 2019 to August 2023. Sociodemographic and clinical variables were abstracted from the Kenya Electronic Medical Records and the OVC database.

The clinical variables of interest were viral load and linkage rate to the OVC program. Data quality assessment was done using a Field Epidemiology and Laboratory Training Program (FELTP) standard tool, and descriptive statistics and the corresponding percentages were used to summarize categorical variables.

Results: In 2019; 27% of the CALHIV were linked to the OVC program with a viral suppression rate of 85%. In 2020, the linkage was 34%, a suppression

rate of 88%. In 2021, the linkage was 36%, and the suppression rate was 86.5%, in 2022 linkage was 47%, with suppression of 88.8%, and in 2023 the viral suppression rate was 92% with a linkage of 53%.

Conclusion: The OVC community model helped improve VL suppression amongst the CALHIV enrolled in the program. It's therefore recommended that the community and the facility facilitate collaboration and fast-track pediatric and adolescent clinical care to achieve suppression.



36

Evaluating the Effectiveness of Social Media as a Feminist-Responsive Tool in Optimizing HIV Testing Services Among Highly Mobile Adolescent Males in Key Populations in Nigeria

Okolie O¹, Udeh V³, Suru E¹, Oludipe O¹, Akile I²

¹Improved Sexual Health and Rights Advocacy Initiative (ISHRAI), Fagba, Nigeria, ²Excellence Community Welfare Scheme, Udu OSS, Udu, Nigeria, ³Catholic Caritas Foundation of Nigeria, Enugu OSS, Enugu, Nigeria

Background: HIV testing services (HTS) among adolescents in key populations affected by HIV continue to be a serious concern. While significant progress is being made in adult populations, reaching highly mobile adolescent males in key populations with HTS remains a challenge. This research aims to evaluate the effectiveness of social media in addressing these challenges and potential gaps.

Methods: A retrospective cohort study was used to evaluate the effectiveness of social media as a feminist-responsive tool in optimizing HTS among highly mobile adolescent males in key populations. This study focused on 3,358 adolescent males in key populations between the ages of 18 -19 years, tested between January to June 2024. HTS modalities data from HTS client intake forms and HTS register were obtained from 3 facilities in Nigeria: Improved Sexual Health and Rights Advocacy Initiative (ISHRAI) Lagos, Enugu One-Stop-Shop (OSS), and Udu OSS, Delta State.

Results: It was noted that across the 3 facilities, different HTS modalities were utilized in reaching adolescents, such as gender-based violence (GBV) services, sexually transmitted infection (STI) clinics, partner notification services (PNS), pre-exposure prophylaxis (PrEP) outreaches, and self-testing. The following data for each of the testing modalities was obtained from the 3 sites under this study: At ISHRAI, of the 2,746 tested: GBV services - 11, self-testing - 319, PrEP outreaches - 467, PNS -268, and a significant 1295 from social

media; at Enugu One-Stop-Shop, of the 563 tested, self-testing - 8, PrEP outreaches - 72, and social media - 483; at Udu One-Stop-Shop, of the 456 tested, self-testing - 55, PrEP outreaches - 61, PNS - 18, and social media - 322, showing that social media is the most effective modality in reaching highly mobile adolescent males in key populations with HTS across all the sites evaluated.

Conclusions: The use of social media to reach adolescent males in key populations in Nigeria has shown positive results. This innovative approach should be integrated into addressing the HTS optimization gap that exists with highly mobile adolescent males in key population settings, especially in sites with challenges in reaching this demographic.



37

Building Capacity and Leadership of Adolescent Girls and Young Women in Sex Work through Social Enterprises in Mombasa County

Winchester V¹, Awuor M¹

¹Nkoko Iju Africa CBO, Mombasa, Kenya

Introduction: Adolescent girls and young women engaged in sex work face economic marginalization, violence, and heightened HIV/STI risks. Empowering this vulnerable population through capacity building and leadership development is crucial.

Description: Nkoko Iju Africa implements a social enterprise model in Mombasa County aimed at building capacity and leadership. Key components include: 1) African Art Center where beneficiaries access products on credit to start businesses without upfront capital. 2) Training on entrepreneurship, mentorship, and leadership. 3) Support for forming community-led small businesses. 4) Engaging beneficiaries as peer educators to foster leadership. 5) Organizational development through diversified revenue streams and reduced donor dependency.

Findings and Lessons Learned: Since October 2022, 350 beneficiaries reached, with remarkable outcomes. 80% achieved financial independence, 45% average monthly income increase. 65 beneficiaries expanded enterprises, employing 120 young women. 92% reported enhanced decision-making and self-confidence. Peer education reached 1,800 community members in Kisauni & Nyali, raising HIV/STI awareness. Revenue diversification sustained office rent for 2 years.

Conclusion and Next Steps: Our model demonstrates an integrated approach to building capacity and leadership through income-generation and skills training, addressing multifaceted challenges. Future efforts will scale up, and explore replication.



38

An Integrated School-Based SRHR Programme in Rural South Africa: Gender Differences in Uptake and Outcomes

Shaikh N^{1,3}, Grimwood A¹, Eley B²

¹Kheth'Impilo AIDS-Free Living, , South Africa, ²Dept of Paediatrics and Child Health, Univ. of Cape Town, , South Africa,

³Stellenbosch University, Cape Town, , South Africa

Sexual Reproductive Health and Rights (SRHR) is considered one of the best investment cases for addressing the well-being of adolescents. However, there exists a disparity in SRHR service utilization and outcomes between adolescent boys and girls, with limited focus on addressing their distinct needs. This study evaluates a 10-year program targeting co-educational high schools in rural South Africa from a gender perspective, applying the Capability Approach (CA).

Objectives: To determine how socio-demographics, knowledge, attitudes, behaviours (KAB), agency, resources, and environmental factors influence programme outcomes amongst underserved adolescents by gender.

Methods: A retrospective study evaluated data from anonymous, pre-and post-intervention surveys and program data. Participants were male and female learners from a cluster of high-schools (n=3294). Using Stata v.14, univariate, bivariate and logistic regression analyses were completed. The determinants of condom/femidom use as a proxy of SRHR behavioural outcome was assessed from the post-intervention data.

Results: Learners came from largely female-headed (70%), food insecure (33%) and grant-dependent (87%) households. More females (45%) than males (36%) came to school hungry or felt unsafe commuting to schools (22%vs17%) and reported forced sex (15%vs7%). Amongst males, knowledge of HIV transmission was lower and higher on care at baseline. More females than males knew where to seek contraceptive care (60%vs55%) and were willing to be HIV tested

(79%vs 63%). Knowledge and willingness to seek care improved significantly for all post-intervention. In terms of agency, more males than females (20%vs15%) reported having had sex without a condom if their partner refused to use it. More females attended health services for care at baseline and post-intervention. The significant determinants of condom use at last sexual intercourse included age (OR=1.2), female (OR=1.4), age of sexual debut (OR=0.9), agency score (OR=1.2), non-coerced sex (OR=1.3), knowledge on condoms (OR =3.1), HIV clinic attendance in last six month (OR=1.5) and STI clinic attendance in last six months (OR=1.4).

Conclusion: Learners faced differential socio-economic challenges by gender. Baseline knowledge on HIV transmission, myths and stigma differed by gender. Significant determinants for condom use at last sexual intercourse included gender, knowledge and behavioural factors. Placing learners in the centre and understanding their specific needs, capabilities, and agency is crucial for SRHR programming.



39

Access to HIV Information and Support for AYP in Kenya; A Case of One2one Integrated Digital Platform

Nzuki M¹

¹LVCT HEALTH, Nairobi, Kenya

Background: Adolescents and young people (AYP) in Kenya are disproportionately affected by HIV. Statistics show 88 AYP are infected with HIV daily. Population level data shows that lack of and inaccessible information on HIV prevention strategies for AYP contributes largely to high HIV incidence rates. This gap limits their health-seeking behaviors for HIV Testing Services – prevention, testing, care and treatment (HTS). LVCT Health developed an Online Integrated Digital platform (OIDP) which harnesses utilization of technology to provide information, counseling and referral services for HTS to AYPs. This brief describes the content within the OIDP platform and the reach of AYP over the course of one year.

Methodology: The LVCT Health OIDP operates on social media, one2one website, SMS and call platform communication channels for HTS information. The one2one hotline OIDP dashboard analytics were extracted from April 2023 to April 2024 and analyzed to investigate: HTS content reach within the one2one hotline that comprise of the call and SMS platform and number of AYP accessing the platforms for information and service seeking on HTS.

Results: Over the one-year period, 4,198 AYP were reached with youth responsive content on the one2one SMS platform. The AYP ages ranged from 10 to 24 years. 298 calls were recorded of which 191 were male and 107 were females. 27 were referred for HTS services of which 24 accessed the service and 3 did not manage to access the service. The most accessed or asked content on HIV majored around the following themes: testing, prevention, information on HIV, HIV transmission and Adherence.

Conclusion: The digital ecosystem fills a critical gap in accessibility of HTS information by AYP, encouraging service seeking for those at risk of HIV

acquisition. Technology-enhanced healthcare delivery is a strategic tool to reach AYP in Kenya with credible, youth-responsive information on HIV. The data derived from the interactions with AYP informs programming and contributes to HIV policy formulation for AYP.



40

Exploring the Knowledge of South Africa's Safe Abortion Law Among Girls Aged 12-17 in Gauteng, South Africa

Methazia J¹, Robbertse T¹, Johnson D¹, Jayaweera R¹

¹Ibis Reproductive Health, Johannesburg, South Africa

In South Africa (SA), access to sexual and reproductive healthcare (SRH) is a constitutional right and the Choice on Termination of Pregnancy Act legalized abortion in 1996. According to the Children's Act (Act 38 of 2005), adolescents 12 years and older are eligible to access abortion services without parental consent. However, adolescent births are on the rise, and unplanned pregnancy among adolescents and unsafe abortion are of growing concern. We aimed to understand the occurrence of unplanned pregnancy, abortion, and knowledge of SA's abortion policy among adolescents in Gauteng.

We conducted a mixed-methods study among 236 adolescents (age 12-17) assigned female at birth living in Gauteng, SA. Ten participants participated in in-depth interviews after reporting an unplanned pregnancy during the survey. We conducted bivariate analyses examining associations between knowledge of SA's abortion law and selected sociodemographic characteristics. Logistic regression was used to determine factors associated with knowledge of SA's abortion policy.

Thirty-four percent of all participants reported prior sexual activity, 22% of those sexually active had an unplanned pregnancy, and 5 participants reported an abortion. A third (33%) of participants knew someone who had an abortion. Almost half (49%) of participants reported knowing about an abortion policy or law. When asked about specific conditions, 87% reported abortion is legal, 66% reported adolescents under the age of 18 can obtain an abortion, and 79% said adolescents under the age of 18 need parental consent for an abortion. Our multivariate analyses revealed factors significantly associated with knowledge of the law were participants who were in high school (OR: 3.6 (1.3 – 9.8, p=0.010), and those who knew

someone who had an abortion (OR: 2.6 (1.0 – 6.7), p=0.040). During the interviews, 5 of 10 participants reported they had an abortion with most (n=4) resorting to the unsafe abortion sector because of fear of judgment and stigma from nurses and the limited ability to advocate for themselves at health facilities.

The level of knowledge of abortion legality varied. There is a need to ensure that adolescents have a sound understanding of the policies regulating the availability of safe abortion to tackle unsafe abortion.



42

Contraceptive Knowledge Gaps, Uptake and Concerns among Adolescent Girls in the MTN -034/Reach HIV Prevention Trial: The Uganda Site Experience

Mulumba E¹, Nakyanzi T¹, Asiimwe F¹, Kalule Nabunya¹, Babirye Otim M¹, Nanziri S¹, Nambusi M¹, Gati Mirembe B¹, Etima J¹, Nakalega R¹, Akello Agwau C¹

¹Makerere University-Johns Hopkins University (MU-JHU) Research Collaboration, Kampala, Uganda

Background: Adolescents girls and young women (AGYW) in Uganda are more likely to acquire HIV or become pregnant as compared to older women. The MTN-034/REACH study was a Phase II open-label study designed to fill important gaps in information about the safety and acceptability of the monthly Dapivirine Vaginal Ring and daily Oral Pre-Exposure Prophylaxis (PrEP) in AGYW age 21 and younger. Potential participants were required to be on a reliable contraceptive method. However, contraceptive acceptability and use among 16- to 17-year-olds is not widely understood. We explored concerns and knowledge gaps about contraception uptake among adolescent girls.

Methods: Potential participants were asked if they were willing to be on a reliable contraception method for the study duration. They were referred to the clinic for familiarization, further pre-screening, and contraceptive information sessions. Knowledge gaps, myths and misconceptions were documented in the participant engagement log. AGYW newly initiated on contraception reported 2 months later for screening prior enrollment. Study participants were asked about their concerns during the monthly adherence support meetings.

Results: 258 pre-screened potential participants came to the site clinic and attended contraceptive sessions. Among the 16 to 17-year-old adolescents, 13 were already on a contraceptive method but feared parents finding out and community judgement. 31 adolescents who were initiated on a contraceptive method, their parents/

guardians after counselling were supportive and understood why their children needed it. 24 adolescents declined largely due to widespread rumors about contraceptive side effects. Adolescents wanted to know how hormonal and non-hormonal methods work, which methods were suitable for them, the side effects and how long it takes to conceive after stopping contraceptive use. Adolescents' perceived side effects included; ovarian/cervical cancer, fibroids, vaginal dryness, heavy and missed menses, and weight gain. Some parents feared infertility before child bearing.

Conclusion: Adolescents and Parents experience HIV and sexual Reproductive Health information challenges and negative perceptions, and need nonjudgmental, youth and parent-friendly engagement activities to increase Adolescent HIV Prevention and Contraceptive uptake.



43

Beyond Pills: A Holistic Approach to Supporting Adolescents and Young People Living with HIV (AYPLHIV) - The Operation triple zero (OTZ) Youth Kilifi Chapter Experience

Hassan M¹

¹Maisha Youth, Kilifi, Kenya

Background: Kilifi County, as per the 2019 KNBS report, has a youthful population of 1,509,503, with females and males comprising 51% and 49%, respectively. Adolescents and young people living with HIV (AYPLHIV) aged 10-24 face unique health challenges due to inadequate access to adolescent sexual and reproductive health (ASRH) services. This often leads to treatment non-adherence, self-stigma, stigma, discrimination, and difficulties transitioning from child to adult care. Consequently, there is an increase in ART non-adherence, teenage pregnancies, and HIV transmission rates, with 38.4% of new infections occurring in the 15-24 age group. Addressing these needs requires a comprehensive and integrated approach.

Objectives: To reduce incidence of High Viral Load, mortality rates as a result of high defaulting rates.

Methodology: The OTZ initiative in Kilifi is a novel program targeting "triple zero outcomes" for AYPLHIV: zero missed appointments, zero missed doses, and zero viral load. Through an asset-based approach, the OTZ Kilifi chapter has engaged and supported 130 AYPLHIV from January 2020 to January 2024. Participants, organized into cohorts, underwent a comprehensive program, including bespoke HIV services with weekend clinic hours, robust treatment literacy, skill development for personal care involvement, life skill enhancement, and building social support networks. Additionally, interactive educational activities were employed to enhance self-esteem and reduce stigma.

Results: Since its implementation in October 2021, the intervention has achieved remarkable success

in maintaining viral suppression. Averagely, an impressive 91% from of participants have maintained viral suppression, significantly reducing the risk of transmission and complications. This impact is particularly notable among adolescents, with an average viral suppression rate of 93.3% for 10–14 year-olds and 89.4% for 15–19 year-olds. These results demonstrate the intervention's effectiveness over the past three years.

Recommendations: The expansion of OTZ support groups to a wider audience of HIV-positive adolescents is recommended. Such an endeavor requires collaboration with development and community organizations, healthcare providers, and governmental agencies to ensure a comprehensive, adaptive, and effective support system. Regular evaluation of the program's impact and the continuous adaptation of its interventions are essential for achieving holistic well-being among AYPLHIV.



44

A Sexual and Reproductive Health Model for enhancing the prevention of HIV/AIDS Among young people (10 to 24 years) in Cameroon: The case of Fako Division in South West Region.

Njemkerk E¹, Samje S³, Atanga M⁴

¹Department of Public Health, Faculty of Public Health, University of Bamenda, Bamenda, Cameroon, ²CBCHS, Limbe, Cameroon, ³ Department of Biomedical Sciences, Faculty of Health Science, University of Bamenda,, Bamenda, Cameroon, ⁴ Department of Nursing, Faculty of Health Science, University of Bamenda, Bamenda, Cameroon

Background: Sexual and Reproductive Health among young people in developing countries is still a major public health challenge. Approximately 90% of Human immunodeficiency Virus infection is sexually transmitted among young people with high prevalence in sub-Saharan Africa. The aim of this study was to develop an innovative sexual and reproductive health model that will improve access to sexual and reproductive health services among young people thereby enhancing the prevention of HIV.

Materials and Methods: This was a health Facility, school-based cross-sectional study using structured questionnaires, in-depth interviews and focus group discussions among young people aged 10 to 24 years, health care personnel and managers. Data was analyzed using SPSS version 25.0 and Atlas Ti version 9.0 software respectively.

Results: Out of 1489 respondents recruited in the study, majority 984 (66.1%) were female within the age group of 15 to 19 years. Available sexual and reproductive health services were not tailored towards meeting the sexual needs of young people. Poor knowledge on availability, accessibility and utilization of services was recorded at 57.4%, 80.6% and 52.3% respectively. From FGDs majority had no knowledge on available services, few who had, had no knowledge on location of services. Factors that affected access and utilization were timing at facility level (AOR: 0.48, CI:0.29-0.78, P=0.033), socio-economic

with a statistical significance of (AOR: 1.59, CI: 1.03-2.43, P=0.038), individual perception, provider attitude, location of services and opening hours were statistically significant with (AOR=0.002, CI:0.48-0.85, P=0.002), (AOR:1.49, CI:1.04-2.14, P=0.031), (COR:0.68, CI:0.54-0.86, P=0.001), (AOR: 0.65, CI:0.43-0.98, P=0.0039) respectively. Service providers needed appropriate training to attend to the SRH needs of young people. The challenge of infrastructure, human resource and financial constrains was a setback to establishing Youth and adolescent friendly sexual and reproductive health services.

Conclusions: Creating awareness among young people on the available SRHSs and linking to healthcare Facilities is imperative for optimizing access and utilization of services. Policies that favor young peoples' sexual and reproductive health should be enacted to reduce stigma and improve service uptake thus contributing to epidemic control by 2030.



45

Intersecting Stigmas and Their Impact on Adolescents' Sexual and Reproductive Health and HIV Outcomes

Perera S¹, Kelly J¹, Laurenzi C², Busakhwe C¹, Toska E¹

¹Centre For Social Science Research, University Of Cape Town, Cape Town,, South Africa, ²Life Course Health Research, Department of Global Health, Stellenbosch University, Cape Town, South Africa

Background: Stigma surrounding HIV, adolescent pregnancy, and sexual and reproductive health (SRH) issues is a significant barrier to care and well-being for adolescents. HIV-related stigma stems from various stigma types including structural, intersectional and health-condition related stigma. This study aimed to explore the diverse dimensions of stigma faced by adolescents, and how stigma shapes health-seeking behavior, mental health and quality of life.

Methods: Secondary analysis was conducted on qualitative data from three interlinked studies based in the Eastern Cape province of South Africa: 1) semi-structured interviews with nurses (n=20) on their experiences providing SRH services to adolescents; 2) semi-structured interviews exploring mental health of young mothers affected by HIV (n=17); and 3) participatory engagements with pregnant and mother learners (n=34), other learners (n=33), teachers (n=25), school board governing members (n=20) and programme implementers (n=9) in South Africa. Data were thematically analysed using a stigma conceptual framework encompassing stigma drivers, types, markers, experiences, coping mechanisms, and manifestations.

Results: The study revealed that adolescents experienced various forms of stigma, manifesting in healthcare settings, schools, and communities. These experiences led to feelings of judgment, isolation, and embarrassment, resulting in reluctance to disclose status, access services, or engage with healthcare providers. Coping mechanisms were observed, for example, pregnant learners often denied or hid their pregnancy due to fear of stigma and shame.

However, this non-disclosure hindered their ability to receive necessary support and created challenges for teachers attempting to assist them. Mental health was also adversely affected, with reports of depression, anxiety, and in some cases, suicidal ideation. Potential strategies to improve adolescent health outcomes include technology for discreet information delivery and education and outreach to raise awareness and reduce stigma. Youth-focused services can adopt non-judgmental approaches, offer dedicated clinic times for adolescents, and encourage self-awareness among healthcare providers to address biases. Providing confidential and private services is important to create safe spaces for adolescents seeking healthcare.

Conclusions: To address challenges of intersecting stigmas on adolescent SRH, multifaceted interventions are required, including interpersonal, structural, intersectoral and technological interventions. Establishing intersectoral collaboration between health and education sectors is also required.



46

Empowering Kenya's Girls: Transforming Adolescent Sexual and Reproductive Health Through Digital Feedback

Ogada L¹

¹Tiko (Formerly Triggerise), Nairobi, Kenya

In Kenya, adolescent pregnancy rate is 15% ,with 14% facing unmet contraceptive needs and are thus at elevated risk of unintended pregnancy. Tiko, a digital platform, has given voice to these girls, uncovering a significant barrier to their access to sexual and reproductive health (SRH) services: provider bias. After receipt of a service, girls are surveyed via SMS and asked to rate the quality of service received, including whether they were informed about other methods, side effects and what to do should they experience side effects. They are asked if they have a complaint and would like to be contacted to provide additional feedback. Ratings are shared with adolescents to inform their decisions on where to access quality services and with providers to drive improvements. A total of 806,577 girls enrolled onto the digital platform using SMS between 1st April 2017 and 31st May 2024 of whom 755,727 girls (94%) accessed SRH services. 66% (497,058) of girls who accessed services rated the quality of the service provided with average provider ratings of 4.92 and 4.85 for clinics and pharmacies respectively.

The rating data shows that clinics with the highest ratings have the highest number of girls visiting the facilities and are influencing their peers and consequently motivating providers to improve their customer service experience to attract more girls to use services at their facilities.

The ratings data identified gaps in the quality of contraceptive counseling provided to adolescents; approximately 70% were neither informed about other methods nor about side effects. Qualitative insights highlighted the limited opportunity girls initially had to provide feedback and the empowering nature of their ability to rate services through the digital platform.

This digital feedback loop has transformed the landscape of adolescent SRH in Kenya. It has empowered girls to demand the respectful, youth friendly services they deserve , holding providers accountable for the quality of care they provide. By amplifying the voice of young girls, Tiko is improving individual experiences and driving systemic change towards a future where every girl is supported to make informed decisions about her body and future.



47

HIV Testing Uptake Among Adolescent Girls and Young Women Who Misuse Drugs or Alcohol in Selected Districts of Zimbabwe, 2023

Mudzengerere F¹, Mafaune H¹, Yogo K¹, Mudokwani F¹, Bhatasara T², Masoka T¹, Nyamwanza B³, Dhakwa D¹, Yekeye R³, Mugariri E¹, Madzima B³, Mutseta M⁴, Tafuma T¹, Tachienyika E¹

¹Zimbabwe Health Interventions, Harare, Zimbabwe, ²United States Agency for International Development, Harare, Zimbabwe, ³National AIDS Council, Zimbabwe, Harare, Zimbabwe, ⁴Ministry of Health and Child Care, Harare, Zimbabwe

Background: HIV remains a public health concern globally with adolescent girls and young women (AGYW) in sub-Saharan Africa at substantial risk. In 2023, AGYW contributed two thirds of global infections. Key drivers for risk of HIV among AGYW include gender inequalities, poverty, power disparity between men and women, and drug and alcohol misuse. Zimbabwe Health Interventions (ZHI) is implementing the Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) program to reduce HIV incidence among AGYW across 9 high HIV burden districts. We assessed HIV testing uptake among AGYW who misuse drugs and alcohol in ZHI-supported DREAMS districts.

Methods: We conducted a descriptive study to determine HIV testing service uptake and how drug and alcohol misuse affected this among AGYW enrolled in the DREAMS program. Data were collected from AGYW enrolled in the DREAMS program from October 2021 to December 2022 and analysed using STATA version 16 generating frequencies, proportions and measures of association. Binary logistic regression was used to compute Chi-square tests and odds ratios for the comparison. Study received ethics approval from Medical Research Council of Zimbabwe (MRCZ/A/2933).

Results: Of the 2,143 AGYW aged 10-19 interviewed, 2.9% (62/2,143) misused drugs or alcohol, and of these, 3.2% (21/663) were in urban

areas whilst 2.8% (41/1,480) were from rural areas. Majority of AGYW who misused alcohol or drugs were single (98%). Of the AGYW who misused alcohol or drugs, 17.7% (11/62) knew their HIV status. AGYW who were in urban areas and misuse alcohol, or drugs were more likely to know their HIV status than in rural areas [OR =3.06 (95% CI =1.48: 6.36)]. Moreover, AGYW who were sexually active and misused drugs were more likely to know their HIV status [COR=3.03; 95% CI (1.18; 7.82)]. The DREAMS program encourages AGYW to know their HIV status through training and peer motivation during social asset building clubs.

Conclusions: HIV testing uptake among AGYW who misuse alcohol or drugs remains low and factors associated with HIV testing uptake included staying in urban areas and being sexually active. We recommend customised interventions for AGYW who misuse alcohol or drugs to improve HIV testing outcomes.



48

Ensuring Equity in Sexual Reproductive Health and HIV Programming for Adolescents and Young People

Mandela V¹

¹Tiko, Nairobi, Kenya

Tiko, a non-profit, uses digital platforms to enhance access to sexual and reproductive health (SRH) and HIV services for adolescents and young people (AYP) aged 15-24 across six Sub-Saharan African countries. Through its platform, Tiko offers subsidized services using behavioral science techniques like nudges, reminders, discounts, and reward points to promote consistent health service use. Users earn Tiko miles, redeemable for essential goods.

This approach generates real-time data, enabling swift action to address gaps. Tiko collaborates with partners to ensure sustainable change and designs client journeys tailored to AYP, addressing knowledge gaps, misconceptions, and care proximity issues. Continuous data collection allows adaptive programming for cost-effectiveness and efficiency. Monitoring and data-driven targeting refine interventions to meet AYP needs.

Since 2014, Tiko has significantly improved service access, reaching over 1.15 million AYP in Kenya with 1.53 million family planning (FP) services, 385,612 HIV services, and 50,919 mental health services; 214,865 adolescent girls and young women (AGYW) in Ethiopia with 364,938 FP services and 26,016 HIV services; 85,129 AYP in Uganda with 60,893 FP services, 38,378 HIV services, and 1,486 mental health services; 52,686 adolescent girls in Burkina Faso with 43,630 FP services and 22,782 HIV services; 24,193 AYP in South Africa with 8,029 FP services and 34,094 HIV services; and 818 AYP in Zambia with 876 services. Tiko has reduced multidimensional poverty (MPI) among AYP in Kenya, Burkina Faso, and Ethiopia by an average of 2%. Targeting high teenage pregnancy areas, Tiko offers family planning services to mitigate the link between poverty and AYP pregnancy.

For those without digital access, Tiko provides unique identification cards that ensure equity for AYP in remote areas who need Family planning services, HIV testing, and mental health services.

The success of Tiko's social and behavior change strategies highlights the effectiveness of behavioral insights in addressing SRH service inequities. Real-time data insights support scalable, replicable program designs, ensuring equity in SRH and HIV programming for adolescents and young people.



49

Peer Navigators Involvement in FASTPrEP's Demand Creation to Promote Uptake of PrEP in Community-Based Clinic Services for Adolescent and Young People in Cape Town, South Africa

Jonas M¹, Yola N, Vanto O, Fynn L, Mathola N, Vundhla P, Sindelo S, Rousseau E, Bekker L

¹Desmond Tutu Health Foundation, Woodstock, South Africa

Background: Pre-exposure prophylaxis (PrEP) is an attainable HIV Prevention option for adolescent and young people. To advance scaling up PrEP services among adolescent and young people requires well-trained and resourced peer workers. We explore best practices of peer navigators demand creation strategies in connecting PrEP methods to adolescent and young people from community-based clinics in a district-wide FASTPrEP project in Cape Town.

Methods: FASTPrEP is an implementation science project aimed at scaling up HIV prevention methods for 15 – 29 year old's through differentiated services in a Cape Town sub-district, South Africa. FASTPrEP has 29 peer navigators, with 21 working in 12 government health facilities and 8 working across 4 mobile clinics. Peer navigators are the first point of contact with clients entering the mobile clinics; they ensure flow from registration, and counselling through to receiving service. They provide tailored educational talks and dialogues on HIV prevention. Peer navigators are involved in demand creation by engaging with youth and sharing printed leaflets in community outreach and community events. The use of social media including youth-directed and coordinated content by peer navigators creates awareness among young people about sexual reproductive healthcare and rights (SRHR). Qualitative interviews were then conducted with purposefully selected participants to assess benefits and barriers of having peer navigators and educational material in mobile clinics.

Results: We conducted a total of 29 interviews of those 15 were adolescent girls and young women (AGWY), 10 male sexual partners (MSP), 3 men who have sex with men (MSM) and 1 Transgender-female which were used for data analysis. Across these populations 55.17% participants stated that peer navigators are generally approachable, find it easy and comforting to communicate with them regarding their health. Peer navigators are professional in their role as they are non-judgemental and provide a safe space. They make the process seamless by providing educational material.

Conclusion: This experience highlights the significance of following a peer-to-peer approach for adolescent and young people as it builds trust, acceptability, and confidence of PrEP methods. Peer navigator's role in demand creation adds value in influencing decision-making of adolescent and young people for PrEP.



50

Lessons From Mental Health Referrals for Young People Living With HIV Presenting With Mental Health Challenges in Tanzania

Mteki V^{1,2}, Mollel G², Senkoro E³, Ndaki R², Tarimo J², Samson L², Sigalla G², Dow D^{3,4,5}

¹St. Francis Regional Referral Hospital, Ifakara, Tanzania, Morogoro, Tanzania, ²Chronic Disease Clinic of Ifakara, Ifakara Health Institute, Tanzania, Morogoro, Tanzania, ³Kilimanjaro Christian Medical Center-Duke Collaboration, Moshi, Tanzania, Kilimanjaro, Tanzania, ⁴Duke University, Department of Pediatrics, Durham, NC, USA, Durham, United States, ⁵Duke Global Health Institute, Durham, NC, USA, Durham, United States

Background: Mental health challenges among adolescents and young adults living with HIV (AYALWH) in Tanzania often go untreated due to inadequate referral pathways and a scarcity of mental health professionals. The Tanzanian government is currently integrating mental health screening for people living with HIV, but referrals and treatment pathways for those reporting symptoms remains uncertain. This study evaluates a mental health referral system integrated within the Sauti ya Vijana (SYV) clinical trial in Tanzania.

Methods: The SYV trial is a co-designed, group-based mental health and life skills intervention for AYALWH across four regions (Kilimanjaro, Mbeya, Mwanza, and Morogoro) in Tanzania. Regardless of trial arm allocation, participants underwent standardized mental health assessments (e.g., PHQ-9, GAD-7). Those reporting moderate or severe symptoms based on high scores (PHQ-9 ≥ 10 ; GAD-7 ≥ 10), sexual abuse, or suicidality triggered email notifications to the research assistants (RAs), local supervisor, and principal investigator that the youth needs a mental health referral. Research Assistants (RAs) also referred participants based on any other observed concerns during the study visits. At the Ifakara Health Institute (IHI) in Morogoro, free confidential psychological counseling was offered by local clinical counselors. RAs tracked follow-up appointments.

Results: Between March 2023 and February 2024, 128 participants were enrolled at IHI (62 males (48%); 66 females (52%). Nineteen participants (15%) required referrals due to either high PHQ-9 and GAD-7 scores, reports of sexual abuse, or suicidal ideation, or RA concerns, including home disputes, stigma, or post-traumatic stress. All 19 referred participants attended their first appointment. Of these, 14 (74%) improved after the initial session, not requiring further sessions. However, five participants (26%) faced more severe mental health challenges and required ongoing follow-up or further referral to a mental health specialist.

Conclusions: Our findings demonstrate that local counseling can significantly benefit AYALWH who screen positive for mental health challenges. The high attendance and improvement rates indicate that AYALWH are receptive to mental health referrals within the HIV clinic and that clinical counseling by trained non-mental health professionals is an appropriate first step in providing effective care.



51

Prevalence of Unprotected Sex Against Sexually Transmitted Infections and Pregnancy Among Adolescents and Young Adults Living With HIV: A Multiregional Analysis of the Adolescent and Young Adult Network of IeDEA (AYANI)

Jesson J¹, Manochehr M¹, Elul B², Nyandiko W³, Machado D⁴, Mureithi F⁵, Puthanakit T⁶, Amorissani-Folquet M⁷, Murenzi G⁸, Wu W⁹, Ferreira F¹⁰, van Dongen N¹¹, Ditangco R¹², Musick B¹³, Brazier E¹⁴, Brehm A¹³, Luque M¹⁵, Bolton C⁵, Sudjaritruk T^{16,17}, Malateste K¹⁸, Yotebieng M¹⁹, Vreeman R⁹, Rouzier V²⁰, Ferreira T¹¹, Sohn A²¹, Leroy V¹

¹CERPOP, Inserm, University of Toulouse 3, Toulouse, France, ²Columbia University, New York, USA, ³Department of Child Health and Pediatrics, Moi University College of Health Sciences, Eldoret, Kenya, ⁴Department of Pediatrics, Federal University of Sao Paulo, Sao Paulo, Brazil, ⁵Centre for Infectious Disease Research in Zambia, Lusaka, Zambia, ⁶Department of Pediatrics, Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand, ⁷Cocody University Hospital, Abidjan, Côte d'Ivoire, ⁸Rwanda Military Hospital, Kigali, Rwanda, ⁹Icahn School of Medicine at Mount Sinai, New York, USA, ¹⁰Departamento de Pediatria, Universidade Federal de Minas Gerais, Belo Horizonte, Brazil, ¹¹Empilweni Services and Research Unit, Department of Paediatrics and Child Health, Rahima Moosa Mother and Child Hospital, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa, ¹²Research Institute for Tropical Medicine, Manila, Philippines, ¹³Indiana University, Indianapolis, USA, ¹⁴Institute for Implementation Science in Population Health, City University of New York (CUNY) School of Public Health, New York, USA, ¹⁵Hospital Escuela Universitario and Instituto Hondureño de Seguridad Social, Tegucigalpa, Honduras, ¹⁶Division of Infectious Diseases, Department of Pediatrics, Faculty of Medicine, Chiang Mai University, , Chiang Mai, Thailand, ¹⁷Clinical and Molecular Epidemiology of Emerging and Re-emerging Infectious Diseases Research Cluster, Faculty of Medicine, Chiang Mai University, , Thailand, ¹⁸Inserm UMR 1219, IRD EMR 271, Bordeaux Population Health Research Centre, University of Bordeaux, , France, ¹⁹Department of Medicine, Albert Einstein College of Medicine, Bronx, USA, ²⁰Haitian Group for the Study of Kaposi's Sarcoma and Opportunistic Infections (GHESKIO), Port-au-Prince, Haiti, ²¹TREAT Asia/amfAR, The Foundation for AIDS Research, Bangkok, Thailand

Background: We aimed to describe the prevalence and correlates of unprotected sex

among adolescents and young adults living with HIV (ALHIV).

Methods: A cross-sectional analysis was conducted among ALHIV aged 15-24 years across 14 sites in 9 low- and middle-income countries. Among sexually active ALHIV, we defined unprotected sex using the multiple-choice question: "What precautions against pregnancy or HIV/STIs (Sexually Transmitted Infections) did either of you take the last time you had sex?", with responses ranging from no precautions, condoms (male, female), to other contraceptives (oral pill, emergency pill, intrauterine device [IUD], cervical cap, injections, implant, spermicides, sterilization). ALHIV who did not report condom use were considered unprotected against STIs; those who did not report condom or contraceptive use were considered unprotected against pregnancy. We measured the prevalence of unprotected sex (against STIs, pregnancies, overall), and assessed correlates of overall unprotected sex using logistic regression models.

Results: In 2021-2023, 691 ALHIV were included, of whom 304 (44%) reported being sexually active. Among these, 50% were female, median age at inclusion was 21 years (Interquartile range [IQR] 20-23), median age at first sexual intercourse was 17 years (IQR 15-18). Overall, 38% of females and 6% of males reported having children, and 40% of pregnancies occurred before age 18 years; 34% were "Not in Employment, Education or Training" (NEET); 28% had been tested for an STI; 9% had experienced transactional sex; 22% had experienced sexual violence. At last sexual intercourse, unprotected sex was reported by 49% of females and 34% of males overall (against STIs: 49% females, 34% males; against pregnancy: 39% females, 31% males). Unprotected sex was associated with age at first sexual intercourse (<15y vs >=18y: Odds Ratio [OR] 2.1, 95%CI 1.2-4.0), occupational status (NEET vs in school: OR 3.3, 95%CI 1.9-5.8), history of STI test (Yes vs No: OR 2.0, 95%CI 1.2-3.4), and sexual violence (Yes vs No: OR 1.8, 95%CI 1.1-3.2).

Conclusions: Sexually active ALHIV reported low levels of condom and contraceptive use, especially those who experienced previous socioeconomic and sexual and reproductive health (SRH) challenges. Specific SRH prevention and access strategies are urgently needed for this population.



52

Improving Access to SRH and HIV Prevention services through a Co-created safe-space model in rural Zimbabwe

Manyanga R¹, Murungu J¹, Mpasu C¹, Mahaka I¹

¹Pangaea Zimbabwe, Harare, Zimbabwe, ²ViiV Health Care, , United Kingdom

Background: Zimbabwe achieved HIV epidemic control and the 95-95-95 targets. However, geographic areas and sub-population groups such as adolescents and young women (AGYW) (15-24) are lagging and disproportionately affected. Mazowe is a rural district with a higher (2.2%) annual HIV incidence compared to the national average of 1.41%. Key drivers of the epidemic in this rural, mining, and farming community include poverty, early sexual debut, and limited comprehensive knowledge about SRHR and HIV coupled with limited access to youth-friendly service provision. Pangaea Zimbabwe (PZ) introduced a Safe-Spaces Model to improve access to comprehensive youth-friendly HIV prevention and SRH services among adolescents and young people in their diversity in the Mazowe district.

Methods: The co-creation of a safe-space hub was informed by consultations, insights, and preferences from AGYW and other stakeholders. The hub was capacitated and accredited to offer HIV Prevention and SRH services. 9 Combination HIV Prevention (CHIP) Champions, AGYW including adolescent boys and young men (ABYM) in their diversity were capacitated to provide peer-to-peer support. They were engaged and supported to conduct community dialogues, literacy sessions, referrals, and follow-ups. Service uptake and client experiences were measured through surveys and the standardised Ministry of Health and Child Care (MOHCC) tools. Feedback from the AGYW and ABYM was used to refine the model and continuously improve the quality of care.

Lessons Learnt: Co-creation of the service package and the service delivery model fosters buy-in and uptake of services such as PrEP and family planning in an integrated, secure, and comfortable

manner. Peer-to-peer models are effective in improving performance across the continuum of care.

Conclusion and Recommendations: Co-created service delivery models that are based on the preferences of AGYW and ABYM would increase uptake and effective use of SRH and HIV prevention including the new biomedical HIV prevention. This model also reduces the stigma associated with accessing SRH and HIV prevention services in AGYW and ABYM. Scaling up such models requires context-specific adaptations.



53

Adolescent Girls and Young Women's Perspectives on Economic Empowerment in Kenya: Implications for Sexual and Reproductive Health Interventions

Gichane M¹, Lightfoot M², Agot K³, Upadhyay U¹, Neilands T¹, Ssewamala F⁴, Camlin C¹

¹University of California San Francisco, San Francisco, United States, ²OHSU-PSU School of Public Health, Portland, USA, ³Impact Research and Development Organization, Kisumu, Kenya, ⁴Washington University in St Louis, St Louis, USA

Background: Women's economic empowerment has been identified as a key strategy in the achievement of optimal sexual and reproductive health. However, there remains a gap in a shared definition of economic empowerment for adolescent girls and young women (AGYW). The purpose of this study was to explore AGYW's understanding of economic empowerment.

