



MODULE 7

Institutionalizing Multilayered Combination Prevention for Young Women and Girls

Preamble

A powerful interconnection of risk and protective factors predicts girls' and women's health and well-being across a range of domains, from educational attainment and bodily autonomy to early and unintended pregnancies and HIV acquisition. Further, the needs of girls evolve and vary as they transition from adolescence to adulthood. As such, there is general agreement that the myriad vulnerabilities experienced by young women and girls cannot be effectively addressed by single interventions, sectors or disciplines. In other words, effective HIV prevention programming for this population must combine interventions operating at multiple levels of the social hierarchy and must focus on fulfilling the rights of individuals, their families, sexual partners, peers and communities.

While there is extensive evidence on what works for HIV prevention that is centred around girls and young women, the potential pathways for scaling up effective multisectoral intervention packages are less well-understood. In this regard, there is much to be learned from over 30 years of programming for young women and girls, including across the movements to end early child marriage and violence against women and girls. Interventions must be appropriately sequenced for maximum impact, with responsiveness to developmental stage, risk profile and context. There is growing consensus that institutionalization of prevention requires a synchronized, government-led multisectoral approach from national to local levels. The policy framework and programming approaches need to be flexible to incorporate new learning efficiently and to creatively address the formidable programming challenges posed by humanitarian and emergency crises, as documented during the Ebola outbreak and COVID-19 pandemic.

Yet, in many settings, subnational government functions have received limited investment. This results in incoherent prevention and care systems, and limited capacity to scale up what works rapidly. A present challenge is how best to build the architecture for sustainable, girl-affirming prevention, even as new evidence materializes, and new technologies become available. In this module, we provide programmatic considerations and tools for initiating or strengthening government-led multisectoral collaboration at the subnational level to deliver evidence-informed combination prevention and care programme for young women and girls at the subnational and local levels.

Key Takeaways

- Along with the evidence of what works in prevention programming, evidence has accumulated on what does not work. Prevention portfolios should be optimized to steer away from approaches that yield poor outcomes or invest in non-priority subpopulations, localities and communities.
- Conducting a comprehensive and granular subnational review of the HIV epidemic, the situation of girls, and the adequacy of the programming landscape is critical for appropriately prioritizing the right population segments and tailoring the multisectoral response to the preference, choices, values and needs of young women and girls, their sexual partners, families and communities.
- Catalysing accelerated prevention results will require that a vision for whole systems transformation is cultivated to enable gender-responsive systems of care. This includes interventions to address barriers that young women and girls encounter across the prevention ecosystem, from health-care provider bias and service stigma to inefficient information and referral interfaces within entry points.
- To achieve public health impact at scale, simplified and scalable intervention packages and protocols should be adapted for integration within the key platforms and service points, including health services, schools, financial services, communities, virtual spaces and retail markets.
- Differentiated prevention offers a rational, adaptive framework for delivering combination prevention that responds to the preferences and priorities of young women and girls in all their diversities.
- Sustainability must be hard-baked into the matrix of prevention programmes from inception – early planning must include strategies for collaborative capacity-building among sector leadership, service providers and consumers to ensure that interventions are delivered with fidelity.
- Given the inherent complexities in delivering multisectoral combination prevention interventions for young women, the management approach must be adaptive, supporting the multisector team to use performance data and contextual information to address challenges and changes in the implementation landscape and to share learning. Subnational teams should integrate comprehensive emergency responses during the planning and implementation of HIV prevention and care programmes for young women and girls.

Programming Considerations

There is increasing commitment by countries with high HIV burdens to institute multisectoral national strategies and investments for addressing the HIV and holistic care needs of young women and girls. Yet, many of these initiatives fail to penetrate the subnational and local levels to achieve the coverage required. A critical shortcoming lies in weak or disjointed prevention systems – if any systems even exist – constraining joined-up programming for girls as they transition into adulthood. There is a need to invest in the strengthening of subnational structures to lead multisectoral systems of care.

7.1 Cultivate Government Stewardship within a Multisectoral Collaboration, Focusing on Subnational Capacity

Effective prevention requires focused stewardship to catalyse improved outcomes, rationalize and align the efforts of all actors and stakeholders, and deliver cost-effective responses. Given the complexity required to radically improve the life-course outcomes of young women and girls, governments are best placed to play this role.¹ Social contracting or support from a strategic technical assistance provider may augment the stewardship role.

A government's pivotal role stems from its sole duty and mandate to ensure the provision of equitable services and to maximize the value and sustainability of societal investments. Often, the adolescent girls and young women (or youth) component of the national HIV prevention strategy and/or national prevention road map provides the guiding framework for coordination from the national to more devolved levels. This may exist in the context of broader adolescent sexual and reproductive health (SRH), and gender and youth development strategies.

Often, an array of ministries, directorates, agencies, commissions and working groups may work in silos to tackle different aspects of girl-centred combination prevention. What is needed is for the leadership to bring them together and provide enhanced visibility into the granular workings of each work stream (see '*The Intersector Toolkit: Tools for cross-sector collaboration*' in the *Highlighted Implementer Resources* section). It is prudent to:

- **Secure the commitment of subnational sector leaders to work together** and request subnational sectors to appoint accountable focal points. Commitments should be formalized through instruments such as memorandums of understanding or other directives jointly issued by sector leadership or high-ranking public sector leaders to increase sector participation, support and accountability.

- **Ensure the development of a policy or directive to pave the way for formal collaborations** among subnational sectors in settings where no policy exists for subnational sectors to work collaboratively.
- **Identify and work with a high-ranking public sector champion** (or champions) with authority to advocate the development, enactment and review of laws, policies and regulations; domestication of laws and policies; and alignment of resources in the subnational and local responses to girls' vulnerability.
- **Equip public sector champions with up-to-date advocacy tools** that can be used to engage leadership formally and informally, applying a whole-of-society approach to the multifaceted needs of young women and girls. These tools might include policy briefs, rapid technical advice, investment cases, talking points and/or social media toolkits that deliver a compelling case for multisectoral action.
- **Convene the relevant subnational sectors and other stakeholders.** Share the rationale, vision, expectations and shared benefits that could accrue from working together and provide concrete examples of data that demonstrate the relationship between sector outcomes.
- **Jointly define roles, responsibilities and engagement processes.** While structures may vary across countries and settings, the multisector collaboration will need clearly defined structures to coordinate across government sectors and teams (see *Table 2*).
- **Engage stakeholders with contrary perspectives on gender equity and empowerment** early enough to integrate their perspectives in all phases of the multisector work. These groups vary across settings and may include groups that are opposed to gender equality, girls' education and SRH rights.

Structuring and resourcing subnational coordination structures

The extent to which subnational authorities are capable of coordinating and aligning multisectoral efforts is a critical predictor of the success of national prevention responses. Subnational multisectoral teams are well positioned to respond rapidly to emerging crises, apply lessons from recent humanitarian crises and emergencies – including Ebola outbreaks and the COVID-19 pandemic – to ensure resilience in girls- and young women-focused programmes and services, and design innovative operational plans and programmes that respond to the emerging needs of girls and young women during emergencies. Yet, subnational coordination is often critically under-resourced. As programmes for young women and girls mature, subnational government authorities should increasingly assume the leadership and coordination role, for ownership and sustainability.

