



**Society for Family Health, Nigeria
...Creating Change, Enhancing Lives**

Setting Up an AYP intervention Program/Implementation Strategy in the states



Presentation Outline

- ❖ Introduction
- ❖ Categorization of AYPs/AGYW
- ❖ Synergy between AGYW and High Risk Girls
- ❖ Implementing states and LGAs
- ❖ Expected reach and Approach(Reportable indicator)
- ❖ Introduction to the 3 Broad strategies
- ❖ Introduction to the Approaches at targeting AGYW
- ❖ Conclusion



Introduction

The implementation phase of the Action reach will be providing an opportunity to reach more Adolescent Young Persons(AYPs).

The intervention is focusing particularly on Adolescent Girls and Young Women(AGYW) who are between ages 15-24years.

Adolescent Girls are between ages 15-19years

Young Women are between ages 20-24years



Categorization of AYPs/AGYW

They were profiled into 4 categories using their socio-demographics characteristics, sexual lifestyle and sexual pattern. This characterization had variates across the various communities and states of intervention and are namely:

- Adolescent girls between ages 15-19years;
- Young women 20-24years;
- Girls at high risk based on occupation and lifestyle
- Adolescent Girls and Young Women Living with HIV.



Synergy between AGYW and High-Risk Girls

High risk girls are a classification under the Adolescent Girls and Young Women .They can be regarded as higher risk of HIV/AIDS because there are certain contributory factors in their environment which predisposes them to risky sexual behaviours

- For instance, older men are known to target young girls as sexual partners because they believe that young girls are not sex workers and are therefore not likely to be infected with HIV (Osei and Nwasike, 2011).
- In addition, many women/girls engage in transactional sex and as a result, they have a high rate of partner change (UNAIDS, 2017).
- Multiple sexual partnering increases the risk of contracting HIV and other STIs (Osei and Nwasike, 2011). The NARHS 2012 revealed that 7% of females aged



Synergy between AGYW and High-Risk Girls

- 15-19 years and 8% aged 20-24 years reported having multiple sex partners in the preceding 12 months.
- The same report also showed that these persons had a higher HIV prevalence rate (6%) when compared to those who did not report such (not sexually active: 2.8%; single partner: 5%).
- Beyond this, some AGWY work increase their risk to acquiring HIV (UNICEF. et al., 2002).
- These include female hawkers, domestic helps and those working around high risk locations such as bars, hotels and restaurants. Other cultural factors which make young women vulnerable are early marriage to older men, especially those in polygamous unions (Awotidebe et al., 2014).



Synergy between AGYW and High-Risk Girls

- Consequently, young women are disproportionately affected by unwanted pregnancies, unsafe abortion, STIs and their consequences. They are also disproportionately affected by sexual violence and its complications.
- The understanding of patterns of sexual behaviour is therefore important in assessing the factors contributing to the HIV and AIDS epidemic amongst female AGYW
- High risk AGYW may not necessarily be found in brothels and they must not be confused with Female Sex Workers.
- They are at the heartbeat of the implementation and must be purposively targeted for intervention.



Implementation states

- Will be implemented in three (3) states
- These States were selected for interventions in the NFM because they are part of the epi-analysis priority States in Nigeria, have HIV prevalence above the national for the AGYW and with low comprehensive knowledge on HIV transmission
- This three states are namely Akwa-Ibom, Oyo and FCT Abuja.
- The implementation will be implemented **in all** Local Government Areas of Akwa Ibom State, Oyo State and FCT Abuja with High positivity yield.



Expected Reach and target

- During the grant extension the programme will aim at reaching 43,780 AGYW in the 3 focal states with combination prevention interventions (appropriate information, Condom programming, increased access to STI services, HTS, linkage to treatment and adherence support) in sync with the 95:95:95 UNAIDS target that protect them from HIV infection.
- 77,093 AGYW will be reached with testing services.(Reportable indicator)