Methods: We conducted five focus group discussions (FGDs) with 36 AGYW ages 15-24 purposively recruited from rural, urban, and peri-urban communities in Kisumu Kenya. To be eligible, AGYW must have participated in an economic empowerment program in the past 2 years. FGD guides explored how participants defined economic empowerment and experiences of economic empowerment amongst themselves and peers. We used grounded theoretical methods to analyze data.

Results: Participants described three stages of economic empowerment: 1) Vulnerability; 2) Transformation through provision of knowledge, skills, and resources; and 3) Achieving individual, social, and financial power. Participants described AGYW in their community who were vulnerable due to economic hardship, unwanted pregnancy, or a diagnosis of HIV. Often these experiences were coupled with additional vulnerabilities of stigma, abandonment, and dropping out of school. Economic empowerment was viewed as the process where vulnerable AGYW attained knowledge (e.g. financial, health, and social), skills which may result in employment or starting a

business, and resources in the form of tuition to return to school or capital to start a business. Participants defined the final stage of being economically empowered as being confident, viewed highly in the community, living independently, able to provide financially for oneself and family, and free from financial dependence on male partners.

Conclusions: AGYW understood economic empowerment as a transformational process of shifting from vulnerability to a position of individual, social, and financial power and independence. Economic empowerment interventions are critical for improving the lives of the most vulnerable AGYW.



54

Integration of Sexual Reproductive Health Services(Srhr) Among Adolescent and Young People(AYP) in Kenya, Machakos County

Anyango P¹

¹BAR HOSTESS EMPOWERMENT AND SUPPORT PROGRAMME, Nairobi, Kenya

Background: Access to sexual reproductive health rights (SRHR) among adolescents in informal settlements, such as Machakos County, remains challenging due to stigma from healthcare providers and communities. A study by BHESP revealed that 7 out of 10 adolescents who inject drugs face barriers accessing SRHR services. In response, BHESP initiated a 4-year project focusing on SRHR, social protection, and economic empowerment for vulnerable adolescents.

Objectives:

1. Advocate for adolescents injecting drugs as a focal organization.
2. Provide information and linkages to key services for adolescents and young people (AYP).
3. Promote self and behavioral change among AYP.

Methods: BHESP implemented quarterly meetings with state and non-state actors, food programs, PPE distribution, support groups, and human rights and gender mainstreaming. Community outreaches, safe spaces, and youth-friendly services were established. Harm reduction strategies were emphasized, including HIV prevention, mental health support, and training sessions.

Results: Health education and peer sensitization increased awareness among adolescents about their rights and self-care. Stigma cases reduced significantly (from 80% to 56.1%). A movement called "Conquers" was formed to combat stigma against drug-using adolescents. BHESP's support groups improved adherence to PrEP and ART among PLHIV.

Conclusion: Involving communities and stakeholders in decision-making and prioritizing AYP in SRHR and social empowerment initiatives is crucial for sustainable impact and community health security.

Recommendations:

1. Ensure 100% inclusion of adolescents who inject drugs in decision-making processes.
2. Increase grassroots advocacy in informal settlements to educate faith-based organizations and law enforcement on SRHR services.



55

Understanding the Pathways between INSPIRE-Aligned Provisions and Sexual Violence Outcomes in Adolescence: A South African Cohort Analysis

Langwenya N¹, Zhou S², Maakamedi T², Toska E², Cluver L¹

¹University of Oxford, Oxford, United Kingdom, ²University of Cape Town, Cape Town, South Africa

Introduction: The 2030 Agenda for Sustainable Development Goals contains a call to end all forms of violence against children, acknowledging its eradication as a key component to adolescents' wellbeing. Central to these efforts is understanding the mechanisms by which the WHO-recommended INSPIRE framework may reduce violence against children.

Methods: We used data from a three-wave prospective cohort study of 1353 South Africans to examine direct and indirect pathways between three INSPIRE-aligned strategies and past-year sexual violence (SV): Parental support (positive parenting and parental monitoring); Income strengthening (food security, receipt of any household social grant, affording necessities); and Education (school enrolment/completion and affording school fees and equipment). The baseline median age was 13 years, 56% females and 76% living with HIV. We modelled a longitudinal generalised structural equation modelling with a prior hypothesis, weighted for age and lost-to-follow-up.

Results: The model revealed direct protective associations between sexual violence and at least one measure of each of the three strategies: parental monitoring (aRRDE=0.62, 95%CI=0.51-0.77), food security at home (aRRDE=0.54, 95%CI=0.44-0.66), affording necessities (aRRDE=0.69, 95%CI=0.56-0.83) schooling ($\beta = -0.37$, 95%CI -0.59,-0.15) and affording school fees and material (aRRDE=0.66, 95%CI=0.51-0.86). Neither positive parenting nor receipt of household social grant receipt were directly associated with reduced risk of SV. However, among girls and not boys, there was an indirect

effect of household grant receipt on sexual violence reduction through increasing the likelihood of food security at home, affording necessities and school schooling fees and equipment. Additionally, the direct protective effect of schooling was significantly more pronounced among girls than boys.

Conclusion: The model reveals sex-specific pathways between sexual violence reduction and INSPIRE-aligned provision. Findings advocate for continued integrated multilevel interventions that combine food security, economic support, parental engagement, and safe educational environments. Such holistic approaches can reduce SV risk among adolescents, particularly among those most affected, adolescent girls.



56

Factors Associated With High Uptake of Sexual Reproductive Health Rights Services Among Adolescent Girls and Young Women to Reduce Vulnerability to HIV: Lessons From DREAMS Program in Zimbabwe, 2023

Mudzengerere F¹, Mafaune H¹, Dhakwa D¹, Yogo K¹, MudoOkwani F¹, Nyamwanza B², Madzima B², Yekeye R², Masoka T¹, Muchedzi A¹, Tafuma T¹, Bhatasara T³, Mutseta M⁴, Tachiwenyika E¹

¹Zimbabwe Health Interventions, Harare, Zimbabwe, ²National AIDS Council, Zimbabwe, Harare, Zimbabwe, ³United States Agency for International Development, Harare, Zimbabwe, ⁴Ministry of Health and Child Care, Harare, Zimbabwe

Background: Eastern and southern Africa accounts for two-thirds of new HIV infections among 25-24-year-old adolescent girls and young women (AGYW). Among the key drivers of vulnerability to HIV are gender-based violence, low levels of education, and low uptake of sexual reproductive health and rights (SRHR). Zimbabwe among other African countries is implementing the Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) programme to reduce HIV incidence among AGYW. The program refers and promote uptake of SRHR services among AGYW. Between October 2022 and September 2023, 91% (21,129/ 23,277) vulnerable AGYW referred for SRHR services accessed the services. We assessed factors associated with high uptake of SRHR services among AGYW referred through the DREAMS program.

Methods: We conducted a cross-sectional study among AGYW aged 9-19 years enrolled in the DREAMS program from the 1st of October 2022 to the 30th of September 2023. Data were collected from randomly selected AGYW using structured questionnaires within Kobo Collect; study was conducted across all 9 Zimbabwe Health Interventions (ZHI)-supported high HIV burdened districts. Data were analysed using STATA generating descriptive statistics and measures of association. Study received ethics approval from

Medical Research Council of Zimbabwe (MRCZ/A/2933).

Results: Of the 2,143 AGYW interviewed, 32.1% were aged 15-19 years, 3.8% were married, and 74% were in-school. About 92% (596/648) AGYW who were referred for SRHR accessed the services and of these, 76% (454/596) were in-school and 3.6% (22/596) were married. AGYW who were out of school were less likely to access SRHR services than those in-school [COR= 0.589; 95% CI (0.40; 0.87)]. Also, AGYW who were single and widowed were less likely to access SRHR services than those who were married [COR= 0.53; 95% CI (0.30; 0.93)].

Conclusion: SRHR service uptake was high among eligible AGYW, however those out of school and either single (never married) or widowed were less likely to receive SRHR services they were referred for. We recommend targeted interventions for out-of-school and single/widowed AGYW to match their counterparts.



57

Use of Pill Pack to Improve Antiretroviral Therapy [ART] Adherence Among Adolescents and Young People Living With HIV in Kenya, Nyandarua County

Lipesa M¹, Mwangi P¹

¹Bar Hostess Empowerment and Support Program, NYANDARUA, Kenya

Background: Adherence is critical for antiretroviral therapy [ART] treatment success and long-term viral suppression. Adolescents and young people living with HIV [AYPLWH] face challenges in ART adherence which leads to viral replication, increased risk of HIV transmission, disease progression, drug resistance and preventable HIV related deaths. Commonly cited factors of poor adherence include stigma, pill burden and poor medication time keeping. Bar Hostess Empowerment and Support Program [BHESP] in collaboration with county health management team in July 2022 employed strategies to curtail these challenges faced by AYPLWH in Nyandarua county.

Methods: Promotion of strategies such as using alarms, calendars and pill boxes effective in facilitating ART adherence. Pilot the use of a combo pack composed of water bottle, pill pack, wrist watch and bags to improve ART adherence among AYPLWH. Employment of randomized trial design, with approved ART adherence as primary outcome. We enrolled AYPLWH 15-24 years with documented high viral loads [>1000 copies/ml], enrolled in care at engineer referral hospital. We randomized half to intervention arm and half to control arm. Participants in the control arm received the standard of care from engineer health facility whereas participants in the intervention arm were trained on use of combo pack.

Results: We enrolled 224 participants and randomized them 1:1 to two study arms. Mean age was 17.9 years with 55.4% being females.

The proportion of AYPLWH reporting missed clinic visits in the intervention arm declined by 8.0% [49.0% to 41.0% pre post intervention] in the period between September 2022 to September 2023.

Forgetfulness, which was cited as the major reason for missing pills, declined in the intervention group by 20.7% c[87.3% to 66.7% pre-post intervention] as well as in the control arm by 15.3% [78.1% to 62.8% at follow up]. In terms of pill count, a comparable proportion, 37.0% in the intervention arm and 37.3% in the control arm, achieved good adherence.

Conclusions: The intervention showed minimal impact on ART adherence when assessed using both pre-post and intervention and control designs.

Further research may be needed to understand factors influencing adherence and to explore additional interventions or modifications to the combo pack to enhance its effectiveness.



58

Integrated Community and Facility-Based Service Delivery Models Reaching Adolescents and Young People Including Key Populations With Family Planning, HIV, and Mental Health Services: A Case Study of Mombasa County, Kenya

Rono C¹, Essendi H¹, Nyoro S¹, Wanaswa L¹

¹Tiko Africa, Nairobi, Kenya

Background: Mombasa county's HIV prevalence is 4.8% with a population of people living with HIV of 50,656 as of 2022 while unmet need for contraceptives at 21% for 15-19 years and 78% for unmarried 20-24 years. Mental health and HIV are linked, with over 19% of individuals with HIV/AIDS experiencing mental illness. Yet, little focus has been placed on understanding how mental health issues influence ART adherence and other HIV prevention measures. With funding from the Elton John AIDS Foundation, Tiko Africa since May 2022 integrated mental health into HIV treatment and family family planning services.

Description: In partnership with six specialized groups focusing on KPs and four focusing on the general population, different levels of services have been appended at community and facility level through public, private providers, and community lay workers. Program data is collected through Tiko, a mobile app that enables real time data visualization of key indicators to inform iterations in activities that respond to their needs.

Lessons Learned: From May 2022 to May 2024, 246,251 integrated services were offered to 73,858 AYAs (372 Transgender, 8,873 Males, 64,613 females) with 3,990 being KPs (449 PWID, 3,108 FSW, 433 MSMs). 66% AYAs received services in clinics, 48% in pharmacies. 69% of whom were between 15-19 years and 31% aged between 20-24 years. 26,315 were adopters and 47,543 were returning users.

Conclusions: Integrating services from both facility and community models has the potential to broaden access to AYAs, including KPs. This approach enhances cost-effectiveness, program efficiency, and the overall user experience for AYAs. By offering integrated services, quality of life improves when combining both community and facility-level models.



59

Integrating DSD Models in DREAMS to Overcome Barriers to Linkage and Retention in HIV Care Among Adolescent Girls and Young Women in Kabwe, Central Zambia

Phiri H¹

¹Usaid Jsh-z Chekup2 Peoject, Kabwe, Zambia

Background: In Zambia's Kabwe District, like in many other places in the country, the HIV/AIDS epidemic remains a significant public health challenge, particularly among adolescent girls and young women (AGYW) aged 15-24. The USAID Controlling HIV Epidemic for Key and Underserved Populations (USAID CHEKUP II) Activity has made significant efforts toward achieving the UNAIDS 95-95-95 targets and epidemic control among AGYW living with HIV through ART linkage to mother facilities under the Ministry of Health (MoH) across implementing districts. This has been done through the DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe) Initiative, which aims to reduce HIV infections among AGYW by addressing social, economic, and structural drivers of the epidemic. Despite these efforts, barriers to linkage and retention in HIV care persist among this vulnerable population.

Methodology: A mixed-method study was conducted using secondary data analysis from the Data Sync database run by the USAID CHEKUP II Activity, alongside in-depth interviews between October 2023 and February 2024 among the AGYW between the ages of 15-24. The interviews were conducted in DREAMS facilities in Kabwe, Central Zambia. The interviews aimed to gather qualitative insights, experiences, and perspectives on how impactful the integration of the Differentiated service delivery model in the DREAMS Initiative has been compared to accessing ART services in other facilities.

Results: Using the data collected from the USAID CHEKUP II Activity's database, 45 AGYW tested positive for HIV and were all linked to mother facilities. Through the DSD model, 39 have

accessed ART services within the DREAMS Initiative and are receiving care. From the interviews conducted, 45 girls were interviewed on how they felt about being linked to mother facilities; 33 of them said they experienced stigma, collecting drugs takes long, and expressed that they tend to miss school to collect drugs.

Conclusion: Integrating the DSD model as a strategy within the DREAMS Initiative presents a promising approach to addressing barriers to linkage and retention in HIV care among AGYW. By combining medical interventions with social and structural support, this integrated approach has the potential to significantly impact the HIV epidemic among AGYWs positively.



60

Breaking Barriers on Access to Mental Health Service Among Adolescents through a community based IPTG Intervention. Breaking Barriers on Access to Mental Health Service Among Adolescents through the use of community based Interpersonal Psychotherapy for Groups Intervention. A case study of two Counties in Kenya; Siaya and Machakos- Tiko Africa

Odhiambo A¹, Wango B¹

¹Tiko Africa, Nairobi, Kenya

Introduction: On a global level, it is estimated that approximately, one in seven 10-19-year-olds experiences a mental disorder. Depression, anxiety and behavioral disorders are among the leading causes of illness among adolescents. Mental health is the single most critical issue facing young people and early detection and intervention are key to influencing trajectory and preventing life course recurrence. The first onset of mental ill health occurs in the years of adolescence and emerging adulthood. With rising rates of adolescent and young adult mental ill health forecast to translate to unprecedented demand for services. Tiko Africa in its support of adolescence health and well-being has invested into a prevention and treatment intervention, through a community based group therapy intervention targeting adolescents with care for depression and anxiety.

Objectives: 1. Promoting access to mental health screening and care by strengthening community-level psycho-social support for Adolescents.

Methods: The intervention focuses on peer engagement and use of Community Based Techniques during sessions to improve

interpersonal skills of Tiko Rafiki's who have been identified, screened and pre-grouped. The sessions focus on four key triggers of depression; grief over loss, life changes, unresolved conflicts and social isolation. The model is structured and divided into three phases: the initial, the middle and the termination phase, running for six weeks. Patient Health Questionnaires (PHQs 2 and 9) were used to assess and screen eligibility of the clients to the IPTG sessions. Those who presented with depression symptoms upon a PHQ-9 assessment with a score of 10 or above were eligible for the 6 IPTG Session. The Assessment scores were captured on the Tiko platform and tracked as real time data.

Results: Recovery rates among enrolled adolescents improved by 60.1% and 55% for Siaya and Machakos Counties respectively by middle line and during termination. Adolescents mental health improved significantly during the piloting period. The percentage of Adolescents and youth seeking mental health services at the community level has also increased with a notable enrollment increase of 30% in cycle two.

Conclusion: The community-based IPT-G intervention has proven to be an effective and scalable approach for addressing depression and anxiety among AYP in Machakos and Siaya counties.



61

Training Peer Navigators to Deliver an Adolescent Mental Health Intervention as Part of a Comprehensive Sexual and Reproductive Health (SRH) Service

Wallace M¹, Bagg K¹, Mngqibisa M¹, Vanto O¹, Rousseau E¹, Bekker L¹

¹Desmond Tutu Health Foundation, Cape Town, South Africa

Introduction: Addressing the growing burden of adolescent mental health issues in a scalable and sustainable way requires implementing interventions that can be integrated into current services for adolescents; and can be delivered by non-specialist providers (NSPs). Ensuring that NSPs are sufficiently trained, equipped and confident to deliver such interventions is key, yet there is limited evidence on how best to achieve this.

Methods: Eight peer navigators (PNs) delivering PrEP information and navigation services to adolescents on a project aimed at scaling PrEP through differentiated SRH services (FastPrEP), were recruited to participate in training to prepare them for delivering a 7-session intervention to adolescents 15 to 19 years, aimed at decreasing symptoms of depression and increasing PrEP persistence. They attended 7 days of didactic and experiential training covering common mental disorders, basic counselling skills, four active ingredients included in the intervention, planning of sessions and self-care. Their skills were assessed through role plays using the WHO EQUIP (Ensuring Quality in Psychosocial Support) tools; their knowledge via a pre-post questionnaire; and their experience of training evaluated via questionnaire.

Results: All PNs attended all training sessions. Knowledge on a 20-item multiple-choice questionnaire increased from a mean of 72% at baseline to 85% post training. Upon completion of training the PNs indicated they felt very confident (50%) or confident (50%) to deliver the intervention as intended, however all indicated areas for additional training and support. All PNs found participation in the EQUIP assessment for

evaluation of their skills to be acceptable and effective or very effective in identifying strengths and weaknesses in those being assessed. Assessors noted the usefulness of the EQUIP tools in identifying patterns across participants in terms of skills mastered and further training needs.

Conclusion: PNs working with adolescents to support their SRH information needs can be trained to additionally provide them with mental health support and skills, however ongoing regular training and support is recommended to further consolidate knowledge and skills and ensure intervention fidelity. WHO EQUIP tools offer a structured, standardized way to assess NSP generic helping skills and provide tangible feedback; but should be supplemented with intervention-specific feedback.



62

Provision of Mental Health Services in Select HIV Clinics in Kenya

Chekoko N¹, King'ori E¹, Sila J², Andaya V¹, Mburu C², Njuguna I², Mugo C², Mukumbang F³, Flaherty B³, Mathai M¹, Collins P⁴, Wamalwa D¹

¹University Of Nairobi , Nairobi , Kenya, ²Kenyatta National Hospital, Nairobi, Kenya, ³University of Washington, Seattle, United States of America, ⁴Johns Hopkins University, Baltimore, United States of America

Background: Adolescents and youth with HIV (AYHIV) have a higher prevalence of common mental disorders than the general population. Despite this, fewer than 50% of HIV clinics worldwide can provide screening and treatment of mental disorders. In Kenya, the standard package of care for AYHIV includes mental health screening and management. We assessed the mental health services provided at HIV clinics within primary healthcare facilities in Kenya.

Methods: Baseline facility level survey data from an ongoing cluster randomized trial (PROACT study - NIH 1R01MH133261) evaluating the integration of a psychological intervention in the care AYHIV in Kenya was used. Data were collected from 30 sites across three counties with a high HIV burden. The survey included items derived from the World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) assessing the presence and capacities for mental health services in facilities.

Results: Of the 30 facilities, 30(100%) reported screening for depression and anxiety, 17(57%) for postpartum depression, 22(73%) for trauma and 26(87%) for suicidality among AYHIV. Seventeen (57%) offered screening during each clinic visit. Only eleven (38%) had mental health specialists stationed in the facility, and none of the facilities had dedicated psychiatric beds. In 20(67%) of the facilities, AYHIV presenting with mental disorders were offered some care immediately within the facility, while the rest were referred for treatment at first contact. Only 14 (47%) of facilities facilitated referrals for severe mental health conditions, including suicidality. While none of the facilities had all the psychiatric medications on the essential drug list,

23 (77%) had mood-stabilizers, 20 (67%) had antidepressants, 17 (57%) had antipsychotics, and 13 (43%) had anxiolytics. All facilities had a provider trained to offer supportive counseling, 90% offered Problem Solving Therapy, 77% Behavioral Activation Therapy, and 63% Cognitive Behavioral Therapy.

Conclusions: We noted a large gap in availability of mental health specialists within HIV clinics, which suggests the importance of task shifting of mental services as a justifiable transitional process given the large shortage. It is important to evaluate the quality of mental health services offered in facilities that currently lack specialists.



63

Reaching Adolescent Boys 10-19 Years Old in the Community Through the Adolescent and Youth Mobile Clinic for Sexual and Reproductive Health in Maputo, Mozambique

Lain M¹, Chicumbe S², Manetiane I³, Mboa C¹, Bila D¹, Ganhane J⁴, Manjate S⁵, Machama O⁶, Bruno C⁵, Couto A⁷, Vaz P¹

¹Fundação Ariel Glaser contra o SIDA Pediátrico, Maputo, Mozambique, ²National Institute of Health, Marracuene, Mozambique, ³Adolescent and Youth Health National Program, Ministry of Health, Maputo, Mozambique, ⁴Provincial Health Services, Maputo Province, Mozambique, ⁵Provincial Health Directorate, Maputo Province, Mozambique, ⁶Provincial Education Directorate, Maputo Province, Mozambique, ⁷National HIV/STI Program, Ministry of Health, Maputo, Mozambique

Background: Access to conventional Sexual and Reproductive Health (SRH) services at the health facility (HF) by adolescents and youth, especially boys, is challenging and suboptimal in Mozambique. Alternative SRH service delivery model was implemented to address contextual and individual barriers and engage this underserved priority population into quality care.

Methods: Adolescent and Youth Mobile Clinics (AYMC) were implemented from May 2021 to July 2023 in Matola and Marracuene districts, in Maputo Province, southern Mozambique, to offer SRH services to adolescents and youth 10-24 years-old, including HIV and sexually transmitted diseases (STD) counselling, screening and treatment. Two AYMC covered 7 communities and 14 schools each month, while community mobilization was done by trained community leaders and peer adolescents. We describe outputs of 10-19 years-old adolescents' services attendance, STD diagnosis, HIV counselling and testing. Mann-Whitney test was applied to compare results between AYMC and conventional SRH services at HF in the same districts.

Results: A total of 38,953 adolescents 10-19 years-old were attended at 2 AYMC, a median of 685 every month (IQR 438-1005), 258 males (IQR 164-436), 401 females (IQR 271-610); a median of 50 (IQR 31-91), 6 males (IQR 1-9) and 39 females (IQR

27-85) were diagnosed and treated for STD every month; a median of 217 (IQR 132-376), 74 males (IQR 46-153) and 131 females (IQR 83-211), were tested for HIV every month.

At 7 HF 50,985 adolescents were attended, a median of 706 every month (IQR 458-1008), 148 males (IQR 41-336), 482 females (IQR 361-777); a median of 292 (IQR 219-477) were tested for HIV, 53 males (IQR 29-103), 226 females (IQR 170-370). At 5% significance level, the number of boys attended at the AYMC was significantly higher compared to those attended at the HF ($p=0.012$); at 10% significance level, the number of boys tested for HIV was significantly higher compared to those tested at the HF ($p=0.062$).

Conclusions: AYMC is effective in reaching adolescent boys in the community seeking SRH care including HIV counselling and testing. Additional investments should be directed to scale this model of service delivery and bridge the gap in access to care.



64

Exploring the Sexual and Reproductive Health Knowledge, Practices and Needs of Adolescents Living With Perinatally-Acquired HIV in Côte D'Ivoire: A Qualitative Study

Clément T¹, Joël Fabrice D², Désiré Lucien D^{3,4}, Kouakou K⁵, Patricia N⁵, Marie-Sylvie N⁷, Corinne M⁷, Eboua F^{8,9}, Bouah B⁸, Kangah E⁶, Doucet M¹⁰, Msellati P^{6,11}, Jesson J¹, Leroy V¹, **Manochehr M**

¹CERPOP, Inserm, Université de Toulouse 3, Toulouse, France, ²Université Félix Houphouët-Boigny, Abidjan, Côte d'Ivoire, ³Département biomédical et de santé publique, Institut de recherche en sciences de la santé (IRSS/CNRST), Ouagadougou, Burkina Faso, ⁴Centre Muraz, Bobo-Dioulasso, Burkina Faso, ⁵Centre Intégré de Recherches Biocliniques d'Abidjan, Abidjan, Côte d'Ivoire, ⁶Programme PACCI, Abidjan, Côte d'Ivoire, ⁷Centre de PRise en charge et de Formation, Abidjan, Côte d'Ivoire, ⁸Centre de traitement ambulatoire pédiatrique du CHU de Yopougon, Abidjan, Côte d'Ivoire, ⁹Département de pédiatrie, Centre hospitalier universitaire de Yopougon, Abidjan, Côte d'Ivoire, ¹⁰Equipe GHIGS, Université de Bordeaux, Inserm UMR 1219, IRD EMR 271, Bordeaux Population Health Research Centre, France, ¹¹UMI TransVIHMI, Institut de recherche pour le développement, France, ¹²Center For Epidemiology And Research In PoPulation Health (CERPOP), Inserm, Université De Toulouse Iii, Toulouse, France

Background: Adolescents often face unique challenges in accessing appropriate information and services regarding sexual and reproductive health (SRH). We explored SRH knowledge, practices and needs of adolescent living with HIV (ALHIV) in Abidjan, Côte d'Ivoire.

Material and Methods: Between April and September 2023, a qualitative study based on semi-structured individual interviews was conducted with adolescents living with perinatally-acquired HIV, aged 15-19 years, and informed of their HIV-status. They were engaged in care in three paediatric HIV care centres in Abidjan, enrolled in the paediatric leDEA West African Cohort and the ANRS12390 OPTIMISE-AO project that firstly aimed to improve HIV-disclosure process and adherence to antiretroviral treatment. Nine male and nine female ALHIV without any previous pregnancy, as well as eight female ALHIV who got pregnant after inclusion in the OPTIMISE-

AO project study were interviewed. A focus group discussion was also conducted with five peer-educators (x cisgender female), aged 23-31 years, participating in the OPTIMISE-AO project to gather their perspectives on adolescent SRH. Interviews were conducted in French, and a thematic analysis was performed.

Results: All participants expressed difficulties in talking of SRH with their parents or health professionals, and rather turned to their friends. Fear of transmitting HIV was a common concern among participants. A third of female participants reported having experienced non-consensual sex and sexual violence. Participants reported low level of condom use, despite having a good knowledge of its purpose. Reasons for not using condoms included difficulties in negotiating for girls, as well as having an undetectable viral load, seen by adolescents as a condition for waiving condom use. Hormonal contraceptives were subject to many negative beliefs justifying their non-use: these mis-conceptions result in the use of inappropriate methods to prevent pregnancy: emergency contraceptive pill, traditional plants or mixtures of accessible "ingredients" with Coca-Cola, coffee, and pain-killers.

Conclusions: ALHIV reported unmet needs regarding SRH, particularly in accessing reliable information and appropriate services. Gender-based violence and early pregnancy are concernful. Integrating SRH services into paediatric HIV care, organizing SRH discussion groups led by peer educators, and improving access to contraceptives are urgently needed to enhance SRH outcomes for these adolescents.



65

Patterns of Self-Disclosure among Adolescents and Youth Aged 15-24 Living with HIV (AYLHIV) in Western Kenya

Mangale D¹, Mugo C^{2,3}

¹Washington University in St. Louis, St. Louis, United States,

²University of Washington, Seattle, United States, ³Kenyatta National Hospital, Nairobi, Kenya

Background: HIV status disclosure though poorly described has been shown to promote medication adherence among adolescents and youth living with HIV (AYLHIV). We described patterns of self-disclosure among AYLHIV ages 15 -24 in western Kenya.

Methods: This study was nested in a clinical trial of a stepped care intervention for AYLHIV in 24 HIV clinics where participants completed a longitudinal survey at baseline, months 6 and 12. We applied descriptive statistics to characterize demographics, disclosure, treatment adherence, depressive symptoms (PHQ-9), gender-based violence, and HIV stigma (10-item Wright scale).

Results: Of 1399 AYLHIV, 61% female, 72% school-going, with a median age of 18 years (IQR: 16–21). Nearly half (46%) reported ever being in a sexual relationship. Most (60%) acquired HIV through vertical transmission and learned about their status at a median age of 12 years (IQR: 10–15).

At baseline, 65% of AYLHIV reported ever disclosing their HIV status. Recent disclosures (<6 months) were reported by 11%, 10% and 8% of AYLHIV at baseline, month 6 and month 12, respectively. Among the 395 AYLHIV with recent disclosure, 29% disclosed to a person living with HIV, and 27% did not know the HIV status of the person they disclosed to. The recent disclosures were to family members (43%), sexual partners (33%), and close friends (30%). Majority (89%) had no plan to disclose to anyone in the future. The main reasons given by AYLHIV who had never disclosed were a concern that their relationships would be harmed (36%), and the absence of opportunities to disclose (36%). Among the 169 AYLHIV who recently disclosed to family, 129 sexual partners, and 119 to close friends, only 4%,

8% and 6% respectively reported negative changes in relationships.

AYLHIV reported high treatment adherence (92-96%), moderate HIV stigma (22-23 [scale range: 10-50]), 4-9% reported depressive symptoms (PHQ-9 scores>4) across the 3 time points, while 1-14% reported ever experiencing gender-based violence.

Conclusion: Though majority of AYLHIV had ever disclosed their HIV status, fewer had recent disclosures, and majority did not experience a change in relationships after disclosure. Fear of negative consequences in their relationship was an important barrier.



66

Relationship Dynamics, Sexual Patterns and PrEP Use Among Adolescents and Young Adults Enrolled in the Combined HIV Adolescent Prevention (CHAPS) Study Conducted in South Africa, Uganda, and Zimbabwe

Atujuna M¹, Seeley J², Mangxilana N¹, Rouseau E¹, Sentoogo Ssemata A², Muhumza R², Ndekezi D², Detrich J³, Stranix-Chibanda L⁴, Nematadzira T⁴, Martinson N³, Bekker L¹, Fox J⁵

¹Desmond Tutu HIV Centre, University of Cape Town, Cape Town, South Africa, Cape Town, South Africa, ²Medical Research Council, Uganda Virus Research Institute, London School of Hygiene & Tropical Medicine Uganda Research Unit, Entebbe, Uganda, Entebbe, Uganda, ³Perinatal HIV Research Unit, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa, Health Systems Research Unit, South African Medical Research Council, Bellville, South Africa, Johannesburg, South Africa, ⁴University of Zimbabwe Clinical Trials Research Centre, Harare, Zimbabwe, University of Zimbabwe Faculty of Medicine and Health Sciences, Harare, Zimbabwe, Harare, Zimbabwe, ⁵King's College London, London, UK, London, UK

Background: Adolescents and young adults (AYA) remain a priority population for HIV pre-exposure prophylaxis (PrEP). Understanding the factors influencing PrEP uptake and persistence becomes crucial amid the expanding array of prevention options. AYA may, for example, initiate, discontinue, or restart PrEP based on fluidity of their relationships and corresponding sexual activity. We explore how these relationship dynamics affect PrEP uptake and persistence, examining the potential for aligning PrEP options with individual sexual patterns as a viable solution.

Methods: The CHAPS social science study investigated the acceptability, feasibility, and implementation of daily and on-demand (event-driven: 2:1:1) PrEP among sexually active adolescent girls and boys aged 13-24 years in South Africa, Uganda and Zimbabwe. We utilized a combination of in-depth interviews and focus group discussions to gather data. Key areas of inquiry included barriers and motivations to PrEP use, preferences between on-demand and daily

PrEP, partner dynamics, and characteristics of individuals likely to opt for one form of PrEP over the other. We analysed these data using a grounded and inductive approach.

Results: We identified three distinct relationship patterns providing valuable insight into PrEP initiation and persistence: Novice, Precarious, and Transitory. Novice relationships related to 13-14-year-olds, typically with one partner and had relatively infrequent sexual contact or none. These adolescents indicated that they preferred on-demand PrEP only when they had sex; otherwise, they had no need for PrEP. Precarious relationships (15-20-year-olds) were characterized by multiple and concurrent sexual partners, often engaging in casual sex. These preferred daily PrEP due to the 'uncertainty about when to have sex.' Transitory relationships (21-24 year-olds) involved individuals transitioning to stable and permanent relationships, often with one partner. These young people preferred on-demand PrEP, 'using it when needed with other partners'. They feared that daily PrEP would lead to mistrust in the relationship.

Conclusion: In this cohort of AYA, relationship types and sexual patterns determined preference for daily or on-demand PrEP. As more HIV prevention options become available, relationship and sexual patterns, particularly among adolescents, will be critical in determining choice and shaping future PrEP counselling that may require matching sexual patterns with different prevention options.



67

Enhancing Access to HIV & SRHR Self-Care Services for Adolescents and Young People: A Pathway to Ending AIDS by 2030 in Kenya, Zambia, and Tanzania

Lole D¹, Simukonda W¹, Mbungwa M¹, Ngakongwa F¹, Mubanga C¹, Mlambo K¹, Ronan A¹, Hatane L¹, Katekwe M², Nuh O², Jebet I²

¹Paediatric-Adolescent Treatment Africa, Cape Town, South Africa, ²Y+ Global, Helmersstraat, Netherlands

Background: Adolescents and young people (AYP) aged 10-24 represent a significant demographic in Kenya, Tanzania, and Zambia. Access to self-care HIV and sexual and reproductive health (SRH) services is imperative for addressing their physical, emotional, and social well-being. Despite advancements, numerous AYPs encounter impediments when seeking these essential services in said countries. The project adopts the WHO self-care model to augment care accessibility. A scorecard was used to assess the effectiveness of HIV/SRHR self-care interventions in elevating service delivery and health outcomes for AYP.

Methods and Materials: Data was collected using a pre-tested, self-administered client satisfaction questionnaire. A total of 2,655 AYP, Kenya n=1,848, Tanzania n=461, and Zambia n=346 were recruited across 33 health facilities. Peer supporters facilitated the data collection process. We used a sample size of 20% of AYP accessing services in health facilities.

Results: The study aimed to evaluate the effectiveness of HIV/SRHR self-care interventions in terms of availability and accessibility to contribute to quality improvement initiatives. Among 2,655 AYP enrolled, 2177(82%) indicated that facilities were convenient and accessible, Kenya (87%), Tanzania (84%), and Zambia (74%). 85% specified that health facility infrastructure and services rendered by facilities were satisfactory, Kenya (85%), Tanzania (85%), and Zambia (80%). Technical quality and staff competencies were rated at 86%, with Kenya

(89%), Tanzania (87%), and Zambia (81%). However, the availability of HIV/SRHR services and commodities was rated low, with only 57% of respondents expressing satisfaction, in Kenya (58%), Tanzania (55%), and Zambia (59%).

Conclusion: Stakeholders should prioritize infrastructure that meets the needs of young people, ensuring convenient access to information, goods, and services related to SRHR. Comprehensive training for healthcare workers and establishing clear guidelines for delivering services tailored to the preferences of AYP. Implement feedback mechanisms within health facilities to ensure effective service delivery for AYP.



68

Lessons Learnt From Engaging Adolescents in an SRHR Service Delivery Project in Rural Zimbabwe

Kunzekwenyika C¹, Madzeke K¹, Dhlandhlara B², Ruckstuhl L³

¹Solidarmed, Masvingo, Zimbabwe, ²Ministry of Health and Child Care, Masvingo, Zimbabwe, ³SolidarMed, Lucern, Switzerland

Background: SolidarMed and the Zimbabwe Ministry of Health and Child Care launched a project in three rural districts of Masvingo to integrate sexual reproductive health and rights (SRHR) with mental health services. The project prioritises engaging adolescents throughout the design and implementation stages to improve the quality and effectiveness of the services provided to the target adolescent population.

Methods and Materials: The project aimed to establish safe spaces for adolescents to access Sexual and Reproductive Health and Rights (SRHR) information and healthcare services. This addressed the gaps identified by 272 adolescents and their suggestions when participating in a baseline survey conducted at ten rural health facilities in Masvingo Province, Zimbabwe. The findings revealed the need for adolescent involvement, a welcoming health facility environment and age-appropriate services. Implementation between July 2023 and June 2024 led adolescents to actively participate in health services planning, establish ten adolescent health committees, and create Teenage Health Information and Innovation Spaces (THIIS). These are service platforms tailored to cater to different groups of adolescents, incorporating fun activities and sports into comprehensive service delivery. Twenty nurses and thirty peer leaders are trained to provide integrated adolescent-friendly SRHR services, ensuring that adolescents' needs are effectively met, benefiting 6901 adolescents.

Lessons Learnt: 1. Creating adolescent health committees involved in planning and improving health services for adolescents has given them a voice, ensuring that they meet their specific needs and preferences. This has led to innovative

solutions relevant to their generation that make services more appealing.

2. Differentiated Service Delivery Platforms, such as the Teenage Health Information and Innovation Spaces (THIIS), emphasise tailored services for demographic groups to improve engagement with health services and move away from a one-size-fits-all approach.

3. Peer leaders' involvement in THIIS platforms underscored the importance of peer-to-peer support and guidance in promoting adolescent health.

Training peer leaders ensure that relatable role models are available to provide information, support, and advocacy for their peers.

Conclusion: The lessons learned emphasise the importance of youth engagement, tailored service delivery, comprehensive care, peer support, and measurable outcomes in promoting adolescent health and well-being.



69

Development and Impact of the YAhealth Digital Health Platform on Adolescents' SRHR and HIV Awareness in Rwanda

Ahishakiye A, Chuwa V

¹Community Health Boosters, Kigali, Rwanda

Background: Adolescents in Rwanda, comprising 24.5% of the population, face significant reproductive health challenges, including limited knowledge about HIV prevention and contraceptive use. The Rwanda DHS 2019-2020 report highlights that only 14% of young people (15-24 years) know the correct fertile period, and 5% of women aged 15-19 have childbearing experience. The COVID-19 pandemic has worsened these issues, increasing barriers to accessing SRHR and HIV information, exacerbated by stigma and judgment when seeking information and services.

Methodology: To address these challenges, Community Health Boosters (CHB), in collaboration with RBC and USAID-Ingobyi, developed YAhealth version 1.0 in 2020. YAhealth provides reliable health information across various channels, including mobile apps, an online web application, and USSD. The platform offers user-specific content on SRHR, mental health, HIV, and SGBV prevention. Initial pilot testing revealed low engagement with HIV content, indicating a need for improvement. Since 2023, Partnering with UNICEF Rwanda and the Government of Rwanda, the platform was redesigned using a Human-Centered Design approach. This involved co-designing workshops with adolescents to create engaging, youth-friendly, and non-judgmental content and app features.

Results: Following the pilot, user enrollment surged to over 24,000, validating the platform's effectiveness. The redesigned YAhealth platform, version 2.0, includes content developed and tested with adolescents and specialists from government agencies, UN agencies and partners, and validated by the Rwanda Health Communication Center. YAhealth has received recognition, winning the 2022 Innovation Hackathon and being ranked 3rd among the top eight apps promoting sexual and

reproductive health in low- and middle-income countries by the National Health Institute.

Conclusions: Once finalized, YAhealth version 2.0 will fill a key gap by providing adolescents with accurate and engaging information on SRHR and HIV. By leveraging digital technology and focusing on adolescents' agency and leadership, YAhealth aims to improve access to critical health information, empower young people, and proactively manage their SRHR and HIV risks, thereby building a brighter future.