Table 2. An Illustration of subnational multisector structures and roles

Coordinating entity	Hosting mechanism	Mandate	Representation		Key actions	Roles and responsibilities
			Governmental	Non-governmental		
National coordination mechanism for young women and girls	Prime minister, presidency, supra-ministerial	National coordination and policy	Mainline sectors, national AIDS commission	Multilateral, bilateral, development banks, academic, civil society partners	Policy, coordination, advocacy, monitoring, strategic planning	<ul style="list-style-type: none"> • Mobilize and align strategic actors and stakeholders • Policy formulation and review • Support subnational domestication of national strategy • Strategic advocacy and communications • Define quality standards, protocols, benchmarks, accreditation criteria • Advise commodity forecasting, monitoring, tracking • Joint programme reviews and monitoring • Resource mobilization, tracking and allocation
High-level public sector champion		Strategic influence and leadership	Prime minister, cabinet, first lady, president			<ul style="list-style-type: none"> • Mobilize subnational sectors and stakeholders • Enact policy instruments that entrench and facilitate multisectoral coordination and action • Provide high-level oversight to subnational sectors
Subnational coordination mechanism for young women and girls	Subnational HIV/AIDS office or district health management team	Convening	Senior officials in education, health, community development, economic, finance, justice, housing, transportation	Networks led by girls and women, activists and advocates for women	Coordination, host secretariat, liaison	<ul style="list-style-type: none"> • Link to national coordination, core government functions • Coordinate subnational sectors and stakeholders • Establish multisector benchmarks, reporting and accountability structures • Sector-specific advocacy for resources • Report on multisector plans to coordination entities • Provide multisector implementation oversight • Commission research and evaluations, technical assistance and capacity-building
Subnational steering committee for young women and girls	Subnational coordinating mechanism	Secure sectoral commitments	Highest sector officials in education, health, community development, justice, economic, finance, housing, transportation	Development funders, civil society (community- and faith-based organizations, non-governmental organizations, cultural institutions), private sector, media, young women and girls	Annual budgetary allocations, planning, oversight, strategic direction, risk management	<ul style="list-style-type: none"> • Provide oversight to multisector strategic planning, resource mobilization and alignment, budget reviews and commodity requisitions • Nominate focal points from sectors and diverse groups • Present updates on progress and challenges, and guide solutions • Provide updates on sector-specific plans and implementation to meet cross-sector outcomes • Integrate multisector action plans and outcomes in sector plans and budgets
Operations teams (i.e., technical working groups) for young women and girls	Subnational coordinating mechanism	Operations	Technical leads/managers	Civil society (community- and faith-based organizations, non-governmental organizations, cultural institutions), private sector, young women and girls	Harmonization of implementation strategies and policies	<ul style="list-style-type: none"> • Execute coordination mechanism decisions • Ensure evidence and data inform sectoral planning • Harmonize multisector guidelines, standard operating procedures and tools • Ensure multisector results are achieved • Report to the multisectoral coordination mechanism • Guide evaluations and adaptive management
Local-area oversight committees for young women and girls	Local-area coordination mechanism	Implementation	Site managers	Civil society, private sector, media, young women and girls, key populations	Service delivery	<ul style="list-style-type: none"> • Conduct routine site visits and quality audits • Conduct data quality assessments • Disseminate operational guidelines (national, subnational) • Give feedback on implementation issues to operations teams

Where a legal mandate to convene multiple sectors does not exist, or there is disagreement, technical teams across the relevant sectors must be engaged to ensure that a subnational coordination entity is recognized. The coordination entity should have qualified technical and administrative staff and resources to host an effective secretariat (see *Table 1*). It may be necessary to assign staff, hire consultants or commission a contractor to assess capacity and provide technical assistance. The coordination steering committee should prioritize key sectors and extend membership to stakeholders that cannot be accommodated at the implementation level. The coordination mechanism may create a full-time position for a young woman to represent the interests of young women and girls.

With a cohesive multisectoral coordination that has clearly articulated structures, defined responsibilities and a common understanding of its role in meeting the prevention and care needs of young women and girls, the stage is set to begin operationalizing the delivery of an effective, coordinated prevention response.

7.2 Conduct a Subnational Review of the HIV Epidemic Dynamics and the Situation of Girls

A comprehensive subnational analysis of the situation of young women and girls is a critical planning input. This analysis should describe the local HIV epidemic dynamics for the general population, programme outcomes, the risk and resilience profiles of people with an elevated risk of HIV acquisition, and of their sexual partners, and the gender-related inequities in girls' socioeconomic and health outcomes.²

The national statistics bureaux should share with their subnational counterparts the existing analyses of the HIV epidemic, including any available modelled estimates and projections (see '*Module 2: Strategic Information*'). Where possible, efforts should be made to engage priority subnational counterparts in the generation of critical estimates at the national level. A technical adviser or the lead consultant from the national level may be assigned to complete a detailing with subnational counterparts, drawing on expertise (epidemiologist, social scientist, behavioural scientist and statistician) from the national level. Such detailing could consist of methodological workshops, dissemination meetings or webinars. Ideally, a local-level research installation or academic group should be engaged by the subnational coordination committee to support this handover and the subnational analysis.

- **Analyse the local HIV epidemic.** Gather and triangulate robust epidemiological, demographic and socio-behavioural data to inform an improved understanding of the current trajectory of the epidemic and projected status (see '*Module 2: Strategic Information*'). It is important that stakeholders understand the merits, demerits

and limitations of existing methods and receive guidance on how to make rational decisions based on the available data. The subnational analysis should entail:

- Securing updated estimates and projections to inform denominators clearly (via statistics bureaux)
 - Completing a secondary analysis or data bootstrapping
 - Compiling and analysing routine service statistics and programmatic data
 - Completing a modelling analysis of granular subnational estimates for the priority localities (NAOMI, GOALS-ASM, etc.), aligned with the tools and methods adopted at the national level. Subnational units should negotiate for custom windows within national analyses
 - Compiling historical data on the service disruptions and other impacts of major emergencies and civic disruptions on girls and young women's well-being
 - Commissioning geospatial or place-based analysis, including size estimations and hotspot mapping of key populations,³ and priorities for local AIDS control efforts (PLACE) methodology⁴ to typify risk venues
- **Analyse the situation of young women and girls.** A subnational analysis of social and gender inclusion should be completed to understand the power, social and gender dynamics that influence girls' empowerment. This analysis should be informed by the available data across key government sectors. Qualitative data may be rapidly compiled from secondary sources. Where possible, the analysis should incorporate sufficient data to assess general trends over time and should estimate seasonality/mobility. Disaggregated or modelled subnational/local data on HIV-related and socioeconomic risk and protective factors should be availed where possible.
 - **Analyse the status of key populations.** Disaggregate or model subnational/local data to inform an understanding of the population size, distribution, and the behavioural risks experienced by young women and girls within the key populations.⁵ Studies of key populations often do not sufficiently disaggregate the data on populations aged 15–24 years. Where there are high-quality data to estimate at-risk subpopulations, particularly using approaches such as capture-recapture and respondent-driven sampling, modelling to generate more specific youth-segment estimates will be useful in assessing current programme coverage and setting targets for at-risk populations (see 'Review and Revise: A tool for reviewing and revising key population size estimates' in the *Highlighted Implementer Resources section*).
 - **Estimate the number of young women and girls to be reached.** Across the prioritized regions and population groups, adopt a standard methodology to estimate the number to be reached with combination prevention, and disaggregate the data by



relevant sociodemographic variables such as age, education, rural/urbanicity and behavioural risk (sex work, injection drug use, gender non-conforming).

- **Synthesize a summary.** A multisectoral collaborative should convene to review the data and discuss programmatic implications. The data on the situation of young women and girls should be presented in a concise and easy-to-understand format to guide the prioritization of regions and subpopulations. Maps, infographics and simple data tables can guide a consensus on the prioritization of regions and subpopulations. Syntheses should be validated with representatives of girl- and woman-led networks. The synthesis should inform efforts to systematically identify the evidence, data and learning agenda that could be addressed within the programming cycle (see the following section 7.3, and '7.4: Define an Investment Case and Operational Strategy to Guide the Scale-up of Multilayered Combination Prevention for Young Women and Girls').

7.3 Conduct System and Organizational Analyses to Inform an Understanding of the Context

Nuanced analyses of the system and organizational contexts at the subnational level are essential to provide a rich understanding of the current prevention and care programming context, to identify platforms that could be leveraged for rapid scale-up, to minimize duplication of resources and to help to identify quality and policy gaps. Usually, there are ongoing programmes that promote the empowerment of young women and girls at various levels of scale, supported by a mix of internal and external funding flows. These might include programmes that address girls' education, gender-based violence (GBV), child marriage and menstrual health.

As a first step, it is essential to **engage a suitable lead entity** or resource entity with the capacity, expertise and credibility to execute a right-sized contextual analysis. In many cases, this will be an academic, research partner or field research station. In any case, the selection of the right partner will ensure the efficiency of the process. It would be useful to **assess whether there is a sufficient understanding of the local context** to inform granular operational planning. Where a recent sectoral review has been completed, further analyses could efficiently hone in on the gaps. The focus should be on assembling information on each locality's capacity and ongoing efforts to deliver quality prevention activities in key sectors.

- **Define the key sectors and stakeholders to be engaged.** Identify primary sectors and stakeholders that may support the health and well-being of young women and girls, but also actors whose actions negate their health and empowerment.

The key sectors should include, but are not limited to, education, labour and social protection, finance and planning, private sector, community, civil society and media. Aim to include marginalized populations of girls such as those living with HIV, girls with disabilities and key populations.