Combination Prevention Therapy

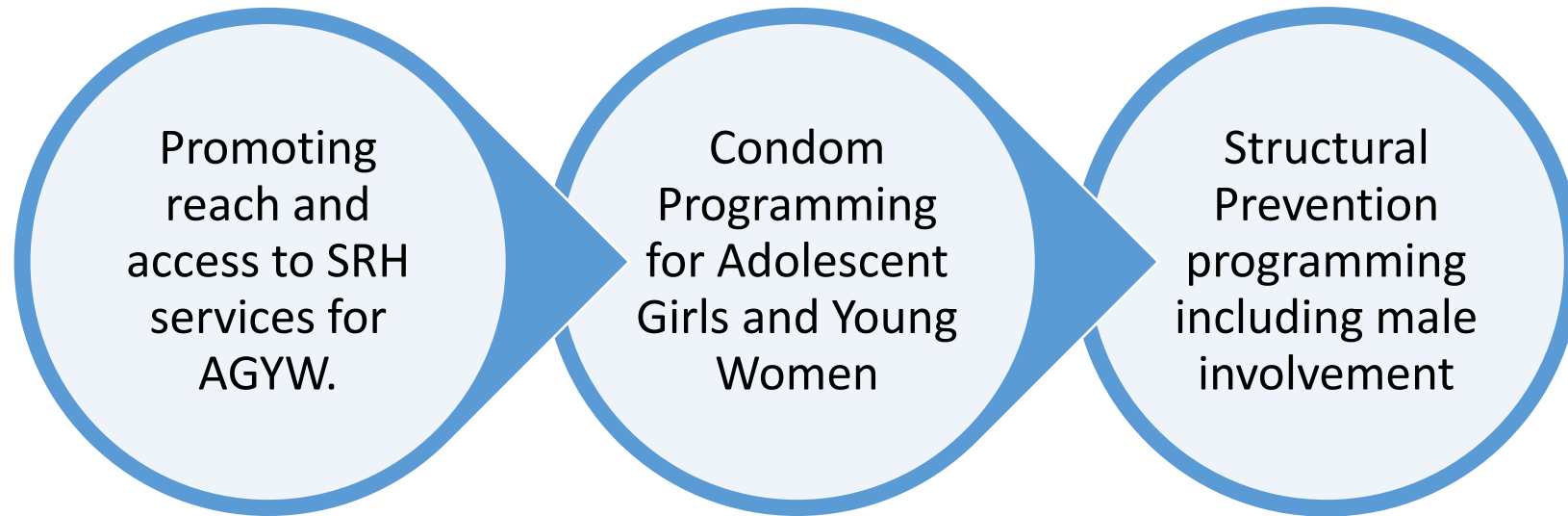
The MPPI is the Nigerian version of the combination prevention approach and is defined as, “the strategic, simultaneous use of different classes of prevention activities (biomedical, behavioural, structural) that operate on multiple levels (individual, community and societal/structural), to respond to the specific needs of particular audiences and modes of HIV transmission, and to make efficient use of resources through prioritizing, partnership, and engagement of affected communities”



Traditional approaches are not enough to substantially change the status quo



3 Broad Strategies to intervening with AGYW



Approaches to targeting AGYW

These strategies will be deployed through various approaches that have been tested to address barriers to accessing SRH services and bottlenecks to addressing their vulnerabilities

- ❖ Revolving health approach; Social to Health Strategy (S2H)
- ❖ Community Based distribution of Condoms (C4Us); through Non Traditional outlets
- ❖ Social media direct messaging strategy
- ❖ Place Value networking; Girlfriend Networking
- ❖ Intensive Engagement of Gatekeepers (Mother to Daughter)
- ❖ Mobile Multi-institutional approach (Role model AGYW in health facilities)



Promoting reach and access to SRH services for AGYW.

This strategy targets long age barriers to accessing services for AGYW. It goes beyond ensuring they uptake services but are reached with adequate messages and psycho-socio support where needed. This approach also targets the use of young Health Care Workers as providers to young persons which was seen as efficient and effective in some locations. This will result in providing services in an 'adolescent-responsive' manner.



Revolving health approach; Social to Health Strategy (S2H).

The social to health is an innovative approach to reach all categories of AGYW with behavioural and biomedical mix of the combination prevention propounded by UNAIDS. This approach is targeted at AGYW who can be reached during the day. The use of this approach will give room for social interaction among AGYWs by starting a social activity of their choice which will be led by a social instructor (Preferably an AGYW). A life-led discussion using SRH/HIV flash cards will commence immediately after the social activity





Revolving health approach; Social to Health Strategy (S2H).

- Social activity
- Provision of SRH/HIV information
- Condom Programming
- Mobile HTS
- on-site referral for HTS and STI
- Accompanied referrals to facilities for ART, Adherence, Viral Suppression, STI and Family Planning.
- The youth champions and Health Care Workers will monitor adherence, viral suppression of referred AGYW in order to achieve the 95:95:95.



S2H step by step

Youth Champions (YC) from SDA will be trained on community entry, communication skills and facilitation skills using the SRH/HIV flash cards as well as data management.

YC will then identify Change Influencers(CI) who will also be trained on facilitation using the SRH/HIV flash cards.

The Change Influencers will in turn recruit Change Agents (AGYW peers: Final recipients) each to form a cohort.



S2H step by step

Cohorts consisting of 10 change agents will meet for the social to health sessions.

Social to health sessions will be conducted for this group three times in a month after which AGYW is considered to be reached.



Social media direct messaging

- This approach addresses the behavioural component of the combination prevention. The social media including WhatsApp will be used to provide correct SRH/HIV information for AGYW. This strategy will maintain confidentiality among the group of young girls while addressing knowledge on SRH/HIV at their own convenience. Referral for service can also be achieved using this strategy.