70

Comparing PrEP Initiation Rates by Service Delivery Models among High Risk Adolescent Boys and Young Men in KwaZulu-Natal, South Africa

Hlongwa M^{1,2}, Basera W^{3,4}, Nicol E^{3,5}

¹Human Sciences Research Council, Pretoria, South Africa,

²University of KwaZulu-Natal, Durban, South Africa, ³SA Medical Research Council, Cape Town, South Africa, ⁴University of Cape Town, Cape Town, South Africa, ⁵Stellenbosch University, Cape Town, South Africa

Introduction: Pre-exposure prophylaxis (PrEP) is an HIV prevention strategy that can reduce the risk of HIV acquisition by more than 90% if taken consistently. Although South Africa has been implementing PrEP since 2016, initially for selected population groups before expanding access to more people, there is a dearth of research focused on PrEP among adolescent boys and young men (ABYM), despite them experiencing high rates of HIV infection. To address this gap, we compared PrEP initiation rates by service delivery points (SDPs) among ABYM in KwaZulu-Natal, South Africa.

Methods: We conducted a population-based prospective study in 22 SDPs from July 2021 to July 2022. Sexually active ABYM aged 15–35 years who tested HIV negative were recruited at purposively selected PrEP SDPs (i.e., healthcare facilities, secondary schools and Technical Vocational Education and Training (TVET) colleges, and community-based youth zones). We collected baseline quantitative data from each participant using self-administered electronic questionnaires built into REDCap, as well as PrEP initiation outcomes. We extracted data from REDCap and exported it to Stata version 17.0 for analysis, and then eliminated discrepancies and removed duplicates. We described baseline characteristics using summary and descriptive statistics (median, interquartile range [IQR] and proportions) and reported PrEP initiation proportions overall and by SDPs.

Results: The study included 1104 ABYM, with a median age of 24 years (interquartile range (IQR): 21–28)). Almost all participants were black African (n=1090, 99%), with more than half aged 15–24 years (n=603, 55%) and 45% (n=501) aged 25–35 years. The majority (n=963; 87%) had attained a secondary level of education. The overall PrEP initiation rate among adolescent boys and young men was low: among 1078 participants who were eligible for PrEP, 13% (n=141) were started on PrEP. Among the participants who were initiated on PrEP, over three quarters (78%, n=58) were initiated from high schools, compared with community-based youth zones (40%, n=37), TVET colleges (26%, n=16) and healthcare facilities (4%, n=30).

Conclusions: Our findings suggest that expanding PrEP services to non-traditional settings, such as high schools, TVET colleges, and community-based organizations, may have a potential to increase PrEP access among ABYM in South Africa.



71

Optimizing Gender Based Violence Case Identification and Support Among Adolescents and Young People Through Community Mobilization in Rangwe Sub County Homa Bay County

Ouko R¹

¹Lvct Health, Kisumu , Kenya

Background: Homabay County is among the top 4 counties in Kenya with highest burden of gender-based violence cases. Despite efforts to combat this, many survivors of gender-based violence have not been reached with post violence services. Adolescents and young people are vulnerable leading to fewer cases of survivors identified and reported.

Methodology: LVCT Vukisha 95 through the Rangwe sub county engaged in gender-based violence community mobilization as a strategy to improve identification and linkage of GBV cases within the community. These Strategies include; a) School sensitization. b) coordinating with church leadership for sessions during the church youth programs c) Engaging with the body operator during their table banking meetings to discuss GBV d) attending women SACCOs meeting within the villages and working closely with their leaders e) engaging political leaders during public participation meetings f) sensitization meetings at health facilities targeting operation triple zero members psychosocial support group members d) active participation in community dialogue meetings organized by local administration and elders . These activities are coordinated by a community GBV mobilizer who helps in case identification, offering basic first AID support for GBV survivors using LOVES principle and appropriate referral to access other needed services such as paralegal, children's department, police and management at the health facility. Key messages during these meetings focus on ,religion, culture, stigma and discrimination, denial of HIV status, moral compass and policies that address GBV within the community.

Findings and Lessons Learned: Between June 2023 to February 2024(9 months) the community mobilizer was able to attend 164 meetings and total of 1456 community members in attendance for the activities for the period indicated above . During these sensitization meetings a total of 249 cases were identified. Out of the 249 cases, 112 survivors were aged between 10-24 years. Rape and defilement contributed 47(42%) of the cases amongst adolescents and young people.

Conclusion: These results showed that community GBV mobilization is an effective method in identifying cases of gender-based violence and provides linkage between community and other services for immediate post violence care for the adolescent young people experiencing GBV.



72

Strengthening Efforts to Enhance the Uptake of HIV and Sexual Reproductive Health Services by Adolescent Girls in Rural Areas Using the “Joint Implementation” Strategy: Lessons From Matobo District in Zimbabwe, 2024

Mudzengerere F¹, Dube K¹, Mafaune H¹, Dhakwa D¹, Mudokwani F¹, Yogo K¹, Madzima B², Yekeye R², Nyamwanza B², Bhatasara T³, Mutseta M⁴, Tafuma T¹, Tachiwenyika E¹

¹Zimbabwe Health Interventions, Harare, Zimbabwe, ²National AIDS Council, Zimbabwe., Harare, Zimbabwe, ³United States Agency for International Development, Harare, Zimbabwe, ⁴Ministry of Health and Child Care, Harare, Zimbabwe

Background: Zimbabwe Health Interventions (ZHI) is implementing the Determined, Resilient, Empowered, AIDS free, Mentored and Safe (DREAMS) program to reduce new HIV infections among adolescent girls and young women (AGYW) in 11 high HIV burdened districts of Zimbabwe. Accessing comprehensive HIV prevention and sexual reproductive health and rights (SRHR) services reduces risk of HIV among AGYW. We document lessons from the “Joint implementation” strategy implemented in Matobo district in 2024.

Description: ZHI and a consortium of partners implemented the “Joint implementation” strategy targeting high volume, HIV transmission hot-spot areas with combination HIV prevention and SRHR services to 15-19-year-old AGYW from October 2023 to June 2024. This was a partnership with Ministry of Health and Child Care (MOHCC) and other implementing partners. Services offered include HIV pre-exposure prophylaxis (PrEP), HIV Testing Services (HTS), family planning, sexually transmitted infection (STI) screening and treatment and post gender-based violence (GBV) services through service linkages. Data were collected using paper tools and captured into the web based DHIS2 program database. HIV prevention and SRHR service uptake in ward 19

was compared with ward 1 which was the control arm.

Lessons learnt: Out of the 187 AG reached with the DREAMS primary package in ward 19, 175 (94%) received HIV prevention and SRHR services through the “joint implementation” strategy whilst, in Ward 1, only 42% (25/60) accessed services. In ward 19, 56 AG accessed FP, 45 received HTS, 14 PrEP, 24 STI services whilst 48 received psycho-social support. The program learnt that joint implementation enhances AG access to combination HIV prevention and SRHR services. Effective collaboration with MOHCC strengthened mobilization of AGYW to access SRHR services.

Conclusion: The joint implementation strategy increased access to and uptake of HIV prevention and SRHR services by AG in ward 19 of Matobo district. We recommend roll out of the strategy to all wards including hard-to-reach ones, and improved collaboration between implementing partners for effective HIV prevention and SRHR service provision.



73

Utilizing Digital Literacy for HIV Prevention and Economic Empowerment among AGYW: Lessons from USAID CHEKUP I Programme in Zambia

Mushiki B¹, Musheke M¹, Siame C¹, Khondowe W¹, Muyunda W¹, Siamasuku B², Zulu H³, Phiri A⁴, Kanene C⁴

¹Centre for Infectious Disease Research in Zambia, Lusaka, Zambia, ²Young Women Christian Association of Zambia, Lusaka, Zambia, ³Emmaton Libra Developers, Lusaka, Zambia, ⁴United States Agency for International Development, Lusaka, Zambia

Background: The rapid advancement of technology and the widespread use of digital tools have transformed various aspects of modern life, including education, employment, communication, and access to information. However, this digital divide has also highlighted disparities in digital literacy skills, particularly among marginalised and underserved populations. Adolescent girls and young women are highly vulnerable to HIV and require information and services to increase their knowledge of sexual and reproductive health and build leadership and entrepreneurship skills. Available data from research shows that digital literacy skills can accelerate improved outcomes for adolescents, including reducing the risk of HIV infection through creation of economic empowerment via employment and business opportunities.

Methods: The USAID CHEKUP I project through the DREAMS initiative targeted adolescent girls and young women aged 15 to 24 years with digital literacy training based on four tiers, Tier 1 – school dropouts, Tier 2- School leavers, Tier 3- In-school and Tier 4 – Any other AGYW in the age range. The training was customized to empower AGYW by adopting a holistic and participant-centred approach that focused on empowerment, information dissemination, skills-building, and creating a safe and supportive online environment. It leveraged technology as a tool for education, communication, and access to vital resources.

Lessons Learnt: Building digital literacy skills among AGYW has the potential to empower young people with the knowledge, skills and motivation

they need to make informed choices that protect their sexual health. Between October 2022 and October 2023, 6,179 AGYW were enrolled in the digital literacy course, of which 6,142 completed the mandatory modules and graduated. All the 6,142 beneficiaries exhibited enhanced digital skills, including computer literacy, internet navigation, online communication, content creation and economic empowerment through online job opportunities, freelancing, and entrepreneurship. The gained skills resulted in 464 AGYW securing internships and job placements.

Conclusions: Digital literacy skills contribute to the overall empowerment and well-being of AGYW, equipping them with the skills, knowledge, and tools they need to navigate the digital world, make informed decisions, and thrive in their personal, professional and healthy lives.



74

Trust Black Girls: Promoting Engagement and Participation in a Black Girl Centered Youth Advisory Board

Bell A¹, Lewis D, Williams J

¹University Of California San Francisco, San Francisco, United States

Background: Despite documented disparities and inequities in sexual and reproductive health (SRH) outcomes, Black girls across the African Diaspora have historically been excluded from research on their own bodies and SRH experiences. To address this gap, we convened a youth advisory board to directly engage Black adolescent girls throughout our entire research process.

Materials and Methods: 7 Bay Area-based, Black adolescent girls aged 14-17 serve on the Girlx Lab Youth Advisory Board. The YAB meets twice monthly, once a month virtually for two hours and once a month in person for three hours. YAB members receive \$25 an hour for their participation and are given transportation assistance, if needed.

The YAB is a Black woman-led and curated space. It is composed of 3 major components: a Black-centered reproductive justice curriculum, structured time to provide focused feedback on research, and discussion time to elicit participants' real world SRH and Black adolescent experiences. Design and facilitation elements were developed to encourage the successful engagement of YAB members during meetings. These include Black women facilitation, open forum discussions, racially concordant imagery and examples, co-created community agreements, and use of a music playlist created by the YAB. Immediately following each meeting, YAB members complete a self-administered online evaluation survey to assess meeting engagement and participation.

Results: Findings indicate high level of comfort with participating and engaging during meetings. The majority of YAB members report feeling extremely comfortable (61%) or somewhat comfortable (23%) expressing opinions and asking questions during meetings. Several meeting design

and facilitation elements that best promoted YAB member comfort and engagement: the member-curated playlist, all Black girl-space, human-centered design exercises, a Black girl-centered curriculum that included reproductive justice, intersectionality, colorism, misogynoir, iterative improvements, and health equity.

Conclusions: We optimized YAB engagement by cultivating an inclusive and supportive environment that values and prioritizes the needs and preferences of Black girls. In our next steps with this work, we will develop recommendations and best practices for meeting design and facilitation elements for future Youth Advisory Board work with Black adolescent girls.



75

Improving Adolescents' Access to Contraceptive Services in Humanitarian Contexts in Uganda and South Sudan: A User-Centered Design Sprint Approach

Luttah G¹, Tatua C¹

¹International Rescue Committee, Nairobi, Kenya

Background: Adolescents in humanitarian settings face increased child-bearing risks due to increased exposure to forced sex, risk-taking, and limited access to sexual and reproductive health services, especially contraception. This is due to a lack of parental support, negative socio-cultural norms, provider bias, and a limited range of accepted methods. Access to contraceptive services significantly reduces maternal death and improves health outcomes, but the unmet need for contraception is highest among this subpopulation.

Methodology: The IRC supported programming to drive demand and improve the quality of contraceptive services, among adolescents under 20 years old for humanitarian populations in Uganda and South Sudan. IRC had observed a low uptake of contraception services with less than 15% of users being adolescents in both countries. To address these barriers, the IRC facilitated a human-centered design sprint, a rapid process to identify and address the critical program and service gaps through design, prototyping, and testing ideas with adolescents. Interviews were conducted with a total of 297 respondents comprising adolescents, health providers, parents, and Community leaders to understand their perspective on service provision and barriers between current and ideal user journeys. Several barriers adolescents face in accessing high-quality, respectful sexual reproductive health services were identified and prioritized according to their importance, impact, and feasibility. Ideation exercises were conducted with the generation of three idea sketches. Prototypes were tested with adolescents. An adaptive tool was used to turn the proposed strategies into actionable activities.

Results: The '5 Youth Promises' for ASRH activities were developed by adolescent men and women, focusing on serving youth by a provider of choice, providing accurate information, and providing services in a private space and by one provider. Implementation of these promises increased contraceptive service uptake from 15% before intervention to 20% and 30% in Uganda and South Sudan respectively over 36 months.

Conclusion: The IRC's experience demonstrates that rapid design sprints for Adolescent Sexual Reproductive Health are feasible and acceptable for humanitarian program implementers and support participatory design for improving these services. They require careful consideration of time, resources, and staff capacity to be impactful.



76

Factors Associated with HIV Testing Among Street-Connected and Homeless Youth in Kenya and Canada Enrolled in a Peer Navigator Program

Kiptui R¹

¹Ampath, Eldoret, Kenya

Background: Street-connected and homeless youth face barriers to HIV testing in both Kenya and Canada, including discrimination, stigma, and lack of health insurance. To address these barriers, we adapted and scaled a peer navigator program to five sites in Kenya and Canada. The purpose of this analysis is to describe the first two years of program uptake and factors associated with HIV testing.

Methods: Six peer navigators with lived experience of being street-connected or homeless were hired and trained in Kenya (Eldoret, Kitale, Huruma) and Canada (Toronto, London). Beginning in 2021, the peer navigators enrolled youth aged 16-29 and completed encounter forms at enrolment and each follow-up. Descriptive statistics were used to characterize the participants and the factors associated with HIV testing.

Results: The peer navigators enrolled 583 youth in Kenya (42% cisgender women) and 40 youth in Canada (63% cisgender women). In Canada, 73% of participants identified as 2SLGBTQ+. The median age of Canadian participants was 24 (IQR: 21-27); in Kenya it was 22 (IQR: 19-27). At enrolment, 65% of Kenyan and 75% of Canadian participants had previously been tested for HIV and 11% and 13%, respectively, were living with HIV. After two years, 95% of Kenyan participants and 80% of Canadian participants had been tested. In both countries, the median age of participants tested for HIV was higher than among those not tested (p -values <0.02). In Kenya, participants at the Eldoret site ($p<0.01$) and women ($p<0.001$) were most likely to get tested.

Conclusions: The peer navigators were successful at connecting youth to HIV testing despite ongoing external factors such as the COVID-19 pandemic and an HIV test kit shortage in Kenya. Peer navigators play an important role in increasing youth access to sexual health services, though more attention is needed to ensure equitable access for all youth.



77

Improving Access to Sexually Transmitted Infections Services for Adolescents and Young People: The Community Health Awareness Programme of Shurugwi District, Zimbabwe

Takundwa T¹, Chitiyo V¹, Mudiwa E¹, Tapesana B¹, Chikunya T², Tenza S³, Willis N¹, [Sellberg A](#)¹

¹Zvandiri, Harare, Zimbabwe, ²Ministry of Health and Child Care, Shurugwi, Zimbabwe, ³Anglo American, Johannesburg, South Africa

Background: Despite the advances in sexual and reproductive health (SRH) services, adolescents and young people (AYP) continue to encounter barriers to accessing sexually transmitted infections (STIs) services in health facilities. This results in poorer health outcomes in this sub-population group at high-risk infections. We implemented the Community Health Awareness programme of integrated HIV and SRH services for AYP as part of the Anglo-American, Sustainable Mining Plan pillar of thriving communities through the health and well-being of mining communities.

Description: Zvandiri and Ministry of Health and Child Care with support from Unki Platinum mine of Anglo-American implemented peer-led, community-outreach interventions in mining communities of Chironde clinic in Shurugwi District, Zimbabwe. These included:

- Health education sessions and distribution of age-and-developmentally appropriate IEC materials in schools and communities.
 - Multiple-entry points STIs screening including HIV, diagnosis and treatment or prevention
 - Multi-level engagement with peer counsellors (community adolescent treatment supporters, and young mentor mothers), caregivers and community gatekeepers
- We descriptively analysed programme data, before (2021 and 2022) and after (2023 and Jan-May 2024) implementation to document the lessons learnt.

Lessons Learned: The programme reached 4,230 AYP (10-24 years) with SRH education between October 2022 and March 2024. There was a marked increase in number of AYP diagnosed and treated for STIs, from 78 (39Females, 39Males) to 112 (54Females, 58Males) before and after implementation, respectively. Among those diagnosed in 2023 and 2024, 83% (93/112) were identified during community-outreaches. 17 undiagnosed AYP living with HIV were identified in 2023 only, compared to 21 in 2021-and-2022. The AYP reported: peer-led information sharing, health education sessions, and community-outreaches as safe spaces for peer-counselling, access to testing and treatment. Main challenges identified included competing priorities with artisanal mining work and preference of traditional healers' herbs.

Conclusion: The increase in AYP diagnosed underscores the missed opportunities for STI treatment and prevention in routine health services. Intensifying community based-health education, peer-led interventions and empowering AYP with knowledge is critical for prevention, improving access to testing and treatment and contribute to reduction of STI related morbidity, associated complications and transmissions to sexual partners towards healthy and brighter future for AYP.



78

Longterm Impact of Camp Program on Viral Load Suppression for Adolescents at Baylor Clinic Mwanza, Tanzania

Ketang¹enyi E¹, Elimwaria W¹, Mayaya D¹

¹Baylor College of Medicine Children's Foundation, Tanzania, Mwanza, Tanzania, United Republic of

Background: Children and adolescents living with HIV (CALHIV) face significant challenges, including bereavement, poor health outcomes, poverty, and limited educational and vocational opportunities. The psychosocial aspects of HIV/AIDS, inadequate educational attainment, and coping difficulties heavily impact these adolescents. Compared to their peers, youth with HIV/AIDS often experience more emotional and behavioral issues (Mellins & Malee, 2013). From 2016 to 2019, the Baylor Tanzania Mwanza Center of Excellence (COE) hosted a camp program for adolescents with HIV, serving over 100 participants. Youth camps foster caring connections, provide a sense of reprieve, and enhance knowledge and skills (Gillard, Witt, & Watts, 2011). This study aims to provide insights into the long-term impact of camp programs on clinical outcomes at the Baylor Mwanza, Tanzania.

Methodology: We traced a total of 58 former campers from the 2018 and 2019 camps: 30 from the 2018 camp and 28 from the 2019 camp which included a selected group of CALHIV aged 10 to 14 who were fully disclosed. The focus was primarily on those with high viral loads; among the 58 campers, 19 participants had a high viral load before attending camp. One of the best practices at camp was the group Directly Observed Therapy (DOT) approach.

Results: 17(90%) out of 19 with high viral loads, achieved suppression, 5% did not suppress, and 5% were not tested due to family relocation. To date, 40 (69%) of former campers still attend the Baylor clinic and serve as role models for other youths. Eleven (19%) former campers have transitioned into young adults and youth clinics and continue to thrive. Of these, 95% are either self-employed or in college within Tanzania.

Conclusions: The camp program positively impacted adolescent behavior and outlook by providing strategies to enhance ART adherence and achieve viral load suppression. The camp's welcoming and dynamic setting allowed adolescents to engage in enjoyable and stimulating activities, while also fostering the development of life skills and building self-esteem. Although the camp likely contributed to better adherence and viral load suppression, it is essential to recognize that other factors may also play a role in these improvements.



79

Impact of Peer Educators' Program Towards the 3rd 95 UNAIDS Goal at Baylor Tanzania Mwanza CoE

Ketang'enyi E¹, Elimwaria W¹, Renatus D¹, Kipiki N¹

¹Baylor College of Medicine Children's Foundation, Tanzania, Mwanza, Tanzania, United Republic of

Background: Adolescents living with HIV (ALHIV) are a key population that face unique challenges to successful long-term management of their infection. Peer educator programs and interventions to support ALHIV are common among clinics and organizations caring for ALHIV. Baylor Mwanza COE conducts an innovative peer counseling program and to date has reached over 800 ALHIV with the aim of improving adherence, retention and viral suppression. However, there is limited or no evidence for the effectiveness of such programming on clinical outcomes especially viral suppression in Mwanza Tanzania.

Methodology: To evaluate the impact of peer educators in conducting peer-to-peer counseling sessions on the issues related to viral load suppression and ART adherence among ALHIV ages 10–19 years attending Baylor Tanzania-Mwanza COE from October 2021 to December 2022. 4 adolescents peer educators (15-19 years old) were selected from clinic to undergo a 5-day peer educator training package to support adolescent psychosocial activities. Each peer educator was assigned a ward/street to follow-up peers who were struggling with high viral load and/or adherence issues, this is done in conjunction with COE interventions such as "Jitambue" program and counselling. We conducted a retrospective chart review to assess baseline client demographics and clinical characteristics and to track peer education sessions, viral loads, and adherence challenges over time.

Results: During the 15-months study period, 4 peer educators conducted peer-to-peer counseling sessions to a total of 418 adolescents (59 with high VL and 359 with adherence challenges). 50/59 (85%) adolescents who had high baseline viral load achieved viral suppression by the end of the study period.

Conclusion: It is evident that this intervention worked very well; drawing from other peer programs that adolescents would open up to their fellows' adolescents and feel comfortable sharing their inner challenges than to a HCWs. Efforts should be made to skills transfer to adolescents within COEs so as to empower them to be ambassadors and mentors to other adolescents. The peer to peer model should be applied to all facilities that have ALHIV.



80

Enhancing Access to and Utilisation of Mental Health Services for Adolescents Living With HIV Through Lay Counsellors (Adolescents and Caregivers) Trained on the Friendship Bench Mental Health Problem Solving Therapy in Binga and Lupane District, Zimbabwe

Murungu J², Ndlovu L¹, Moyo M¹, [Musungwini E](#)¹

¹Pangaea Zimbabwe - Wild4Life Health program, HARARE, Zimbabwe, ²Pangaea Zimbabwe, HARARE, Zimbabwe

Background: According to the World Health Organisation, adolescents living with HIV face stigma, increased stress, isolation, and anxiety. These challenges adversely affect adolescents' well-being, coping mechanism and treatment adherence. Access to mental health services is hampered by underfunding from government and lack of skilled mental health workers as supported by WHO Afro and innovative and cost-effective approaches are required to bridge the gap and address these compounding challenges.

Materials and Methods: Pangaea Zimbabwe through the Wild4Life health program and in collaboration with the Friendship bench implemented a project aimed at improving access to and utilisation of mental health services for adolescents living with HIV in Binga and Lupane Districts in Zimbabwe. 90 Lay counsellors made up of 60 adolescents and 30 caregivers were selected from the communities and trained on the 2-week Friendship Bench model. Trained cadres were able to do mental health screening using the WHO SSQ, identification of red flags, counselling and provision of psychosocial support to adolescents living with HIV and organising group sessions. The training was followed by continuous support and supervision from the Wild4Life health programme team and Friendship technical team. The adolescents and caregivers are supported with tools for data capturing, reporting and

documenting the project progress as well as submit monthly reports to the office.

Results: A total of 3635 adolescents directly received mental health support and screening, 286 adolescents were linked to HIV testing services, 3857 adolescents have been tested for HIV and 105 adolescents have been linked to HIV treatment services. Adolescents reported less stigma, improved emotional well-being, and increased adherence to HIV treatment. Group support meetings provided a safe space for adolescents to share their experiences and receive peer support, fostering a sense of belonging and resilience. Community outreach activities raised awareness about mental health issues and encouraged early help-seeking behaviour among adolescents and their caregivers.

Conclusion: The integration of the Friendship Bench mental health concept into HIV care services is a promising strategy for improving access to mental health support for adolescents living with HIV and improve HIV treatment adherence.



81

Improving Sexual Reproductive Health Rights Among Adolescent Girls and Young Women With Disabilities in the Salima District, Malawi

VAZ B, Juao P¹

¹Joy Abilities Empowerment, Lilongwe, Malawi

Background: Joy Abilities Empowerment (JAE) Disability Organization, is a community-led organization dedicated to advocating for the rights of persons with disabilities. With funding from the Abilis Foundation, implemented a one-year project to improve sexual and reproductive health rights for adolescent girls and young women with disabilities in the Salima District. The project aimed to advocate for inclusive services and promote safe motherhood for this group.

Description: People with disabilities are considered a priority population in the National HIV Strategic Plan because they are at higher risk of contracting HIV. Unfortunately, they often face stigma and discrimination when trying to access HIV/AIDS services. The lack of privacy hinders their access to services, especially for young girls who are visually or hearing impaired and need guardians, as healthcare workers are often unable to communicate using sign language. This leads to them not seeking HIV services, even when presented with sexually transmitted infections. To address the challenges, the project trained 100 healthcare workers on inclusive SRHR service delivery, empowered 100 adolescent girls and young women to demand for SRHR services and conducted community outreach. Out of 150 reached, 100 were tested for HIV, with 20 diagnosed with HIV (20%), 30 diagnosed with various sexually transmitted diseases, and 5 found to be pregnant.

Lesson Learned: Often neglected in the delivery of SRHR services, adolescent girls and young women with disabilities are susceptible to exploitation and sexual abuse, increasing their risk of contracting HIV. Providing training to healthcare workers on inclusive service delivery and empowering young women with disabilities to demand services are

effective strategies to improve access to sexual and reproductive health and rights (SRHR) services. The 20% HIV diagnosis rate, underscores the importance of targeted health interventions for vulnerable populations.

Conclusion: The project's interventions had a tangible positive impact, suggesting that similar strategies could be beneficial if implemented more broadly to support adolescent girls and young women with disabilities. Through advocacy and collaboration, the project laid a foundation for sustained progress in addressing the intersection of disability and HIV/AIDS. This initiative enabled people with disabilities to access HIV services.



82

Meaningful Involvement of Adolescents and Youth in HIV Research: Implementation of a Youth-Led Advisory Board in Western Kenya

Nganzi S¹, Apondi E², Omollo M¹, Omondi J¹, [Kiprop H](#)¹, Ng'eno V¹, Ott M³, Enane L^{4,5}

¹The Academic Model Providing Access to Care (AMPATH), Eldoret, Kenya, ²Moi Teaching and Referral Hospital, Eldoret, Kenya, ³Department of Global Health, Icahn School of Medicine at Mount Sinai, New York, United States, ⁴The Ryan White Center for Pediatric Infectious Disease and Global Health, Department of Pediatrics, Indiana University School of Medicine, Indianapolis, United States, ⁵Indiana University Center for Global Health Equity, Indianapolis, United States

Background: Best practices for HIV research with adolescents and youth (AY, ages 10-24) call for meaningful AY involvement. However, there is a substantial implementation gap in research programs achieving this.

Methods: We evaluated implementation of an AY Advisory Board (AYAB) in AMPATH in western Kenya—a partnership of Moi University and an international academic consortium, with a research program informing care. We review AYAB structure and outcomes and assess drivers of meaningful AY involvement. Implementation data included records from trainings, meetings, and reviewed studies, and observations by current/former AYAB chairpersons and the adult coordinator/team.

Results: Structure: The AYAB was initiated in 2020 through institutional funds that support quarterly meetings, member transportation, and effort for an adult coordinator—a former peer mentor experienced in international advisory boards—and assisting team. Ad hoc meetings are funded by requesting studies. Members (n=12) are AY with lived experience engaging in HIV services, who provide informed consent, alongside parental consent for minors. Some have experience as research participants (n=9) or peer mentors (n=2). An elected youth chairperson communicates agendas, mobilizes members, and leads meetings; an elected youth secretary documents minutes. Agendas include introductions, a wellness check-

in, dedicated talks, and discussion of consulting studies. Training in a full-day orientation and in ongoing meetings includes AYAB mission/goals and duties; research ethics and approaches; rights of children/adolescents; informed consent/assent; privacy; resisting stigma; youth advocacy; and HIV-focused content. Members request talks from research/clinical experts (e.g., on adherence, disclosure, relationships). AY work independently, with mentorship and support from the coordinator/team.

Outcomes: The AYAB has consulted on nine studies, across stages of research development—from adolescent health strategic planning, setting research priorities—to proposals from conceptualization through implementation and dissemination through clinic-based activities. **Drivers:** Drivers of meaningful AY involvement include program support/collaboration; funding; coordinator experience in advisory boards; member dedication and fellowship; and youth autonomy and leadership.

Conclusions: Implementation of meaningful AY involvement through an AYAB has had successful outcomes for the research program and AY members. Work is underway to expand membership to youth with a range of health experiences, related to mental health, sexual/reproductive health, pregnancy, and NCDs.



83

“They Are the Engine of Our Health Services...We Depend on Peer Navigators”: Qualitative Insights Into Peer Navigated-PrEP and SRH Integrated Services for Adolescent Girls and Young Women in Cape Town, South Africa

Coakley C¹, Rosseau E¹, Sindelo S¹, Vundla P¹, Toska E², Bekker L¹

¹Desmond Tutu HIV Centre, Department of Medicine, University of Cape Town, Cape Town, South Africa, ²Centre for Social Science Research, University Of Cape Town, ,

Person-centred HIV prevention for adolescent girls and young women (AGYW) in South Africa (SA) is responsive to their unique life stage, preferences, values, goals, and vulnerabilities. AGYW are a priority population for pre-exposure prophylaxis (PrEP) and sexual and reproductive health services (SRHS). Peer navigators (PNs) provide tailored, PC PrEP services, improving AGYW-healthcare worker (HCW) communication and empowering healthcare decision-making. PNs build knowledge and agency among AGYW, supporting client choice and reducing barriers to HIV testing and SRHS. They address PrEP stigma related to HIV, gender, and sexuality and improve community awareness. To inform public sector scale-up of PrEP within routine SRHS, a process evaluation using the RE-AIM framework was conducted.

The FAST-PrEP (FP) project scales differentiated PrEP through routine SRHS in primary care facilities for AGYW aged 15-29 years. The project placed PNs across 12 facilities, welcoming AGYW clients, providing non-judgmental SRH information and psychosocial support, and accompanying AGYW through SRHS. PNs also supported HCWs with record-keeping and client follow-up. The evaluation used qualitative methods: AGYW client exit interviews (PrEP users, decliners, continuers, discontinuers, and modality switchers) paired with participatory service journey mapping (n=24); semi-structured observations and debriefings with

PNs (n=20); and interpretive focus group discussions with HCWs and facility managers (n=24).

Findings demonstrate the role of PNs in facilitating the reach, effectiveness, adoption, implementation, and maintenance of AGYW-focused PrEP services. Key findings included: trust and relationship brokering: AGYW clients and HCWs trusted PNs, improving AGYP uptake of PrEP, patient experience and understanding of HIV prevention choices; task-shifting: innovation and systematic collaboration between PNs and HCWs integrated PrEP into SRHS; PN well-being: PNs self-managed their mental health with limited emotional or instrumental support; training and supervision gaps: PNs require additional specialized training and supportive supervision.

PNs positioned in primary care are trusted young experts that are crucial for person-centred PrEP and SRHS integration. They offer significant opportunities to scale person-centred HIV prevention for AGYW but need specialized training, supportive supervision, and psychosocial support.



84

“Unlocking Wellness: The Therapeutic Potential of Integrating Sports into Mental Health Programming for AGYW; A CHEKUP II Model to Explore Coping Strategies In Kapiri Mposhi, Central Zambia.”

Shitima P¹, Kasonde K¹, Banda J¹, Banda G¹

¹ JSH, Kapiri Mposhi, Zambia

Background: Adolescent Girls and Young Women (AGYW) face a myriad of challenges to their mental health and wellbeing; including societal expectations, Gender Based Violence, and limited access to resources and support systems. Within this demographic, marginalized groups such as those from low-income communities or ethnic minorities are particularly AGYW vulnerable to poor mental health outcomes. According to World Health Organization (WHO), regular physical activity helps prevent and treat noncommunicable diseases (NCDs) and can enhance mental health and well-being.

Materials and Methods: CHEKUP II under the DREAMS initiative explored innovative approaches to mental health programming that are tailored to the unique needs of AGYW. One promising avenue is the integration of sports into mental health initiatives, harnessing the therapeutic potential of physical activity to promote holistic wellness. As part of service delivery and uptake, standardized mental health screening questionnaires were administered to AGYW to assess various aspects of mental health, such as depression, Anxiety, Suicide ideation and Substance use by trained Program staff.

PHQ-9 (Patients Health Questionnaire-9) and SMD (Severity Measure for depression)-for depression, GAD-7 (Generalized disorder-7)- for Anxiety, CAGE -AID (Cut Annoyed Guilty Eye) Assessed substance use, Suicide Safety Assessment tool typically evaluated thoughts of self-harm, Current emotional state and any previous suicide attempts. Interventions such as PFA (Psychological

first Aid), Individual therapy sessions, Group therapy sessions and referrals to Psychiatrists depending on the AGYW needs in line with the scores were offered to AGYW including engagement in sports activities.

Results: Under Kapiri Mposhi DREAMS, study outcomes demonstrated that from October 2023 to June 2024, 2,710 AGYW were offered with Psychological First Aid, 1,969 were enrolled in therapy sessions, 1,866 completed therapy sessions, and 183 were referred for Advanced Mental Health support. 1,422 were engaged in sports activities. The Activity used desk review and DHIS2 monthly aggregated data to capture and analyze the findings.

CONCLUSION: Integration of sports in mental health programming highlighted the transformative role of sports in promoting AGYW wellbeing. Collaboration with stakeholders and awareness promotion maximized the therapeutic benefits of sports for mental health. CHEKUPII strongly advocates for integration of sports into the mainstream mental health initiatives.



85

Systematic Review of Transition to Adult Care for Young People Living with HIV

Chew H, Desai N¹, Ivey C, Ahonkhai A, Zanon B

¹Vanderbilt University Medical Center, Nashville, United States

Introduction: Young people living with HIV (YPLHIV) aged 15-24 represent over 25% of new HIV infections globally and face significant challenges in transitioning from pediatric to adult care. Despite guidelines from major health organizations, many YPLHIV experience unstructured and unplanned transitions, leading to gaps in continuous care and viral suppression. This systematic review examines the needs and barriers of YPLHIV during this transition, and evaluates interventions aimed at improving their engagement with healthcare systems.

Methods: This systematic review follows the preferred reporting items for systematic reviews and meta-analysis (PRISMA) guidelines, with searches conducted in PubMed, Embase, and key conference abstracts. Studies were categorized into those describing transition outcomes, interventions without results, and interventions with results.

Results: Our search generated 1285 articles and 16 conference abstracts, which were screened and manually searched to yield 79 studies and 9 conference abstracts. These were further categorized into 61 descriptive studies, 5 studies with interventions but no results, and 22 studies with intervention results. Transition readiness assessments, transition protocols, skills building, integration of care, transition clinics, youth-friendly services, and mobile health interventions showed promising outcomes for YPLHIV's transition to adult care. However, further investigation is needed for interventions such as provider and medical team training, graduated transition, health navigation, peer navigation, and economic empowerment to establish their effectiveness.

Discussion: Current literature on YPLHIV transitioning to adult care mainly explores stakeholders' perceptions of barriers and

challenges, with limited focus on effective interventions. Less than a third of the studies discuss interventions, and even fewer assess their feasibility, acceptability, or efficacy. Our review highlights the early promise of interventions like transition readiness assessments, skills building, and integrated care, but underscores the need for more robust research on provider training, graduated transition models, and economic support. Future studies should focus on long-term outcomes and randomized controlled trials to establish the effectiveness of these interventions.

Conclusion: This review reveals a critical need for future research to develop and evaluate targeted interventions to improve YPLHIV's transition outcomes.



86

Identifying Upstream Community Factors Linked to Mental Health Issues in the Youth

Adhiambo J¹, Kimani J¹, Akinyi B³, Lorway R², Wanjiru R¹, Shikoli S⁵, Wanjiku E¹, Kung'u M¹, Kinyua A¹, Kiai J⁴

¹Partners For Health And Development In Africa (PHDA), Nairobi, Kenya, ²University of Manitoba, Manitoba, Canada, ³Somasa Africa, Nairobi, Kenya, ⁴Trust Five Self Help Group, Nairobi, Kenya, ⁵Network of TB Champions in Kenya, Nairobi, Kenya

Background: Kenya has an estimated population of 47.6 million, with 80% under 35 years old. Experiences in formative years can influence behaviors later in life. The conditions of poverty and lack of resources can profoundly shape youth mental health outcomes that become reflected in negative social actions. Although mental health problems cut across the socioeconomic landscape, they peak within lower income groups across Kenya. To respond to these problems we employed a cell-phone-based intervention, given the prevalent uptake of mobile smartphones in Kenya. We demonstrate how interventions that seek to address mental health can benefit from employing this technology. Trust Five Help aimed to change this negative cycle of poverty and poor mental health by using the digital space as the playing field.

Objectives: We aim to partner with and train youth in community engagement by cultivating community champion teams via digital space to identify key issues and directly engage youth.

Methodology: a) We identified 40 female and male youth in Kariobangi, and trained and divided them into 5 teams of 8 across key age groups represented by youth mobile users. b) We focused on five thematic areas (child protection, SRH, substance abuse, youth counselling, and mental health/suicide) through face-to-face and virtual conversations, while gathering information around the thematic areas. The youth champions were encouraged to develop short audio-video clips with positive content for posting on popular forums.

c) We conducted routine targeted end-user surveys, tracking user engagement, information change.

Anticipated Results: a) Increased youth awareness on the correct information relevant to the mental issues;
b) Increased connection among youth through exposure to positive role models;
c) Better decision making by youth, timely access to prevent negative experiences, leading to better mental health outcomes

Call to Action:

Positive impact on the youth's mental health must start early. Take back the digital space!



87

Improving the Efficiency of Community HIV Early Infant Diagnosis Using Point-Of-Care Testing in Teso Region: A Pilot Cross-Sectional Study

Otaala T¹

¹AIC Soroti Region Project, Kampala, Uganda

Introduction: The Uganda Ministry of Health (MOH) established centralized early infant diagnosis (EID) by polymerase chain reaction (PCR) testing in 2011. The testing approach required establishing a national specimen transport system however, this had prolonged turnaround time (TAT) of results taking 14-30 days, thus delaying appropriate clinical decisions. We introduced and piloted point-of-care (PoC) EID PCR testing in Teso, Uganda, during 2019-2022 to improve TAT and linkage to care for infants identified with HIV. We then compared the TAT between the PoC and the non-PoC sites.

Methodology: We piloted decentralized EID PCR PoC testing in 4 hospitals. Decentralization involved site assessment and validation, mentorship, and data management plans. We documented the TAT for the centralized and PoC EID PCR and then conducted a comparative analysis of TAT between the four pilot and five non-pilot health facilities. We extracted and reviewed data from the CPHL dashboard on EID TAT for October-December 2022. Data were analysed using Stata version 15.0. Descriptive statistics and t-test were conducted to compare the differences in TAT for the two approaches.

Results: A total of 494 HIV exposed infants (HEIs) received PCR tests within the pilot period in the 9 health facilities, of which 40.3% (n=199) were analyzed using decentralized PoC. Average TAT was 16.6 (SD=12.7) days, 1.3 (SD=0.4) for EID PoC and 26.9 (SD=1.9) for non-PoC testing, and this difference was statistically significant (P<0.0001). All identified infants with HIV (n=5, 1.0%) were initiated on ART within two weeks of receiving results.

Conclusion: There was a significant reduction in TAT using EID PoC testing. Earlier scale up of the PoC in all the 9 hubs led to an overall improvement in TAT for the entire region to <3 days. Scaling PoC testing beyond the hubs might improve EID TAT across all health facilities to enable quick clinical decisions.