- **Commission in-depth assessments to fill gaps in understanding the ecosystem dynamics.** The lead resource partner should work with the sector leads and multisectoral implementation team to define a clear scope of work with clear objectives. Sector-specific data-collection tools may be refined under the supervision of sector leads, where possible, adapting existing tools to ease data collection.
- **Rapid assessments.** If a sector lacks complete, current and credible secondary data, plan and implement a rapid sector assessment that involves primary data collection from sector service delivery points, the community and community representatives. Sample assessment sites to ensure diversity in terms of site volume, level of care, region, rural/urban environment, public/private/community-based services and other relevant characteristics.
- **Utilize existing data sources.** In settings where key sectors and stakeholders have updated and detailed implementation reports and data, the subnational coordination mechanism can invite them to share information through a meeting or to complete standard survey tools. Establish clear criteria for selecting the most credible and current data and information sources. Multiple data sources could be triangulated to ensure a more comprehensive and objective picture. Begin by conducting reviews of existing inventories, mapping exercises, studies, assessments, surveys and routine service provision statistics. Relevant data sources to gather include:
 - **Management information systems**, including national or subnational data from education and health management information systems, national social protection registries, civil registration and vital statistics. These systems should provide a rich array of data across public and private sectors;
 - **Market assessments** to understand employment prospects for young women, wages and salaries, job training opportunities, access to microfinance, health insurance and other economic assets;
 - **Service provision mapping and assessments**, not just for key populations, but for all young women and girls, including a volumetric or temporality/seasonality analysis;
 - **Geospatial information** to typify the concentration of community resources, infrastructure and risk, including hotspot mapping for key population programmes;

- **Community resource mapping** to document the influence of the built environment and adequacy of community assets or systems of care that may be leveraged to improve health and well-being. This should include informal and community safety nets;
- **Partner mapping** to understand who is being funded to doing what, clustering of implementer activity or key initiatives and assessing quality gaps;
- **Social and gender inclusion analyses**⁶ to document the unique cultural, social and power dynamics that influence women and girls' health, educational, economic and other trajectories;
- **Policy context and implementation instrument assessments**, including by-laws and regulations;
- **Institutional capacity assessments** for the key sectors, including an inventory of human resources/human capital and other technical resources;
- **Young women and girls' prevention budget and expenditure data.**
- **Site visits.** To gain an insight into programme elements that may not be captured in desk reviews, conduct site visits, transect walks, including during late hours in key-population hotspots, and hold virtual and in-person consultations with diverse and representative groups of young women, adolescent girls, parents/guardians, teachers, civil society organizations and community members. Use and modify existing national and subnational tools such as structured surveys and observation checklists to assess sites and interview diverse cadres.
- **Mapping place-based risk.** In settings where recent data on key populations are not available, plan and conduct hotspot mapping to identify venues that may be linked to risk-taking activities, including venues frequented by key populations. This should include a service provision mapping of organizations and service points that serve at-risk segments, their children and male sexual partners. Use geospatial techniques to show the relationships between hotspots and service provision points, and exercise caution in how geospatial maps are used to protect marginalized groups from law enforcement and community violence in restrictive contexts (see '*Programmatic Mapping Readiness Assessment for Use with Key Populations*' in the *Highlighted Implementer Resources* section).
- **Emergency preparedness:** Analyse subnational system and organizational preparedness plans to address the direct and indirect impact of the COVID-19 pandemic and other emergencies. This should include analysis of sector policies, guidelines, strategies and plans on emergency response to monitor and address risks among young women and girls.

- **Summarize the system analysis findings.** To facilitate the use of data to inform decision-making, use graphics and geospatial maps that show relationships among hotspots, HIV incidence, service quality and coverage, educational attainment and other social-protection indicators. As a final step, findings should be validated with a representative sample of girls and young women. Provisions should be made to disseminate and avail the full data set(s) and final report to the community.

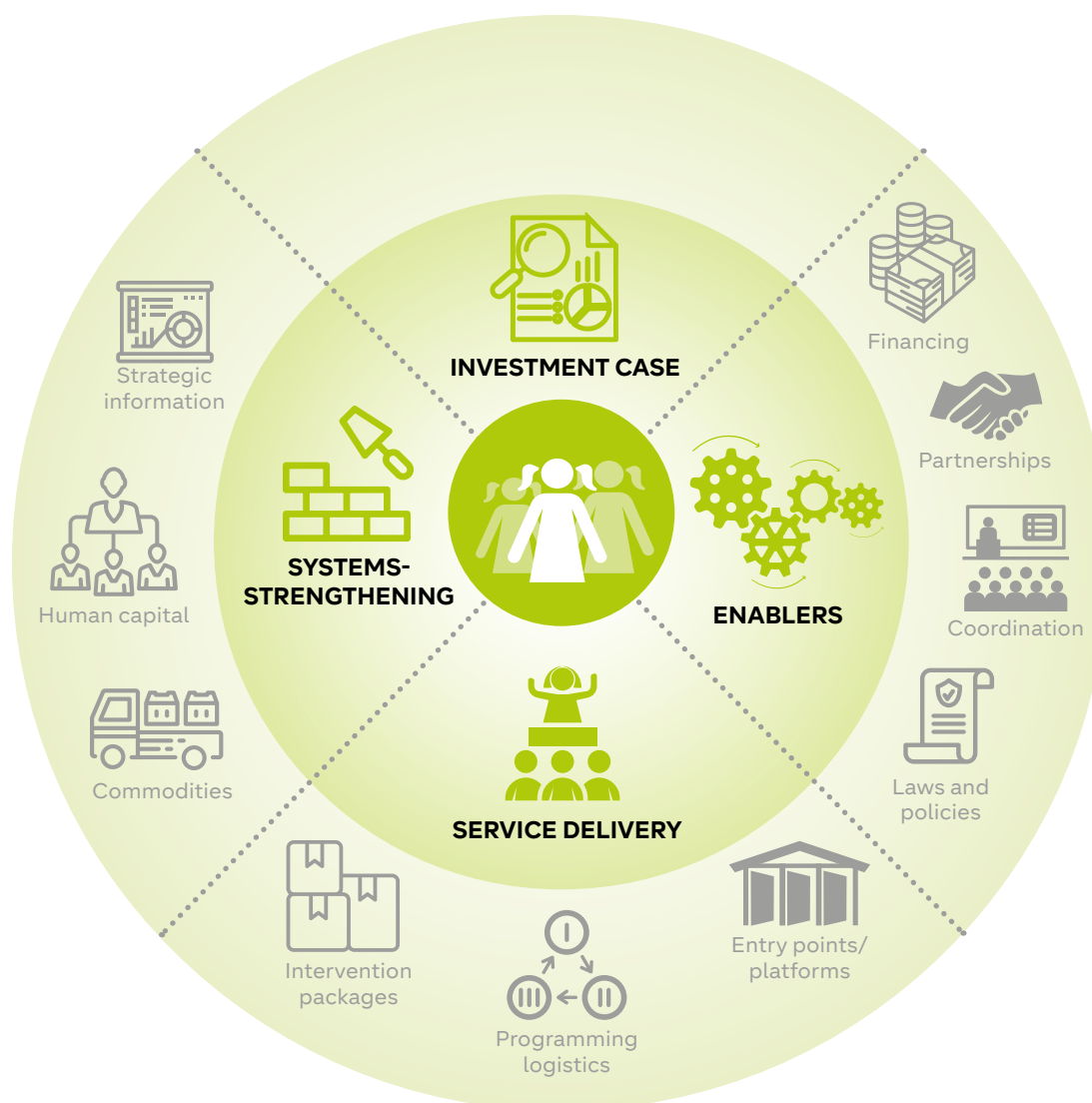
7.4 Define an Investment Case and Operational Strategy to Guide the Scale-up of Multilayered Combination Prevention for Young Women and Girls

Decisions on the prioritized effective interventions should cascade to the subnational level from the national strategic documents (see *'Module 1: Programme Stewardship and Planning'*). The subnational multisectoral coordination mechanism should lead multisectoral implementation teams in using data on the local HIV epidemic and situation of young girls (see *'7.2: Conduct a Subnational Review of the HIV Epidemic Dynamics and the Situation of Girls'*), and data on the implementation context (see *the previous section: '7.3: Conduct System and Organizational Analyses to Inform an Understanding of the Local Context'*) to develop a granular operational plan to strengthen delivery and scale-up of combination prevention for young women and girls⁷ (see *Figure 5*). Initiatives to address violence against women and girls have long emphasized the importance of subnational structures in operationalization of national plans and may provide a useful template for subnational planning of HIV prevention (see *'Localizing National Action Plans to End Violence against Children: A guide to pathfinding cities for practitioners and policymakers' in the Highlighted Implementer Resources section*).