10:05 PM



Pls comment 10:05 PM

TODAY

Bisola Hosp
Good everyone 8:00 PM

+234 703 820 6485 ~Koyejo Bukola
Bisola Hosp
📷 Photo
That is showing the consequences of having a sugar daddy. 8:00 PM

+234 903 700 3419 ~Similoluwa 🙄
It's really obvious, her friend is asking her to join them, she's thinking of d consequences and saying no 8:03 PM

-  July 3, 8:50 PM
-  +234 806 969 9838
July 3, 1:04 PM
-  +234 810 367 6240
July 3, 2:31 PM
-  +234 810 622 ... ~Ruth Makinde
Yesterday, 11:43 AM
-  +234 813 189 1418
July 3, 3:20 PM
-  +234 813 268 3743
July 3, 1:25 PM
-  +234 814 657 9744
July 3, 8:17 PM
-  +234 814 774 2... ~2 much juice
July 3, 1:54 PM
-  +234 816 070 1049
July 3, 5:13 PM
-  +234 817 138 7754
July 3, 1:49 PM

Social media direct messaging step by step

- One YC will engage five Change influencers (CI).
- The Change influencer will be trained using a media-led approach on SRH/HIV to reach their cohorts.
- Each Change influencer will recruit minimum of 10 and maximum of 20 Change Agents on their platform
- The YC will provide their Change Influencers with prose or visual SRH/HIV messages during physical meetings which will be shared on the platform.



Social media direct messaging step by step

- The Change influencers will initiate a discussion session after posting the messages.
- Change Agents will be given the luxury to express their opinion of the message without interruption from the Change Influencers or the YC
- After several deliberations, the change agents will provide the correct messages on the subject.
- Referral for services will also be recommended by the Change Influencer on the platform which will be accomplished through an accompanied referral system.



Place Value networking; Girlfriend Networking

This approach is a behavioural and biomedical intervention aimed at reaching the High risk AGYW at night in her locality/place of work for increased uptake of services (HTS, STI awareness and treatment and correct use of condoms). This approach will rely on the snow balling technique to reach the girls.

- One mentor five





Girlfriend networking step by step

- YC will identify change influencers at the hot spots
- CI will be trained by the YC on HIV prevention information and condoms and lubricants using life-led approach
- Each CI will mentor Change Agents (CA) on HIV prevention, awareness and treatment of STIs and condom use
- Each CA will also refer the Change Agents for HTS and STIs appropriately using an accompanied referral system
- After the CA have been mentored, they become CI and the cycle continues.



Mobile Multi-institutional approach (Role model AGYW in health facilities)

This biomedical approach will reach AGYW of various categories with quality service uptake through the use of AGYW as trained CTs or auxiliary service providers in the community and facility level. The AGYW reached during the community intervention will be referred to health facilities where they will meet their peers who had been trained to provide services such as syndromic management of STIs, HTS, Family Planning and health Counselling. This approach involves role-modelling and mentoring of AGYWs on Condom and lubricants use, HTS, STI treatment and HIV knowledge.



Step by Step on Mobile Multi-institutional approach

- There will be selection of AGYWS who will be CTs for HTS during community outreaches
- Selected AGYW will be trained as counsellor testers using the HTS national guideline
- Trained HTS counsellor testers will be further trained on providing youth friendly integrated SRH services
- There will be selection of 36 AGYW healthcare workers
- The selection of the AGYW will be guided by SASCP, SACCA, PHC Coordinators and LACA Managers .The AGYW liaison Health worker who will be working in the facility will be trained on Syndromic management of STIs and provision of Youth friendly services.



Step by Step on Mobile Multi-institutional approach

- The trained Health Care Workers will step-down the training at their various facilities under the supervision of the PHC Coordinators and the LACA Managers. The AGYW Health Workers will be responsible for the documentation and tracking of all the referral cases at the facility.
- The trained Health Care Workers may also be responsible for treatment adherence and viral suppression of all Positive clients.
- STI drugs and referral boxes will be provided at the selected facilities.
- The project will leverage on the A360 pilot facilities and AGYW service providers for skills and FP services.



Condom Programming for Adolescent Girls and Young Women

The approach to be adopted is Community Based-distribution of Condoms (C4Us) through Non Traditional outlets. It is a peer-to-peer approach for condom distribution and use that ensures that an AGYW gets a condom when required without having a face-to-face embarrassment of buying from a patent medicine vendor or other conventional outlets



Structural Prevention programming

This involves Intensive Engagement of Gatekeepers . During the action research a major barrier to girls accessing equitable services, commodities and adequate information was their mothers (all States). (Mother to Daughter, My daughter my pride). This approach addresses the behavioural intervention for AGYW between the ages of 15-19 in the communities. mothers are coached to provide correct SRH/HIV messages for the Daughter with the aid of media and life SRH/HIV materials.

Other engagement of gatekeepers are:

Babes Alive, Male involvement for Change and AYP Cell Meeting.

•



Conclusion

- Every intervention designed for Adolescent and Young Women must aim at the 95:95:95
- Lets join hands together to achieve this goal.









**THANKS
FOR
LISTENING**