88

Fostering Young People Living with HIV

Mkongwa C¹, Matthew P, Mlelwa H, Haule B

¹NYP+, Iringa, Tanzania, United Republic of

Background: The collaborative effort between UNICEF, NACOPHA, and NYP+ resulted in the implementation of the project titled "Fostering young people living with HIV" in the Southern Highland Zone Region, covering Mbeya, Iringa, Njombe, and Songwe. The overarching goal was to address the specific needs of 20,000 Young People Living with HIV (YPLHIV) in these regions (15-24 years). The project aimed to enroll them into the NYP+ National Database, establish empowerment groups, and identify cases related to Gender-Based Violence (GBV) and mental health. The primary objectives were set to reach and enroll 20,000 YPLHIV into the NYP+ National Database and to establish Empowerment groups. Additionally, the project aimed to identify and address cases of GBV and mental health issues among the targeted population.

Methods: Commencing in June 2021 and concluding in March 2023, the project involved the training of 105 YPLHIV Cluster leaders. These leaders, functioning as branches of NYP+, operated at the District Level, responsible for enrolling other YPLHIV into the national database, forming Empowerment groups, and addressing GBV and mental health cases in their respective districts. Leveraging the ease of communication among youth, the strategy capitalized on peer-to-peer outreach to enhance enrollment and group establishment.

Results: The project surpassed its targets, identifying and enrolling a total of 20,762 YPLHIV into the NYP+ National Database across Mbeya (6412), Iringa (4302), Njombe (6321), and Songwe (3725). Furthermore, 101 empowerment groups were successfully formed, with 15 of them receiving government loans. A total of 153 GBV/PSEA cases and 281 mental health cases were screened and reported, showcasing the project's effectiveness in addressing critical issues.

Conclusions: Despite achieving commendable results, challenges such as geographical distance

and limited technology literacy among YPLHIV were encountered. Future initiatives could explore innovative solutions to overcome these barriers, ensuring more comprehensive coverage and impact. The successful outcomes, however, underscore the potential for collaborative efforts in addressing the multifaceted needs of YPLHIV in resource-constrained settings.



89

Improving HIV Case Identification in Adolescents and Young People (AYP) Through Index Case Testing: A Quantitative Study on Tracing Partners of HIV - Positive Adolescents in Kabwe District, Central Zambia

Kazilimani K, Chasaya A, Chingumbe L, Chila J

¹USAID CHEKUP II, Kabwe, Zambia

Background: Over twice as many AYP, in comparison to the general population, do not know their HIV status in Zambia which has derailed progress on the 95-95-95 goals for this age cohort (Zamstat, 2021). Furthermore, the incidence of HIV acquisition AYP stood at 14,000 per year. We sought to investigate the feasibility of index case testing as a model of identifying partners of HIV-positive adolescents in Kabwe District, Central Zambia.

Methods: A quantitative study was conducted using secondary data from DataSync, a database established by the USAID CHEKUP II Activity, between April and December, 2023. During that period, we reached out and offered index case testing services to AYP aged 15 – 24 years, within the Activity's facilities in the district, using the client advisor model. Thereafter, a detailed analysis of the contribution of index case identification was conducted. The indicators utilized to establish the effectiveness of index case testing were the number of contacts elicited and offered HIV testing services, and the number of HIV-positive AYP who were linked to antiretroviral therapy (ART).

Results: 208 AYP accepted indexing and from those 388 contacts aged 15-24 were elicited using the index case identification model representing an elicitation ratio of 1: 2. Of these, 342 AYP were tested through the index case testing. This represented 88.1% of the total number of AYP elicited between April and December, 2023. A total of 61 HIV-positive AYP were identified, and

59 of these were linked to ART. This represented a 17.8 % positivity yield (61/342) among AYP, with a 96.7% linkage rate (59/61). The positivity yield was the highest amongst females than males at 21% and 9.5% respectively. The linkage rate was higher amongst males than females at 100% and 96.2% respectively. Those that tested negative and were eligible were offered PrEP, condoms, sexual reproductive health talks and lubricants among other interventions.

Conclusions: Index case identification has proven to be a very effective strategy for identifying, testing and linking to treatment AYP at increased risk of HIV infection. It is also one of the surest strategies for increasing adolescents' access to HIV testing services.



90

“It Has Given Me a Voice:” a Combination Approach to Address the Structural Drivers of HIV Transmission Among Young Women in Western Kenya Through the Chak a Chaka Program

Farley J¹, Daniel O², Buyu M², Osumba P², Scott A¹, Mueller Scott L¹

¹PATH, Seattle, United States, ²PATH, Nairobi, Kenya

Background: The PATH-led Chak a Chaka program targeted structural barriers that contribute to increased HIV risk among young women in Kenya, employing a combination approach that included economic empowerment, network-building, and gender-sensitive biomedical and behavioral HIV interventions.

Description: Over 30 months, Chak a Chaka supported young women participants to strengthen their financial capabilities through savings groups, start-up capital/matching funds, and entrepreneurship training for microbusinesses. Participants were linked to public and private-sector partners (banks, community and social service organizations, trade schools) to build their economic and social networks and continue their education. Concurrently, they were offered biomedical and behavioral services, including pre-exposure prophylaxis, contraceptives, HIV testing, and education on health, GBV prevention, and early childhood development. Participants did cross-site visits to build relationships with other Chak a Chaka groups.

Lessons Learned: Involvement in Chak a Chaka provided participants with training and resources to challenge gender norms that increased their HIV vulnerability. Through the program, 49 women enrolled in male-dominated (plumbing, electric) vocational training programs, enabling their financial independence and enabling them to be role models for other young women interested in these trades. Group meetings provided a forum for participants to speak openly about GBV and

increased awareness of where to seek help for themselves or others, including resources centers and law enforcement. One woman described: “We get involved in various [GBV] problems. Through our [Chak a Chaka] trainings, we help even the community other than Chak a Chaka members. We guide them as well.” Finally, increased economic independence allowed participants to take leadership roles in their communities and expand their business and personal networks beyond what was previously possible as young women, leading to greater access to business resources, social service support, and health and family resources (health insurance, access to health commodities). Participants reported taking up HIV and contraceptive services to protect their time and investment in their business initiatives.

Conclusions: The Chak a Chaka program empowered participants to address social and gender-based drivers of HIV transmission in new ways. It can serve as a model for scale-up among young women in Kenya to reduce their vulnerability to HIV.



91

Meaningful Engagement of Adolescent Girls and Young Women Ambassadors to Scale-up HIV and Violence Prevention in Dreams Program, Homa-Bay County, Kenya

Odhiambo E¹, WAFULA A¹, KAMBONA C², AUDO M¹, THIOMI J¹

¹Lvct Health, Homabay, Kenya, ²CDC, Kenya., Western Region, Kenya

Background: The HIV Prevalence among adolescents and young women (AGYW) aged 10-24 years in Homabay County remains high at 23.1%, nearly five times higher than the national prevalence (4.9%). LVCT Health Vukisha 95 Project implements Determined Resilient Empowered Mentored & AIDS FREE (DREAMS) in 7 wards across Homabay County with the main goal of reducing new HIV infections among Adolescent Girls and Young Women (AGYW) aged 10-24 years. The project trained and engaged AGYW Ambassadors, who are empowered program beneficiaries and have benefited from the comprehensive package of DREAMS interventions. Their role includes advocating for the interest of their peers in various engagement forums. We share the experience of a DREAMS Ambassador, and her contributions are scaling up HIV response and prevention in Homa-Bay County, Kenya.

Methodology: In the DREAMS program, vulnerable AGYW are enrolled using standardized procedures. They are then attached to safe spaces managed by mentors from the same communities. At the safe spaces, they receive comprehensive DREAMS interventions. Empowered AGYW are identified and encouraged to apply for consideration as AGYW Ambassadors. Successful applicants are exposed to various trainings to equip them with necessary skills which they later utilize using a standardized manual to influence change at community.

Results: In 2021, 10 AGYW Ambassadors were trained and engaged in DREAMS program; they

represent their peers in high-level meetings and conferences. Emily Odhiambo is one of the selected AGYW ambassadors. She has participated in development of Homabay County Adolescent and Youth Sexual Reproductive Health (AYSRH) Strategic Plan 2023/27. She got nominated to participate in the UN Women leadership and mentorship trainings. She has also mobilized a team of young women to register a community-based organization with a focus of scaling up HIV prevention activities. Furthermore, she benefited from a multi-country exchange program in South Africa where she engaged in several community engagement activities

Conclusion: Meaningful engagement of AGYW Ambassadors is critical in finding solutions that resonate with young people. Advocating for HIV prevention response and behavior change among young people through well trained and supported ambassadors encourage inclusion of their voices and timely shift of their perception and attitude.



92

Addressing Gaps in HIV Services For Adolescent Girls, Young Women, and Key Populations in Nigeria: Identifying Effective Community-Led Strategies

Idepefo F¹, Aguolu R¹, Morka M², Ogungbemi K¹

¹National Agency for the Control Of AIDS, Abuja, Nigeria,

²Federal Ministry of Health, Abuja, Nigeria

Background: Adolescent girls, young women, and key populations (AGYW and KPs) in Nigeria encounter significant barriers in accessing HIV services. While there has been progress in prevention and treatment, critical gaps remain, hindering Nigeria's ability to meet the Global HIV Prevention Coalition targets and the 95-95-95 goals by 2030. This study aims to identify and disseminate effective community-level strategies to enhance service access and retention for AGYW and KPs across Nigeria's six geopolitical zones.

Methods: A cross-sectional study using both qualitative and quantitative methods was conducted in six states: Abia, Akwa-Ibom, Kaduna, Taraba, Lagos, and Benue, selected based on existing interventions and HIV prevalence. Key informants included service providers at 95 Service Delivery Points (SDPs), while clients participated in exit interviews. AGYW and KPs received services from health facilities and One-Stop Shops (OSS)/Drop-in Centers (DICs), respectively.

Results: The study found that 97% of AGYW and 92% of KPs had access to onsite HIV testing services (HTS). Effective service delivery models included health facilities and OSS/DICs, with 66.4% of AGYW and 57% of KPs accessing HTS and receiving antiretroviral refills at these locations. Notable community outreach models included home services, mobile clinics, and support groups. However, significant gaps persisted, such as insufficient PrEP offerings and major antiretroviral stockouts, particularly in Abia state. AGYW enrolled in Operation Triple Zero (OTZ) showed significantly higher viral suppression (85.8%) compared to non-enrollees.

Conclusions: The findings highlight the critical role of health facilities and OSS/DICs in delivering HIV services to AGYW and KPs. Despite the effectiveness of current strategies, addressing gaps in PrEP continuation, ARV stockouts, and viral suppression disparities is essential. Scaling up successful community-level strategies, improving ART supply chains, and enhancing linkage to care are vital steps toward achieving global HIV targets.



93

Navigating the Digital Landscape: Balancing Opportunities and Risks for Adolescent Well-being through Content Platforms and mHealth Technologies

Chivatsi P¹

¹Srhr Alliance Kenya, Nairobi, Kenya

Background: The digital era has transformed adolescents' lives through content platforms and mobile health (mHealth) technologies. These tools offer diverse educational resources, enhance social interactions via social media, and support health management through mental health, fitness, and chronic disease apps. While they provide substantial benefits, such as improved learning opportunities and better health management, they also pose risks including cyberbullying, addiction, exposure to harmful content, and data privacy concerns. Understanding these dual impacts is essential for optimizing their benefits and addressing potential harms, which requires ongoing research, stakeholder engagement, and robust educational and regulatory measures.

Objective: The study aims to explore the dual role of content platforms and mHealth applications in adolescents' lives. It seeks to identify the associated benefits and challenges, offering insights into how these digital tools can be effectively utilized to promote adolescent health and development.

Methodology: A comprehensive literature review was performed, analyzing recent studies on adolescents' use of digital content platforms and mHealth technologies. The review focused on key trends, benefits, risks, and stakeholder roles, synthesizing qualitative and quantitative data from peer-reviewed journals, health reports, and educational studies to provide a comprehensive understanding of the topic.

Results: The review revealed that content platforms significantly impact adolescents' social interactions, educational experiences, and self-

expression. Benefits include enhanced learning opportunities and improved social connections, while risks encompass cyberbullying, addiction, and exposure to inappropriate content. On the mHealth front, adolescents increasingly use apps for mental health support, fitness tracking, and disease management, showing promise in improving health outcomes and preventive care. However, concerns regarding data privacy, digital literacy, and varying levels of access persist.

Conclusion: Content platforms and mHealth technologies offer substantial benefits for adolescent well-being but also present notable risks. Balancing their positive and negative impacts requires a nuanced approach involving education, stakeholder collaboration, and regulatory measures.

Recommendations: Education and Awareness: Inform adolescents, parents, and educators about safe and responsible use of digital tools. Policy and Regulation: Develop and enforce policies to protect against cyberbullying, data breaches, and harmful content. Enhancing Digital Literacy: Implement programs to improve digital literacy, enabling adolescents to navigate online spaces safely.



94

Improved Access to Information and Services on Safe Self-Managed Medical Abortion Among Young Women and Adolescents in Migori County

Onyango R¹

¹Kenya Poverty Elimination Network (K-PEN), Migori, Kenya

However Self-managed Medical Abortion (SMA) is legal in Kenya, it is restricted. In the rural parts of Migori County, cultural beliefs and societal stigma hinder the provision of MA services and information. This stigma forces young women and adolescent girls to resort to unsafe, crude methods of abortion, endangering their lives. Health providers, influenced by stigma and lacking sufficient knowledge about Medical Abortion (MA), often do not provide accessible SMA services or information

K-PEN Organization has been actively addressing these challenges through several initiatives aimed at advancing the abortion agenda in the county. Key interventions between July 2023 and June 2024 include training 70 healthcare providers on SMA procedures, educating 100 Community Health Promoters (CHPs) and 145 Youth Peer Providers (YPPs) on MA counseling and referrals. Information is disseminated through over 20 radio talk shows specifically targeting issues such as teenage pregnancy and modern contraceptives. These shows provide a platform for experts to discuss safe abortion practices, reproductive health rights, and the use of modern contraceptives. In addition, K-PEN organization has organized youth sports tournaments and facilitated community dialogues to engage directly with the community and dispel myths surrounding abortion and teenage pregnancy.

Over the past year, K-PEN's efforts have led to significant improvements: 9,470 community members received Sexual and Reproductive Health and Rights (SRHR) information through our hotline, trained CHPs/YPPs, and during various outreach. Out of these, 370 individuals sought SMA pills from

trained pharmacists and clinicians, facilitated by the counseling and support provided by CHPs/YPPs and hotline. Pharmacists and CHP/YPPs diligently recorded data during these interactions for follow-up purposes, ensuring continuity of care and monitoring of outcomes. These efforts have contributed to a 50% increase in the utilization of safe abortion services among targeted communities.

Despite progress, further interventions are crucial. Continued efforts should focus on intensifying awareness campaigns to combat stigma surrounding SMA and enhancing accessibility to SMA services and pills through trained providers. Emphasizing data recording and follow-up procedures by pharmacists and CHP/YPPs will strengthen monitoring and evaluation efforts, thereby improving service delivery and outcomes in rural communities.



95

Adolescent Health and Prevention at the Fore Front

Sheirat Mariam N¹

¹Her Voice Fund, Kampala, Uganda

Context: HIV prevention has long been a major concern in Uganda, where access to services and information is limited, making it more difficult for individuals living outside of the SRHR space and in urban areas. Over 5,750 new infections were reported in one district in Uganda in 2022, or over 16 new infections every day on average. According to Uganda AIDS Commission, Ankole subregion in western Uganda HIV prevalence was highest in the Mbarara district followed by Kiruhura, Bushenyi, Mbarara which is the main city in western Uganda, Ibanda, Sheema, Ntungamo, Rubirizi, Mitooma, Buhweju and Isingiro with averages of 14.4%, 9.5%, 9.2%, 8.1%, 7.3%, 7.5%, 5.9%, 6.1%, 4.1%, 3.8%, and 3% respectively and this has been proven to be as a result of widespread use of inexpensive sex in these regions, multiple partners and vulnerability of adolescents and young people. This abstract will analyze strategies that can be employed to improve HIV prevention and srhr

Outcomes:

1. Considerable ignorance on SRHR and HIV prevention was found, especially among people living in rural areas and outside the SRHR advocacy community.
2. In some areas of Uganda poverty has largely contributed to the prevalence of HIV and this has been through sex for pads, sex for food and shelter as well as more transactional sex and exploitation by students due to peer pressure and environmental circumstances.
3. Accessibility of services has been noted as a challenge for most adolescents in rural areas as they are unable to attain HIV testing services, Condoms, counseling, and treatment.

In Summary: A multimodal strategy is needed to combat the HIV epidemic in Uganda, one that addresses risky behaviors, implements targeted interventions, and enhances access to information and services. This can be done by strengthening peer-to-peer models such as the YAPs, peer counselors, assisted partner notification (APN), mobile clinics for service delivery, use of village health teams (VHTs) for information provision and

collaboration between CSOs, private sector, and government can go a long way in improving the lives of adolescents and addressing HIV prevention.



96

Leveraging on Integration to Strengthen HIV and Sexual Reproductive Health Intervention in Homa Bay County, Kenya

Owuor V¹, Okal C¹, Orimba C², Onyango R²

¹1, Homa Bay, Kenya, ²2, Homa Bay, Kenya

Introduction: 42% of New HIV infections in Homa bay county is in Adolescents and Young Persons (AYP) aged 10 – 24 years. AYP in Homabay County are also adversely affected by early unintended pregnancy and sexually transmitted infections with related adverse health, social, and economic consequences.

23% of the girls have unmet contraceptive needs (sub optimal uptake and use of family planning). 1 in 5 girls has begun childbearing, and about half (47%) of these births are unplanned. HIV pre-exposure prophylaxis and reproductive health integration have the potential to promote HIV prevention and address unintended pregnancies in a single health encounter.

Objective: To establish the uptake of contraception among the Adolescent Girls and Young Women (AGYW) initiating PreP in Homa Bay County.

Methods: A retrospective study of 1,080 AGYW records initiated on PreP with an age range of 18 – 24 years in the 33 sites in Homa Bay County from October 2023 to March 2024. The source document was the DREAMS database. Variables of interest were sociodemographic and biomedical variables (PreP uptake, and Contraceptive use). All the clients were oriented and offered contraceptives and PreP based on eligibility. Data abstraction was done through Microsoft Excel 2019 into a database with enforced data quality and consistency checks. We did Descriptive statistics and established the uptake of PreP and Contraceptives amongst the AYPs.

Results: A total of 1,080 AGYW records from 33 implementation sites were included in the study. The mean age was 20 years, 16.6% were married and 50.6% were learners in schools. At baseline

45% were currently using contraception, 42% had biological children and 4.9% were pregnant. The current contraceptive users during PreP initiation were 491(45%).

Conclusion: Contraception uptake among the AGYW initiating PreP was at 45% with cases of unintended pregnancies and childbearing reported, hence the need to leverage the opportunity in strengthening HIV and Sexual/Reproductive Health integration among adolescent girls and young women.



97

Interventions to Improve Access to Sexual and Reproductive Health (SRH) Services for Adolescents Living with HIV (ALHIV) in Sub-Saharan Africa: A Scoping Review

Manochehr M¹, Durand M², Leroy V¹, Jesson J¹

¹Center for Epidemiology and Research in Population Health (CERPOP), Inserm, University of Toulouse 3, Toulouse, France,

²University of Lausanne Faculty of Biology and Medicine, Lausanne, Switzerland

Background: ALHIV encounter significant barriers in accessing SRH services. To our knowledge, no study has compiled the literature on interventions aimed at improving the accessibility and utilization of SRH services for ALHIV, and the barriers and facilitators that impact access to SRH services for this specific population. This scoping review aims to bridge this knowledge gap.

Methods: Utilizing the Arksey and O'Malley framework, adapted by the Joanna Briggs Institute (JBI), we conducted a comprehensive search across PubMed, EMBASE, Web of Science, Google Scholar, WHO, UNFPA, and World Bank databases. We included studies published in English and French from 2010 to March 2024, as well as grey literature, to identify interventions that improve access to SRH services for ALHIV aged 10 to 19 in sub-Saharan Africa. Two researchers independently screened titles, abstracts, and full texts using Covidence. Data were charted based on variables aligning with research questions and Levesque healthcare access model dimensions.

Results: The initial review phase involved a database search yielding 6,823 citations, of which 14 studies met the inclusion criteria. Most were quantitative studies (n=11), with a few qualitative ones (n=3). Various interventions designed and implemented aimed to improve access to SRH service and enhance sexual health knowledge and behaviors among ALHIV. These included mobile health platforms in South Africa, family-based support and economic empowerment in Uganda,

tailored reproductive health services in Zimbabwe and Kenya, evidence-based prevention programs in the Democratic Republic of the Congo, and creative visual methodologies in Malawi. Key outcomes addressed were improved knowledge and attitudes, reduced sexual risk-taking behaviors, and better access to comprehensive HIV, STI, and family planning services. Social protection, supervision, and adolescent-sensitive clinic care were critical in promoting resilience and reducing unprotected sex among ALHIV.

Conclusions: This review highlights the diversity of SRH interventions for ALHIV in Sub-Saharan Africa, acknowledging that many other SRH challenges remain unaddressed. By filling knowledge gaps, encouraging positive behaviors, and improving access to integrated services, these efforts considerably enhance the well-being and quality of life for ALHIV. To further improve SRH service access for ALHIV, there needs to be a stronger focus on participatory approaches.



98

Equipping Adolescents Living With HIV With Mental Health Coping Skills and Developing Their Resilience in Lusaka District, Lusaka Province and Chipata, Eastern Province, Zambia

Yamba Z¹, Banda R², Mbewe J¹, Manyele C², Musonda M²

¹Grassroot Soccer Zambia, Chipata, Zambia, ²Grassroot Soccer Zambia, Lusaka, Zambia

Background: Adolescents and young people living with HIV (YLHIV) face mental health challenges including stigma, discrimination, and the psychological burden of managing a chronic condition. These challenges necessitate targeted interventions to promote resilience and improve mental health outcomes. In 2023, Grassroot Soccer Zambia (GRS) trained near-peer educators (SKILLZ Coaches) in Lusaka and Chipata District to facilitate the MINDSKILLZ program for YLHIV aged 10-24, which uses soccer language, metaphors, and activities to draw connections to mental health.

Description: MindSKILLZ is a 12-session program designed to enhance mental health literacy, build emotional resilience, and promote positive coping strategies for mental health challenges. GRS began implementing MindSKILLZ with participants in SKILLZ Plus, an existing ART adherence support program led by SKILLZ Plus Coaches, who are living with HIV themselves. Routine quantitative data was collected through pre- and post-intervention questionnaires to measure changes in participant knowledge, attitudes, and mental health coping skills.

Lessons Learned: - From April 2023 to March 2024, 738 YLHIV participated in MindSKILLZ, highlighting the importance of mental health programs and high demand for mental health services and support for YLHIV.
- Pre/post results (n=728) showed overall 16% improvement in coping skills, emotional

regulation, problem-solving skills, and confidence in YLHIV managing their HIV status.

- Training existing SKILLZ Plus Coaches as mental health facilitators has created ongoing support networks for adolescents and increased participants' willingness to share mental health experiences with peers.

- GRS Zambia has actively engaged key stakeholders through Mental Health Technical Working Group (TWG) meetings at National, Provincial, and District levels to address factors that contribute to poor mental health outcomes for YLHIV.

- Partnerships with Ministry of Health providers have supported YLHIV to access mental health services, where available. At community level, through home visits and stakeholder meetings, GRS has engaged service providers and community leaders in dialogues around mental health to build awareness and break down stigma.

Conclusion: MindSKILLZ has supported YLHIV with skills to navigate their unique challenges and improve their wellbeing. GRSZ advocates for the expansion of such interventions, and research into long-term program effects, as well as their adaptability across different cultural contexts.



99

Addressing the Risk of HIV Infection Among Adolescent Girls and Young Women Through Economic Empowerment: Evidence From USAID CHEKUP I DREAMS Program in Zambia

Mwaba M¹, Musheke M¹, Siame C¹, Khondowe W¹, Mushiki B¹, Siamasuku B², Kanene C³, Phiri A³

¹Center For Infectious Disease Research In Zambia, Lusaka, Zambia, ²Young Women Christian Association, Lusaka, Zambia, ³United States Agency for International Development, Lusaka, Zambia

Background: Despite Zambia making significant progress in achieving the 95-95-95 HIV targets, new HIV infections continue to take place, predominantly among adolescent girls and young women (AGYW). Economic vulnerability among AGYW puts them at high risk of HIV infection through engagement in transactional sex as a source of livelihood. To mitigate HIV risk, the Determined, Resilient, Empowered, AIDS-free, Mentored, Safe (DREAMS) initiative under the USAID Controlling HIV Epidemic for Key and Underserved Populations (CHEKUP) I delivers a comprehensive package of social asset, economic strengthening and biomedical services to this vulnerable group.

Methods: Through the DREAMS initiative, USAID CHEKUP I utilized the Siyakha girls comprehensive economic strengthening model to implement economic strengthening strategies for AGYW aged 15-24 years. This package includes advanced financial literacy, life skills and job preparation trainings, vocational skills training and linkage to internships, job placements and business support to promote sustainable livelihoods and further enhance the financial resilience of AGYW as they gain a stable income and build their soft skills.

Results: Between October 2021 and May 2024, the USAID CHEKUP I program trained 26,555 AGYW in the 15 to 24 age cohort in financial literacy. Through these trainings, 20,748 AGYW gained a culture of saving, generating an average of ZMW

1,472,271.67 per annum. Through the initiative, 7,156 AGYW launched their own businesses, 112 were supported with business kits to boost their businesses, 143 AGYW were equipped with formal skills through vocational skills trainings, and 407 AGYW were linked for internship and employment through collaborations with the private and public sector.

Conclusion: Economic strengthening activities for young women are crucial to build their self-reliance, economic resilience and independence, which are all crucial for reducing their dependence on their male sexual partners, which elevates their risk of HIV infection.



100

Access to Sexual and Reproductive Health Information and Services by Very Young Adolescents in Mazowe District of Zimbabwe: Implications for HIV Prevention, 2022

Tachiwenyika E¹, Mafaune H¹, Dhakwa D¹, Yogo K¹, Mudokwani F¹, Nyamwanza B³, Mudzengerere F¹, Bhatasara T²

¹National AIDS Council, Harare, Zimbabwe, ²United States Agency for International Development, Harare, Zimbabwe, ³National AIDS Council, Harare, Zimbabwe

Background: Very Young Adolescents (VYA) aged 10–14 years are faced with sexual and reproductive health and rights (SRHR) challenges including unintended pregnancies, unsafe abortions, and sexually transmitted infections (STIs) including HIV. Investment in positive youth development to promote SRHR in Zimbabwe remains suboptimal. Engagement and consultation of VYAs to understand their perspectives is critical to the design and implementation of SRHR interventions which helps to fight the HIV pandemic among this age group. We assessed the availability of and access to SRHR information and services by VYA in Mazowe district.

Methods: We conducted a descriptive, qualitative cross-sectional assessment among VYA aged 10-14 years in Mazowe district. Participants included VYAs, guidance and counselling teachers, village health workers and National AIDS Council district officials. One primary and one secondary school were purposively selected from an urban and rural setting respectively. Focus group discussions (FGDs) with VYA were audio-recorded and transcribed. Thematic content analysis was used to group related themes from FGDs and key informant interviews for analysis. Assessment was approved by Medical Research Council of Zimbabwe (MRCZ/E/254).

Results: Teachers were the preferred source of SRHR information through guidance and counselling sessions. At household level, VYA got

SRHR information from parents and caregivers, albeit to a limited extent. SRHR services were accessed from nearby health facilities and outreach activities. Some of the barriers for accessing SRHR information and services included VYA being shy, the need for parental or caregiver consent, age restrictions especially for family planning and HIV testing services, myths and misconceptions, VYA not aware of SRHR services available, long distances to service providers, lack of internet connectivity and gadgets to access virtual content, and some restrictive religious factors.

Conclusion: VYA accessed SRHR information from their teachers, parents, or caregivers, whilst services were accessed from nearby health facilities and outreach programs. Suboptimal knowledge about SRHR, age and religious restrictions, myths, and misconceptions, were the barriers for accessing SRHR information and services. We recommend lobbying for lowering the age of consent to allow VYA access information and services on their own, and SRHR information dissemination to VYA.



101

Implementation of MindSKILLZ in Temporary Camps in Malawi: Lessons Learned From Play-Based Mental Health Programming for Internally Displaced Adolescents in Nkhotakota District

Mwitwa K¹, Lungu J², Cohen I³, Lee D⁴, Chimbiya J⁵, Smart T⁶, Ching'ombe H⁷

¹Grassroot Soccer, Inc., Lusaka, Zambia, ²Grassroot Soccer, Inc., Lilongwe, Malawi, ³Grassroot Soccer, Inc., Hamburg, Germany, ⁴Grassroot Soccer, Inc., Cape Town, South Africa, ⁵Grassroot Soccer, Inc., Lilongwe, Malawi, ⁶Independent Consultant, Thyolo, Malawi, ⁷Independent Consultant, Lilongwe, Malawi

Background: In February 2024, relentless downpours caused flooding in Malawi, and over 18,400 people were left homeless in Nkhotakota District, including 7,600 children and adolescents. The Malawian Government established camps for internally displaced persons (IDP) and declared a national disaster in March 2024. By request of the Ministry of Health, Grassroot Soccer (GRS) joined the National Emergency Response Task Force to deliver play-based mental health and psychosocial support (MHPSS) programming, called MindSKILLZ, to adolescents living in the IDP camps.

Description: GRS deployed five trained near-peer mentor Coaches to deliver MindSKILLZ in two IDP camps. MindSKILLZ is a trauma-informed, play-based mental health promotion and prevention intervention that uses soccer language, metaphors, and activities to draw connections to mental health. GRS facilitated six of twelve available MindSKILLZ activities, focusing on playful activities to help adolescents process trauma, relieve stress, and practice coping skills.

Lessons Learned: -Over 5 days, GRS implemented MindSKILLZ with 212 adolescents (115 females and 97 males) in two camps.

-Many adolescents in the camps were under significant stress due to being displaced by the floods. Delivering MHPSS programming in this context, focusing on play and basic coping skills, offered a break from environmental stressors and an opportunity for fun.

-GRS noted that some participants required immediate support beyond the scope of MindSKILLZ, which was a challenge because no other organizations were present to provide adolescent MHPSS. MoH staff facilitated referrals to District Hospitals, but establishing additional support structures in camps and ensuring Child Protection Workers (CPWs) have mental health training is critical.

-While camp leaders' support is valuable, clear boundaries for adult involvement in adolescent interventions need to be established to ensure adolescent participants are comfortable.

-Some young people requested sessions for parents/guardians on the importance of open communication. Integrating such sessions into future MindSKILLZ implementation will be beneficial.

Conclusions: MindSKILLZ provided participants with crucial trauma-informed support and fun. This program adaptation demonstrates the potential of MindSKILLZ in an emergency context, offering support and promoting stability for young people until more comprehensive services become available.



102

A Retrospective Analysis of Treatment Outcomes Among Young People and Adolescent Peers That Have Transitioned Out of the Young People and Adolescent Peer Support (YAPS) Program in Uganda

Adoa D¹, Kalibala D¹, Balidawa H¹, Namusoke Magongo E¹, Mutumba R¹, Lubega M²

¹Ministry of Health, Kampala, Uganda, ²Clinton Health Access Initiative Uganda (CHAI), Kampala, Uganda

Background: In Uganda, despite progress in ART coverage and viral load suppression (VLS) among the adult population, children, adolescents, and young people living with HIV face significant disparities in access to care and perform poorly on all HIV targets. In response to the global goal of ending the HIV epidemic by 2030, the Young Adolescent Peer Support (YAPS) program in Uganda was developed. It aims to address the disparities in HIV care for children, adolescents, and young people living with HIV, a group that has historically underperformed in achieving HIV targets. By 2019, only 56% of an estimated 150,000 HIV-positive adolescents in Uganda knew their status, and viral load suppression was notably low at 41%.

Program Description: The YAPS program, inspired by the "Zvandiri CATS Model" from Zimbabwe, utilizes a peer-to-peer approach recommended by the World Health Organization (WHO). Launched in 2019, it has been implemented in 95% of Ugandan districts, targeting Adolescents and Young People living with HIV. Adolescents aged 18-22 years leads the program and are transitioned out upon reaching 25 years. This retrospective analysis investigates the program's impact on viral load suppression among participants who have aged out or transition out of the YAPS program.

Lessons Learnt: The analysis included 97 YAPS who had aged out, with an average age of 25.5(0.6) years. Among them, 70.1% were female, and 29.9% were male. The results showed that 74(76.3%) had exited the program, two had died,

three were transferred out, and 18(18.6%) were still active and continued to be involved. Viral load suppression (<200, <400 copies) was at 93%, however Viral Load suppression (<1000 copies) was at 100%.

Conclusion: This analysis highlights the effectiveness of the YAPS program in achieving and sustaining viral load suppression among young people transitioning from the program. However, the analysis revealed a discrepancy in the program's implementation, with some participants remaining active beyond the designated exit age. Addressing this issue is crucial for the program's implementation fidelity



103

Retrospective Case Series Study on Common Elements Treatment Approach for Managing Mental Disorders in Adolescents Living with HIV in Zambia

Chambwe C¹

¹Centre for Infectious Disease Research In Zambia (CIDRZ), Lusaka, Zambia

Introduction: The World Health Organisation defines health as a state of complete physical, mental, and social well-being, not just the absence of disease. Adolescents living with HIV in Zambia face unique challenges. Managing a chronic condition alongside the complexities of adolescence increases the risk of mental health challenges. This study investigates the Common Elements Treatment Approach (CETA) as an intervention for managing mental disorders in adolescents with HIV in Zambia. By examining a cohort who underwent CETA within the Zambian healthcare system, the study highlights the practical application and effectiveness of CETA. It also identifies factors, challenges, and successes in implementing CETA within a resource-limited healthcare setting.

Methods: This retrospective case series study was conducted at a healthcare facility in Lusaka providing antiretroviral therapy (ART) and CETA services. Medical records were reviewed, including patient demographics, HIV treatment history, mental disorder screening, and Cognitive Behavioral Therapy (CBT) treatment details from smartcare and client monitoring forms (CMF). Adolescents living with HIV who received CBT as part of their mental health treatment were included. Six cases with a CMF score greater than 17 were eligible for the study. Data verification and quality control were ensured.

Lessons Learned: Improvements in Mental Health Symptoms were noted. The average baseline CMF score was 25. After 12 weeks of CETA, the average score decreased to 1, indicating a significant reduction in symptoms.

Retention Rate improved among the clients. Before CETA, the average retention rate was 33%. This increased to 100% after 12 weeks, reflecting improved adherence to treatment. The average viral load before CETA was 20,546. This decreased to an average of 830 after 12 weeks, showing significant improvement in medication adherence.

Conclusion: The study underscores the potential efficacy of CETA in managing mental disorders among adolescents living with HIV in Zambia. CETA is feasible, safe, and acceptable, showing promising outcomes in improving mental health. The integration of CETA into standard care for adolescents with HIV is recommended, necessitating training for mental health professionals. Further research, including large-scale studies and randomized controlled trials, is needed to explore the long-term effects and scalability of CETA in this context.



104

Outcomes From Engaging Adolescents in the Design, Implementation, and Delivery of an Adolescent Health Project in the Context of Zimbabwe's Rural Public Health System: A Case Study

Kunzekwenyika C¹, Madzeke K¹, Dhlandhlara B², Ruckstuhl L³

¹Solidarmed, Masvingo, Zimbabwe, ²Ministry of Health and Child Care, Masvingo, Zimbabwe, ³SolidarMed, Masvingo, Zimbabwe

Background: In June 2023, SolidarMed launched an innovative project to integrate sexual reproductive health and rights (SRHR) services in collaboration with the Zimbabwe Ministry of Health and Childcare. Recognising adolescents' unique challenges in rural Zimbabwe, the project prioritises their active involvement in designing, implementing, and delivering health initiatives.

Methods and Materials: The project aims to create safe spaces for adolescents to access SRHR information and healthcare services to improve health and well-being. The design was informed by a comprehensive baseline survey conducted between January and May 2023 at ten health facilities in three rural districts. Using qualitative and quantitative methods, 272 adolescents, 231 health facility workers, and 77 community members were engaged through focus group discussions and key informant interviews. It revealed significant challenges, including negative attitudes from health facility staff and an unwelcoming adolescent environment. Adolescents reported lack of participation in service delivery, emphasising the need for mediators and dedicated spaces to access age-appropriate services. These insights were pivotal in shaping the project's design and implementation strategies.

Results: From July 2023 to June 2024, significant progress was made in integrating adolescents into the planning and delivering health initiatives. From a zero baseline, ten adolescent health committees were established to ensure adolescent

representation in health facility planning meetings. five differentiated service delivery platforms, called teenage health information and innovation spaces (THIS), were designed to make the facilities more welcoming for adolescents. These spaces offer integrated SRHR services tailored to their diverse needs, lifestyles and interests. They include elements like fun and games to make service delivery more appealing. THIS platforms are operated by 20 nurses and 30 peer leaders, all trained in delivering integrated adolescent-friendly SRHR services. 6,901 adolescents received services through these platforms.

Conclusion: Involving adolescents in designing and delivering health services through adolescent health committees enhanced their participation and allowed innovation in health services planning and implementation. Creating tailored, adolescent-friendly SRHR services and training both nurses and peer leaders, made health facilities more welcoming and accessible. This integrated approach effectively benefitted 6,901 adolescents, demonstrating value of adolescent engagement in improving health outcomes and service delivery in rural Zimbabwe.



105

Empowering Self-Disclosure: Lessons from a Peer-Led Mental Health Intervention for Adolescents and Young Adults Living with HIV in Tanzania

Malongo A¹, Senkoro E², Mwero W¹, Elimwaria W¹, Ketang'enyi E¹, Mwita L¹, Gallis J^{3,4}, Dow D^{2,3,4}, Kitomari S⁵

¹Baylor College of Medicine Children's Foundation, Mwanza, Tanzania, United Republic of, ²Kilimanjaro Christian Medical Center-Duke Collaboration, Moshi, Tanzania, United Republic of, ³Duke Global Health Institute, Durham, USA, ⁴Duke University, Department of Pediatrics, Durham, USA, ⁵KCMC-DUKE COLLABORATION, , Tanzania, United Republic of

Background: Among adolescents and young adults living with HIV (AYALWH) in Tanzania, readiness to disclose their HIV status, and deciding how, to whom, and when to disclose their diagnosis are often sensitive matters fraught with fear of violence and rejection. This study reports the prevalence and shared experiences of HIV self-disclosure among AYALWH within the Sauti ya Vijana (SYV) program.

Method: SYV is a peer-led, group-based mental health and life skills intervention for individuals aged 13-24 years, incorporating evidence-based psychotherapy to address issues such as coping, stigma, disclosure, self-acceptance, support networks, medication adherence, and future aspirations. Disclosure is a topic woven throughout SYV; however, the ninth session focuses on common disclosure role plays and building skills around five steps to disclosure. This is a cross-sectional analysis of a question in the study enrollment questionnaire (March 2023– July 2024) that asked participants if they have ever purposefully verbally disclosed their HIV status to another person. In addition, we reviewed the session notes documented by a peer group leader observer. Thematic content analysis was used to analyse the discussion about disclosure to others and to summarize salient examples of the self-disclosures shared by AYALWH.

Results: Prevalence of the participants who reported non-disclosure of their HIV status to someone else was N=534 (80%). Among them,

46% were female and about 15% were not virologically suppressed (HIV RNA >400 copies/mL). Common themes included fear of rejection, being isolated and alone as the main barriers to non-disclosure. Across several sites and waves participant shared experiences including 1) the romantic partner not believing the information because the AYALWH looks too good/too healthy; 2) bringing a romantic partner to clinic for testing and the partner now very supportive in ART adherence reminders; 3) disclosure to a romantic partner who leaves, and how AYALWH handled the outcome.

Conclusion: Our findings suggest that purposeful disclosure is uncommon. Structured peer-led interventions can play a crucial role in supporting AYALWH in navigating their disclosure journeys safely and positively through practice, applying steps of disclosure, and practice through role play, and peer-led discussions.