The operational strategy should define a time-bound critical path towards success and prioritize key actions based on a thorough understanding of the strengths of the system, openings and opportunities, and winning propositions and solutions around which communities may be galvanized. The subnational operational strategy planning should include multisectoral plans to address the direct and indirect impacts of major crises on young women and girls. Plans should specifically outline safe and accessible strategies for reaching girls and young women with information and services, reducing and responding to GBV and increasing social and economic resilience. A spectrum of programme maturity exists that must be acknowledged and understood for effective operational planning. Data from recent organizational and systems assessments are helpful in the categorization or gradation of system readiness to deliver girl-centred prevention services.



Figure 5. Elements of a subnational multisectoral combination prevention operational plan



The operational plan should include:

- **A clearly articulated, formidable investment case** around the multiple dividends and cost of inaction (including costing and financing) to galvanize the key sectors and community leadership. This investment case should prioritize valuable social and political propositions of local relevance.
- **Investments in the enablers of multilayered combination prevention**
 - **Prioritized policy agendas.** Specify a prioritized selection of policy interventions to be advanced to secure young women and girls' equitable rights, including the modalities, instruments and entry points for such action.
 - **Advance enabling factors.** Appropriate channels for strategic communications, influence and advocacy should be made. This should

include protocols for community entry and engagement, and demand generation based on sound social marketing principles.

- **Partnerships, including private sector alliances.** Partner with the private sector to mobilize additional resources and leverage platforms that can help to reach many young women and girls. Ensure that the partnerships are driven by public good, with clear controls for identifying and addressing conflicts of interest when engaging with for-profit entities. Plans should include adequate resourcing for engaging networks led by girls, women and feminists in decision-making, policy-setting, governance and service-delivery.
- **Coordination and management** that include clear entry points for sector-specific and joint planning processes across key sector activities and budget allocation and reporting cycles.
- **Financing.** Use localized unit intervention costs, along with known costs for above-site components such as coordination, commodities, human resources and training to refine the budget framework. **Explore funding options such as co-financing by two or more sectors** to increase efficiency and allow the scale-up of activities. Identify match donor funding or commit to gradually increase subnational funding for sustainability.
- **Systems-strengthening**
 - **Procurement and commodity distribution.** Scaling up combination prevention requires forecasting, procurement and the distribution of commodities and supplies needed to deliver services across all sectors. The subnational coordination mechanism should work closely with other sectors to strengthen subnational and regional commodity procurement and distribution systems.
 - **Human capital.** Human resource shortfalls should be articulated, along with a plan to staff up, redeploy, train and supervise an optimized workforce across sectors.
 - **Strategic information, special studies and learning.** Adequate costs should be allocated (as a general guideline, 10 per cent of the budget should go to monitoring and evaluation) to support the adoption of national tools within processes that are anchored in the subnational information systems for sustainability. This includes planned evaluations or studies, efforts to assess multisectoral programme and data quality and supportive supervision. For continuity, plan trainings for new partners and staff and reproduce relevant tools and standard operating procedures (SOPs).



- **Service delivery**
 - Prioritized intervention packages based on the unique profiles of priority subpopulations at the local level, including clear timelines and costs for technical and cultural adaptation, piloting and replication. Where recognized effective or promising local models exist, they should be prioritized for integration into a coherent package.^{8,9}
 - Programmatic logistics that include site mobilization, preparation, partner transition plans and service continuity planning.
 - Key sectoral entry points and platforms for scale. Operational plans should start with the objective of achieving saturation (that is, over 90 per cent coverage of priority populations). Sectors with the promise to achieve the broadest reach among critical audiences should be prioritized, based on a combination of volumetric, seasonality analyses and pragmatic programming experience.

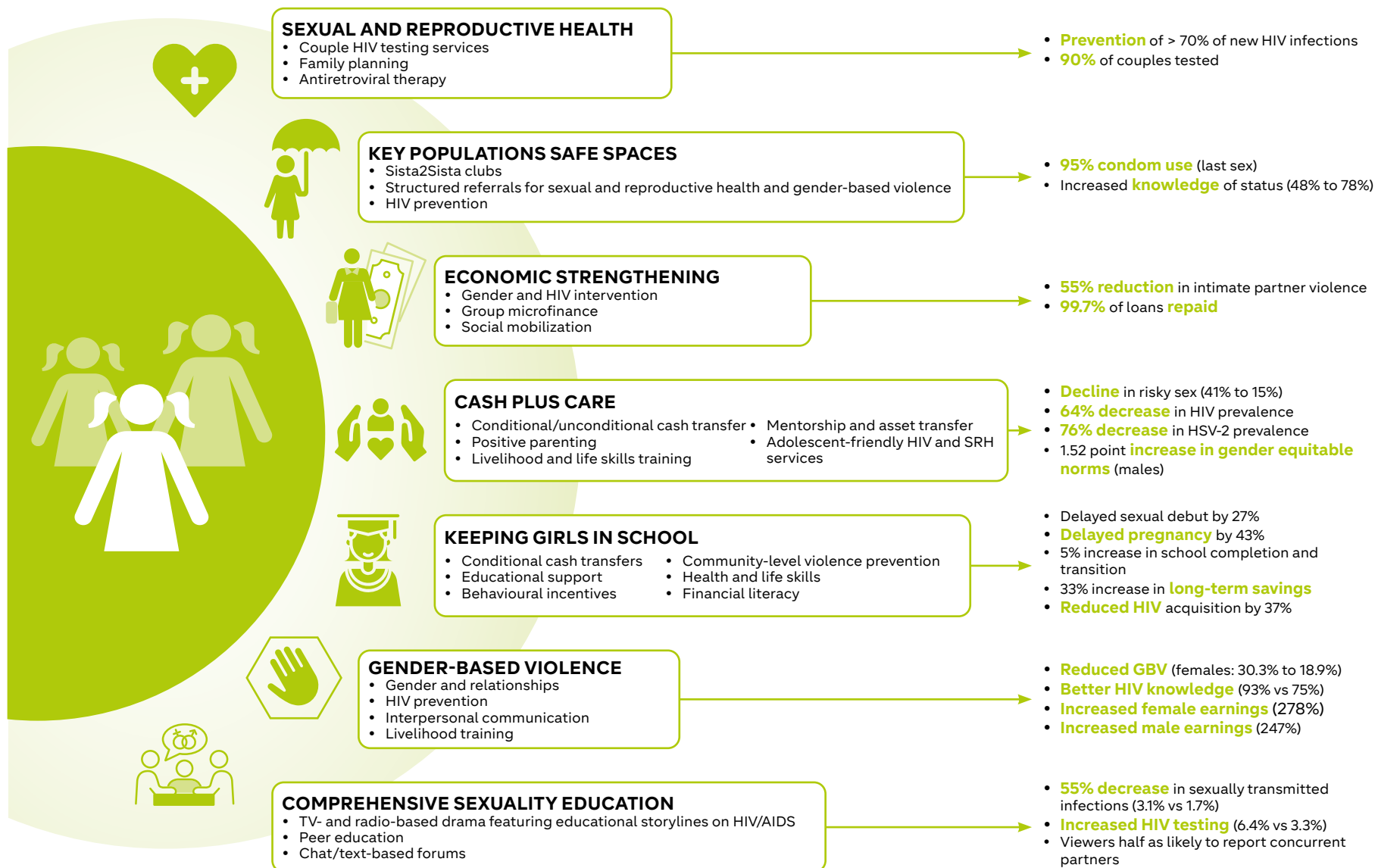
7.5 Coordinate a Whole Systems Transformation to Deliver Girl- and Woman-centred Prevention

National responses are faced with the challenge of delivering rapid outcomes for young women and girls, while ensuring that strategies are sufficiently institutionalized for sustainable results. Operationalizing the prevention strategy requires the subnational entities responsible for coordination to convincingly advocate a transformative vision that rallies all sectors and the community around the need to deliver differently for girls and young women. To achieve this, personal agency and ownership must be cultivated, recognized and rewarded at all levels of leadership.

Initialization

The success of delivery depends on the rigour and discipline of execution in the **initialization phase**. The aim is to align upstream interventions to set the stage for fidelity to the components of effective programming (see *Figure 6*). This should start with concerted efforts to achieve **sectoral mobilization** across the lead public sectors. At this point, local-area implementation teams may be assembled and oriented towards the details of the operational strategy. Local-area oversight committees should be assembled and charged with supporting and validating the development of cascaded local-area plans, informed by granular data collected through recent systems analyses. Where they have been contracted, lead implementers should work with the sectoral leads to plan and advance

Figure 6. Effective combination intervention packages for young women and girls. See facing page for sources for the data given in this figure.



strategic advocacy and cultivate stakeholder relationships, targeted at trusted institutions and structures. These efforts should rely on internal champions and change agents with sufficient local knowledge to navigate local systems.

Site selection, assessment and readiness efforts should be finalized by utilizing available comprehensive data on the varied girl- and youth-serving sites and outlets, including trend data on commodities and supplies. This may be conducted by contracted implementers but should be under the leadership of subnational authorities. Resourcing **the identification and harmonization of implementation resources** – including SOPs, protocols, job aids, curricula and manuals – is an essential step that supports capacity-building. It also breaks proprietary tendencies and enhances public sector ownership. This is an investment in quality implementation and fidelity. Finally, where resources allow, efforts should commence to engage an academic or research partner to **design the study protocol** for formative research and evaluation, and to prepare for baseline data collection. Participatory and formative research should be considered to generate insights on the unique dimensions of risk and vulnerability occurring locally and to map social and sexual networks.¹⁰

Systems redesign

It is critical to build a vision of the future state of prevention that can be achieved by utilizing all the available resources, augmented by seminal partnerships and resources. The lead implementer (where contracted) should collaborate with teams with deep knowledge of the sectoral systems to generate a realistic set of scenarios. Simple **systems interface studies** completed in partnership with girls- and women-led networks could help to highlight shortcomings in service delivery, including in provider communications and productivity, referral timeliness, confidentiality, retention, stock-outs and out-of-pocket expenditures.

SEXUAL AND REPRODUCTIVE HEALTH: Karita, Etienne, et al., 'Implementation and Operational Research: Evolution of Couples' Voluntary Counseling and Testing for HIV in Rwanda: From Research to Public Health Practice. *Journal of Acquired Immune Deficiency Syndromes*, vol. 73, no. 3, 1 November 2016, pp. e51–e58; Cowan, Frances M., et al., 'Strengthening the Scale-up and Uptake of Effective Interventions for Sex Workers for Population Impact in Zimbabwe. *Journal of the International AIDS Society*, vol. 22, no. S4, July 2019; p. e25320.

ECONOMIC STRENGTHENING: Kim, Julia, et al., 'Assessing the Incremental Effects of Combining Economic and Health Interventions: the IMAGE study in South Africa. *Bulletin of the World Health Organization*, vol. 87, no. 11, November 2009, pp. 824–832.

KEEPING GIRLS IN SCHOOLS: Gorgens, Maralize, et al., 'Sitakhela Likusasa Impact Evaluation Study Group. Sitakhela Likusasa Impact Evaluation: results of a cluster randomized control trial (cRCT) of financial incentives for HIV prevention among adolescent girls and young women (AGYW) in Eswatini. IAS, 2019. <http://programme.ias2019.org/Abstract/Abstract/4943>; Population Council *The Adolescent Girls Initiative–Kenya. Executive Summary: Two-Year Follow Up Results*, 2021. https://www.popcouncil.org/uploads/pdfs/2021PGY_AGI-K_EndlineReportExecSumm.pdf.

CASH PLUS CARE: Cluver, Lucie D., et al., 'Combination Social Protection for Reducing HIV-Risk Behavior Among Adolescents in South Africa', *Journal of Acquired Immune Deficiency Syndromes*, vol. 72, no.1, 1 May 2016, pp. 96–104; World Bank, 'The Zomba Cash Experiment – Does Paying Girls' School Fees Reduce Their Risk of HIV Infection?', Undated. <https://www.worldbank.org/en/programs/sief-trust-fund/brief/the-zomba-cash-experiment>; UNICEF, 'Ujana Salama: Cash Plus Model on Youth Well-Being and Safe, Healthy Transitions – Midline Findings', *Innocenti Research Briefs*, no. 2020-22, UNICEF Office of Research - Innocenti, Florence, 2020. <https://www.unicef-irc.org/publications/pdf/Ujana-Salama-Cash-Plus-Model-on-Youth-Well-Being-and-Safe-Healthy-Transitions-Midline-Findings.pdf>

GENDER-BASED VIOLENCE: Bradley, Janet E., et al., 'Evaluation of Stepping Stones as a Tool for Changing Knowledge, Attitudes and Behaviours Associated with Gender, Relationships and HIV Risk in Karnataka, India. *BMC Public Health*, vol. 11, 2011, pp. 496.

COMPREHENSIVE SEXUALITY EDUCATION: World Bank, 'The Entertaining Way to Behavioral Change: Fighting HIV with MTV'. Undated. <https://pubdocs.worldbank.org/en/371871575925662708/The-Entertaining-Way-to-Behavioral-Change-Fighting-HIV-with-MTV.pdf>

Market research could enhance understanding of consumer experiences, preferences and access to health and related products and services.

The insights from these efforts should inform the selection of differentiated delivery models and interventions with the greatest potential to sustain coverage at scale (see *Figure 2*). In many cases, specific adaptations are required to fit selected intervention packages to the local context and needs. If so, direct engagement of the original developers of standardized interventions should be prioritized (see '*Fidelity to the SASA! Activist Toolkit*' in the *Highlighted Implementer Resources* section).

Micro-planning

Armed with a clear vision of the desired systems change, and with the defined delivery models, the lead implementer should work with local oversight committees to **develop detailed micro-plans** for lower-level catchment areas. Given the intensity of effort, micro-plans should start with **priority venues and areas** defined in the operational planning stage. A lead local resource person (or pair of people), ideally a young woman with deep knowledge of the community, should be selected, trained and equipped to execute this task, with technical oversight from a focal point in the most devolved community structure possible.

The micro-plans should include clear user recruitment channels; should map and define locally relevant social communication channels; specify plans to recruit network influencers; and should contain other useful details on how the defined programme may be operationalized in the local context. The **micro-plans should allot micro-targets**, including estimated commodities requirements, size and profile of delivery teams, and frequency and scheduling of coordination interfaces, based on the profile of those to be reached.

Pilot delivery

Representative local areas should be sampled for piloting the new prevention approach, with the aim of observing the key programming components across the project life cycle. Due consideration should be given to the local system capacity, leadership, representation of the specified user groups and sufficient presence of technical resource groups in identifying such a site. As intensity and coverage for intervention components will vary for general, priority and hard-to-reach subpopulations across low, moderate, high and very high HIV incidence regions, multiple pilot areas may be required. In piloting, **participant enrolment** should be given close consideration. Enrolment criteria and platform selection should utilize channels that are aligned to the profiles of priority subpopulations. Where the most potent interventions are restricted to older populations, special provisions are required for younger girls who may be omitted otherwise.

Piloting should **use a mix of mobilization and recruitment strategies that are inclusive** to identify at-risk individuals who are hidden, marginalized and stigmatized. Use methods such as snowballing to recruit key populations, girls with disabilities and groups that are often not reached through commonly used recruitment methods. Constantly modify recruitment schedules to avoid recruitment bias that could omit notable population segments. For example, recruiting only during weekdays might omit those who are engaged in casual work during weekdays.