106

Treatment Optimization in Adolescent Girls Using Operation Triple Zero Plus Strategy at Kenyena Sub County Hospital in Kisii County

Michoki E^{1,2}, Okemwa E²

¹MOH Kisii county Government, LVCT VUKISHA 95, Kisii, Kenya,

²LVCT VUKISHA 95, Kisii, Kenya

Background: 13% of adolescent girls and young women give birth before the age of 18 years globally (UNICEF 2022). Increased early motherhood and HIV in Africa increases vulnerability of adolescent mothers and children. In Kenya teenage pregnancy is at 15% (KDHS 2022) while kisii county is at 22% and among high burden counties in the country.

Drivers include poverty, knowledge gap, sexual and gender based violence among others leading to challenges in academic progression, parenting self-care and child care. Establishment of Operation triple zero (OTZ) PLUS support group was aimed having ZERO missed drugs, ZERO missed appointment, ZERO viral load, PLUS - ZERO HIV positive infants and zero unintended pregnancies and attaining elimination of mother to child transmission of HIV.

Objective: To optimize treatment in HIV positive pregnant and breastfeeding adolescent girls attending OTZ plus clinic.

Methodology: A retrospective analysis of data from Kenyena subcounty hospital maternal and child health clinic (MCH) from April 2022 to April 2023 was done. The study included 22 HIV positive pregnant and breastfeeding adolescent girls below 24 years in MCH. Identification and orientation of hospital implementation team was done and OTZ PLUS implementation tools were available. The 22 adolescents were informed, consented and enrolled to the club. They were taken through the 7 OTZ plus modules conducted in 10 sessions at the facility. Monthly progress review meetings were held by the facility implementors team.

Results: A total of 22 HIV positive adolescents were enrolled in the OTZ PLUS club, 20/22 (91%) pregnant and 2/22 (9%) breastfeeding. OTZ plus register, summary tool, treatment literacy register, Pregnant women and adolescents Monthly Tracker were major data sources.

22/22 (100%) were virally suppressed and the 2/2 (100%) HIV exposed infants were HIV negative at 18 months. 2/22 (9%) rejoined school, 3/22 (14%) dropped out of school and married while 17/22 (77%) were pregnant and schooling.

Conclusion: This intervention can be useful in resource limited settings to achieve HIV treatment optimization, elimination of mother to child transmission of HIV and career progression among pregnant and breast-feeding HIV positive adolescents leading to achieving.



107

Optimizing HIV Treatment Outcomes Among Adolescents and Young People at Kitale County Referral Hospital in Western Kenya

Odhiambo R¹

¹Usaid Ampath Uzima, Nairobi, Kenya

Background: Retention in care and HIV Viral suppression remain suboptimal among adolescents and young people (AYP) globally; Kitale County and Referral Hospital faces increasing treatment interruption and viral suppression challenges. As of July 2023, retention, viral uptake, and HIV viral suppression for adolescents were sub-optimal. The program sought to reverse these negative trends to attain UNAIDS 95:95:95 targets.

Methodology: In July 2023, the 757 adolescents and young adults at Kitale County Referral Hospital were divided into age groups: Machachari (10-14 years), Chipukizi (15-19 years), and Mashujaa (20-24 years), and further by gender, into psychosocial support groups (PSSGs) led by peer mentors. The peer mentors supported clinic appointment adherence, provided continuous education to reduce stigma, and conducted home visits for newly enrolled, unsuppressed, and those who had interrupted treatment. Clinic appointments were aligned with PSSG meetings covering health education, mental health, reproductive and sexual health, social network strategy screening, experience sharing, and peer support. Fun days were held during holiday breaks.

Results: Over the 11 months from July 2023 to May 2024, adolescents (10-19 years) viral load uptake rose from 79% to 94.1%, with HIV viral suppression (cut-off of 200 copies per millilitre) improving from 89% to 90.4%. For young people (20-24 years), HIV viral load uptake improved from 65% to 91%, and viral suppression rose from 90% to 93%. All 49 AYP with HIV viral load above 200 copies per millilitre were provided with case management, and root-cause analyses were conducted. In addition, 43 multidisciplinary meetings were held, 19 home visits were

conducted, five underwent daily witnessed ingestion of antiretroviral therapy, and 23 AYP completed three enhanced adherence sessions scheduled a month apart. All had a repeat HIV viral load sample collected, of whom 22 (96%) achieved re-suppression. Overall retention improved from 75% to 95%.

Conclusion: Peer involvement in managing AYP improves adherence, viral load uptake, suppression, and continuity of treatment.



108

Supporting Disclosure: A Peer-Led Approach for Children Perinatally Infected With HIV

Matlou B¹, Matyenga P², Chikwanya T²

¹right to care, polokwane, South Africa, ²Zvandiri, Harare, zimbabwe

Introduction: South Africa has the highest burden of HIV globally and the largest antiretroviral treatment program. However, there is limited evidence on HIV disclosure processes and outcomes, making it difficult to measure the impact on clinical outcomes for perinatally HIV-infected adolescents. To address this, Community Adolescent Treatment Supporters (CATS) in the Feta Kgomo municipality underwent training in September 2023 through an Anglo-American funded project, following the WHO-recognized Zvandiri model for peer support. CATS and professional nurses received formal disclosure process training based on South African child and HIV disclosure policies.

Locality: In the mining area of Burgersfort, the Feta Kgomo municipality has limited support from partners and has a high HIV prevalence in the Sekhukhune district. After facilitating the disclosure process and using mental health screening tools, CATS established 12 youth clubs in 4 health facilities. The clubs were age-specific, catering to young people aged 9 to 20.

Materials and Methods: The documentation process utilised mixed methods: desk review of DHIS modalities, a series of stakeholder's interviews, standardised data extraction tools were used to collect data at facility level and descriptive data was generated based on the key variables.

Results: Out of the initial 391 participants in the support groups, none had a documented disclosure status in their patient files, despite being clients for years. However, after the intervention and support from peer supporters, the percentage of documented children who received partial or full disclosure increased from 43% to 65%. This improvement in disclosure was correlated with an increase in viral load

suppression rates from 60% to 70%. The implementation of disclosure status documentation and support interventions in the CATS program has significantly impacted viral load suppression rates among CAYPLHIV in South Africa's Limpopo Province, with 90% of clinical files now containing complete disclosure forms.

Conclusions: The facilitation of perinatal HIV disclosure is an effective model that promotes clinical attendance, reduces mental illness, and viral load suppression. Trained and mentored young people play a crucial role in providing support to caregivers and their peers.



109

Too Young to Be a Mother and Wife: An Analysis of Adolescent Pregnancies in Eastern and Southern Provinces of Zambia

Simpungwe M², Banda K¹, Mumba F¹, Kipenda M³, Malombo H², Mweemba M², Mwiche A², Shakwelele H¹, Mazimba C³, Akinola O¹, Zimba R¹

¹Clinton Health Access Initiative, Lusaka Zambia, Zambia, ²Ministry of Health, Lusaka, Zambia, ³Family Health and Nutrition, Lusaka, Zambia

Background: Zambia has a persistently high prevalence of teenage pregnancy, with rates only slightly decreasing from 31.6% in 1992 to 29.2% in 2018. According to the 2018 Zambia Demographic Health Survey (ZDHS), around 32% of adolescents aged 15-17 and 60% of those aged 18-19 are sexually active, yet only about 12% of female adolescents use modern contraceptives. The ZDHS also highlights that Southern province has the highest prevalence of teenage pregnancy at 42.5%, followed by Eastern province at 39.5%. A review of pregnant adolescents presenting at health facilities in these provinces was conducted to understand their socio-demographic characteristics.

Methods: We performed a cross-sectional study using routinely collected health data from January to December in 2021 and 2022. The study targeted sampled public health facilities in Eastern and Southern provinces, employing multi-stage proportionate sampling to select health centers and posts across all districts, with full enumeration at each facility. Public hospitals in these provinces were included in the sample. Data was gathered through SurveyCTO, and descriptive analysis along with Pearson chi2 tests were conducted using Stata.

Results: Our study found that 64.8% of adolescents in the Eastern and Southern provinces were married, with higher rates in Eastern province (71.4%) compared to Southern province (54.5%). We further found that in the two provinces, 45.8% of early adolescents (aged 10-14), 62.8% of middle adolescents (aged 15-17) and

79.3% of late-stage adolescents (aged 18-19) were married.

Using chi2 test, we also found an association between teenage pregnancy and location (rural/urban) of facilities. As the age category increases, the number of teenage pregnancies also increases in both rural and urban areas, but urban areas consistently report higher numbers. This is a statistically significant association (p-value<0.000).

Conclusion: These findings reveal that most adolescents were married, indicating the need for focused efforts to address early marriages in both provinces. Enhanced community engagement to increase the use of long-acting reversible contraceptives could help married adolescents delay reproduction. Additionally, the results show a higher pregnancy rate among adolescents in urban areas, emphasizing the need to intensify advocacy efforts in these regions.



110

Building a Brighter Future: Staying Ahead of the Evolving HIV and Srrh Landscape and the Urgent Need to Include Boys in Sexual Health Programs

Mbambiko E¹

¹Zoe-Janice Health Foundation, Lusaka , Zambia

The exclusion of boys from sexual health programs has perpetuated harmful gender stereotypes and left them without essential knowledge and skills. Girls have programs such as dreams, planned parenthood association of Zambia (PPAZ), girls not brides, Zambia HIV/AIDS prevention and care project (ZHP) and e.t.c, that follow them in public places to teach them about SRHR, unlike boys who have to research about organizations that can teach them about SRHR. We have learnt that it is important to include boys in these programs to build a brighter future for all. We learned that inclusive programs foster a comprehensive approach to sexual health, addressing the interconnectedness of gender and health. By involving boys in SRHR advocacy, encouraging open conversations, addressing masculinity, providing access to contraception, promoting emotional intelligence, and helping them set boundaries, we can stay ahead of the evolving HIV and SRHR landscape.

Recommendations: - Develop and implement gender-inclusive SRHR programs that address the specific needs of both girls and boys.

- Engage boys in SRHR advocacy and decision-making processes to ensure their voices are heard.
- Provide access to comprehensive sexuality education and contraception for all young people.
- Address harmful gender stereotypes and masculinity norms that perpetuate SRHR issues.
- Encourage open conversations and emotional intelligence to foster healthy relationships.

Effects of leaving out boys in SRHR programs:

- Perpetuation of harmful gender stereotypes and masculinity norms.

- Increased risk of HIV and SRHR issues among boys and their partners.
- Limited knowledge and skills for boys to make informed decisions about their health.
- Reinforcement of gender inequality and discrimination.

By including boys in SRHR programs, we can improve their knowledge and skills, promote healthy relationships and gender equality, reduce the risk of HIV and SRHR issues, and foster a more comprehensive approach to sexual health. It is essential to address the needs of all young people, regardless of gender, to create a healthier and more equitable future.



111

Advocacy against Stigma for Pregnant Adolescents through Development of Policy and Legal Frameworks

Malombo H¹, Simpungwe M¹, Banda K, Mweemba M¹, Kipenda M, Mwiche A¹, Zimba R

¹Ministry of Health Zambia, Lusaka, Zambia

Background: Zambia has a high prevalence of teenage pregnancy with a stagnant rate only declining slightly from 31.6% in 1992 to 29.2% in 2018. The 2018 Zambia Demographic Health Survey (ZDHS) illustrates that about 32% of adolescents aged 15-17 and 60% of those aged 18-19 are sexually active in Zambia with studies indicating that only about 12.0% of the female adolescents in Zambia were utilizing modern contraceptives. The ZDHS further shows that Southern province had the highest prevalence of 42.5% whereas Eastern province stood at 39.5%. The stigma experienced by adolescent girls following pregnancy not only deprives them of their right to education but also makes them subjects of stigma risk of health complications. Additionally, voices from policy makers are not loud enough to protect these vulnerable girls from child marriages. We conducted a review of teenage pregnancy in Eastern and Southern province to understand socio-demographic characteristics of the adolescents presenting at the health facilities and the pregnancy outcomes.

Methods: A cross-sectional study was conducted in 166 health facilities in 30 districts of Eastern and Southern Provinces to determine adolescent pregnancy outcomes from January to December of 2021 and 2022. Data collection involved extracting records from the facility and hospital registers. Data was collected using a structured questionnaire uploaded on surveyCTO. A multi-stage proportionate random sampling was employed to identify the 166 health facilities. Data was analysed using stata.

Results: The study found that 64.8% of adolescents in the Eastern and Southern provinces were married, with higher rates in Eastern province (71.4%) compared to Southern province (54.5%). Furthermore, among pregnant

adolescents, the prevalence of marriage increased with age: 46.7% in the 10-14 age group were married, compared to 55.3% in the 15-17 age group and 88.4% in the 18-19 age group. The chi square test of association revealed a statistically significant association between marital status and the stages of adolescence among pregnant adolescents, $\chi^2(2, N= 72,498) = 7.5e+03, p < 0.000$.

Conclusions: The stigma that adolescent girls experience when they fall pregnant and their inability to express their voice on child marriage requires policy makers to step up and halt the growing problem.



112

Understanding Obstacles: Why Adolescent Girls and Young Women in Nigeria Face Challenges Accessing HIV and STI Services

Sylvester U¹, Andrew A¹, Aguolu R¹

¹National Agency For The Control Of Aids, Abuja, Nigeria

Background: In Nigeria, where adolescents and young people form the largest segment of the population, adolescent girls and young women (AGYW) continue to face significant challenges in accessing HIV/STIs services. Prioritizing HIV/STIs access for AGYW is essential. This study aims to identify the barriers AGYW face in accessing HIV/STIs services and to suggest ways to improve access.

Materials and Methods: This study employed a cross-sectional design using both qualitative and quantitative approaches. Qualitative data was obtained by conducting key informant interviews of service providers at selected delivery point while quantitative data was obtained by client exit interview by clients receiving services at the selected SDPs. The research was conducted across six states: Abia, Akwa-Ibom, Kaduna, Taraba, Lagos, and Benue, chosen based on existing AGYW interventions, geographical representation, and HIV prevalence.

Results: The study included 2,520 AGYW. Among the participants, 23.4% identified the distance to health/OSS facilities as a barrier to accessing HIV/STIs services while 17.9% reported experiencing stigma and discrimination. Additionally, 12.1% were afraid of harassment, 6.2% mentioned cultural and religious beliefs about their sexuality as obstacles while 1.6% reported intimate partner violence, and 0.9% indicated that parental consent was a barrier to accessing services.

Conclusions: Barriers to accessing HIV/STIs services for adolescents remain a significant issue in Nigeria. HIV/STIs services designed for adolescents are predominantly facility-based and have limited reach, as only those requiring medical

care tend to visit health facilities. To address these gaps, the development of adolescent-specific service models is necessary. Additionally, laws concerning minors' right to consent to healthcare should be review. The government should enforce the Anti-Stigma and Discrimination Act in all states and increase awareness efforts.



113

Acceptance of Pre-exposure Prophylaxis (PrEP) and Reasons for Discontinuation among Adolescents and Pregnant Woman in Akwa Ibom State

Peter N¹, Ekpar G², Samuel U¹, Ezieke E¹, Ukpong K³, Elechi I³, Manuba C⁵, Achanya A², Agu F², Umama E², Eyo A¹, Adegboye A¹, Toyo O¹, Onyedinachi O¹, Gana B¹

¹EXCELLENCE COMMUNITY EDUCATION WELFARE SCHEME, UYO, Nigeria, ²Howard University Global Initiative Nigeria, Uyo, Nigeria, ³Achieving Health Nigeria Initiative, UYO, Nigeria, ⁴United States Agency for International Development, Abuja, Nigeria, ⁵Family Health International, UYO, Nigeria

PrEP uptake remains low among populations at high risk, despite its proven efficacy in preventing HIV transmission. Adolescents and pregnant women face unique challenges and perceptions regarding PrEP use, influenced by socio-cultural factors, stigma, and misinformation about HIV/AIDS.

Using a mixed-methods approach, this research combined quantitative surveys and qualitative interviews to explore the factors influencing PrEP acceptance and discontinuation comprehensively. Quantitative surveys were administered to gather demographic data, PrEP awareness levels, and willingness to use PrEP among adolescents and pregnant women in Akwa Ibom State. Qualitative interviews provided deeper insights into participants' attitudes, experiences, and reasons for PrEP initiation or discontinuation.

Findings from the study indicate varying levels of awareness and knowledge about PrEP among adolescents and pregnant women in Akwa Ibom State. While approximately 60% of participants demonstrated a high level of awareness and positive attitudes towards PrEP as a preventive measure, another 40% exhibited hesitancy primarily due to concerns about side effects, misconceptions about HIV risk, and fears related to stigma. These factors contribute to the low uptake and discontinuation of PrEP among the target populations. The study underscores the critical need for tailored educational campaigns; targeted

efforts could improve PrEP literacy and dispel myths surrounding its use. Effective communication strategies, especially addressing misconceptions about HIV transmission and reducing stigma associated with PrEP, are essential to enhance acceptance and uptake among adolescents and pregnant women.

Moreover, healthcare provider training is crucial to increase confidence in prescribing and supporting PrEP among adolescents and pregnant women. Community engagement emerges as a vital component in promoting PrEP uptake and adherence. Engaging community leaders, peer educators, and local healthcare providers can help foster trust and acceptance of PrEP within the community. Collaborative efforts between healthcare facilities, community organizations and governmental agencies are recommended to establish supportive environments encouraging sustained PrEP use. In conclusion, this study underscores the need for integrated healthcare strategies that address barriers to PrEP acceptance and support sustained adherence.

Recommendations include policy advocacy for PrEP inclusion in national HIV prevention programs, continuous monitoring of PrEP implementation, and the development of culturally sensitive approaches to enhance PrEP uptake and retention



114

Transition to adult HIV care processes for Adolescents living with HIV: An Integrated Literature Review

Mhango J¹, Tembo T¹

¹Baylor College of Medicine Children's Foundation, Lilongwe, Malawi

Background: Adolescents living with HIV (ALHIV) in sub-Saharan Africa face unique challenges in their transition from pediatric to adult HIV care. In the absence of a transition process, that plays a crucial role in supporting ALHIV during the challenging phase of transitioning into adulthood, ALHIV find themselves in dilemma on how to approach adulthood. They are not empowered to self-manage their health, address their unique socio-emotional needs, and coordinate their comprehensive care as they navigate through the complex journey of adulthood. The purpose of this study is to review transition processes for ALHIV from pediatric to adult HIV care.

Methods: An integrative review of the literature was used. Ten published studies on transition of adolescents to adult HIV care conducted between 2018 and 2022 in sub-Saharan Africa, were chosen from Google scholar, Journal of Adolescent Health and Journal of Acquired Immune Deficiency Syndromes databases. The review synthesized evidence on guidelines, policies and strategies to foster sustainable transition to advance implementation science in this context.

Results: The following research methodologies were used in the studies reviewed, existing literature, randomized control trial, qualitative and longitudinal. These studies highlighted lack of transition processes of ALHIV in some countries in sub-Saharan Africa. The studies underscored the need for tailored interventions to support transition. All studies agreed that teen-club clinic model, a key resource that ALHIV recognize as providing them with space to learn and enrich their lives does not equip them to transition to adult care clinic. The support from teen-club clinics though clinical and motivational does not explore life after pediatric care but rather emphasizes on living as adolescents.

Conclusion: All studies reviewed agreed on the need for effective transition processes, but none suggested a transition framework that would effectively equip the ALHIV for transitioning into adult HIV care. Studies found that lack of policies and guidelines to direct transition practices leads to gaps in healthcare, lack of continuity, inequitable access, poor coordination for transitioning ALHIV. A well-coordinated and integrated transition model may prove to be valuable to meet the complex needs of ALHIV as they transition from pediatric to adult HIV care.



115

Differentiated Service Delivery of HIV and Mental Health Services Through Digital Innovation to Improve Retention in Care for Adolescents and Young People

Ogada L¹

¹Tiko (Formerly Triggerise), Nairobi, Kenya

The co-occurrence of HIV and mental health disorders presents a significant challenge in Kenya's attainment of its 95-95-95, currently at 94-94-89 for HIV care and treatment UNAIDS (2023), with adolescents and young people (AYP) living with HIV often experiencing higher rates of mental health conditions such as depression, anxiety, and substance use disorders. This often leads to suboptimal health outcomes due to the failure to address the interconnected nature of these conditions. DSD models offer a promising solution by adapting service delivery to meet the diverse needs of AYPs.

Tiko is utilizing a digital platform designed for AYPs 15-24 years to intergrate mental health services into DSD models for HIV care. Tiko sort to trained community lay workers in mental health, developed a robust referral system amongst 25 facilities, and ensured the availability of mental health resources within HIV care settings.

Moreover, Tiko is addressing the stigma associated with both HIV and mental health through its network of 8 community based organizations who conduct dialogues to encourage AYPs to seek and adhere to treatment.

Over the past 12 months, 96 community lay workers on Tiko conducted mental health screening to 14,092 AYPs. Of those screened 10,920(77%) exhibited high scores for depression and were linked to IPTG sessions. Among these, 6,364 (58%) attended multiple counselling sessions totalling to 24,203 mental health sessions. In terms of HIV services and prevention, the overlap between groups receiving various services is notable. Out of the total screened, 5,986 (42%)

were tested for HIV and screened for PrEP, 637(5%) were tested for HIV and successfully linked to antiretrovirals, 832(6%) accessed both mental health and PrEP services, and 6,160(44%) accessed both mental health and contraceptive services.

The data highlights the potential of DSD models improving retention in care, medication adherence and mental health outcomes amongst AYPs living with HIV and at-risk. DSD models represent a transformative approach to intergrating HIV and mental health services, addressing the complex needs of AYPs and optimizing healthcare delivery. By tailoring services to the AYP needs, these models improve health outcomes and reduce the burden on healthcare systems.



116

Lessons Learned From Adapting the Objective-Reflective-Interpretive-Decisional Framework: Engaging With School and Community Stakeholders on Pregnant and Mother Learners in South African Secondary Schools

Price Y¹, [Coakley C](#)¹, Thabeng M¹, Kelly J¹

¹Adolescent Accelerators Research Hub (aarhub), Centre For Social Science Research (cssr), Cape Town, South Africa

Khanyisa Ngemfundo (KN), “Be the Light Through Education” in isiXhosa, is a mixed-methods study focused on exploring how school stakeholders understand, experience and describe school and community role-players and services that support or hinder pregnant and mother learners’ education engagement in Eastern Cape, South Africa.

KN involved civil society organisations (CSOs), school governing bodies (SGBs), school-based support teams (SBSTs), and diverse groups of secondary school learners, including pregnant and mother learners. We present reflections from applying creative facilitation methods to reach and engage with diverse school and community stakeholders while simultaneously centring learners’ agency and leadership on their sexual and reproductive health, education and wellbeing.

KN applied the Objective-Reflective-Interpretive-Decisional (ORID) facilitation framework to engage school and community stakeholders. ORID enabled incremental group learning and accounted for stakeholders’ varying levels of background knowledge and/or lived experience on learner pregnancy. The socio-cultural context and power relations between learners and adult stakeholders directly influenced how we sampled and allocated study groups, designed and adapted methods and facilitation techniques. We used creative, agentive and participatory approaches including visual knowledge translation and storytelling.

We observed complex power relations between SBSTs, SGBs and learners, with clear demarcations of adultism. Prioritising ethical considerations and participatory practice, we designed learner- and adult-specific facilitation guides. Engagements were conducted in English, isiXhosa or a combination, Xho-English, depending on the stakeholders’ preference. We tailored engagements to collectively build and foster a safe environment in which stakeholders could openly share their experiences. Visual knowledge translation enabled stakeholders to engage with complex research concepts and findings, informing sensitive yet practical discussions on learner pregnancy and preliminary formulation of collaborative, supportive school-level solutions.

Our adaption of ORID enabled pregnant and mother learners to share their experiences and take on a leading role in decision-making. Active participation from and recommendation-formulation from both learner and adult stakeholder groups demonstrated how ORID paired with creative participatory methods created a safe and reciprocal research environment. This methodological innovation can be applied more broadly to expand our approaches to understanding the lives of adolescents, learners, and their journey to realising their sexual and reproductive health and wellbeing.



117

Building a Youth Community Advisory Board (YCAB) in Masiphumelele: Lessons Learned and Successes in Adolescent Health Research

Nkosi T¹, Mhlekwa T¹, Teyisi T¹, Bistol S¹, Manzana H¹, Jantjie S¹, Mahoyi S¹, Simakuhle L¹, Moletsane S¹, Beja I¹, Mavubengwana S¹, Vanya Z¹, Mgoqi¹, Magidigidi P¹, Gill K¹

¹Desmond Tutu HIV Centre, Cape Town, South Africa

Background: Adolescents are frequently underrepresented in health services research, particularly in shaping research agendas and methodologies. In 2018, the Masiphumelele Research Office established a Youth Community Advisory Board (YAB) comprising of members aged 15-24. Situated in a community facing significant health challenges, including high HIV prevalence, the YCAB aims to empower youth to actively participate in and influence research initiatives.

Description: The current YCAB comprises 13 members (6 Male and 7 Female). Recruitment focused on ensuring diverse representation and community involvement. The YCAB members include high school students, university students, and working youth. They actively contribute to the design and implementation of research, particularly aiding in the recruitment of participants for adolescent studies.

Lessons Learned: 1) Community-Centered Approach: Ensuring diverse representation and community involvement is crucial in building a successful YCAB. 2) Youth Empowerment: Equipping youth with knowledge in research ethics and methodologies empowers them to contribute meaningfully, enhancing both the research process and outcomes. 3) Sustained Engagement: Continuous support, mentorship, and creating a supportive environment is key to maintaining sustained youth involvement and enthusiasm. 4) Collaborative Decision-Making: Including YCAB members in decision-making processes ensures their voices are respected and integrated into the research framework, improving the overall quality and impact of the studies. 5) Impact on

Recruitment: The YCAB's active participation is instrumental in improving recruitment strategies, particularly for adolescent-focused studies, leading to more effective and culturally sensitive research initiatives. 6) Advocacy and Holistic Focus: Engaging youth in areas like gender equality, human rights, and sexual and reproductive health broadens the impact of the YCAB, ensuring that research initiatives are comprehensive and address critical social determinants of health.

Conclusion: The YCAB members have demonstrated strong commitment and engagement, significantly enhancing recruitment efforts across various research studies. Their insights and involvement have improved the cultural relevance and effectiveness of the research initiatives, particularly in areas of HIV prevention, contraception, STI management, gender equality, human rights, and sexual and reproductive health. The lessons learned from this experience underscore the importance of youth engagement in health research and provide a valuable framework for establishing and sustaining similar advisory boards in other communities.



118

Uptake of Mental Health Services by Adolescents Living With HIV at Matero First Level Hospital Between October 2022 to May 2024, in Zambia

Chitala M¹

¹Centre For Infectious Disease Research In Zambia, Lusaka, Zambia

Background: Access to Mental Health services in Zambia has been a challenge over the past years for people living with HIV. Adolescents who are living with HIV face some unique challenges that impact their mental well-being and affect how they respond to living with HIV and receiving treatment. According to ZAMPHIA 2021, the incidence of HIV among young people (15-24 years) is 40%. The Centre for Infectious Disease Research in Zambia (CIDRZ), in partnership with the Ministry of Health (MoH), has been offering Common Elements Treatment Approach (CETA) in seven sites in Lusaka Province. CETA is a cognitive Behavioral Therapy (CBT) being offered to People living with HIV to help improve their health outcomes by adhering to antiretroviral treatment (ART).

Method: Data was collected from 1 public hospital where CETA is being implemented between October 2022 and May 2024. Counselling sessions were being offered both in person and virtually and take between 6-12 sessions weekly. Assessment of mental health symptoms was done using a Client Monitoring Form (CMF) and Component Decision Making Table to help determine the treatment plan.

Findings: A total of 290 clients were offered CETA by 2 CETA Providers. 37 were adolescents representing 13%. 21 adolescents presented with symptoms of depression with an average mental health review score of 20 at the start of CETA And 16 presented with symptoms of Trauma with an average mental health review score of 23. All 37 underwent CETA and completed. 27 had a High Viral Load (HVL) before CETA and were suppressed after, with 10 adolescents having missed their ART appointment. They were restarted on ART after.

Conclusion: This data shows that few adolescents are accessing mental health services despite being available. By Providing services in adolescent safe spaces, we will be addressing their mental health concerns and may improve their uptake of ART and thereby improving their treatment outcomes.



119

Feasibility, Acceptability and Fidelity of a Peer-Led Mental Health and Life Skills Intervention for Youth Living With HIV Sauti Ya Vijana Trial in Tanzania

Senkoro E¹, Potter T^{1,2}, **Ngowi H**¹, Kitomari S¹, Mmbaga B¹, Ketang'enyi E⁵, Dow D^{1,3,4}

¹Kilimanjaro Christian Medical Centre-Duke Collaboration, Moshi, Tanzania, United Republic of, ²Haveford College, Philadelphia, United States of America, ³Duke Global Health Institute, Durham, United States of America, ⁴Duke University, Department of Pediatrics, Durham, United States of America, ⁵Baylor College of Medicine Children's Foundation Tanzania, Mwanza, Tanzania, United Republic of

Background: Youth living with HIV (YLWH) in Tanzania face a growing burden of mental health challenges, exacerbated by scarcity of mental health professionals. Task-shifting and task-sharing interventions with peers and lay counselors offer a promising solution. The Sauti ya Vijana (SYV) randomized controlled trial, is a peer-led, group-based intervention incorporating evidence-based psychotherapy to address YLWH's mental health

Methods: Between March 2021 and May 2024, six to seven trained group leaders (half male; half female) from each of four regions (Kilimanjaro, Mwanza, Mbeya, Morogoro) delivered the SYV intervention to participants randomized to the intervention arm. Each of session was facilitated by two group (peer) leaders and fidelity was recorded by an additional group leader. Participants who missed more than two consecutive group sessions were dropped given the SYV content and group cohesion was build over time. Fidelity was assessed through observed adherence to a manualized protocol using session specific fidelity checklists and participant engagement in content discussions.

Results: In total, twenty-five group leaders across sites delivered fourteen sessions to 173 participants receiving the SYV intervention. Among 173 participants randomized to intervention to receive SYV (N= 18 were dropped due to missing >2 consecutive sessions or never attending); 90% completed the intervention; 94% of those who

ever attended a session completed the intervention. Four group leaders observed and reported in writing all intervention sessions across all three waves. Fidelity checklists indicated near 100% adherence to protocol, and any issues with implementation (such as time management and local interpretations of meanings) were reviewed and amended during weekly supervision meetings. Delivery timing varied slightly across sites (average 120 minutes, range 120-180 minutes) but content remained consistent.

Conclusion: Overall, the peer leaders successfully delivered the SYV intervention with high fidelity and encouraged interactive participant discussion. This highlights the potential of peer-led interventions to effectively follow a manualized protocol in addressing mental health challenges among young people living with HIV, particularly in resource-limited settings.



120

Increasing Uptake of HIV and Srh Services among Adolescents 10 -14 Using Uptake of HPV Vaccine as an Entry Point

Mutvi K¹, AKETCH F

¹Unicef, Kisumu, Kenya, ²KISUMU COUNTY DEPARTMENT OF HEALTH, KISUMU, KENYA

Overview: UNICEF Kenya and the Kisumu County Department of health and partners are jointly implementing a project called HPV + among adolescent girls 10 - 14 in Kisumu county. Kisumu county uptake of the HPV vaccine is at 43% of the first dose and at 39% for the 2nd dose while HIV prevalence is at 13.2 % the second in the country with an estimated 4,825 children aged 0-14 living with HIV. HIV positive women and girls are at higher risk of contracting HPV that causes cervical cancer; have decreased clearance of HPV and precancerous lesions and are also at increased risk of cancer.

Objective: The project objective is to Increases availability of girl – friendly HIV, SRH and GBV information and services at all levels and secondly to increase uptake and demand for comprehensive and integrated girl-friendly services. this is being done through the capacity building of health care workers and community health providers on provision of adolescent responsive HIV, GBV, SRH and immunization services; the identification of adolescent champions to take up the services as well as identification of champion teachers and parents to advocate for the uptake of services. There will be strengthened linkages and referrals from the immunization team to the HIV, SRH and GBV services for information and services.

Anticipated Results: Through this project;there will be strengthened existing health system on adolescent friendly sexual reproductive health information and services;outreaches at community and schools will be undertaken; and identification of champions among the teachers and students through school health clubs to advocate for increased uptake of the HPV vaccine as well as of HIV information and services including testing;

GBV information and services as well as SRH information and services for the girls and their caregivers.

As a result of the project more adolescents will be tested and put on HIV treatment HIV, 90% get the HPV vaccine and all of them get information on HIV, GBV and SRH. Through the project the National immunization program will take up the integrated approach to promote uptake of services.



121

Community-Powered Transformation: A Holistic Approach to Enhance SRHR Outcomes among Adolescent Girls and Young Women through Community-Led Advocacy in Nairobi, Kenya

Ougo S¹, Obuya G¹

¹Youth Advisory Council, Nairobi County, Nairobi, Kenya

Background: In Kenya, adolescent girls and young women (AGYW) face multiple barriers when seeking sexual and reproductive health services. Most of them lack knowledge about HIV prevention and SRHR, which puts them at significant risk of unintended pregnancy and acquisition of HIV. This abstract examines the imperative of a community-led strategy that integrates preventive measures and comprehensive support to uplift the sexual and reproductive health (SRH) outcomes of adolescent girls in Kenya.

Description: Amref Health Africa through the Sport for Health Program partnered with the Nairobi County adolescent health department to organize weekly community dialogues in Embakasi South & Dagoretti Sub Counties in Nairobi County, Kenya. The dialogues aimed at creating demand and community support for sexual and reproductive health services and information for AGYW through the implementation of an Integrated community-led dialogues. The dialogues sought to delve into the experiences and perspectives of adolescent girls on SRH, utilizing a participatory approach to tailor the program to their specific needs and priorities.

Lessons Learned: Empowering AGYW to address issues affecting them has helped instill a sense of ownership, rendering the program more relevant and acceptable within the target population. Tailoring sexual and reproductive health information and services to align with cultural preferences and backgrounds has also increased demand and the willingness for AGYW to seek SRHR services and information. Besides, the

incorporation of peer mentors proved instrumental in reaching a broader audience and providing confidential support.

Next steps: More efforts should focus on creating a supportive and non-judgmental environment for AGYW to promote SRHR services uptake. Integrating SRH programs within schools, along with strengthening the involvement of parents, healthcare providers and key stakeholders is crucial for the successful implementation of SRH interventions tailored to AGYW.



122

HIV Prevention Through Results-Based Community and Schools' Partnership for Keeping Girls in School: Lessons From Mazowe District in Zimbabwe, 2024

Mafaune H¹, Dhakwa D¹, Yogo K¹, Mudhokwani F¹, Nhema M¹, Mudzengerere F¹, Tachiwenyika E¹, Bhatasara T², Madzima B³, Tafuma T¹

¹Zimbabwe Health Intervention, Harare, Zimbabwe, ²USAID, Harare, Zimbabwe, ³National AIDS Council, Harare, Zimbabwe

Introduction: Keeping girls in school reduces their risk of HIV infection. Higher levels of education attainment among adolescent girls and young women (AGYW) reduce early sex debut and increase control over sexual and reproductive health rights. Mazowe district in Zimbabwe recorded a high incidence of HIV (0.49%) which is mainly contributed by AGYW, and this is largely driven by high school dropout rates. Zimbabwe Health Interventions (ZHI) is implementing a results-based financing model that aims to foster community and school engagement, specifically targeting AGYW to keep them in school to reduce their vulnerability to HIV.

Description: The ZHI's DREAMS program (Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe) is implementing a collaborative Community and School Education Partnership (COSEPA) program. In this initiative, communities surrounding beneficiary schools work closely with school administrations to identify challenges affecting learners. Together, they agree on specific actions to address these challenges. The program disburses milestone-based grants to support various developmental activities within the school. Community-led monitoring committee ensures compliance with agreed-upon milestones. To assess the impact of the intervention, a baseline assessment was conducted, followed by quarterly routine monitoring activities

Lessons Learned: The intervention revolutionized the concept of community contribution, empowering members to proactively address their challenges. In Mazowe, school communities

conducted an inventory of adolescent girls aged 8-17 years across five schools, assessing vulnerabilities and school attendance. Out of the 3,122 girls identified, 911 (29%) were at risk of dropping out, and 127 (4%) were out of school. The community successfully reintegrated girls who were previously out of school into the educational system, and learners at risk of dropping out had their fees waived for the year. The community remains steadfast in its commitment to supporting school retention. In return, the program disbursed milestone-based grants to support developmental activities, including security enhancements and provision of water and sanitation facilities

Conclusion: The intervention has redefined community contribution by addressing its challenges and mitigating the risk of HIV infection among adolescents through school retention. Multi-dimensional accountability platforms, facilitated by community-led monitoring, have spurred action, with community members and service providers mutually ensuring the fulfillment of agreed-upon deliverables.



123

Harnessing the Power of Digital and Social Media to Disseminate Comprehensive Sexuality Education for Adolescents Using the AMAZE Africa Digital Campaign

Buyeye S¹, Mmeti D¹, Methazia J¹, Robbertse T¹

¹Ibis Reproductive Health, Johannesburg, South Africa

Scientifically accurate, culturally relevant, and age-appropriate sexuality education positively impacts adolescents' health and social outcomes. Despite the importance of comprehensive sexuality education (CSE) in preparing adolescents for safe and healthy lives, several barriers exist to its full implementation in Africa. A key barrier to CSE access is the digital divide. AMAZE Africa, is a digital CSE resource dedicated to creating medically accurate, age-appropriate CSE resources for adolescents, parents and educators. Through its animated videos, AMAZE harnesses the power of digital media to provide CSE resources to adolescents in Africa, addressing the gaps in knowledge of sexual and reproductive health (SRH). AMAZE combines digital methods with in-person engagement to ensure comprehensive outreach and engagement and has disseminated CSE content using social media, and in-person watch parties, partnerships with key stakeholders, and meaningful youth participation in 6 African countries.

Lessons Learned: In-person youth participation enriches digital CSE initiatives: In-person youth participation in the AMAZE Africa program is invaluable for engaging marginalised youth with limited access to the internet and technology. Direct interaction addresses the gap in access and complements AMAZE digital CSE initiatives.

Partnership and collaboration create more holistic CSE programs: Partnership with stakeholders on various levels has been key to the successful dissemination of AMAZE CSE resources in the African region. Partnership and collaboration from Youth Ambassadors, regional partners, and government ministries are vital, enabling

contextual tailoring and ensuring stakeholder buy-in. Support from government partners such as the DBE has led to the national dissemination of AMAZE CSE videos on local television.

Meaningful youth participation helps identify key issues: AMAZE works with 10 Youth Ambassadors (YA) aged 13-25, comprising 8 young girls, 1 boy and 1 non-binary teenager, from 6 African countries who provide strategic guidance on which CSE topics are most relevant to their context and facilitate similar discussions with their peers in schools, and in their communities. Encouraging youth participation without imposing restrictions, and allowing adolescents to select the resources and CSE content most relevant to them. The top three topics identified by adolescents throughout our engagements with the YAs, were teen pregnancy, menstruation, and puberty.



124

Empowering Adolescent Girls through Podcasts: Addressing Barriers to Sexual Education in Nigeria

Ononiwu A¹, Mlanzeli O², Ndimbira S²

¹Technology for Inspiration Initiative- InspireIT, Owerri, Nigeria,

²Africa REACH, Cape Town, South Africa

Comprehensive sexual education (CSE) remains a taboo topic in Nigeria, particularly for adolescent girls, who face barriers to accessing accurate, age-appropriate information. Stigma and societal norms contribute to these challenges. Africa REACH grantee, InspireIT, supported by the Ministry of Health in Imo State, Nigeria, aimed to break down these barriers by launching an adolescent-owned podcast. This initiative focused on educating young girls about sexually transmitted infections (STIs) and discussing teenage pregnancy, topics often neglected in traditional education settings.

InspireIT conducted 30 semi-structured interviews with adolescent girls in secondary schools to explore perceptions and challenges related to sexual health education. These insights guided the development of podcast content, which was tailored to address misconceptions and provide accurate information. Data collection included podcast analytics, user feedback, and follow-up interviews.

The podcast initiative garnered high engagement among adolescent girls, leading to significant improvements in knowledge about STIs and teenage pregnancy prevention. Participants expressed appreciation for the accessible and adolescent-focused approach of the podcasts, which filled gaps left by formal education systems. The initiative successfully fostered dialogue and empowerment among young listeners.

InspireIT's adolescent-owned podcast has effectively addressed barriers to comprehensive sexual education for adolescent girls. By tackling taboo topics like STIs and teenage pregnancy in a relatable manner, the program has made substantial strides in empowering young girls with essential health knowledge. This model

demonstrates the potential of youth-driven initiatives to bridge gaps in sexual health education and promote positive health outcomes among adolescents. The podcast's availability on digital platforms such as Google Podcasts, Spotify, and web browsers further enhances its accessibility and impact, reaching a broader audience of young people.



125

Understanding the Impact of Age of Consent Policies on HIV Prevention for Adolescents in Zambia

Msiska R¹, Mulala I²

¹Copper Rose Zambia, Lusaka, Zambia, ²Treatment Advocacy and Literacy Campaign, Lusaka, Zambia

Background: Age of consent laws play a major role in determining the development of policies, this includes the age at which an individual can access HIV prevention services. HIV prevention tools are considered powerful to end the HIV epidemic, however, this endeavor faces setbacks when one of the most vulnerable groups to HIV infections are unable to protect themselves despite the availability of tools. It is against this background that the study sought to describe the challenges adolescents below 16 face in accessing HIV prevention services due to current age of consent policies.

Methods: Focus group discussions with 20 girls aged between 13 and 15 and one on one interviews with health care workers were conducted. Additionally, existing literature and data was reviewed.

Results: Research findings revealed the following;

- Adolescents don't return to access the HIV prevention services when asked to get consent from parents or guardians
- Onset of sexual activity is around age 14 or sometimes lower
- Oral Pre-exposure prophylaxis is the most requested HIV prevention service
- Health workers are faced with dilemma when adolescents under 16 request for a service
- No specific document outlying demonstration of maturity leaves discretion to health care providers

Conclusion: In conclusion, it is evident that adolescents face significant barriers in accessing HIV prevention services due to age of consent policies. The requirement for parental consent appears to deter their return to access these crucial services. Moreover, the early onset of sexual activity underscores the urgent need for

accessible and confidential healthcare options for adolescents, particularly in requesting oral pre-exposure prophylaxis. Health workers, caught in a dilemma when adolescents under 16 seek services, lack clear guidelines on assessing maturity, highlighting the need for standardized protocols to support healthcare providers in their decision-making processes. Addressing these challenges is essential to ensure equitable access to HIV prevention services for adolescents, safeguarding their health and well-being effectively.



126

Adolescent Boys, Young Men (ABYM) and Male Sexual Partners (MSP) involvement in addressing Triple Threat in Homa Bay County, Kenya

Okal E¹, Orimba C²

¹Ministry Of Health, Homabay, Kenya, ²NOPE/USAID Nuru Ya Mtoto, Homabay, Kenya

Background: Homa Bay has a high teenage pregnancy (23%), a high number of new H.I.V. infections (16%), and G.B.V. cases (54%). (KDHS 2022). Several factors specific to the local context have been identified as the root causes for the challenges, such as Cultural Practices, Limited access to Healthcare, mental health, and inadequate formal education. Historically, Combination prevention in the DREAMS program has been largely targeted Adolescent girls and young women (AGYW) leaving out adolescent boys and young men (ABYM).

The County in collaboration with NOPE/USAID Nuru Ya Mtoto Project implements the DREAMS project. This project empowers AGYW to triple threat prevention with the involvement of adolescent boys and male sexual partners and the community. This abstract highlights opportunities for ABYM in triple threat prevention.

Description: The ABYM and the Male sexual partner (MSP) are involved in the DREAMS Project implementation from the planning, execution, and feedback stages. The MSPs are mobilized through the partner AGYW enrolled in the program for the Start Awareness Support Action (SASA) sessions. The MSP characterization outlined as per the program policy dictates this community mobilization approach. During the MSP sessions, discussions around physical and sexual violence dominate, toxic masculinity attributes associated with men as well as negotiation skills attached to sexuality are disseminated, all these are anticipated to eliminate physical violence. HIV testing services (HTS) are offered during MSP sessions.

Lessons Learned: As of the end of May 2024, 16688 AGYW are active in the program. About 688

have biological children. Between March and May 2024, 3855 ABYM have been reached. Of the number of ABYM reached, 41% are aged 10- 14 years, 36% are aged 18-35 years, and 22.8% 15-17years. About 639 Male sexual partners were reached in outreaches, 1579 HIV prevention and violence messages, and 1637 integrated SASA and life skill sessions.

Conclusions: It is possible to involve ABYM and male sexual partners in triple threat prevention through AGYW referrals. Intervention opportunities are in outreaches and structured life skill sessions.



127

Enhancing Sexual and Reproductive Health Services and Menstrual Health to Adolescents with and without Disabilities

Banda E¹

¹CIDRZ, Lusaka, Zambia

Background: Adolescents, particularly those with disabilities, face challenges accessing sexual and reproductive health (SRH) services. The Center for Infectious Disease Research in Zambia (CIDRZ) addressed this disparity through the Enhancing Sexual and Reproductive Health Services and Menstrual Health to Adolescents with and without Disabilities (ESMADA) project (Sept 2022-May 2024) in 12 Lusaka communities through a comprehensive approach.

The project employed various strategies: expanding the reach of the Safe Space app to reach 10,000 adolescents, training healthcare workers, promoting menstrual health and hygiene for 2,000 girls, improving SRH access for 2,000 adolescents, and fostering HIV awareness and SRH knowledge through debates at six universities. Methods included social media advertising, app usage monitoring, disability sensitivity training, educational drama performances, distribution of hygiene products (reusable pads and bath soap), linkages with health organizations, and debate tournaments. Data collection involved monitoring app downloads, training assessments, feedback from sensitization activities, community and facility sessions, youth-friendly space attendance, and sexual reproductive health (SRH) materials distribution.

Results: increased Safe Space app downloads through Wi-Fi partnerships, enhanced healthcare worker sensitivity in 12 facilities, distribution of 20,000 hygiene products, and engagement of nearly 1,000 students through debate tournaments, leading to increased SRH awareness and reduced stigma among adolescents. This experience offers valuable insights. Targeted social media advertising was crucial for app promotion, and collaboration with relevant

organizations like Zambia agency for persons with Disabilities (ZAPD) effectively improved healthcare worker knowledge and attitudes. Culturally relevant educational activities, such as drama performances, played a significant role in reducing stigma around menstrual health. The project also faced challenges like limited phone/internet access, resource constraints for training and supplies, and overcoming cultural resistance. Future initiatives should address digital access disparities by increasing access to Wi-Fi hotspots. Continuous engagement strategies, such as follow-up sessions and community-led activities, could improve participation rates. Scaling successful strategies to broader regions has the potential to significantly amplify the project's impact.

In conclusion, ESMADA's multifaceted approach demonstrably improved adolescent SRH access and awareness. However, future efforts need to bridge the digital divide and address cultural barriers to ensure equitable access to SRH services for all adolescents.



128

"I Had No Idea That There Was Something Called the YouthFriendly Corner": Influencers to Service Uptake Among Adolescent Girls in Zambia's Chelstone First-Level Hospital & Kamwala Clinic

Longwe B^{1,2,3}, Banda K^{1,2,3}, Sitali D¹

¹University of Zambia, Lusaka, Zambia, ²Clinton Health Access Initiative, Lusaka, Zambia, ³Women in Global Health, Lusaka, Zambia

Background: Youth-friendly spaces (YFS) serve as a point of access to sexual reproductive health services for adolescents and young people in health facilities where stigma, cultural beliefs, and other factors have limited their access. This study aimed to explore the influencers to the uptake of sexual reproductive health services among adolescent girls in facilities that have YFS with a focus on Kamwala Clinic and Chelstone First Level Hospital in Lusaka.

Method: This research adopted a qualitative exploratory case study design. Eighteen (18) pregnant adolescent girls aged between 13-19 years were interviewed before accessing services and four (4) focus group discussions (FGDs) were conducted at Kamwala Clinic & Chelstone First Level Hospital. We carried out a thematic analysis on the final transcripts which centered on the influencers to the uptake of youth friendly spaces (YFS).

Research Findings: Results indicated that adolescent girls that were aware of the services provided at the YFS accessed the services at least once, while those that were not familiar with the services had little knowledge and awareness of YFS. The common services that were accessed include HIV voluntary counseling and testing services, sexually transmitted infections testing, and pregnancy testing. Other services include support services such as library services, peer interaction and peer education. Uptake of services provided at the YFS was influenced by intrapersonal and interpersonal factors.

Intrapersonal factors particularly the desire to progress in one's career and gain practical experience emerged as influencing service uptake. At an interpersonal level, family and community members were identified as key influencers. Individuals in the family circle such as mothers, aunties, cousins, grandmothers & female siblings were pointed out while peers, pastors, teachers and healthcare workers were identified from the Community.

Conclusion: Investing in the health of adolescents and taking innovative approaches that consider a holistic approach of those that are influential in their lives may possibly improve uptake of services in the YFS. Adolescent reproductive health programming needs to take into consideration the unique position that the identified influencers play in the lives of adolescent girls and leverage this to strengthen and reinforce critical conversations surrounding sexual reproductive health.



129

Establishing an Adolescents' Community Advisory Board in Research: Best Practices, Experiences, Challenges, and Successes

Mabuyakhulu S, [Gill K](#)¹

¹Desmond Tutu Health Foundation, Capetown, South Africa

Introduction: Engaging adolescents in clinical research through Community Advisory Boards (CABs) ensures studies are ethically sound, culturally appropriate, and relevant to young participants. This abstract outlines the best practices, experiences, challenges, and successes in establishing an adolescent CAB to enhance the inclusivity and impact of adolescent-focused studies.

Methods: The creation of the adolescent CAB followed a systematic approach: initial planning, recruitment, training, and ongoing engagement. We organized five community meetings, including at schools, to discuss CAB roles with adolescents. From 200 applications, candidates underwent interviews and aptitude tests, leading to the selection of 16 diverse adolescent members. Planning involved defining objectives, roles, and responsibilities. Recruitment targeted a diverse group based on age, gender, ethnicity, and socio-economic background. Training covered research basics, ethical considerations, and the study's specific focus. Regular meetings and activities ensured continuous involvement and input from CAB members.

Lessons Learned: The CAB's active involvement enhanced study relevance and ethical rigor. They provided critical feedback on study protocols, informed consent processes, and participant retention strategies. Challenges included coordinating meeting times that fit adolescents' schedules, maintaining consistent engagement, and simplifying complex research concepts. Addressing these required flexible scheduling, ongoing motivation and support, and using interactive and accessible educational tools. Building trust and creating a safe, inclusive

environment were crucial for fostering open communication and meaningful participation.

Conclusion: Establishing an adolescent CAB in research yielded significant benefits, such as improved study design, ethical conduct, and participant engagement. Challenges like logistical coordination and communication barriers were mitigated through adaptive strategies and a supportive, inclusive atmosphere. Lessons learned highlight the importance of involving adolescents in research, as their insights and experiences are invaluable in shaping scientifically rigorous and relevant studies. This approach not only enhances research quality but also empowers young people as active contributors to the scientific process, setting a precedent for future adolescent-focused research initiatives.



130

Empowering Adolescents: Innovations in Sexual and Reproductive Health Education

Mbuthi L¹

¹ATHENA Network, Nairobi, Kenya

Background: Adolescents represent a critical demographic in the global health landscape, particularly in the context of sexual and reproductive health and rights (SRHR). Despite significant advancements, many young people continue to face substantial barriers in accessing comprehensive SRHR education and services.

Objectives: This abstract explores innovative strategies and interventions designed to empower adolescents with the knowledge, skills, and resources necessary to make informed decisions about their sexual and reproductive health.

Methods: Drawing on recent research and fieldwork conducted in diverse settings, this presentation will highlight successful case studies from sub-Saharan Africa, with a focus on Kenya. Key innovations include the integration of digital platforms and social media to disseminate information, peer-led education programs that foster open dialogue, and partnerships with local communities to ensure relevance and sustainability.

Results: One initiative, the "Youth Connect" project, leverages mobile technology to provide adolescents with anonymous access to SRHR information and counseling. This project has demonstrated significant increases in knowledge retention and positive behavioral changes among participants. Additionally, the implementation of comprehensive sexuality education (CSE) in schools has normalized discussions around sexual health, consent, and relationships, thereby reducing stigma and misinformation.

Conclusion: The findings emphasize the need for a multifaceted approach that combines education, technology, community involvement, and policy support to effectively address the SRHR needs of adolescents. This presentation aims to inspire stakeholders, including policymakers, educators,

healthcare providers, and non-governmental organizations, to adopt and scale up these innovative strategies, ultimately contributing to healthier and more empowered youth populations globally. Empowering adolescents through innovative SRHR education is not just a necessity but a cornerstone for achieving broader health and development goals. The success of these interventions in Kenya serves as a model for similar contexts worldwide, advocating for a future where every young person has the tools and opportunities to thrive.



131

Evaluating the impact of Adolescent Champions in Strengthening youth Friendly Service Delivery in the Community, Mwanza Region

Elimwaria W¹, Ketang'enyi E¹, Mayaya D¹

¹Baylor College of Medicine Children's Foundation, Tanzania, Mwanza, Tanzania, United Republic of

Background: The adolescent champions initiative aims to support adolescent living with HIV (ALHIV) and youth from the surrounding community. Studies have shown that, peer programming have an impact in terms of medication adherence, SRH services intake, and clinical markers such as viral load (VL) among ALHIV and other youths from the community.

Description: Selected adolescents and youth attending the Baylor clinic are trained, empowered, and assigned to support peers with social issues, adherence challenges, and high viral loads through follow-ups and home visits to provide crucial peer support. Adolescent champions program served over 500 adolescents in 6months (from January to June 2022). To better understand the impact of our initiative on HVL, we performed a retrospective chart review of adolescent champions program on HVL suppression, SRH education uptake, youth HIV testing and multi-month dispensing (MMD) follow up.

Results: For a period of January to June 2022 adolescent champions were able to provide SRH education to a significant number of adolescents and youths a total of 803. Among these 549/803 (68%) adolescents received SRH services, among those on 6MMD, 226/254 (89%) adolescents were reached for adherence support. HIV basic education was provided to a total of 604 adolescents and youths, out of which 31/604 referrals were escorted to Baylor Tanzania Center of Excellence clinic for HIV testing. Adolescent champions followed-up 61 adolescents with high viral load, conducted two weekly home visits. Among adolescents with high viral load who were visited and supported, 30/61(49%) become virally

suppressed, 3/61 (5%) did not suppress. Others are waiting for their routine HVL evaluation and some waiting for results.

Conclusion: This initiative has shown significant positive results on viral load suppression, increased SRHR services uptake, and improved HIV testing rates among adolescents and youth, as it was evident that many adolescents would open up to their peer adolescents/youths and feel comfortable sharing their challenges and in accepting SRH services especially condoms. These findings should be considered in all youth friendly services to improve uptake and acceptability among ALHIV.



132

There Are Still Myths and Misconceptions Around It!! Assessing Pre Exposure Prophylaxis Knowledge Among Adolescents in Zambia, a Mixed Method Survey

Mwamba D¹, Kumwimba Y¹¹CIDRZ, Lusaka, Zambia

Introduction: Zambia adopted HIV Oral Pre-Exposure Prophylaxis (PrEP) since 2017 and in 2023 over 270,000 people were initiated on PrEP in the country; of these 41% were adolescents and young people. Despite this Zambia still records over 28000 new HIV infections annually with a growing incidence among adolescents. Raising awareness and addressing misconception about PrEP among adolescents is crucial to curb down HIV incidence in this population. This study assesses PrEP awareness and acceptability among adolescents in Lusaka, Zambia.

Methods: A mixed-method survey was conducted among 120 adolescents aged 15 to 24 years in Lusaka between March and September 2023. Data was collected through structured questionnaires, capturing information on PrEP knowledge, acceptability, HIV risk perceptions, and key demographic characteristics. Descriptive statistics were used to analyze the data, and chi-square tests were performed to explore associations between key demographic characteristics and PrEP acceptability.

Results: The findings revealed that 70% of the participants had prior PrEP knowledge, but there were misconceptions about its purpose, with some equating it with HIV antiretroviral therapy. While 57% of respondent indicated that they did not have any concerns about using PrEP, 31% of participants were unsure about its effectiveness and safety. Chi-square tests reveal statistically significant associations between the variables age, sex and likely to use PrEP. Younger Female (15-19 age group) were more likely to consider using PrEP than older adolescents (20-24 age group). Concerns raised about oral PrEP included pill

burden, stigma, fear of intimate partner violence and low HIV risk perception.

While only 63% of respondents had ever tested for HIV, 89% believed they were unlikely to acquire HIV.

Conclusion: The study revealed low awareness and inadequate knowledge about PrEP among adolescents in Zambia. Awareness campaigns that improve PrEP knowledge, dispel myths surrounding its use and address concerns about its effectiveness and safety are essential to promote PrEP acceptability among adolescents. These findings underscore the importance of comprehensive sexual education and risk reduction strategies to address HIV risk perceptions. Such public health interventions will increase PrEP uptake and reduce the burden of HIV/AIDS among adolescents in Zambia.



133

Effect of Comprehensive HIV Prevention Information Package on Risky Sexual Behavior Among Youth in Kakamega and Kericho Counties, Kenya

Khasewa J¹, Mwanzo I², Orago A²

¹National Syndemic Diseases Control Council, Nairobi, Kenya,

²Kenyatta University, Nairobi, Kenya

Background: HIV remains the most significant public health challenge in the world. Kenya is no different with over 42 % of new HIV infections among youth. Despite the availability of widening array of effective HIV prevention methods, new HIV infections among youth in Kakamega and Kericho counties only reduced by 32 and 18.4 % respectively between 2020 and 2022. The aim of this study set to investigate the effect of comprehensive HIV prevention information package on risk sexual behavior among youth in Kakamega and Kericho County, Kenya.

Methods: A non-randomized control trial was conducted among youths in Kakamega and Kericho counties as intervention and comparison sites using a standard questionnaire. Data was collected at baseline and at endline after nine months of providing a comprehensive HIV prevention intervention package in the intervention county. The qualitative data was transcribed, translated and entered in was NVivo software for coding and further analysis. The quantitative data was entered into SPSS for descriptive and inferential analysis.

Results: The comprehensive HIV knowledge on HIV prevention was significantly higher among youth in intervention county at end line ($P < 0.05$). The youth significantly utilized HIV prevention services (83.6%) and information ($t = 12.248$, $df=2$, $p = 0.0001$). There was a significant difference in number of youth in intervention than comparison county who plan to use condoms in future ($\chi^2 = 100.236$, $P = 0.0001$). The number of youths who had two or more sexual partners reduced at endline to 17.6% in intervention county compared to 36.6% in comparison county but was not

significant ($t = 2.197$, $df=2$, $P = 0.159$). The intervention significantly increased utilization of HIV testing services from 60.1% to 83.0% ($t=6.547$, $df=2$, $p=0.023$).

Conclusion: The comprehensive HIV prevention information package increased the HIV knowledge and safer sexual behaviors among youth.

Disclosure of Interest Statement: This study was funded by RSTMH small grants programme



134

HIV Risk Perception and Behavior Among Adolescent Girls and Young Women Enrolled in the Determined, Resilient, Empowered, AIDS Free, Mentored and Safe HIV Prevention Program in Selected Districts of Zimbabwe, 2023

Tachiwenyika E¹, Mafaune H¹, Dhakwa D¹, Yogo K¹, Mudokwani F¹, Nyamwanza B², Madzima B², Yekeye R², Masoka T¹, Muchedzi A¹, Tafuma T¹, Bhatasara T³, Mutseta M⁴, Mudzengerere F¹

¹Zimbabwe Health Interventions, Harare, Zimbabwe, ²National AIDS Council, Harare, Zimbabwe, ³United States Agency for International Development, Harare, Zimbabwe, ⁴Ministry of Health and Child Care, Harare, Zimbabwe

Background: HIV remains a major public health problem among adolescent girls and young women (AGYW) in Zimbabwe. In 2020, HIV prevalence among AGYW aged 15-24 years was 5%, twice that of their male counterparts (2.4%). Zimbabwe Health Interventions (ZHI) is implementing the Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) program to reduce HIV incidence among AGYW. We assessed HIV risk perception and behavior among AGYW enrolled in the DREAMS program.

Methods: An analytic cross-sectional study was conducted where data were collected from randomly selected AGYW aged 9-19 years across 9 ZHI-supported DREAMS districts. Data were collected from AGYW using structured interviews within KOBO toolbox, and were analyzed using SPSS generating proportions, measures of central tendency and association. Study received ethics approval from Medical Research Council of Zimbabwe (MRCZ/A/2933).

Results: A total of 2,143 AGYW were interviewed of which 67.7% were aged 9-14, 73.6% were in school and 8.6% perceived themselves at risk of HIV. About 13.2% (282/2,143) AGYW were sexually

active and of these, 76% had sex in past 6 months. About 58.4% of those who had sex used condoms, 46.3% knew HIV status of their partner, 49.1% had sex with non-marital partner, 8.4% had transactional sex and 3.3% had a sexually transmitted infection (STI). AGYW currently in school were less likely to be sexually active [AOR=0.02, 95% CI (0.01; 0.04), p=0.00], whereas those who took alcohol [AOR=2.63, 95% CI (1.23; 5.63), p=0.01], had tested for HIV [AOR=8.84, 95% CI (5.96; 13.00), p=0.00] and experienced sexual and gender-based violence [AOR=4.64, 95% CI (1.95; 11.02) p=0.00] were more likely to be sexually active. Having tested for HIV [AOR=8.82, 95% CI (4.59-16.96), p=0.00], and knowing HIV status of sexual partner [AOR=7.42, 95% CI (4.14-13.32), p=0.00] were independently associated with condom use; those in school [AOR=0.05, 95% CI (0.02-0.150), p=0.00] and married [AOR=0.25, 95% CI (0.11-0.6), p=0.01] were less likely to use condoms.

Conclusion: Most AGYW did not perceive themselves at risk of contracting HIV and engaged in risky sexual behavior. We recommend active tracking of AGYW to ensure completion of DREAMS package of services to reduce HIV incidence.



135

Use of Demand Creation to Improve Uptake of Cervical Cancer Screening Services Among Women Living With HIV at Buntungwa Urban Health Centre in Mansa District, Zambia

Hamoonga B¹, Mumbalanga M¹, Makufele R¹

¹Right To Care Zambia, Lusaka, Zambia

Introduction: Women living with HIV (WLHIV) face a six-fold increased risk of developing cervical cancer than women in the general population. Therefore, cervical cancer screening is recommended for high-risk women especially those living with HIV to detect and treat precancerous lesions. However, barriers like lack of knowledge on cervical cancer and importance of screening among women hinder them from accessing the service. Right to Care Zambia through the USAID Action to HIV Epidemic Control project under objective 5 provides Cervical Cancer Screening Services for WLHIV at HIV Service Delivery Locations.

Methods: Buntungwa Urban Health Centre had an annual target (October 2023-September 2024) of screening 300 WLHIV but faced a barrier of lack of knowledge on cervical cancer and the importance of cervical cancer screening among WLHIV. This hindered WLHIV to access cervical cancer screening services. Determined to overcome this obstacle, the facility focused on demand creation. This included community outreach and targeted mobilization that attracted large groups of women that included WLHIV currently on treatment (TX_Curr) resulting in increased numbers of women who were screened. The facility also seized the opportunity to educate women on the importance of cervical cancer and cervical cancer screening and the advantages of early detection before offering the cervical cancer screening services. Counseling and health education was also offered at the Outpatient Department (OPD) and Maternal and Child Health (MCH) clinic at facility level. The facility emphasized the importance of knowing one's cervical cancer status to address

the barrier of elderly women shunning the screening services.

Results: In seven months, the facility's screening rate had soared from 9% (27) in October 2023 to an impressive 143% (429) in May 2024, surpassing the annual target of 300.

Conclusion: The significant increase in cervical cancer screening rates at the healthcare facility is a testament that demand creation is vital to improve uptake of cervical cancer services among WLHIV. Buntungwa Urban Health Centre has set a new standard for cervical cancer screening paving the way for a healthier future for women in Mansa district.



136

The Importance of Comprehensive Sexuality Education in HIV Prevention Among Young People

Jean Lucien R¹, Larissa Malula R¹, Voahirana R¹

¹Fianakaviana Sambatra (FISA) / IPPF Madagascar, Lot IIK 57
Villa Vatosoa Antsahabe / Antananarivo, Madagascar

Background: In each country, several actions have been taken to prevent the infection and transmission of HIV. Since 2019, Madagascar, with FISA has been promoting comprehensive sexuality education to help young people protect their health and make responsible choices based on their rights. Achieving the objectives for the implementation of this action relies on other factors such as the availability of condoms and HIV testing supplies. We will study the role of comprehensive sexuality education in HIV prevention among young people along with the factors that contribute to the success of this initiative.

Method: Triennial performance data analysis based on key program indicators. 67243 young people benefit from this education activity from 2021 to 2023, including pregnant young women and young people underrepresented. The number of adolescents and young people who have chosen to use services on Sexual and Reproductive Health Rights attest to the effectiveness of this program.

Results: 67,243 young Malagasy people aged 10 to 24 have received comprehensive sexuality education both in school and out-of-school, of which 13% are pregnant young women. Over the past three years, 33% of the educated young people have chosen to get tested for HIV, with a recorded positivity rate ranging from 0.09% to 0.28%; all of them are referred. 34% have decided to use condoms. The youth participation rate in testing has increased from 20% to 71%, with young people underrepresented ranging from 0.13% to 0.72%, and the rate of condom use evolves from 19% to 47% among educated youth. Positive approach of comprehensive sexuality education in an inclusive society with the availability of related inputs has a positive impact such as behavior change on young people's access to sexual and

reproductive health services and encourages them to get tested and seek treatment.

Conclusions: The study results show that comprehensive sexuality education plays a preventive role for young people in preventing HIV infection and transmission through responsible choices, the decision to get tested, and the use of condoms. The availability of sexual and reproductive health services, HIV testing supplies, and condoms are essential factors.



137

Overcoming Stigma to Support Adolescent Mothers' Return to School

Dipa Y¹, Kelly J¹, Coakley C¹

¹University Of Cape Town, Cape Town, South Africa

Amidst high early birth and school incompleteness rates, stigma continues to be an obstacle to the realisation of the sexual reproductive health and education rights of adolescent girls. Although regional and international commitments to the protection of human rights have ensured that all African states are under some obligation to protect these rights, intervention implementation is poor due to lack of practical, targeted guidelines to overcome societal barriers.

The aim of our project, Khanyisa Ngemfundo (Be the Light Through Education), is to understand the support mechanisms for learners who are pregnant and mothering. Over two phases we held participatory workshops with School-Based Support Teams (n=35), learners who are pregnant and mothering (n=54), Representative Councils of Learners (n=76), School Governing Bodies (n=19) and Civil Society Organisations (n=9) from two rural and two peri-urban schools in the Eastern Cape province of South Africa. Group thematic analysis was used to analyse the data using an inductive approach.

Based on the belief that adolescent pregnancy is a result of promiscuity and irresponsibility, participants felt that providing support would encourage such behaviour and perpetuate early pregnancy. Despite this, participants acknowledged the diverse support needs of learners who are pregnant and mothering and expressed common concern over how discriminatory behaviour contributed to depression, isolation and suicidal ideation; led to school dropout; and therefore, held potential to harm the financial and career prospects of adolescent mothers. Additionally, educators were concerned that fear and distrust emanating from stigma led to nondisclosure of pregnancy in schools. This becomes a barrier to accessing learning and health support services, further

increasing the risk of dropout and leaving the young mother and her baby's health at risk.

For the realisation of adolescent mothers' and their children's education and health-related rights, policy needs to provide guidance on how the spaces they occupy can reduce stigma and become more accommodating and enabling. To achieve this, there is a need for training and sensitisation of stakeholders to eradicate discriminatory attitudes and beliefs, empower those providing support with necessary skills and knowledge, and inspire empathy and understanding.



138

Lessons Learned: Uptake of the Primary Prevention Strategy (In 10-24 Year Old's) for Cervical Cancer in Health Facilities in Blantyre, Malawi (Analysis of Pre-covid, COVID and Post-covid Trends).

Maliro L¹

¹Malawi Ministry of Health, Lilongwe, Malawi

Introduction: Malawi has one of the highest incidence and mortality rates of cervical cancer. The GLOBOCAN 2020 estimates for the age standardized incidence and mortality rates for cervical cancer were 67.9 and 51.5 per 100,000 population respectively. The high HIV prevalence rate (9.6%) is also a major risk factor.

Primary prevention strategy (HPV vaccination for girls aged 9-14 years, health information, sex education, condom distribution and circumcision) is one of Malawi's key strategies to combat cervical cancer and is implemented in the youth friendly health services clinic.

Methodology: Data was extracted from the PALMS digital app (EMR for Blantyre district) and analysis made for the years 2018-2019 (pre-covid), Covid (2020-2021) and post Covid (2021-2023).

Results: HPV (Human Papilloma Virus) vaccine 8193 girls aged 9-14 years received HPV vaccine in Blantyre health facilities during the period 2018-2023. Government health facilities provided HPV services to 98% of this cohort- 57% in urban facilities. There was an increasing trend in uptake of HPV vaccine across all 3 age groups (10-14, 15-19 and 20-24 years) -only 3% of the cohort was seen between 2018-2019 while 32% of clients were seen between 2020-2021.

Condom promotion and distribution: There were 57,615 female clients who received condoms during 2018-2023. 58.81% were in the 20-24 age group and 39.45% were in the 15-19 years age group.

There was an upward trend in uptake of services- 19.5% of the cohort were seen during 2018-2019 and 26.4% were seen during 2020-2021.

Information and counselling: 137,810 clients received information and counselling- 25% between 2018-2019 and 34% between 2020-2021.

Circumcision (VMMC): 61,495 males received circumcision between 2018-2023. 71.96% were in the 15-19 year age group while 28.04% were aged between 10-14 years.

There was a negative trend in the uptake of circumcision services- for the age group 10-14 years, 16,772 clients got circumcised between 2018-2019 while only 470 clients got circumcised between 2020-2021 and 0 clients between 2022-2023.

Conclusion: Implementation/demand creation strategies need to be implemented to increase uptake of services. Interventions must be rolled out to more health facilities (NGO, private), community level, this includes integration with the school health program.



139

Beyond Silos: The Intersectional Benefits of a Multi-Sectoral Approach to Addressing Gender Based Violence among Adolescent Girls and Young Women under the Usaid Chekup II Dreams Activity in Kapiri Mposhi District, Central Zambia

Kasonde K¹, Siwela M¹, Banda J¹, Chingumbe L¹

¹John Snow Health, Lusaka, Zambia

Background: Gender based Violence (GBV) is a significant risk factor for HIV acquisition among women globally. GBV poses as a huge structural barrier to HIV prevention and treatment as it is both a cause and effect of HIV acquisition. With epidemic control efforts increasingly shifting towards addressing structural barriers as a way to sustain current gains, there is an increasing need to address deep rooted structural barriers using multisectoral approaches. Statistics are of national concern. The Zambia Police Service recorded 42,965 GBV cases in 2023 out of which 32,558 were female and 10,407 were male. We aimed to highlight the benefits of using multisectoral approaches to addressing GBV and HIV.

Materials and Methods: Using staff and Community Based Volunteers trained in GBV LIVES and Community Mental Health Counselling Training, The USAID Controlling HIV Epidemic for Key and Underserved Populations (CHEKUP II) screened Adolescent Girls and Young Women for Intimate Partner Violence and Gender Based Violence under the DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe) Initiative. The teams provided Psychological First Aid to survivors, provided linkages for gender norms sensitizations and Post GBV Care.

Results: Between October 2023 to June 2024, 3,067 AGYW were screened for GBV out of which 235 had experienced GBV. Of these, 170 experienced economic abuse, 6 Physical abuse, 2 sexual abuse, and 51 Emotional/psychological

abuse. 235 AGYW were provided with Psychological First Aid in the DREAMS Sites and linked for Post GBV Care to the USAID Stop GBV Now Project run One Stop Centre against a yearly target of 287, signifying 82% achievement. 3,067 were linked for gender norms sessions. Working closely with the USAID Stop GBV Now Project, The Victim Support Unit, Department of Social welfare and National Prosecution Authority, survivors received a comprehensive individualized package of Post GBV services.

Conclusions: This abstract underscore the importance of addressing Gender Based Violence in a multisectoral approach as a critical component of HIV prevention strategies and addressing the deep rooted harmful traditional practices. Addressing gender inequality and stereotypes is essential to GBV prevention and HIV transmission. We recommend more programs that work beyond silos in addressing GBV and HIV.



140

Investigating the Representative Council of Learners (RCL) Engagement and Policy Awareness to Support Adolescent Pregnancy Management in South African Schools in the Eastern Cape Province

Senetla I¹, Thabeng M¹, Kelly J¹

¹Center For Social Science Research UCT, Cape Town , South Africa

Background: Adolescence is a crucial developmental stage, presenting both challenges and opportunities for promoting health and well-being. In South Africa, Representative Councils of Learners (RCLs) play a vital role in influencing the school climate and engaging with the school's governing body on issues such as adolescent pregnancy. However, many RCL members lack awareness and understanding of relevant policies, limiting their effectiveness in supporting their peers. This study examines RCL members' awareness and engagement with the South African Department of Basic Education's Policy on Prevention and Management of Pregnant Learners. The primary goal is to identify knowledge gaps and explore strategies to enhance RCL members' involvement in policy participation, implementation, and advocacy.

Material and Methods: The study employed a qualitative approach, utilizing semi-structured interviews and focus-group-discussions with RCL members from two South African secondary schools located in Buffalo City Municipality in the Eastern Cape. A total of 15 RCL-members, aged 15-20 years, participated in the study. They were asked about their experiences, responsibilities, and challenges as RCL members, with a particular focus on their understanding, awareness, and involvement in policies related to adolescent pregnancy.

One of the activities within the qualitative approach involved participants creating an "ideal RCL-member" to extract perceptions of desired

leadership qualities and policy engagement. This activity provided additional insights into the participants' views on effective leadership and their roles in policy-related matters.

Results: Preliminary findings denote that most RCL-members are unaware of the specific policies related to adolescent pregnancy. They expressed a need for more training and resources to effectively engage in policy implementation and support pregnant and mother learners. The ideal RCL characters created by participants highlighted the value of a strong communicator, empathetic leader, and proactive advocacy for policy participation and implementation.

Conclusion: The study emphasizes the importance of strengthening RCL-members' understanding and awareness of policies through focused training and capacity-building programs, as well as providing a strong support structure within the school environment. Equipping RCL-members with the necessary information and tools to best assist and advocate for their peers can improve the management of adolescent pregnancies and enhance the overall wellness of the school.



141

Sexual Behaviour and Condom Use among Adolescents aged 15-19 years in Nigeria

Aguolu R¹, Andrew A¹

¹National Agency for the Control Of AIDS, Abuja, Nigeria

Background: Nigeria continues to face challenges related to adolescent sexual health, including high rates of unintended pregnancies, sexually transmitted infections (STIs), and HIV transmission among youth. Previous studies have indicated that sexual activity often begins during adolescence in Nigeria, with varying levels of condom use reported. However, comprehensive and up-to-date data on sexual behaviors and condom use patterns among Nigerian adolescents aged 15-19 are limited.

Method: A secondary analysis of data obtained from a large-scale survey conducted in 2021 across the 36 states and Federal Capital Territory. A structured questionnaire was administered to 4358 male and 8499 female adolescents aged 15-19 years, focusing on key indicators such as sexual debut, recent sexual activity, multiple sexual partnerships, and condom use. Ethical considerations were observed, and descriptive statistics were used to calculate for each variable and results were stratified by gender.

Results: Of the 4,358 men surveyed, the percentage of men aged 15-19 years who ever had sex was 14.5% and 2.6% had sex before 15 years of age, while 11.8% and 1.9% had sex in the last 12 months and, had sex with more than one partner in the last 12 months respectively. Among those who had sex with multiple partners in the last 12 months, 44.1% used a condom at last sex. Also of the 8,499 women surveyed, 27.1% of women aged 15-19 had ever had sex, 6.9% reported they had sex before age 15 years and 24.0% reported they had sex in the last 12 months before the survey. Additionally, 1.2% reported having sex with more than one partner in the last 12 months, among which 49.3% used a condom at last sex.

Conclusion: A notable proportion of both male and female adolescents aged 15 -19 years are sexually active, with some engaging in sexual activity

before the age of 15. Additionally, less than half of those with multiple partners reported using condoms at last sex. Comprehensive sex education programs focusing on promoting safer sexual practices among these adolescents are critical for reducing the risk of HIV transmission.



142

It's Time to Tell: How Early Naming of HIV to Children Improves Adolescent Well-Being and Reduces Self-Stigma

Chinyama L¹, Brown M¹, Warburton K¹

¹Chiva, Bristol, United Kingdom

Background: Historically children and young people living with HIV have been informed of their diagnosis during adolescence. Informing adolescence in their formative years led to greater psychological stresses and challenges, poorer adherence and increased mental health difficulties. Young people report that they wanted to know about their HIV diagnosis in early childhood (Warburton,2024) yet early conversations and open communication is not yet standard practice across the globe (Warburton et al, 2022). Chiva state that children living with HIV in the UK should begin to learn about their diagnosis from the age of 6 and aiming for most children to know about their diagnosis before 9 years of age.

Material and Methods: A number of families have been supported by chiva so that naming to children can occur in early childhood (age 5-7). This has been completed in collaboration with parents and health care workers. Creative approaches to naming have included the use of pictures, stories, balloons, videos, and UpToDate, age-appropriate, naming resources. Each is tailored to the individual and taken at a pace that feels cognitively appropriate.

Results: Naming HIV to younger children has illustrated that the impact of self-stigma is reduced. Children are empowered to understand and manage their health and play an active role in decision making in appointments, with investigations and about medication. Adolescents are able to navigate peer relationships and report greater confidence in being able to tell others about their HIV.

Conclusions: Adolescents report experiences of self-stigma and fear associated with their HIV diagnosis. Self-stigma has a negative impact on mental health and well-being. Early naming

reduces secrecy, hiding and consequently self-stigma. Health care professionals must implement practice changes to improve adolescent health and well-being by promoting early naming and open communication about HIV in clinics and in the family home. Partnership with carers, voluntary and social care services can provide a holistic approach.



143

“A Hungry Stomach, An Empty Home and A Broken Family”. A Comprehensive Intervention for Orphans and Vulnerable Children Living with HIV In Nakuru and Samburu Counties, Kenya

Munyua S¹, Ajuoga S², Gachuhi W³, Omondi F³, Kagwaini J³, Lenaibalatia R⁴, Lekeirab G⁴, Anyango M³

¹Goldstar Kenya., Nakuru Town, Kenya, ²USAID Tujenge Jamii., Nakuru Town, Kenya, ³Department of Health Services, Nakuru County., Nakuru Town, Kenya, ⁴Department of Health Services, Samburu County., Maralal, Kenya

Background: This case study unveils the synergistic impact of the different Psychosocial stakeholders and the Clinical USAID Tujenge Jamii Project in the suburbs of Nakuru and the plains of Samburu. Through addressing the intricate challenges faced by vulnerable children living with HIV focusing on poverty, orphanhood, dysfunctional families, alcoholism, child-headed households and exploitations. The study presents a transformative narrative of 97 children experiencing improved clinical outcomes, it explores the unique and collaborative model, where through “Actions and Not Merely Words” provided essential psychosocial support, complemented by clinical interventions of the USAID Tujenge Jamii Project. The study showcases the success of a unique differentiated care model leading to viral load suppression, enhanced clinical appointment adherence and improved quality of life.