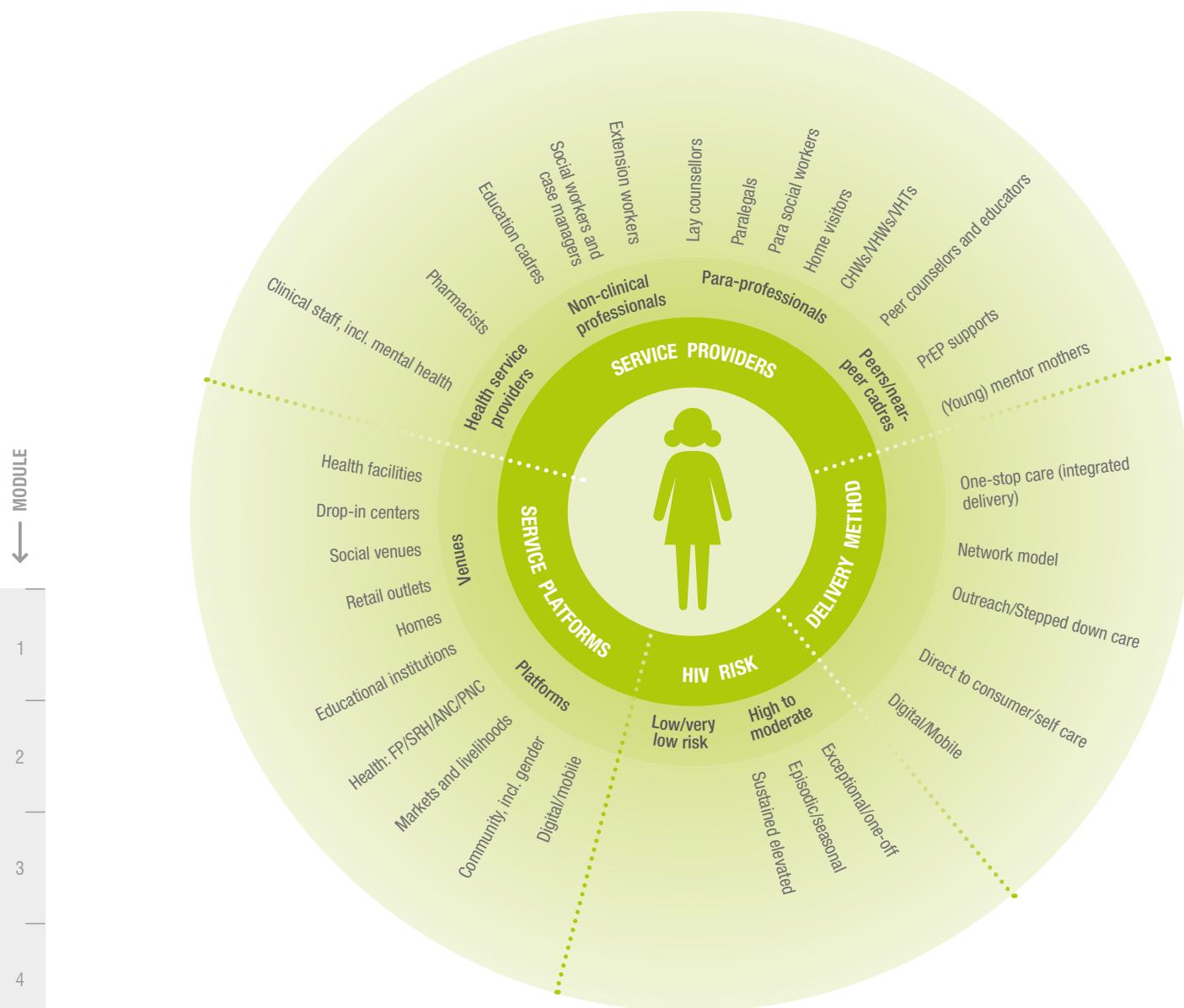
Similarly, the pilot should **prototype the selection, recruitment and deployment of the appropriate health and social sector delivery agents**. Ensure optimal caseloads (ideally, 20 to 30 girls or young women assigned to each implementer) and size of management teams (ideally, 15 to 20 implementers under the supervision of a manager). Complex interventions will likely require the selection and deployment of multidisciplinary teams stationed across different entry points in the sectors, and provisions will be required for their training, coordination and oversight (see *Figure 7*). Incorporate training on appropriate **safeguarding policies** to protect young women and girls who implement the programme and provide a safe and confidential avenue for reporting and addressing violations (see *'Girl Safeguarding Policy: Digital privacy, security, safety principles & guidelines'* in the *Highlighted Implementer Resources* section).

On completion, **a formal stocktaking process**, bringing together the end users (young women and girls broadly representative of the prioritized subgroups) and delivery agents (care providers) who participated, is essential for clarifying the lessons learned and elements to be refined during the intensification phase. **A structured walk-through of the client flows** through the system would be an essential element of this process to help to identify the structural impediments to be addressed in a minimum viable product/process (i.e., one that is good enough to scale up). Implementation plans may be refined and adjusted. Additional rounds of piloting, or incorporation of new pilot sites, may be required to ensure that the critical bottlenecks are addressed.

Intensification

Once a minimum viable product/process has been defined, an **aggressive campaign to expand the programme** may commence. A plan that involves equipping regional trainers to scale training and supportive supervision is prudent. This should incorporate insights from the pilots and utilize peer mentorship where possible, through in-person, on-the-job exchange visits, webinars and other modalities. Plans should be made to consolidate service networks by recruiting new sites and outlets to participate – for instance, through reciprocal referral agreements and memorandums of understanding.

Figure 7. Differentiated prevention for girls and young women at risk of HIV



Intensification should include **incremental plans to achieve intervention saturation** (coverage of 75–90 per cent) with quality implementation among the subpopulations and localities that must be prioritized to have an impact on HIV prevention. This requires robust population size estimates and granular target-setting across key strata in the target group. Once a few regions have reached saturation, the programme may focus intensification efforts elsewhere.

It would be useful to develop guidelines for **graduating participants from the programme and their households** and a tool to **assess beneficiary or household readiness for graduation** based on the programme components required to achieve effective prevention. The graduation readiness process should verify that young women or girls acquire the

health, educational, social and economic assets needed to thrive. Young women who have graduated can be trained as implementers if they meet the basic qualifications.

Institutionalization

As the programme expands, institutionalization within the ecosystem should be supported through **incremental local and public sector ownership in planning, budgeting and financing**. In devolved governance systems, subnational units may be well-positioned to explore unconventional financing modalities and intensified local resource mobilization, particularly in partnership with the private sector and industry. Pathways for **absorption into systems of delivery** should be defined, with appropriate roles identified for private, public and community stakeholders – ideally leveraging existing structures rather than creating parallel processes.

It may be necessary to anticipate and effectively **neutralize resistance** from segments that have traditionally negated girls' empowerment and rights. Nevertheless, the political exigencies for local leadership must be equally considered – there should be a **plan for addressing rumours, myths and hesitancy**, particularly for novel interventions that are introduced into the service area by the lead implementer. Investments may be required to revamp and integrate data systems across key sectors to support integrated responses. Finally, **policy integration** may offer a powerful window for redefining service provision mandates and holding sectoral stakeholders to account.

7.6 Mainstream Adaptive Management Principles to Improve Collaborative Quality and Learning

Multisectoral teams can benefit from using the adaptive project management approach to address varying levels of unexpected events during programme implementation. Adaptive project management is a structured and systematic process that allows project management teams to anticipate the unexpected, test innovative solutions and use the lessons learned to drive improvement and collaborative learning¹¹ (see *Table 3*).

Adaptive management requires that multisector teams adopt a learning mindset when addressing challenges, grounded it in structured processes and using evidence to inform unexpected changes in programme plans and implementation (see '*Collaborating, Learning and Adapting Toolkit*' in the *Highlighted Implementer Resources* section). There are three iterative phases in adaptive management:¹¹

- In the first phase (**review**), provide accurate and timely information about the programme performance and the implementation or external context to help

Table 3. Differences between traditional and adaptive programme management approaches¹²

	Traditional approaches	Adaptive management
Plan	Lots of advance design and planning; detailed plans and budgets developed for entire programme period	Initial plans developed, based on assumption that they will evolve over time; design and planning is ongoing throughout a programme
Implement	Implementation follows a predefined plan	Course corrections are made throughout a programme
Manage	Management is concerned with ensuring a programme stays on course	Management task is to constantly adapt a programme in light of evolving experience
Monitor	Monitoring is based on predefined indicators, focusing mainly on activities and outputs	Monitoring covers change at all levels from activities to impact; indicators and monitoring and evaluation tools/methods are constantly being refined
Evaluate	Evaluation is conducted at defined points designed to assess performance at a point in time	Evaluation is conducted throughout a programme designed to enhance performance
Learn	Learning is seen as an option to be included where possible	Learning is seen as an essential part of the programme

the multisector programme team understand the issue. Potential sources of data include performance monitoring, rapid assessments and in-depth research.

- In the second phase (**reflection**), create space to make sense of the data and contextual information to help the team understand the changes that might be needed to achieve results. Reflection can take place via management meetings, learning summits, quarterly meetings, site visits and other options.
- In the third phase (**respond**), use formal and informal mechanisms to change course as required and review data to evaluate your actions. The three phases are interconnected and mutually reinforcing.

Adaptive management requires effective leadership. The subnational coordination mechanism must drive the adaptive management process built on critical reflection and teamwork. In addition to using routine performance monitoring data, create intentional processes of collecting informal feedback from stakeholders to inform adaptation. Consider instrumental changes to management culture, including but not limited to:

- **Delegating decision-making to multisectoral teams** that are more involved in implementation work to tap into their knowledge of the programme context and issue;

- **Supporting bottom-up decision-making** to tap into the tacit knowledge of community members and priority groups to harvest key implementation insights;
- **Using informal and formal monitoring data to inform adaptive management** by ensuring all sectors have access to simple and user-friendly data required to understand issues and demonstrate how well innovations are working. This can be done by providing simple tools for decision-making;
- **Allowing adequate time for the multisectoral teams to observe trends** in key indicators to determine the success of the proposed solutions;
- **Documenting the adaptive management processes and activities** and ensuring all sectors can access information that supports adaptation decisions;
- **Establishing a knowledge hub or repository** through which all the sectors and stakeholders can easily access new learning. Support knowledge sharing through learning exchanges, peer assists, best practice workshops, webinars and others.