Method: Identification and line listing of Vulnerable children 0-18years with poor clinical outcomes in Samburu (16) and Nakuru (81) Counties and followed up for a period of 24months. This synergistic approach was taken to provide a holistic, sustainable, and effective impact. This ensured proper linkage to rescue homes within their jurisdiction where: shelter, food, education, play and mental health support activities were guaranteed, in addition hospitals and the respective rescue homes worked on an approach where “Daily Witness Ingestion Therapy”

was practiced in rescue homes for children who initially missed drug doses and a pooled clinic appointment visit for the specific homes implemented.

Results: There was an outstanding improvement in both clinic appointment adherence from 63/97 (65%) to 97/97 (100%), viral suppression from 60/97 (62%) to 95/97 (98%) and Improved weight gains.

Conclusion: The study findings underscore the importance of a holistic and child-centered approach to HIV care for orphaned and vulnerable children, particularly in diverse geographical and socio-economic contexts, by addressing the multifaceted challenges faced by this population and integrating innovative interventions such as play therapy. Programs can effectively suppress viremia and ensure sustained retention in care, thereby fostering improved health outcomes and overall wellbeing of vulnerable children in resource-constrained settings.



144

Health and Social Dynamics of Teenage Mothers Living with HIV in Kenyan Slums

Oluoch B¹

¹NAYA (Network for Adolescent and Youth of Africa, Nairobi, Kenya)

Background: Individuals living in metropolitan slums in Kenya face various wellbeing, social, and economic adversities that altogether influence their prosperity. These adversities disproportionately affects teenage mothers living with HIV in these slums because of their young age, wellbeing status, and the unfortunate everyday environments which elevates their vulnerabilities. Without support, the effects of early motherhood, illness, and poverty perpetuate across generations for this marginalized population.

Objective: The objective of this study was to contribute to gaining a more profound comprehension of the real factors influencing the health and social conditions of teenage mothers with HIV in three slums Nairobi and provide viable recommendations for informed policy and program development that can help address the challenges faced by this group.

Methods: 100 mothers aged 15-19 with HIV were recruited from local clinics and health indicators such as CD4 counts, viral load, and prevalence of opportunistic infections were extracted from medical records. In addition, I conducted an in-depth interviews using open-ended questions to explore themes of stigma, discrimination, poverty, mental health, education levels, socioeconomic status, and resilience. I also distributed on questionnaires to further examine social realities regarding relationships, substance use, violence experiences, and available support networks.

Results: The clinical data I examined revealed this population had a vastly compromised immune systems and general health, with 90% of subjects having poor CD4 and viral load control. Socially, pervasive discrimination from the community and providers was reported. Substance use, gender-based violence, lack of basic needs, and family

rejection were common hardships described through interviews. However, I found that about 40% of the participants demonstrated resilience by accessing peer support groups and community services.

Conclusion: with this findings, I believe that holistic and multi-faceted interventions are urgently required to address the severe health and socioeconomic adversities experienced by this overlooked subpopulation. Improving treatment adherence and outcomes demands reducing stigma while strengthening education, counseling, and economic empowerment programs. Coordination between governmental, non-profit and grassroots initiatives could significantly elevate their wellbeing through integrated healthcare, social services and empowerment.



145

Use of Differentiated Service Delivery Model to Improve Retention in Kwale County

Ochieng V¹, Barasa D¹, Kafundi A¹

¹Usaid Stawisha Pwani, Kwale, Kenya

Background: The number of people living with HIV in Kwale, Kenya, is gradually rising, with the majority being adolescents and young people aged 10-24. The number of clients retained in Kwale County stands at 78% for the 12-month Cohort, 88% for the 24-month cohort, and 90% for the 36-month cohort for the period ending March 2024. To improve retention for the 12 and 24-month cohorts, the differentiated care model was implemented, which as of March 2023 was 65%, 77%, and 82% for the 12, 24, and 36-month cohorts respectively.

Objective: To improve retention rate by effectively adopting and enhancing differentiated Service Delivery

Methods: The current DSD model, adapted from the 2022 NASCOP guidelines, has been gradually implemented since 2022. This new model has emphasized on the multi-month dispensing of drugs to established clients and came down to 4 eligibility requirements; clients with low viral loads, no opportunistic infections, good adherence in the past six months, and who have completed tuberculosis preventive therapy (TPT).

Results: From the 12-month cohort of March 2024, the number of clients lost to follow-up decreased from 164 to 145. The current DSD model showed significant effectiveness starting in June 2023, with the number of clients with IIT < 3 months dropping sharply from 104 in May to 13 in June, and further to 6 by February 2024.

Conclusion: Utilizing the Kenya EMR system has facilitated the identification of trends among ART clients, particularly those eligible to be established clients. This approach has enabled the clinical team to administer longer-term clinic appointments (TCAs) to eligible clients, allowing more focused interventions for those requiring additional consultations and support. This strategy

has improved retention rates and informed better decision-making to retain clients in care.



146

Prevalence of Mental Disorder Symptoms and Substance Use Among HIV Virologically Unsuppressed Adolescents on Antiretroviral Therapy in Zambia

Mureithi F¹

¹Center For Infectious Disease And Research In Zambia, Lusaka, Zambia

Background: Mental and substance use disorders are comorbid conditions of concern among AYLWH. This can lead to reduced healthcare engagement, poor treatment adherence, and a higher risk of HIV transmission. The aim of this study was to explore the association between mental health or substance use with virological suppression among adolescents and young adults living with HIV in Zambia.

Methods: A cross-sectional analysis was conducted on 50 adolescents living with HIV in Lusaka, Zambia, aged 15-24 years either acquired HIV perinatally or non-perinatally. Participants completed standardized questionnaires assessing depression, anxiety, and substance use. ASSIST, PHQ-9 and GAD-7 tools were used. Urine was collected and tested for alcohol using urine ethyl glucuronide (uETG), benzodiazepines, methamphetamines, cocaine, opioids, and amphetamines using the Halux diagnostics. Substance use was defined as testing positive for any of the 5-drugs. Moderate depression was defined as PHQ9 score ≥ 10 , and virological failure as viral load $\geq 1,000$ copies/ml. We used multivariable logistic regression to examine the association of mental health disorders and substance use with virologic failure.

Results: Between February and May 2022, we included 50 AYAWH, with a median age of 18 years interquartile range (IQR) 16-21 years. 27 of the participants were female (53%), with 96% having perinatally transmitted HIV infection. At study enrollment, 25 (49%) of participants had a detectable viral load with 8 (16%) having a viral load greater than 1,000 copies/ml, and 7 participants (14%) reported having moderate

depression symptoms. On drug screening panels, 5 participants (10%) tested positive for uETG, while 6 (12%) tested positive for drug use. All participants who tested positive for drug use were male. Half of perinatally HIV-infected had detectable viral loads and moderate depression symptoms but we did not find any associations between having virologic failure and substance use or depression.

Conclusion: While our study did not identify a significant correlation between virologic failure and substance use or depression due to the sample size, previous research has established a connection between these factors. We should be aware of the potential risks of depression and substance use among this population and prioritize targeted screening and interventions.



147

Using Targeted Interventions to Create Awareness on HIV/AIDS, GBV & Teenage Pregnancy Among Adolescents in Rural Kenya

Juma D¹, Achieng L, Makokha E

¹*Girlpower Organisation, Bungoma, Kenya*

We present the innovative program NDOTO (our dreams) implemented by Girl power Organization (CBO) in Tongaren, Bungoma County, Kenya in partnership with TIKO Africa and the county government of Bungoma. It aims to create awareness among adolescent in rural communities about HIV/AIDS and teenage pregnancy through encompassing comprehensive sexuality education, economic empowerment and sports activities. It also offers linkage system for adolescents girls to access family planning, HIV& AIDs testing and counseling and information at nearby TIKO clinics.

Adolescents in rural communities face challenges while trying to access information or services related to their reproductive health. Through NDOTO we empower them by equipping them with knowledge, skills, and support networks to make informed decisions, protect their sexual and reproductive health. through the guide of NDOTO curriculum.

NDOTO combines educational sessions, facilitated FGDs, and sports and dance activities to engage adolescents and young people effectively. It cover key topics related to HIV prevention, transmission, and treatment, as well as the prevention of teenage pregnancy and GBV.

We host the sessions every Friday with adolescent mothers across our subcounty on SRHR and engage with adolescents in schools every week. through the TIKO platform we are able to refer the adolescent girls for HIV services at our Tiko clinics.

NDOTO, has successfully reached over 9000 adolescents in Tongaren. We have been able to refer 1346 adolescent to uptake TIKO services. Directly worked with 124 teen mothers who spearhead ndoto discussions. Preliminary evaluations indicate positive outcomes, including

increased knowledge and awareness about HIV prevention and reduced stigma

The program's success can be attributed to its community-based approach, which ensures that we are implementing what the adolescent themselves want or feel is their gap and ensuring local ownership. Collaborations with local schools, community leaders, implementing partners such as Tiko Africa and health facilities have been instrumental in reaching the target population and facilitating sustainable impact.

NDOTO demonstrates a promising model for integrated HIV prevention and teenage pregnancy prevention among adolescents in rural communities. It has the potential to create lasting change and empower this population. Further research and evaluation are necessary to measure long-term outcomes.



148

Empowering Every Voice: Bridging HIV Prevention Gap Among Adolescent Girls and Young Women (AGYW) With Disabilities Through the PEPFAR DREAMS Initiative

Siwela- Chisenga M¹, Mbewe V¹, Kasonde K¹,
Chisashi M¹, Chingumbe L¹, Chasaya A¹

¹John Snow Health Zambia, Lusaka, Zambia

Background: Adolescents with disabilities face greater barriers in accessing HIV-related information and services, leading to a lack of awareness about prevention, testing, and treatment. The USAID CHEKUP II Activity identifies and enrolls AGYW aged 10-24, who are at high risk of HIV acquisition, into safe spaces. Traditional HIV service delivery methods are often non-inclusive, particularly for AGYW with disabilities. This Activity aims to overcome these challenges by forming strategic partnerships with organizations representing AGYW with disabilities and providing services in accessible and comfortable environments.

Methods: 35 AGYW aged 20-24, including those with albinism and vision impairments, were enrolled in the DREAMS program. They received HIV prevention education using the evidence based Stepping Stones Curriculum and accessed various HIV prevention services. In collaboration with the Sign Language Channel of Zambia, 55 AGYW with hearing impairments received HIV testing services and prevention education, overcoming the language barriers common in traditional approaches.

Results: At Kwame Nkrumah University:

- 19 out of 35 AGYW accessed family planning, were tested for HIV, and received PrEP.
- All 35 received mental health services and were enrolled in savings groups.

With the Sign Language Channel of Zambia:

- All 55 AGYW were tested for HIV, with one receiving PrEP.

Lessons Learned: Strategic partnerships are essential for reaching AGYW with disabilities with inclusive HIV prevention services.

Collaboration with organizations like the Sign Language Channel of Zambia and Kwame Nkrumah University helped overcome barriers such as language and physical inaccessibility. Providing services in safe and accessible spaces addresses the mobility challenges and financial constraints that hinder AGYW from accessing HIV prevention services.

Conclusion: The initiative demonstrated the effectiveness of strategic partnerships in delivering inclusive and accessible HIV prevention services, contributing to the Sustainable Development Goal of partnerships for the goals (SDG 17).



149

A Community Health Worker (CHW) - Led Approach to Uptake of Fistula Intervention Services Among Adolescent Girls in West Nile

Benson K, Elizabeth N, Patrick O¹, Benjamin O¹, Emmanuel E¹, Philemon N

¹Amref Health Africa In Uganda, Kampala, Uganda

Introduction: Obstetric fistula is an abnormal hole between the urinary tract or rectum and the genital tract, through which urine and/or faeces continually leak frequently caused by prolonged obstructed labor. It affects about 2% of mothers in West Nile Uganda. Mothers with fistula are stigmatized, often experience psychiatric morbidity thus restricting participation in socio-economic activities. Adolescent girls and young women share the unprecedented burden of obstetric fistula due to teenage pregnancies and limited access to skilled medical care.

Materials and Methods: Amref Health Africa-Uganda has been implementing a Fistula Project in 6 West Nile Districts to prevent, promote early diagnosis and treatment of fistula through a CHW led model. It has built capacity of 180 CHWs in creating awareness, identification, referrals and follow up of Fistula survivors. CHWs have thus integrated fistula services in maternal health activities carried out in their communities including schools.

We conducted a retrospective cross sectional study review of health data from client record profile forms, surgical procedure patient forms and follow up reports for the period between November 2022 -April 2024 using a pre-tested data abstraction tool. Data on uptake of Fistula Intervention services using the different mobilization strategies was collected, aggregated and analyzed. Appropriate summary statistics were used to describe the results using STATA version 14.

Results: 564 women were screened for fistula and 335[51.6%] women were surgically operated (173 obstetric fistula cases and 162 other birth defects). 10% of these were adolescents. History of fistula

ranged from 1month to 40years, indicating that 85% of women developed fistula during adolescence but was diagnosed and treated recently. Causes included delivery - 56.9% and defilement 36.4%. 1 out of 4 adolescents had delivered from home.

The CHW-led approach increased uptake by 48.8%, > twice that of media campaigns at 21.8% and 18.8% for health centers. Furthermore, 90% of fistula survivors were followed up and re-integrated in communities.

Conclusion: This study highlights the significant contribution of CHWs to adolescent maternal health in reducing the first and second delays thus preventing Fistula. Additionally, CHWs significantly identified 6/10 suspected adolescent fistula cases for early diagnosis, management and follow up.



150

The Feasibility of Protective Communities Approach as Key Strategy to reduce Stigma and Improve Access to HIV Prevention Information and Services among Adolescent Girls and Young Women in Yobe, Northeast-Nigeria

Dahiru Abdu M¹, Yusuf N¹, Adamu Damazai J², Larai Goni H³

¹Center For Child Care and Human Development, Damaturu, Nigeria, ²Yobe State Agency for the Control of AIDS, Damaturu, Nigeria, ³Yobe State Ministry of Health and Human Services, Damaturu, Nigeria

Background: Women and girls in Yobe continue to suffer interconnected structural impediments and operate on unequal terms with men. The proportion of adolescent girls and young women (AGYW) likely and willing to access and use HIV services continue to decrease due to stigma, patriarchal-socialization, religious-fundamentalism, and gendered social roles and expectations. Compared to their male peers, most AGYW have less autonomy making decisions, less mobility, and are restricted from seeking knowledge about sexuality and HIV-prevention. These factors continue to diminish their ability to access HIV services.

Materials and Methods: The Strengthening Access to HIV and AIDS Services among Young Women and Girls (GIRLS ACCESS PROJECT), funded by ViiV Healthcare Positive Action and implemented by the Center for Child Care and Human Development (C3HD) conducted a 6-month pilot involving 200 participants, providing comprehensive sexuality education (CSE), life skills training, and Girls for Girls (G4G) Clubs (support-groups) for AGYW aged 14 to 24. The project fosters supportive and protective communities through dialogues, positive parenting sessions, and town hall meetings. The approach, first, engages stakeholders and community men to internalize concepts non-judgmentally, allowing AGYW to access HIV information and services. Second, it also builds the capacity of (G4G Clubs) to deliver

CSE, condom distribution, HIV testing, and referrals in communities. Followed by an evaluation using RE-AIM framework to assess the intervention's feasibility in terms of Reach, Effectiveness, Adoption, and Implementation.

Results: 2,156 AGYW were reached with HIV information and services, a 105.92% increase from the baseline of 1,047. Improved knowledge of sexuality education and HIV prevention methods, reduced HIV transmission and unwanted pregnancies, and increased access to HIV prevention were documented. Caregivers and AGYW male partners became more supportive, and stigma reduction was experienced as health facility workers became more receptive to AGYW seeking HIV and SRH services. The approach has the potential for HIV information and services to be accessible.

Conclusion: The approach is evidently effective, demonstrating the potential to reduce the gap in access to HIV information and services, reduce stigma and making healthcare systems friendly, as 1977 AGYW (91.6%) went for HIV re-test at their primary-healthcare-centers after 3 months



151

HIV Prevention Services (PrEP) Integration Among MSM in Kenya

Munyasa K¹

¹Bar Hostess Empowerment Program (bhesp), Nairobi, Kenya

Introduction: The effectiveness of PrEP is influenced by a number of factors such as access, uptake and adherence.

In Kenya, PrEP uptake and retention among men who sex with men (MSM) was consistently low from 2017 to 2019. Improving access to PrEP is critical to ensure targets of reducing new HIV infections are met.

Differentiated service delivery (DSD) models propose a revolutionary shift from existing HIV programming approaches towards interventions that are committed to supporting a client-centered approach.

We conducted a cross-sectional quantitative study to assess the perceptions of PrEP service delivery and explore perspectives on DSD for MSM enrolled in PrEP care in Kenya.

Intervention: The study was conducted in three counties in Kenya: Kisumu, Nairobi and Mombasa from March 2020 to July 2021.

A paper-based questionnaire was conducted among 332 MSM accessing HIV services at drop-in centers (130 on ART and 170 on PrEP); selected via consecutive sampling.

Data was entered using excel, cleaned and analyzed descriptively using SPSS.

Findings: Out of the 170 PrEP clients interviewed, 81% identified themselves as MSM and 19% as MSW and the mean age was 25.4 years (SD 3.7). Almost half (43%) had been on PrEP for < 1 year, 49% for < 3 years and 6% for > 3 years with most (82%) receiving quarterly HIV testing, followed by monthly (12%).

PrEP was mostly collected on a monthly basis (72%) with some clients collecting quarterly (16%). Sixty-five (38%) clients reported missing at least one PrEP appointment within the last year. The most common reason for missing the PrEP appointments were travel (31%), transportation costs (29%) and forgetting (18%).

Factors that made PrEP refills a good experience included an MSM-friendly clinic (64%), quick refill clinic visit (51%), assured client confidentiality (47%), attentive providers (43%), support groups (17%), and short distance to the clinic (15%).

Conclusion: MSM receiving PrEP services want friendly, confidential and quick refill clinic visits. MSM PrEP clients are interested in DSD models at the facility and community level, with appointment spacing being the most acceptable model.



152

Peer-led Social Network Strategy to improve HIV case identification among adolescents and young people at Kitale County Referral Hospital in Western Kenya

Morgan E¹

¹Usaid Ampath Uzima, Trans-nzoia, Kenya

Background: Adolescents and young people (AYP) significantly contribute to new HIV infections in Kenya. This is partly due to engaging in risky sexual behaviour that places them at an increased risk of HIV acquisition. Yet, reaching this population with HIV testing services remains sub-optimal. For this reason, the facility implemented social network strategy (SNS) to improve HIV case identification among AYP.

Methodology: SNS strategy was implemented in 2024 at Kitale County Referral Hospital, a tertiary institution providing HIV prevention and treatment services. SNS is implemented by AYP peers who have been trained on this high-impact intervention. During AYP clinic appointments, screening for the AYP network associates focuses mainly on those 15-24 years old. HIV literacy is also offered during this screening. The AYPs that consent provide their associates information, and the recruiter captures their telephone details, and locator information in the SNS register for follow-up. The associates are then contacted and referred for HIV testing. Those who turn positive are initiated on HIV treatment, and the high-risk negatives are started on pre-exposure prophylaxis (PrEP).

Results: Within a period of 4 months (February to May 2024), the facility had 448 AYP who visited the clinic, out of whom 313 (70%) were screened for network associates whereby 203 (65%) consented for SNS and those who accepted to give their associates were 85 (42%). The network Associates elicited were 309 within the 4 months, which gives an average of 3 network Associates per seed. 169 network associates were then tested for HIV, with three positives identified who were

successfully started on HIV treatment and 28 high-risk negatives initiated on PrEP.

Conclusion: The use of peer-led SNS is a promising modality for HIV case identification among AYP.



153

Integration of Human papillomavirus Vaccination Within the HIV Clinic at Kitale County Referral Hospital in Western Kenya

Nekesa A¹

¹Usaid Ampath Uzima, Trans-nzoia, Kenya

Background: In 2019, the Kenya government initiated a program offering free human papillomavirus virus (HPV) vaccination, consisting of two doses given to 10-14 year old girls six months apart. However, the uptake of these vaccines has been suboptimal. To improve uptake among adolescent girls living with HIV, we sought to determine the impact of integrating HPV vaccination into the HIV clinic and leveraging adolescent and young people (AYP) peers to increase uptake.

Methology: Kitale County Referral Hospital is a tertiary institution that, among other services, provides HIV prevention and treatment services. In August 2023, a line listing of 76 active HIV-positive Adolescents between the ages of 10-14 years was done. An AYP was appointed to champion HPV vaccination. The role was to give health talks about HPV vaccination to the caregivers and adolescents coming for HIV care. She also contacted the caregivers of the line-listed adolescents over the phone on the importance of HPV vaccination before they came for their scheduled clinic. In collaboration with the maternal and child health and pharmacy departments, we acquired a vaccine carrier for ferrying and a fridge to store the vaccines. This facilitated one-stop service delivery for both HIV and HPV vaccination.

Results: Within 12 months, the HPV vaccination uptake among adolescents improved from 50 (65%) to 76 (100%) for the first dose and 34 (45%) to 60 (80%) for the second dose. Reduced waiting time was noted since clients were vaccinated at the HIV clinic as they sought their usual HIV care.

Conclusion: Integration of HPV vaccination within the HIV clinic remains paramount in the journey

towards 100% HPV vaccination coverage among adolescents.



154

Use of Pay-For-Performance Mechanisms to Generate Verified Impact for Adolescent HIV and SRH Integrated Services: A Case Study of the Development Impact Bond in Kenya

Kaigutha-mungai L, Donjon N, Wanaswa L, Malaba S

¹Tiko Africa, Nairobi, Kenya

Background: Adolescent girls and young women (AYYW) in Kenya face a 15% adolescent pregnancy rate, 21.6% unmet contraceptive need (amongst 15-19 year olds) and 6.3% HIV rate (amongst 15-24 year olds). In July 2023, the Children's Investment Fund Foundation (CIFF) and the UN Joint SDG Fund partnered on a 2-year integrated HIV-SRH project to become outcomes funders on an Adolescent Sexual Reproductive Health (ASRH) Development Impact Bond (DIB) in Kenya, with Tiko as the implementing partner and Bridges Outcomes Partnerships as the investor. In a DIB, the investor provides upfront capital to the implementation partner, and is only reimbursed by the outcomes funders once pre-agreed outcomes are achieved.

Description: Through the ASRH DIB, Tiko aims to improve access to integrated HIV and SRH services to over 500,000 15-19 year old AGYW across 150 public and 220 private facilities in 10 high-burden counties in Kenya. The 5 payment metrics focus on family planning service uptake, HIV service uptake, repeat usage and continuation, and uptake from AGYW living in multidimensional poverty.

Lessons learned: In the first year of the 2-year project, from 1st July 2023 - 30th June 2024, Tiko overachieved on four of the Y1 payment metrics, offering:
423,000 family planning services (199% of target) to over 260,000 AGYW (note this surpasses the entire project target)
198,000 HIV services (330% of target) to 156,000 AGYW (note this surpasses the entire project target)

40% had accessed repeat contraceptives (108%)
48% were living in multidimensional poverty (100%)
90% of services were accessed in the private sector and 10% in the public sector.

Conclusions/next steps: Applying a DIB model to an integrated HIV and SRH service delivery approach leads to increased service uptake, protecting adolescents from the risk of both AIDs and unwanted pregnancy by providing implementing partners with the motivation and clear direction to focus on key impact metrics, whilst also providing outcomes funders with the reassurance that they are only paying for verified impact. Adopting this approach will lead to more efficiencies in targeting AGYW with these critical services.



155

Prevalence of and Factors Associated with Contraceptive Use among Adolescent Girls in Kibera, Nairobi County: A Mixed Methods Study

Nyako E¹, Ndavi P¹, Chesang J¹

¹University Of Nairobi, Nairobi, Kenya

Background: Adolescent pregnancies remain high in Kenya, with a prevalence of 15-40% among adolescents aged 17-19 years, with most of these pregnancies being unintended or unwanted. The use of contraceptives among adolescent girls can help prevent such pregnancies, keeping them in school and improving their future socio-economic prospects.

Objectives: To determine the prevalence and factors associated with contraceptive use among adolescent girls in Kibera slum, Nairobi County.

Materials and methods: This mixed-method study was conducted from June to October 2023. Cross sectional study conducted among 458 adolescent girls aged 15-19 years and in-depth interviews conducted with 12 purposively adolescent girls in Kibera. Quantitative data was analyzed using SPSS. Multivariable logistic regression was done. A p-value <0.05 was statistically significance. Qualitative and quantitative results were triangulated.

Results: The prevalence of contraceptive use among adolescent girls in the study was 38.6% and 76.2% among sexually active adolescents. Condoms were the most used contraceptive at 67.2% and this was also the case from the qualitative findings. 35.4% had a high level of knowledge on contraceptives, while 73.1% had a positive attitude. Adolescent girls whose both parents had died were 3.6 times more likely to have ever used contraceptives compared to those whose parents were alive. Having ever given birth, high level of knowledge and positive attitude increased the likelihood of contraceptive use. Confidence to suggest contraceptive use to a partner and to ask for contraceptives methods from a health facility increased the likelihood of

contraceptive use. These results were supported by the qualitative findings where inadequate knowledge and negative attitude on contraceptives and high costs of contraceptives were hindrances to their use among adolescents. Besides existing myths and misconceptions, religious beliefs and negative attitudes of health providers affected contraceptive use among adolescents.

Conclusion: There exist huge gaps in contraceptive access and use among adolescent girls in slum areas of Kenya, associated with poverty and deprivation. The key barriers to contraceptive use in these settings include limited knowledge, societal norms, myths and misconceptions about contraceptives, high costs, and negative attitude of health service providers. Enabling policies can go a long way in addressing these barriers.



156

Jua Mtoto Wako Initiative (JMWI): Addressing Barriers to Viral Load Suppression (VLS) Among Children and Adolescents Living With HIV (CALHIV) Through Enhanced Case Management in Migori County, Kenya

Ouma T¹, Muinde R¹, Canagasabay D², Thoya J¹

¹PATH, Kisumu, Kenya, ²PATH, Washington, United States of America

Background: 2023 estimates indicate Kenya has 213,142 youth aged 24 years and below living with HIV, many facing numerous adherence challenges leading to suboptimal VLS. PATH, through the USAID/Nuru Ya Mtoto project, introduced JMWI as an enhanced case management approach to address low VLS among CALHIV. We aimed to understand the approach's effectiveness in improving VLS among enrolled CALHIV in Migori.

Description: With the Ministry of Health, we introduced JMWI in Migori County in 2023, a case management approach driven by a customized adherence plan outlining strategies to address each child/youth's unique adherence challenges. Case managers used the five "WHYS" to detail reasons for non-suppression, selected interventions to address each recorded barrier, and outlined an adherence plan with clear responsibilities for CALHIV caregivers, case managers, and project staff. Viral load (VL) data from the Child Protection Information Management System was analyzed to identify 169 CALHIV in Migori County recording VL above 199 copies/ml. Case managers visited identified CALHIV households to discuss and produce customized plans with caregivers for implementation from May to September 2023.

Lessons learned: Among the 169 enrolled CALHIV, 56 CALHIV without treatment supporters received directly witness ingestion therapy; 18 were provided with disclosure counseling; 44 experiencing stigma-related barriers received

enhanced HIV literacy; 1 with mental health concerns was linked to a treatment buddy; and one with treatment fatigue received enhanced adherence counseling. 49 CALHIV had a multi-pronged plan to address multiple barriers—food insecurity, negative peer influence, frequent geographic/caregiver changes, and/or child neglect.

86 CALHIV received VL tests after three months, with 70 results returned; 62 (89%) results indicated low detectable level viremia 0-50 copies/ml while 8 were below 999 copies/ml.

Meaningful involvement of CALHIV and caregivers in developing adherence plans was key to ensuring household ownership. Tailoring plans to individual adherence barriers (accounting for age, school schedule, and family background) was critical for identifying the most effective strategies to achieve VLS.

Conclusion: JMWI was effective at rapidly increasing VLS among enrolled CALHIV in Migori County. Continued investment and implementation of JMWI is necessary to address suboptimal adherence and VLS among CALHIV and support Kenya achieve 95-95-95 goals.



157

Piloting the Zvandiri Model in South Africa: a journey of implementation and integration to date

Trivella V¹, Matyanga P³, Engelbrecht I¹, Tenza S², Plowright A²

¹Right To Care, Centurion, South Africa, ²Anglo American, , ,
³Zvandiri, ,

Background: The Zvandiri Model, a peer-navigation HIV support initiative, originated in Zimbabwe and is operational in 13 African countries. In partnership with Anglo American, Right to Care embarked on piloting this model in South Africa, with the aim of scaling it more broadly if proven effective in the local context.

Description: Implementation followed a phased approach across three provinces over seven months: starting with 12 facilities in Limpopo, then 17 in North West, and finally 6 in Northern Cape. Presently, the model operates in all 35 facilities with a team of 51 peer counsellors.

Implementation Process: Though ongoing review and optimization is underway, implementation to date followed this process:

1. **Government Support:** Successful buy-in was secured from all levels of departmental leadership before introducing the model into South Africa.
2. **Health System Strengthening:** Facilities were supported to enhance adolescent and youth-friendly services through staff training, on-site mentorship, provision of guidelines, and youth zone development prior to the model's introduction.
3. **Resource contextualisation:** Standardized Zvandiri guidelines, tools, and SOPs were aligned with South African national and provincial policies to ensure consistency and seamless integration into the existing healthcare frameworks.
4. **Recruitment Process:** A collaborative recruitment approach involving facility teams and community leaders ensured that selected candidates were accepted by both the facility and the community.
5. **Training:** Training processes included inviting representatives from facilities and the

Department of Health leadership to observe and welcome new cadres, fostering a sense of integration and support.

6. **Facility integration:** Cadres underwent a 2–4-week orientation, mentored by facility managers or AYFS champions and received ongoing support from their regional coordinators. This mentorship extended beyond professional development to include personal growth.
7. **Documentation:** A mobile app was developed for real-time documentation and monitoring, providing updates to a central dashboard to track activities on the ground.

Next Steps: With the teams now deployed, we will continue to monitor their impact on communities, focusing on retention in care, viral load suppression, new diagnoses, and mental well-being. This ongoing evaluation will inform further optimization and potential broader implementation of the model, with 3 additional facilities already identified.



158

Care for the Carers: Mental Health Challenges Amongst Peer-Educators in South Africa

Trivella V¹, Mpongoma V¹, Engelbrecht I¹,
Matyanga P³, Plowright A², Tenza S²

¹Right To Care, Centurion, South Africa, ²Anglo American, , ,
³Zvandiri, ,

Background: The Zvandiri Model, a peer-navigated HIV support initiative for adolescents and young people, is being piloted across three provinces in South Africa. Right to Care, in partnership with Anglo American, began this implementation in September 2023. The model employs young people aged 18-22 years living with HIV to support peers living with HIV in their community through shared experiences and understanding.

Description: After training the peer-educators, including a component on mental health support, they were deployed to their respective facilities. However, within the first six months, it became evident that many peer-educators were struggling with mental health challenges. Despite their training and leadership roles, issues such as self-stigma and the pressures of living with HIV impacted their mental wellbeing. Instances included posting fake HIV-negative test results on social media due to perceived community judgment and dealing with difficult social circumstances like severe family illness, poverty, and gender-based violence.

Lessons Learned: We learned that merely providing a mental health module during training for young people on is insufficient, especially if they are expected to support their beneficiaries' mental health as part of their responsibilities. Continuous monitoring and regular check-ins are crucial to identify and address mental health challenges timeously. Adequate and ongoing training and mentorship, especially focusing on self-stigma and self-acceptance, are essential. Young people must also be taught to communicate their mental wellbeing and seek help in a professional manner.

Next Steps: In collaboration with Zvandiri, peer-educators will undergo a three-day mental health

training, including a 'care-for-the-carer' module designed based on our findings. Additionally, we will work with Beyond Stigma for training on self-stigma. A comparative survey will be conducted before and after these interventions to monitor their impact, with ongoing evaluation of mental health needs and support.



159

The Factor Structure, Reliability, and Validity of the 10-Item HIV Stigma Scale for Adolescents and Young Adults Living With HIV in Southwestern Uganda

Ashaba S¹, Favina A¹, Baguma C¹, Tushemereirwe P¹, Nansera D¹, Maling S¹, Zaroni B^{2,3}, Tsai A^{4,5}

¹Mbarara University of Science and Technology, Mbarara, Uganda, ²Emory University School of Medicine, Georgia, USA, ³Emory University's Rollins School of Public Health, Georgia, USA, ⁴Center for Global Health and Mongan Institute, Massachusetts General Hospital, Boston, USA, ⁵Harvard Medical School, Boston, USA

Background: HIV stigma remains a major barrier to HIV care among adolescents and young adults living with HIV (AYLHIV) affecting adherence to antiretroviral therapy (ART), retention in care, and associated with poor mental health outcomes. However, there are few HIV stigma measures that are appropriate for this age and the sub-Saharan cultural context. This analysis aimed to assess the reliability, validity and the factor structure of the 10-item HIV stigma scale for adolescents living with HIV (10-item ALHIV-SS) in a clinic based sample of adolescents and young adults living with perinatally acquired HIV in rural southwestern Uganda.

Methods: We enrolled 300 adolescents and young adults with perinatally acquired HIV aged 15-24 years between October and December 2021. We collected information on HIV stigma, depression, ART adherence, self-management skills, and social skills. We conducted exploratory factor analysis using principal components with promax rotation to assess the factor structure of the 10-item ALHIV-SS. We measured the internal consistency of the retained factors using Cronbach's alpha and assessed construct validity by comparing the 10-ALHIV-SS to other factors reported in previous research to be associated with HIV stigma including depression and adherence to ART.

Results: Exploratory factor analysis of the ALHIV-SS revealed three factors demonstrating internalized, anticipated, and enacted forms of stigma. The

ALHIV-SS was internally consistent with a Cronbach's alpha of 0.78. The internal consistency of the subscales was 0.76, 0.68, and 0.57 for the internalized stigma, enacted stigma, anticipated stigma subscales respectively. There were statistically significant correlations between the ALHIV-SS scale and depression (Spearman's rho=0.44; p<0.001), as well ART adherence (Spearman's rho=0.27; p<0.00) demonstrating construct validity of the scale.

Conclusions: The findings suggest that the 10-item ALHIV-SS is valid and reliable measure of HIV stigma among adolescents and youth living with perinatally acquired HIV in Uganda.



160

Digital Innovation for SRHR: A Namibian Case Study on Sex Talks Podcast and Youth Empowerment

Iyambo S

¹Sex Talks Podcast , Windhoek, Namibia, ²Her Voice Fund , Windhoek , Namibia

Background: Namibia's youth which comprises 71.1% of the population face significant Sexual Reproductive Health and Rights (SRHR) related challenges. These include limited knowledge, cultural taboos, and restricted access to services contribute to low contraceptive use (24%) and high unmet family planning needs (11.7%), increasing the risk of unintended pregnancies, STIs, HIV, and maternal mortality.

Sex Talks Podcast, a digital platform where young people openly have conversations on SRHR, gender-based violence, and mental health. These are issues that society often considers as taboos and those that parents find uncomfortable to discuss with their children.

Materials and Methods: In 2023-2024, Sex Talks Podcast produced over ten episodes and five community/school listening sessions, reaching over 4,000 website views and over 1,000 downloads among diverse youth aged 10-35. In these conversations, the podcast explored challenges faced by young people and how technology can be utilised to deliver accurate SRHR information to them.

Results: The podcast empowered open conversations on sexual health, gender-based violence, and mental health. Community sessions included youth living with HIV, learners, students, and young mothers, who identified barriers to service access, misinformation, and contributing factors to high teenage pregnancy rates and unmet family planning needs. These insights informed new strategies to reach youth effectively, emphasising youth-friendly, convenient, and technologically relevant approaches.

Conclusion: Achieving Namibia's health goals, such as ending HIV by 2030, necessitates reaching, and empowering its youth. Sex Talks Podcast demonstrates the potential of digital innovation in addressing SRHR , mental health and gender-based violence challenges by fostering open dialogue, providing information, and engaging young people in co-creating solutions. Investing in youth-centered, technologically-driven approaches is crucial for adolescent SRHR empowerment and overall well-being.



161

Lessons Learnt on Censorship for Content Related to Digital Intervention Program for SRHR and Key Populations in India

Srivastava N¹

¹Tweet Foundation, New Delhi, India

Digital health, or the use of digital technologies for health, has become a salient field of practice for employing routine and innovative forms of information and communications technology (ICT) to address health needs.¹ Digital health is particularly promising in low- and middle-income countries, where mobile phones are the primary way to access the internet². These interventions have been adapted to multiple countries including India and the leveraging of innovative communication technologies has been particularly included as a guiding principle in the National AIDS and STD Control Programme Phase-V (2021-26)³

Through this guiding principle, multiple programs have integrated digital interventions in their HIV programs in India. Though digital interventions are easily accessible to a large amount of the population, there exists a censoring and restrictive ability of SRHR content of digital app platforms which has been highlighted in multiple studies and articles.⁴⁵⁶ Ads and content related to condoms, lubricants, HIV, sex toys and other SRS-related content are either outrightly rejected or controlled and restricted to a certain audience, leading to a lack of accessibility to the information for SRHR services.

Through the presentation, the author would like to examine the impact of censorship related to SRHR content on a vulnerable audience that would like to seek this information out, the pernicious link between the censorship of SRHR-related information content and the rise in STDS and other sexual health-related issues for young adults and adolescents, examine the laws of the countries where these digital media platforms are based to scrutinize and the find a base for the policy that encourages censorship, and further recommendations on how to tackle censorship of SRHR related content on digital platforms. The presentation would also include author's personal

learning experiences working as a communications consultation for a digital intervention program in India and the censorship issues the program faced in its overall implementation.



162

Making Public Health Clinics Adolescent Friendly to Help Increase Uptake of Male Circumcision Services among Adolescent Boys and Young Men. Evidence from Central and Western Provinces of Zambia

Jere B¹, Kamboyi R², Tambatamba B², Chisenga T², Bihini C³, Lyabola L¹

¹Centre For Infectious Disease Reseach In Zambia, Lusaka, Zambia, ²Ministry of Health, Lusaka, Zambia, ³Centre for Disease Control, Lusaka, Zambia

Background: In Zambia, adolescents and young people currently constitute more than half of the total population. They face many health and development problems (substance use, early marriages, alcohol consumption, STI, HIV/AIDS, early pregnancies which today affect their lives and the socio-economic development of the country (National Adolescent Health Strategic Plan, 2022-2026). The Zambia population based HIV impact assessment of 2021 indicated that, HIV prevalence among boys aged 15+ years is 2% for boys aged 15 to 19 years old. UNAIDS and WHO recommendation that countries with high HIV prevalence and low voluntary medical male circumcision (VMMC) uptake consider adding MC as an HIV prevention strategy. It is for this reason that this intervention was put in place to help mitigate the impact of HIV among adolescents and young people.

Materials and Methods: Ministry of Health with support from Center for Infectious Diseases Research in Zambia (CIDRZ), enhanced adolescent health spaces in health facilities in 2022. 100 community and health care workers from Central and Western provinces were trained in Human Centered Design (HCD) approach, to improve skills in demand generation in adolescent health spaces. Identified adolescents as mobilizers for male circumcision. Distributed male circumcision messages on leaflets, booklets and posters. Established Male circumcision booking registers in

adolescent spaces. Conducted regular data audits in health facilities.

Results: In 2022, Central province circumcised 10,231 males aged 15 to 19 years old and 40,015 males aged 15-19 years in 2023. This indicates a 291% increase in circumcisions conducted over 2022. In 2022 Western province recorded 15,367 circumcisions of males aged 15 to 19 years old and in 2023 the province recorded 20,524 circumcisions of males aged between 15 to 19 years. This indicates a 34% increase over 2022.

Lessons Learned: The Adolescent Friendly Spaces are a central part of adolescent health service delivery. Engaging adolescents in their spaces with Integrated HIV prevention messages is impactful in reducing new infections. Male circumcision remains a key entry point for prevention among adolescents and young adults. What remains is to expand service across Zambia.