Emergencies such as Ebola, the COVID-19 pandemic and other humanitarian crises result in major disruptions and present unique challenges to girl-centred programming. Subnational teams can use adaptive management methods to generate data on the programming challenges, source insights on girls' needs and rapidly prototype and test innovative solutions to improve emergency responses (see 'Making Humanitarian Action Work for Women and Girls' in the *Highlighted Implementer Resources* section).

Promising Directions

Self-care. Self-care interventions¹³ provide promising options for young women and girls to make informed choices regarding their health and well-being (through self-education) and offer flexible and additional options to promote disease prevention and control (such as self-sampling or self-testing and self-dosing or treatment), especially when paired with direct-to-consumer approaches (such as dispensing kiosks and mail-order services). Self-care has the potential to reach underserved, stigmatized or criminalized populations discreetly with prevention products and services. Additionally, advances in technology and the penetration of mobile phones in low-income countries is changing how young women access health and well-being information; mobile health platforms, also known as m-health, are promising innovations that have the potential to reach more young women.

Long-acting and multipurpose prevention methods. A robust pipeline of novel HIV prevention methods in active development holds the promise of addressing the urgent need for women-controlled methods that allow them to play an active role in reducing their risk of HIV and other sexually transmitted infections, and preventing unintended pregnancy. These new non-vaccine prevention options – including vaginal rings, long-acting injectable formulations of antiretroviral agents, monthly formulations of oral pre-exposure prophylaxis (PrEP), the oral contraceptive/oral PrEP combination pill, implants and patches – promise to revolutionize prevention by optimizing the method mix and offering individuals the agency, choice and flexibility their lifestyles demand. Early trials indicate the potential superiority of injectable PrEP to oral PrEP for numerous populations.¹⁴ In November 2020, the highly anticipated sister trial HPTN 084 delivered long-awaited good news for women and girls, indicating that long-acting cabotegravir (CAB-LA) is not only safe, but also 89 per cent more effective than daily oral PrEP in preventing new HIV infections among women.¹⁵ More than 3,200 at-risk women aged 18–45 years participated in this groundbreaking study, recruited across seven countries in sub-Saharan Africa (Botswana, Eswatini, Kenya, Malawi, South Africa, Uganda and Zimbabwe). Promoting the effective use of women-controlled prevention tools will require simultaneously investing in market-shaping and demand-creation actions, undergirded by robust research to optimize the decision, delivery and support strategies.



Case Study: Tanzania's Cash Plus Programme An adolescent livelihood, health and well-being intervention

Background: In 2019, there were an estimated 16,000 new HIV infections among adolescent girls and young women aged 15–24 years in Tanzania.¹⁶ A study of young people living in households that receive government-supported cash transfers highlighted the myriad problems many adolescents face, including school attrition, limited economic opportunities, low knowledge of modern contraceptive methods and limited use of sexual and reproductive health (SRH) services.¹⁷ These findings underscore the important, but limited, role of cash transfers without complementary support to advance the well-being of adolescents and young people.

Ujana Salama programme:¹⁸ The Ujana Salama ('Safe Youth') programme was designed out of the realization that cash alone could not address the multiple risks faced by adolescents. Ujana Salama is a multisectoral, government-implemented Cash Plus programme that is anchored within the national social protection framework (Productive Social Safety Net – Phase II [PSSN II]). Ujana Salama supports the Government of Tanzania in integrating and delivering layered interventions for adolescents through the PSSN II platform to promote sustainable and healthy livelihoods that increase resilience, well-being and empowerment.

Designing the programme: A stakeholder meeting took place in February 2016 to discuss which set of layered interventions would help adolescents in PSSN beneficiary households in their transitions to adulthood. The Tanzania Social Action Fund, the Tanzania Commission for AIDS, United Nations Children's Fund (UNICEF) and other partners came together to design, implement and evaluate an adolescent-focused subcomponent to the PSSN, based on evidence from rigorous evaluations. An important set of guiding principles was agreed upon, with a focus on government ownership and alignment with existing government frameworks, services, cadres and economic opportunities at the local level. A conceptual framework was anchored around a set of economic, educational,



social and health-related assets or capabilities crucial to the transition to adulthood.

Intervention package and implementation: Phase I of Ujana Salama was implemented between January 2018 and July 2019 in four districts in the regions of Mbeya and Iringa. The programme reached 2,500 adolescents (14–19 years), with the following programme components:

- **Adolescent SRH-HIV and life skills training.** Concurrent face-to-face group-based training was delivered in two- to four-hour sessions across 12 weeks. The interventions included high-impact behaviour change communication approaches and peer support groups to strengthen adolescents' knowledge and skills related to HIV prevention and treatment, SRH, violence prevention and promoting gender equity.
- **Mentoring, coaching and productive grant.** Participants were linked to a community-based adult mentor, who guided them on livelihood options and healthy life choices during a nine-month period and received an unconditional productive grant of US\$80 to support the implementation of a business or educational plan.
- **Supply-side strengthening and linkages to existing SRH-HIV services, government extension workers and services for adolescents.** Existing health services were strengthened in collaboration with the Ministry of Health, Community Development, Gender, Elderly and Children of Tanzania to make them more responsive and acceptable to adolescents. Mentors were tasked to proactively link adolescents to existing government SRH, HIV and gender-based violence services and extension workers.

Results: A midline evaluation observed several positive effects of Ujana Salama on short-term outcomes.¹⁸ These included: increased HIV prevention knowledge among females (not males); increased knowledge of one or more modern contraceptive methods; increased gender-equitable attitudes among males (but not females), particularly in the domains of violence and domestic chores; and a protective effect against school dropout among female adolescents over the age of 16 years.



Exposure to the intervention by midline was relatively short and may have contributed to a lack of impact on mid- and long-term outcomes. The evaluation failed to detect impacts on sexual debut; adolescents' experience of emotional, physical or sexual violence; self-reports of depressive symptoms or perceived stress; life satisfaction, self-esteem, locus of control or entrepreneurial drive; or perceived social support.

Lessons learned: Alignment of the Ujana Salama programme with government plans and objectives was essential in **fostering ownership and sustainability**. However, **extensive technical support** is required at the subnational level during the design, implementation, evaluation and adaptation phases. Programmes that address multiple vulnerabilities inevitably face implementation challenges and require a great degree of learning with continuous monitoring and evaluation and incremental building blocks that are supported and nurtured over time.

Linking Ujana Salama to the national social protection system helped the programme to **reach the most marginalized adolescents and young people at low cost** and quickly, through a system that is accepted at the community level. A key insight reaffirmed in the implementation of Ujana Salama is that **no form of targeting is perfect** – all approaches will result in some exclusion and inclusion errors, especially when implemented as part of large-scale government social protection programmes. Communities expressed dissatisfaction with the discrepancy between bimonthly cash transfers and productive grant (US\$200 versus US\$80 in the PSSN). It is important to pay attention to the local context and potential adverse outcomes, including personal safety, when delivering cash to minors.

HIGHLIGHTED IMPLEMENTER RESOURCES

7.1 Cultivate Government Stewardship within a Multisectoral Collaboration, Focusing on Subnational Capacity

Country Case Studies on “Making Multisectoral Collaboration Work.”

The Partnership for Maternal, Newborn & Child Health; 2018; English
www.who.int/pmnch/knowledge/case-studies/en/index2.html

This resource offers 12 country case studies of what works and the challenges involved in collaborating across sectors for health and sustainable development. The case studies showcase how diverse sectors are intentionally shaping new ways of collaborating and learning.

The Intersector Toolkit: Tools for cross-sector collaboration

The Intersector Project; 2017; English
<http://intersector.com/wp-content/uploads/2017/08/The-Intersector-Project-Toolkit.pdf>

The Intersector Toolkit provides practical knowledge for practitioners from government, business and non-profit sectors to diagnose, design, implement and assess cross-sector collaborations. The toolkit comprises 17 tools organized into four stages: diagnosis, design, implementation and assessment.

Violence Prevention through Multisectoral Collaboration: An international version of the collaboration multiplier tool to prevent interpersonal violence

Prevention Institute; 2020; English
www.preventioninstitute.org/publications/violence-prevention-through-multisectoral-collaboration

The tool provides guidance on how to initiate or advance multisector efforts to prevent violence, particularly in low- and middle-income countries.