163

Economic Stress and Behavioural Risks Among ABYM NEETs: A Cross-Sectional Analysis of Programmatic Data

Mantashe Z¹, Futshane B¹, Qavile P¹, Jebese-Mfenqe D¹, Masiko P¹, Gaga S¹

¹*Beyond Zero, East London, South Africa*

This study delves into the behaviours and challenges faced by economically stressed Adolescent Boys and Young Men (ABYM) who are Not in Education, Employment, or Training (NEETs) aged 20-24 years. The research, conducted from January 1, 2023, to December 31, 2023, with a sample size of 1782 individuals enrolled in the My Journey AYP program, focused on the prevalence of multiple sexual partners, risky substance use, engaging in sex for money or goods, and condom usage among this demographic. Findings revealed that 2% had multiple sexual partners, 10% were risky substance users, 2% engaged in transactional sex, and 44% did not use condoms during their last sexual encounter. The study sheds light on the behavioural risks faced by economically stressed ABYM NEETs, emphasising the need for targeted interventions and support.



164

Plugging into Health: A Peer-Powered Revolution for Youth

Nkamba C¹

¹*Copper Rose Zambia, Lusaka, Zambia*

In today's youth culture, a "PLUG" is a popular slang term for a peer who supplies various items or commodities, from the latest sneakers to essential health products. This term has also come to represent students who engage in the business of trading contraceptives, such as morning-after pills, within their schools. Building on this concept, the Plug App emerges as an innovative DSD model that harnesses the power of ICT and a peer-to-peer approach to tackle critical health challenges faced by adolescents and young students. By leveraging the trusted relationships among peers, the Plug App aims to drastically reduce unintended pregnancies, HIV transmission, and STIs, revolutionizing how young people access and receive vital health services.

The Plug App revolutionizes health services for young people by allowing them to order HIV/SRHR commodities directly through the app. Peers, known as "Plugs," deliver these essential items right to their doorstep in campus. But it doesn't stop there each Plug provides vital information and education about the products they deliver and can even conduct necessary testing on the spot. Empowered with comprehensive HIV/SRHR knowledge and equipped with all the necessary tools, these community-based Plugs ensure young people have easy access to contraception, HIVST, PrEP, PEP, and condoms. The Plug App transforms peer support into a powerful, effective delivery system for sexual and reproductive health services.

The uniqueness of the PLUG App lies in its innovative peer-to-peer delivery system, leveraging peers within educational institutions, known as "Plugs," to deliver a wide range of sexual and reproductive health commodities. This approach fosters trusted relationships, making adolescents more comfortable accessing sensitive health services. The app integrates comprehensive services, including contraception, HIV self-testing, PrEP, PEP, and condoms, along with IEC provided by trained Plugs. Utilizing technology, the app

offers discreet, on-demand ordering and real-time tracking, ensuring accessibility and convenience. Plugs are empowered with extensive knowledge and tools, enabling them to deliver high-quality care and support. This community-centered model not only addresses physical health needs but also enhances health literacy and empowers youth, promoting a holistic approach to preventive care and significantly reducing unintended pregnancies and STI transmission.



165

Treatment Interruption Patterns Among Young People in USAID-Supported PEPFAR Programs

Okegbe T¹, Lee L², McDavid N¹, Schneider M²

¹GHTASC, Credence Management Solutions LLC, supporting the United States Agency for International Development (USAID), Office of HIV/AIDS, Washington, United States, ²USAID, Office of HIV/AIDS, Washington, United States

Continuity of treatment for people living with HIV is paramount in order to achieve the UNAIDS 95-95-95 targets and reach epidemic control. Treatment disengagement is linked to increases in viral load and onward HIV transmission. To better understand continuity of treatment, we analyzed treatment interruption patterns among children, adolescents, and young adults.

Routinely collected programmatic data from 42 USAID-supported PEPFAR country and regional programs were analyzed for U.S. fiscal year (FY) 2022 Quarter(Q) 3 through FY2023 Q2 (April 2022 - March 2023). We compared trends in the percent and volume of interruptions in treatment (IIT) by time on treatment (overall, <3 months, 3-5 months, and 6+ months) among children (0-9 years), adolescents (10-19 years), and young adults (20-29 years). IIT is defined as no clinical contact for 28 days after the last expected clinical appointment or medication pick-up date.

Comparing FY22Q3 to FY23Q2, the overall %IIT and absolute number of IIT decreased for all age groups: children (2.8% vs 2.6%; 3,613 vs 3,303), adolescents (2.8% vs 2.6%; 8,141 vs 7,853), and young adults (3.5% vs 3.4%; 44,721 vs 37,435). Though overall %IIT is highest for young adults in all quarters, in FY22Q4 through FY23Q2 the highest rates of %IIT occurred in adolescents who have been on treatment for <3 months (12.1%, 14.9% and 11.9%) followed by those on treatment for 3-5 months (11.2%, 12.7% and 8.0%). %IIT among those who have been on treatment for 6+ months is greatest for young adults across all four quarters. For all age groups between FY22Q4 and FY23Q2, the absolute number of IIT is largest at 6+ months, however, compared to overall %IIT, higher rates of %IIT are observed within the first

three months on treatment (2.7 - 4.8 times more often) followed by 3-5 months (2.1 - 4.8 times more often).

Overall rates of IIT among children, adolescents, and young adults in USAID-supported PEPFAR programs between FY22Q3 and FY23Q2 remain high. The pattern of high rates of IIT in individuals, particularly adolescents, on treatment <3 and 3-5 months, highlights the need for targeted interventions for new initiators to ensure continuity of treatment.



166

Mixed-Methods Evaluation of the Patients of the Adolescent and Young Adult Health Care Transition Clinic

Chew H, Schlundt D, Bonnet K, Pierce L, Hill N, Ahonkhai A, Desai N¹

¹Vanderbilt University Medical Center, Nashville, United States

Background: Adolescents and young adults face challenges when transitioning to adult care due to emerging adulthood and changing providers and insurance. Young people living with HIV (YPLHIV) have additional obstacles with mental health and stigma. During their transition, only 55% of YPLHIV are retained in care, and 65% are virally suppressed. To address these challenges, the Adolescent and Young Adult Health Care Transition Clinic (AYAHCTC) was created at Vanderbilt University Medical Center (VUMC) in 2017. This mixed-methods study evaluates the initial cohort and solicits YPLHIV's perspectives on barriers and facilitators in their transition.

Methods: Quantitative analyses (n=21) characterized patients' demographics, clinical engagement, and retention in care. Qualitative interviews (n=5) captured patients' experiences with transition. VUMC Institutional Review Board approval was obtained.

Results: Patients' mean age on their first visit was 19.6 years. The average duration in the AYAHCTC was 2.21 years. Engagement and retention in the first year were 100% and 95.5%, respectively. Viral suppression rates improved from 66.7% at the first visit to 81.0% at the last visit. 11 patients transitioned out of AYAHCTC. Qualitative analyses indicate that barriers to transition include leaving a trusted provider, reduced parental guidance, developing autonomy, and perceived loss of confidentiality in the adult clinic environment. Transition was facilitated by youth friendly services, clear and effective communication, and strong personal relationships with providers in the AYAHCTC.

Conclusions: YPLHIV positively viewed AYAHCTC experiences. Future directions include optimizing services to build YPLHIV's independence,

supporting YPLHIV experiencing stigma, assuaging concerns about switching providers, collaborating with adult clinics to maintain confidentiality, and designing interventions that focus on adherence during transition.



167

Combined Approaches Towards Improving Access to and Use of Contraceptives Amongst Adolescents and Youths: A Case Study of Nyalkinyi Health Centre in Homabay

Onyach J¹, Okal C¹, Oliech I²

¹Ministry Of Health Kenya, Oyugis , Kenya, ²NAYA Kenya, Nairobi, Kenya

Background: The rate of teenage pregnancy and motherhood in Homabay stands at 22% in comparison with 18% countrywide in Kenya. In Nyalkinyi health Centre teenage pregnancy stands at 20% (KHIS data 2022). It is estimated that about 13000 girls drop out of school annually due to unintended pregnancy.

Kenya demographics and health surveys shows that unmet contraceptive need is high among adolescents aged 15-19 at 23% while in youths aged 20-24, it stands at 19%. To improve this situation ASRH policy and strategy enacted in 2015 advocates for multi-sectoral approaches and inclusion of AYPs for the success of AYSRH programs. This abstract demonstrates the successful uptake of contraceptives among AYPs at Nyalkinyi Health centre through the implementation of targeted community and facility interventions.

Methology: An AYP score card assessment conducted in 2022 September revealed inadequate knowledge on youth friendly services among health care providers, lack of facility-community linkage and unclear referral pathways as major barriers to accessing AYSRH services. Youth advocates, Community health promoters were therefore recruited and trained together with Nyalkinyi health centre staffs using AYSRH curriculum developed by NAYA. A simplified information education and communication materials were developed and issued to youth advocates, community health promoter and service providers for sensitization. Monthly facility service in-reaches and community outreaches were conducted. A team comprising youth

advocates, NAYA technical team, CHPs and facility AYSRH champions held monthly consultative forums to track performance. A referral SOP was developed and shared with CHPs and youth advocates.

Results: A total of thirteen people were trained on AYSRH (1 clinician, 1 Nurse, 1 CHO, 3 CHP, and 7 youth advocates). Nyalkinyi provided contraceptives to 639 new AYPs adopting contraceptive use in 2023. 58.8% were aged 15-19years, 40.4% were aged 20-24years and about 0.8% were aged 10-14years. 25.2% adopted long term contraceptives while 78.8% adopted short term contraceptives.76.4% were referred by youth advocates while 23.6% were self-referrals.

Conclusion: Combination of facility and community approaches while involving AYPs are key to improving contraceptive uptake. We recommend meaningful engagement of AYPs and sensitization of healthcare providers on youth friendly services as a prerequisite to improving contraceptive uptake.



168

Improving the participation and attendance in support groups by adolescents living with HIV through provision of sports in 2 clinics in Binga district, Zimbabwe

Musungwini E¹, Murungu J², Ndlovu L¹

¹Pangaea Zimbabwe - Wild4Life Health program, HARARE, Zimbabwe, ²Pangaea Zimbabwe, HARARE, Zimbabwe

Background: Support groups play a critical role in the well-being of adolescents living with HIV, offering a safe space for psychosocial support, monitoring adherence to antiretroviral treatment (ART), and fostering peer interaction. However, poor attendance has been a significant challenge in our work, undermining their effectiveness.

Materials and Methods: Recognising the motivational power of sports, in January 2024 we provided sports equipment at the 2 clinics to improve adolescents participation and attendance in support groups meetings. The equipment included soccer balls, netballs, snakes and ladders and other sports materials designed to attract adolescents. Support group attendance records were analysed before and after the intervention for each clinic. Qualitative feedback from adolescents and health workers was also collected to assess the impact of the sports initiative.

Results: Prior to the intervention, support group attendance averaged 10/39 (26%) and 5/28 (18%) per month for Sianzyundu and Tinde clinics respectively with many adolescents reluctant to participate due to stigma and lack of engaging activities. After the distribution of sports equipment, attendance significantly increased to 17/39 (44%) and 14/28 (50%) for Sianzyundu and Tinde clinics respectively. The introduction of sports not only attracted adolescents to attend the meetings but also created an inclusive environment where both HIV-positive and HIV-negative adolescents played together, helping to reduce stigma. Health workers reported improved adherence to ART and enhanced psychosocial support, as adolescents were more engaged and willing to discuss their challenges and experiences

as peers. Sports also promoted physical activity which is good for health and wellbeing.

Conclusion: The provision of sports equipment improved the participation and attendance of adolescents living with HIV in support groups at the 2 clinics. By leveraging the appeal of sports, the intervention addressed the key barriers of stigma and lack of engaging activities, resulting in a marked increase in attendance and participation. This approach fostered better adherence to ART and enhanced the psychosocial well-being of adolescents by creating a supportive and inclusive environment.



169

“Some Rumors Can Make You Fear to Use the Methods”: A Qualitative Analysis of Factors Affecting the Utilization of Modern Family Planning Services Among Adolescent Girls and Young Women In Rural Northern Uganda

Kimbugwe D, Ayugi V, Bongomin F

¹Medical and Molecular Laboratories Limited, Kampala, Uganda

Background: Modern family planning services are crucial for sexually-active Adolescent Girls and Young Women (AGYW) to prevent unintended pregnancies. Contraceptive prevalence rate for women in Uganda is low at 34% and about 25% of Ugandan teenagers become pregnant by the age of 19. This has health implications for both the parents and babies. This study set out to explore factors affecting the utilization of modern family planning services among AGYW in Oyam District, Northern Uganda.

Materials and Methods: We conducted a qualitative study that involved eight Focus Group Discussions (FGDs), each with ten respondents. These were AGYW, aged 15-24 years and residing in Oyam district, Northern Uganda. FGDs were audio recorded and lasted 60-90 minutes. Audio recordings were transcribed. Open Code software was used to evaluate the data using both an inductive and deductive thematic approach.

Results: We interviewed 80 participants, with a median age of 19 years [Interquartile range (17,22)]. Overall, 38 (47.5%) participants were married, and 36 (45.0%) had no child. Four main themes emerged as barriers to modern family planning use. First, opposition to family planning (religious, male, and cultural). Secondly, health concerns such as side-effects related to family planning use. Thirdly, rumors and misconceptions which included; family planning can ‘burn’ ovaries when used while young, family planning can cause miscarriages, implants can disappear into the body and women on family planning experience much

labor pains when they get pregnant. Lastly, Health systems factors such as low availability of family planning methods and long waiting time at the health facilities.

Conclusion: Factors affecting utilization of modern family planning methods among AGYW in Oyam District, Northern Uganda were consistent with those observed in other studies around the world. Interventions to improve access to modern family planning among this population can be implemented under three broad themes. (1) Alleviating opposition to family planning, (2) Addressing health concerns related to family planning such side effects plus misconceptions/rumors and (3) Improving the quality of family planning services. For these interventions to be effective, they should be directed to the individual, the family/intimate partner, and the community at large.



170

Analysis of Adolescents' Attitudes and Knowledge on Sexual Reproductive Health and HIV Services in Abuja and Anambra

Olugbuyi B¹

¹Caritas Development and Health Initiative, Abuja, Nigeria

Background: Sexual Reproductive Health and HIV are two issues that have a profound impact on the lives of Adolescents. The WHO defines an adolescent as an individual in the 10-19 years age group and usually uses the term young person to denote those between 10 and 24 years. Adolescents experience tremendous physical, intellectual, and behavioral changes as they transition into adulthood. This makes them especially vulnerable to reproductive health problems. We aimed to describe the attitude and knowledge of Adolescents regarding their SRHR education and learning, particularly communication with their parents/guardians and teachers.

Method: Caritas Development and Health Initiative conducted a cross-sectional study of randomly selected secondary school students aged 13-17 years attending Secondary school from Abuja and Anambra. We used a self-administered interview to gather data on SRHR education received, ability to discuss SRHR issues with a parent/guardian, and SRHR information gaps encountered. Caritas Development and Health Initiative enrolled 250 secondary school students, 100 from Abuja and 150 from Anambra.

Results: From the interview conducted 86.7% had knowledge of Sex, Sexual Reproductive Health and HIV while 13.3% seemed not to have any knowledge of SRH. From the participants who had knowledge of sex 92.3% found it difficult to discuss or did not discuss SRH matters with their parent/guardian while growing up, these are areas as parents need to be inclusive when it comes to adolescents SRHR and few participants reported they could talk to their parents/guardian to some extent. Adolescents learning about SRH matters was reported from peers to be highest at 69.2%,

teacher-led school curriculum 7.7% and adolescents learning about SRH information from social media/online had the second highest at 23.1%.

Conclusion: Adolescents exhibit a gender preference when it comes to learning about SRH from their parents; however, such interactions are rare. Community health education should focus on developing parents' skills in parent-child communication about SRH issues so that they may confidently initiate and transmit accurate SRH information. Comprehensive SRH education and skill development must be reinforced in present school SRH curricula to suit student demand and needs while also increasing teacher competency.



171

Challenges Faced by Adolescents Living with HIV in Pediatric HIV Care Clinics: An Integrated Literature Review

Mhango J¹, Hiwa T¹

¹Baylor College of Medicine Children's Foundation, Lilongwe, Malawi

Background: Majority of the adolescents living with HIV (ALHIV) reside in sub-Saharan Africa. These ALHIV face unique challenges as they navigate the complexities associated with managing their health. They also face stigma and discrimination, which influence their health outcomes. ALHIV face challenges in accessing services in pediatric HIV care clinics, leading to poor health outcomes. In Malawi, where HIV prevalence among adolescents is high, understanding the specific service access challenges is critical to improving long-term care and treatment of ALHIV. This integrated review looked at the challenges faced by ALHIV in pediatric HIV care clinics in Malawi.

Methods: This was an integrated literature review of studies done between 2018 and 2022 in sub-Saharan Africa including Malawi. The search strategy began with six electronic databases including Journal of Adolescent Health and Google Scholar. A systematical review of ten studies that looked at adolescents' lived experiences and perceptions who attend pediatric HIV care clinics was performed. The review synthesizes evidence on psychosocial support needs, adherence to antiretroviral therapy (ART), and approaches to sustain desirable treatment outcomes to foster evidence-based practice. The final sample for this integrative review made up of seven published studies.

Results: The studies addressed the unique needs and challenges faced by ALHIV in sub-Saharan Africa as they obtain services at pediatric HIV care clinics. The studies emphasized availability of age-appropriate service provision as key in fighting poor adherence to antiretroviral therapy (ART) and high rates of attrition from care. In Malawi, studies highlighted challenges ranging from interpersonal, social, structural, to system-level obstacles.

Studies spelled out interventions tailored to specific needs of ALHIV, such as psychosocial, person-centered care, specific care plans, peer networking and coping ability.

Conclusion: Understanding the complex needs of the ALHIV is important in beginning to address their challenges accessing services in pediatric HIV care clinics. Psychosocial service provision was observed to be delivered in departmental silos leading to lack of information flow, poor intrapersonal relationships, and structural boundaries. Tailored support services and resources that promote healthcare self-management, independence, and overall well-being for ALHIV as they obtain services in pediatric HIV care clinics in Malawi are critical.



172

A Review of an Adolescent Peer Navigator Training Curriculum in Western Kenya

Chory A^{1,2}, Ronoh C³, Boal A^{1,2}, Munyoro D⁴, Cheserek H⁴, Wu W^{1,2}, Vreeman R^{1,2}, Apondi E^{3,5}

¹Icahn School of Medicine at Mount Sinai, New York City, United States, ²Arnhold Institute for Global Health, New York City, United States, ³Moi Teaching and Referral Hospital, Eldoret, Kenya, ⁴Academic Model Providing Access to Healthcare (AMPATH), Eldoret, Kenya, ⁵Moi University College of Health Sciences, Eldoret, Kenya

Background: The use of peer navigators is a globally recognized strategy demonstrated to improve health and wellbeing, especially for marginalized and harder-to-reach populations in settings where resources or health care capacity are limited. For adolescents living with HIV (ALWH), peer navigator programs have demonstrated success in providing social support, improving ART adherence, mental health outcomes, and engagement and retention in care. Despite such success globally, peer navigator curricula are not standardized or streamlined. We conducted a critical review of the peer navigator training at an adolescent health center in western Kenya.

Methods: At the Moi Teaching and Referral Hospital's Rafiki Centre for Excellence, peer navigators provide critical supports for ALWH, including facilitating peer support groups, linking adolescents to specialized care, and increasing trust between patients and providers. The objective of this review was to: (1) compile training resources used with adolescent peer navigators at the Rafiki Centre; (2) determine and define key domains included in the curriculum; and (3) assess if topic areas reflect the patient population's needs.

Results: The identified training resources fell into four domains: (1) sexual and reproductive health, (2) mental health, (3) HIV, and (4) general health topics. The topics covered included pregnancy, STIs, contraception, and the menstrual cycle (1), mental health disorders, resources, and addiction (2), HIV signs, symptoms, and stigma (3), and nutrition, fitness, sexuality, and self-esteem (4). Notably, although the HIV-related training

component included a discussion of the signs, symptoms and prevention of HIV (including condom and PrEP use), transmission routes, and barriers to prevention, no included training modules discussed the importance of and strategies for HIV medication and clinic appointment adherence. As medication and clinic adherence is vital in HIV care, the team identified this as an important gap in the peer navigator curriculum. The research team included multiple current and former peer navigators, who due to their roles, were able to determine the relevancy of the information provided and judge if they were lacking in depth or breadth.

Conclusion: The peer navigator training resources considered in this review identified four key domains as they pertain to the complex needs of adolescents.



173

Empowering Adolescents Living with HIV: Access to Justice and Community Sensitization on Gender-Based Violence in Nyaribari Chache, Kisii County

Menge C¹

¹Lvct, Kisii, Kenya

Background: Kisii County faces significant challenges related to gender-based violence (GBV) and HIV. According to the National Crime Research Center, Kisii County's crime rates are notably high: rape (25% vs. 19.9% nationally), defilement (25% vs. 31.3%), attempted defilement (0.8% vs. 0.1%), child abuse (7.5% vs. 16.9%), female genital mutilation (0.8% vs. 0.4%), and illegal abortion (0.8% vs. 0.3%). Barriers to justice include ignorance, stigma, corruption, and informal justice systems. Empowering adolescents with knowledge and resources is essential in addressing these issues.

Materials and Methods: From 2021 to 2024, we conducted educational sessions for adolescents living with HIV (ALHIV) in three Kisii County hospitals: Kiogoro Health Facility, Masongo Dispensary, and Keumbu Sub-County Hospital. ALHIV attended two sessions each break period, learning about their rights, GBV, and referral pathways for seeking justice. These sessions were integrated into their Operation Triple Zero (OTZ) meetings. We utilized the I-monitor tool for reporting human rights issues and service quality.

Results: At Kiogoro Health Center, six cases were reported by ALHIV. Keumbu Health Center had seven cases reported, while Masongo Dispensary had two cases. These cases were reported over one year. Additionally, several instances of stigma were reported anonymously and successfully addressed.

Conclusion: To further support ALHIV, it is crucial to sensitize personnel in referral offices on how to handle the issues reported by these adolescents.

Expanding sensitization sessions will also enhance their empowerment and access to justice.



174

Mental Health Problems Among Adolescents Living With HIV: A Cross Sectional Study of Four Provinces (Western, Southern, Eastern and Lusaka) in Sites Implementing CETA

Munthali V¹, Chambwe C¹, Chitala M¹, Mudenda C¹, Kamono S¹

¹Centre For Infectious Disease Research in Zambia, Lusaka, Zambia

Background: HIV positive children and young people are at increased risk of mental concerns, according to research evidence from developed countries (Vranda and Mothi,2013). This is of particular concern since stress and psychological status may affect disease progression in HIV infected individuals and psychosocial factors have been shown to have clinically significant relationships with immune related outcomes for HIV (Collins et al,2006). The provincial health offices in Western, Southern, Eastern and Lusaka Province in Zambia,offer since 2020, in various facilities , Common Elements Treatment Approach (CETA), which is a cognitive behavioral intervention, to persons living with HIV, adolescents included. This intervention addresses symptoms of trauma, depression and alcohol/substance use.

Methodology: The criteria were adolescents aged between 15-24 year, having been enrolled into CETA between January 2022 to May 2024. Clients files were reviewed to ascertain the symptoms the adolescents presented.

Results: Of the 2364 enrolled in CETA, 351were adolescents and young adults. Comprising of 264 females (75.2%) and 87 males (24.8%). The predominant issues identified were symptoms of depression (n=270, 77%), trauma-related symptoms (n=60, %), and alcohol/substance use disorders (n=21, 6%). The high prevalence of depressive symptoms observed is might be due to the adolescent critical developmental phase marked by significant physical, hormonal, and

psychological changes, compounded by the challenges of living with HIV. This intersection of developmental stressors and chronic health conditions increases susceptibility to a range of adverse outcomes, including sexual risk behaviors, substance abuse, poor treatment adherence, and elevated viral loads, collectively impairing quality of life (Leserman,2000) Therefore, there is an imperative need for targeted interventions and comprehensive support systems to prevent and manage mental health issues in this vulnerable population, ensuring better overall health and well-being.

Conclusion: Adolescents with HIV in Zambia face significant mental health issues, particularly depression. Addressing this requires community and facility-level interventions, including family-based support, community sensitization, peer-led counseling, and media awareness about mental health and coping strategies.

Vranda MN, Mothi SN.(2013) Psychosocial Issues of Children Infected with HIV/AIDS. Indian J Psychol Med.



175

The Impact of the Grassroot Soccer and the SKILLZ Program on the Adolescent Young People Within Alexandra Community

Phusoane R¹

¹Grassroot Soccer, Johannesburg, South Africa

Our programs leverage the universal appeal of soccer as the platform to reach adolescents during this critical time. Using soccer as the hook, we engage adolescents in making healthy decisions.

The adolescent and young adult population in our community face significant challenges related to sexual and reproductive health (SRHR), HIV, Mental health and overall well-being. Despite the importance of comprehensive SRHR education, many young people lack access to accurate information, health services and skills to make well informed health decisions.

As a dedicated SKILLZ Coach, I have been actively delivering SKILLZ program to the youth in our community. Through interventions, discussions and activities, the program has successfully empowered young people, providing them with accurate information, fostering positive attitudes and equipping them with critical health knowledge.

The SKILLZ program has a positive impact on young people in our community by increasing SRHR knowledge and reducing HIV-related stigma. Based on input from the SKILLZ participants and Coaches on the demand for additional mental health content, GRS enhanced the SKILLZ curriculum to incorporate the suggestions and insights (borrowing from GRS's mental health promotion and prevention program "MindSKILZ"). The recently revamped SKILLZ curriculum now includes a stand-alone mental health session and a mental health breathing exercise is included in every session. In addition, GRS invites mental health service providers to bring awareness on mental health topics and provide psychosocial support as part of graduation events, available to participants as needed.

Lessons learned:

The importance of comprehensive health education, providing accurate and age-appropriate information and SRHR, HIV prevention and GBV is crucial to help the young people with being able to make well informed health decisions.

Addressing stigma and discrimination associated with HIV can help reduce barriers to access healthcare and support those living with HIV. Community involvement, Engaging the community in these programs can help foster a supportive environment for the young people to access the information, services and support.

Young people are usually hesitant to access health service. However, we have learned that hosting HIV testing events has been successful in creating demand and uptake of health services by our participants.



176

Standardized Peer Support Led Facility Safe Spaces for Adolescent Living with HIV In Bulawayo Zimbabwe

Moyo P¹, Ndlovu N², Jenjera M³

¹Paediatric Adolescent Treatment Africa, Bulawayo, Zimbabwe,

²United Bulawayo Hospital Youth Friendly , Bulawayo,

Zimbabwe, ³Friendly Service Delivery for Adolescents&Youth, Bulawayo, Zimbabwe

The study aimed to address significant gaps in HIV/AIDS care for adolescents through the implementation of peer-led safe spaces at the United Bulawayo Hospital OI clinic. Adolescents face challenges such as stigma, difficulty adhering to treatment, and engagement in care due to psychological and behavioural factors. To combat these issues, the study prioritized creating culturally sensitive peer-led groups tailored to different age groups (10-14 years, 15-19 years, and 20-24 years).

The primary objective was to establish a secure environment conducive to peer-led support groups. Activities and topics were carefully chosen based on evidence and cultural appropriateness to foster understanding and empowerment among participants in managing their HIV status effectively.

Thirty adolescents and young adults living with HIV were selected for the implementation trial, assessing the feasibility, effectiveness, and sustainability of the peer-led safe spaces. Pre and post analyses indicated significant improvements: 75% of participants showed improved or stable viral loads, indicating better treatment adherence and HIV management. Mental health outcomes also improved, with 83% reporting reduced depression symptoms.

The study highlighted the success of peer-led safe spaces in meeting adolescents' multifaceted needs, enhancing clinical outcomes and mental health indicators alike. It facilitated personalized support, identified through individualized attention difficult in larger group settings.

Participants and clinical teams responded positively, acknowledging the program's relevance and effectiveness in meeting adolescents' needs. The study demonstrated adaptability across different contexts, suggesting its potential for widespread adoption.

In conclusion, participation in standardized peer-led safe spaces positively impacted adolescents' health practices and attitudes towards HIV. The program's measurable impact underscores its potential for broader implementation, recommending its adoption due to its effectiveness and adaptability. Future efforts should focus on sustaining these positive outcomes over time, ensuring continued support for adolescents living with HIV.



177

Exploring Peer-Based Support Models in Schools for Pregnant and Mothering Adolescent

Zulu M^{1,3,4,6}, Thabeng M^{2,3,5}, Coakley C^{3,5,6}

¹Department of Psychology, University of Cape Town, Cape Town, South Africa, ²Department of Social Policy and Intervention, University of Oxford, , UK, ³Centre for Social Science Research, University of Cape Town, Cape Town, South Africa, ⁴Khanyisa Ngemfundo Project, , South Africa, ⁵Teen Advisory Group, , South Africa, ⁶HEY BABY (Helping Empower Youth Brought up in Adversity with their Babies and Young children), , South Africa

Adolescent pregnancy significantly impacts young girls' education and futures, despite policies like the Department of Basic Education's Policy on Prevention and Management of Learner Pregnancy (2021) aiming to support pregnant and mothering adolescents. Limited sexual health education and healthcare exacerbate the intersection of HIV and adolescent pregnancy, fostering risky sexual behaviours and hindering effective HIV prevention efforts. Building on existing research highlighting the importance of supportive school environments and mentorship programmes, this study explores the challenges faced by pregnant and mothering adolescents. It investigates the role of peer-based support models in alleviating education-related issues, promoting school completion, and psychosocial health linkages.

Using a qualitative approach, n=17 pregnant and mothering learners (15-22 years) from two secondary schools in the Eastern Cape Province of South Africa participated in focus groups, among whom eight took part in semi-structured interviews. Additionally, representatives from two civil society organisations, comprising eight individuals, including mentors and programme officers, attended focus group discussions. One organisation provides disadvantaged communities with an education continuum through 'Check and Connect' interventions, while another focuses on HIV prevention and stigma reduction, offering support through 'Mentor Moms' initiative. Discussions focused on understanding the experiences of pregnant and mothering learners in school, identifying gaps in service provision, and exploring how organisations can provide mentor support to schools. Interviews and focus group

discussions were recorded, transcribed verbatim, and analysed using thematic analysis.

Preliminary analysis identifies significant challenges faced by pregnant and mothering adolescents, including issues of trust and privacy with mentors and teachers, stigma from peers and teachers, extensive parental responsibilities, the unfeasible workload of mentors from projects, and teachers adding assistance requests with school subjects such as life orientation. These experiences impact the education and future prospects of pregnant and mothering adolescents.

Additionally, the study reveals how peer-based support models can alleviate these issues by fostering trust and creating a supportive environment. Emphasising the importance of collaboration between schools, NGOs, and government departments to enhance educational outcomes for this vulnerable demographic. Addressing these challenges through targeted collaboration and innovative peer-based support will transform educational outcomes and empower pregnant and mothering adolescents for a brighter future.



178

An Exploration of PrEP to ART User Journey of Young People During a PrEP Implementation Study in Cape Town, South Africa

Vundhla P¹, Rousseau E, Macdonald P, [Bennin F](#), Sindelo S, Mngqibisa M, Vanto O, Fuzile P, Bekker L

¹Desmond Tutu Hiv Foundation, Woodstock, Cape Town, South Africa

Background: Pre-exposure prophylaxis (PrEP) is a highly effective and safe method of HIV prevention, though rare cases of HIV transmission may still occur. HIV seroconversion may occur when young people do not adhere to a prescribed PrEP regimen or in instances when an HIV diagnosis misses the acute HIV phase. In these instances, the PrEP user should be immediately initiated onto antiretroviral therapy (ART). This study seeks to explore the PrEP to ART user journey of young people who seroconvert after enrolment in a PrEP Implementation study.

Methods: FastPrEP is an implementation science project scaling differentiated PrEP delivery through routine sexual and reproductive health services in Cape Town, South Africa. In-depth interviews were conducted from May to June 2024, with participants that were conveniently sampled, who tested HIV positive after starting PrEP at a mobile or government clinic providing PrEP. Data was analysed using thematic analysis.

Results: Eight interviews were conducted. All participants were females with an average age of 20 years. Participants shared that oral PrEP initiation was influenced by partner mistrust, frequent condomless sex, having multiple partners, or peer influence. During the first month, PrEP adherence was reported to be high but decreased over time, often due to challenges with daily pill taking, side effects (nausea, headaches, vomiting) and concerns about partner disclosure. All participants had been linked to care, however two had not initiated ART, due to them reporting to feeling “healthy”. Participants shared that encouraging follow-up phone calls from the study team facilitated linkage to care; however,

accepting the HIV diagnosis after initial PrEP use was difficult. Factors that facilitated ART adherence included fear of death and disclosing their status to at least one supportive family member. However, three participants reported that adherence to daily oral ART also tended to decrease as they became more familiar with taking the medication.

Conclusion: Participants exhibited inconsistent medication adherence behaviour, which persisted even when they were prescribed ART. Innovative strategies are needed to promote consistent use of both PrEP and ART. Newer, longer-acting PrEP and ART formulations will be beneficial in this population of young women in South Africa.



179

Barriers in Accessing Youth Friendly Reproductive Health Services at Nyalkinyi H/C in Homabay County

Onyach J¹, Ogando J², Oliech I²

¹Ministry Of Health Kenya, Oyugis , Kenya, ²NAYA, Homabay, Kenya

Background: Youth friendly reproductive health services are key strategies to improving the health and wellbeing of young people. There is growing recognition of the need to make existing health services youth friendly instead of having standalone clinics. Kenya has over the years implemented programs to improve young people's access to reproductive health services. Despite the interventions implemented, evidence such as high teenage pregnancies, unmet family planning need and new HIV infection amongst young people show that adolescents and youth access to reproductive health services still remains low. This study aimed to examine barriers to accessing youth friendly reproductive health services at Nyalkinyi Health Centre.

Methology: Youth advocates were recruited and trained on a semi structured questionnaire developed by PATA (Paediatric-Adolescent Treatment Africa) in English. The questionnaire was administered to young persons who accessed services at various service delivery points in the month of September 2023. The young people self-filled the questionnaire without writing their names. The participation was purely voluntary with none of the participants being coerced to participate. The questionnaire had three main areas of assessment which included knowledge on various reproductive health services available within the facility, facility factors that could hinder provision of youth friendly services and individual factors. Data was entered on excel and analysed.

Results: A total of 61 young persons were interviewed. 19 of the participants were males whereas 42 were females. 7 were aged 10-14years, 34 were aged 15-19 years while 20 were aged 20-24 years. Only 26 participants could list all the reproductive health services available hence knowledge gap. 35 participants said the health

care staffs were judgmental in the provision of service, 41 participants cited long waiting times and commodity stock outs. 47 participants cited lack of a youth friendly room as a major barrier while 19 mentioned breaches of young people confidentiality to parents.

Conclusions: Improving access to reproductive health services among young requires involving the youths in all programs. We recommend meaningful engagement of AYPs and sensitization of AYP champions on youth friendly services as a prerequisite to improving access to youth friendly reproductive health services.



180

Steady Increase of HIV Prevalence among Adolescent PWID aged 15-19 years in Nigeria: Analysis of Three Rounds of Biological Behavioural Surveys from 2010 - 2020

Aguolu R¹, Ejeckam C², Agbo F¹

¹National Agency for the Control Of AIDS, Abuja, Nigeria,

²University of Manitoba, Abuja, Nigeria

Background: Adolescents and young adults who inject drugs often encounter barriers to accessing health services, including stigma, legal issues, and a lack of youth-friendly interventions.

Understanding the HIV prevalence trends in this age group is crucial for tailoring effective prevention and treatment strategies. Previous studies have highlighted the need for age-specific data on HIV among People Who Inject Drugs (PWID) in Nigeria. However, there is a paucity of research examining recent trends, particularly for the 15-19 age group.

Method: We conducted a descriptive analysis of the trend in HIV Prevalence among PWID in Nigeria based on the data generated from three rounds of integrated biological and behavioral surveillance surveys (2010, 2014, and 2020) in the country. A comparative analysis of the trend in HIV prevalence across three age groups (15-19 years, 20-24 years, and 25-49 years) between the years 2010 and 2020 was done using Excel.

Results: Among PWID aged 25-49 years, there was an increase in prevalence from 4.3% in 2010 to 10.7% in 2020 after an initial dip to 3.9%. For PWID aged 20 -24 years, the prevalence dropped to 2.3% in 2014 from 4.0% and then increased to 12.1% in 2020. However, for adolescent PWID aged 15-19 years, there was a steady increase in HIV prevalence from 0.00% in 2010 to 3.1% in 2014 and then 10.5% in 2020.

Conclusions: The results show increased HIV prevalence across the three age groups but a steady increase for PWID aged 15 -19 years over

the three years understudied. Hence depicts the need to develop age-appropriate HIV prevention programs specifically for young PWID, advocate for increased funding for HIV prevention and treatment programs targeting this population, and the need to generate more evidence that will help in designing interventions for them.



181

Expanding Access to Low-Priced Blood-Based HIV Self-Testing: Findings From Nigeria

Adole A¹, Kama J¹, Adibe N¹, Lufadeju F¹, Sowale O¹, Ikpeazu A², John-dada I², Emmanuel O², Ali O³

¹Clinton Health Access Initiative, FCT-Abuja, Nigeria, ²National AIDS, Hepatitis and STI Control Programme, FCT-Abuja, Nigeria, ³African Health Project, FCT-Abuja, Nigeria

Background: HIV Self-Tests (HIVST) became available in Nigeria in 2019 and offers a confidential and accurate alternative for reaching the most-at-risk populations. The Nigerian Government is evaluating a total market approach (TMA) to ensure widespread distribution of the HIVST to achieve the global HIV 95-95-95 targets. This study aims to evaluate the acceptability, ease of use, and willingness to pay for a blood based HIVST kit.

Methods: The study commenced in April 2023 and utilized 14 community and private sector facilities as distribution channels (DC) for the HIVST kit. Participants aged ≥15 years were offered the HIVST kits. Data was collected from participants using questionnaires, abstracted into an MS Excel tool and responses analyzed.

Results: By December 30, 2023, a total of 7,326 individuals were offered the HIVST kit. 0.6% (45) rejected the test kits, and 99.3% (7,281) accepted use. 15.1% (1113) accepted use but declined study enrolment, while 83.3% (6106) gave consent and enrolled in the study. The mean age for acceptance was 30.3 years and 66% (4023) were females. 96% (5,869) of participants had at least primary education and 48.7% (2,978) were single. 53% are businesspeople, 19% are private workers, while 11% work in government. 1% (82) were reactive and 100% (82) of these linked to confirmatory tests, with 95% (78) confirmed linked to ART services. 88.5% of participants indicated a willingness to pay for an HIVST kit at an average cost of N590 (\$0.53). 89.1% respondents reported the Wondfo HIVST kits “easy” and “very easy” to use across.

Conclusion: The HIVST kit was highly acceptable among individuals offered. A significant proportion indicated willingness to pay for kits if not available

for free and find the kit easy to use. However, more efforts are required for increased access and sustainability.



182

Guardians' Perspectives on Life Orientation in Schools: A Case Study of Schools in Limpopo Province, South Africa

Mulaudzi S¹

¹*Gauteng Department Of Roads And Transport, pretoria, montana, South Africa*

The study focuses on investigating the perspectives of guardians on Life Orientation (LO) education in Limpopo schools. It provides an overview of the objectives, methodology, key findings, discussions, and recommendations derived from focus group discussions with guardians.

The study aims to gain insights into the experiences, challenges, and opinions of guardians regarding LO education, with a particular emphasis on sensitive topics such as sexuality education. The methodology employed for this research includes qualitative research methods, such as focus group discussions, and data analysis using the Tesch method. The study sheds light on the difficulties faced by guardians in addressing LO topics, their preferences concerning the responsibility of teaching sexuality education, and the necessity for enhanced communication between schools and families.

The recommendations put forth comprise comprehensive parental training, access to culturally sensitive resources, collaboration between schools and families, continuous professional development for teachers, curriculum review, awareness campaigns, and peer education programs to strengthen the implementation of LO and support its systems.