Developing Multisector Collaborations

Community Tool Box; English, Spanish
<https://ctb.ku.edu/en/table-of-contents/implement/improving-services/multisector-collaboration/main>

The Community Tool Box is a free online resource for those working to build healthier communities and bring about social change. Section 4 of the tool kit provides tools and tips for developing community multisector collaborations.

The Government End Game Tool: A tool to help you scale and sustain your impact through government

Spring Impact; 2020; English
www.springimpact.org/wp-content/uploads/2020/08/Government-End-Game-tool_SpringImpact.pdf

This tool helps social impact organizations to explore what government adoption really means for them in practice and how to start taking steps towards it.

The Government End Game Worksheet

Spring Impact; 2020; English
www.springimpact.org/wp-content/uploads/2020/08/Government-End-Game-worksheet_SpringImpact.pdf

This is the accompanying worksheet of the Government End Game Tool (above).



7.2 Conduct a Subnational Review of HIV Dynamics and the Situation of Girls

LINKAGES Standard Operating Procedure: Programmatic mapping and microplanning

FHI 360/Linkages Project; 2020; English

www.fhi360.org/sites/default/files/media/documents/resource-linkages-sop-hotspot-mapping-microplanning.pdf

The guidance includes procedures for mapping geographical locations and profiling key population hotspots, estimating size, assessing prevention, testing, care and treatment service availability and managing data to enable tracking of service coverage over time.

Review and Revise: A tool for reviewing and revising key population size estimates

MEASURE Evaluation; 2018; English

www.measureevaluation.org/resources/publications/tr-18-274/at_download/document

This tool helps those engaged in programme planning and target setting to understand why key population size estimates may differ and to make an informed judgement about which ones are most appropriate for use by their programmes.

Gender Analysis Toolkit for Health Systems

Jhpiego; 2016; English, French

<https://gender.jhpiego.org/analysistoolkit/>

This toolkit is a practical guide for public health professionals seeking to understand how gender can impact health outcomes, both through service delivery and access to information and care. Its primary focus is sexual, reproductive, maternal, newborn, child and adolescent health.

The Girl Roster: A practical tool for strengthening girl-centered programming

Population Council; 2019; English, French, Portuguese, Spanish, Swahili and other languages

www.popcouncil.org/research/girl-roster

The tool is designed to help programme managers and partners reach adolescent girls in the poorest communities and raise programme effectiveness, cost-efficiency and coverage. It assists managers to identify and segment the population of girls in a given area and, through community engagement, increase girls' access to a fair share of community resources, facilities and services.

Gender Matrix

Gender and COVID-19; 2020; English

www.genderandcovid-19.org/matrix/

The Gender Analysis and COVID-19 Matrix provides a rapid snapshot of the gendered impacts of the outbreak in each country across multiple domains to illuminate how gender and other inequities affect and are affected by the response.

7.3 Conduct System and Organizational Analyses to Inform an Understanding of the Context

Service Provision Assessments (SPA)

The Demographic and Health Surveys Program; English

<https://dhsprogram.com/Methodology/Survey-Types/SPA.cfm>

The Service Provision Assessment (SPA) survey is a health facility assessment that provides a comprehensive overview of a country's health service delivery. SPA surveys answer questions about service availability by facility type; facility readiness to provide services; infrastructure, resources and support systems; standards of care and client satisfaction.



Family Planning Logistics Toolkit: Assessment, monitoring, & evaluation

Johns Hopkins Center for Communication Programs; 2021; Afrikaans, Arabic, English, French, Portuguese, Spanish

<https://toolkits.knowledgesuccess.org/toolkits/fp-logistics/monitoring-evaluation>

This toolkit includes indicators, software and tools to help programmes measure contraceptive security, assess policies that affect contraceptive security, track contraceptive financing and financial processes, assess the functionality of the supply chain, evaluate logistics system performance, and plan and monitor optimal procurement and delivery schedules for health commodities.

A Guide to Monitoring and Evaluating Adolescent Reproductive Health Programs

FHI 360; 2020; English

www.fhi360.org/sites/default/files/media/documents/A%20Guide%20to%20Monitoring%20and%20Evaluating%20Adolescent%20Reproductive%20Health%20Programs%20-%20Part%201.pdf

This guide provides resources for monitoring and evaluating adolescent reproductive health programmes that can be used at various levels: community, district, municipal and managers or technical staff.

Programmatic Mapping Readiness Assessment for Use with Key Populations

FHI 360; 2017; English

www.fhi360.org/sites/default/files/media/documents/resource-mapping-readiness-assessment.pdf

Programmatic mapping is a collaboration among key population communities (sex workers, people who inject drugs, men who have sex with men, and transgender people), service delivery providers and researchers to systematically identify and map the locations where people most at risk of acquiring and transmitting HIV can be reached. It is a tool to focus HIV prevention programming and resources where they will have the greatest impact on the HIV epidemic.

Inside and Out: Comprehensive sexuality education (CSE) assessment tool

International Planned Parenthood Federation; 2015; English, French, Spanish

www.ippf.org/resource/inside-and-out-comprehensive-sexuality-education-cse-assessment-tool

Developed in partnership with United Nations Educational, Scientific and Cultural Organization, the tool enables civil society organizations to assess the quality and comprehensiveness of their CSE programmes so that they can deliver high-quality rights-based CSE to adolescents and young people, especially in non-formal education settings.

7.4 Define an Investment Case and Operational Strategy to Guide the Scale-up of Multilayered Combination Prevention for Young Women and Girls

More than a Backdrop: Understanding the role of communities in programming for adolescent girls

Population Council; 2019; English

www.popcouncil.org/uploads/pdfs/2019PGY_CommunityActionGuide.pdf

This action guide focuses on five key questions for people who design, manage and assess community-based programming, offers tips on how to find answers and provides real-world examples that demonstrate how to use community-level insights for action for adolescent girls.

Localising National Action Plans to End Violence against Children: A guide to Pathfinding Cities for practitioners and policymakers

End Violence Lab; 2020; English

www.end-violence.org/sites/default/files/paragraphs/download/Localising%20national%20action%20plans%20to%20end%20violence%20against%20children%20FINAL.pdf

This document presents the Pathfinding City approach and the initial experience of localizing the Philippine Plan of Action to End Violence against Children in the urban context. This approach can also be used wherever there is a need to adapt national action plans to end violence against children within any geographical unit – a community, a city, a district or a region.



OPTIONS Plan 4 PrEP Toolkit

OPTIONS Consortium; 2017; English
www.prepwatch.org/prep-planning/plan4prep-toolkit

This set of tools support national planning for the roll-out and scale-up of oral PrEP. The tools cover essential information, clinical research, implementation research, policy and guidelines, advocacy and communication, training and country experience.

Building Evidence to Guide PrEP Introduction for Adolescent Girls and Young Women

Pilgrim, Nanlesta, et al., Population Council; 2016; English
www.popcouncil.org/uploads/pdfs/2016HIV_PrEPGuidanceForAGYW.pdf

This guidebook aims to inform health policymakers and programme planners on how to establish PrEP as an effective prevention method for adolescent girls and young women. This includes addressing the delivery platforms, marketing, regulations, demand and use of PrEP for this population.

Guidance for Developing Gender-Responsive Education Sector Plans

Global Partnership for Education, United Nations Girls' Education Initiative; 2020; English
www.ungei.org/sites/default/files/2020-08/2018-02-gpe-guidance-gender-responsive-esp.pdf

The first tool of its kind, the guidance on gender-responsive education sector plans helps to equip education policymakers, planners and practitioners to look at education systems through a gender lens and integrate gender equality into every aspect of the planning cycle – from the vision of the type of schools a country plans to establish, to the way education data are collected and analysed, what policies are created, and how schools and education institutions are managed.

Spending Better for Gender Equality in Education: How can financing be targeted to improve gender equality in education?

United Nations Girls' Education Initiative, Malala Fund; 2021; English
www.ungei.org/sites/default/files/2021-02/Spending-Better-for-Gender-Equality-In-Education-Research-Report-2021-eng.pdf

This tool recognizes the different effects of education spending on girls and boys, and reorients spending to redress imbalance, thus improving gender-responsiveness in how funds are allocated and accounted for.

7.5 Coordinate a Whole Systems Transformation to Deliver Girl- and Woman-centred Prevention

Reimagining Girls' Education: Solutions to keep girls learning in emergencies

UNICEF; 2021; English
www.unicef.org/reports/reimagining-girls-education

Reimagining Girls' Education presents an empirical overview of what works to support learning outcomes for girls in emergencies. This solutions book seeks to highlight promising evidence-based actions in education for decision makers who are designing and implementing interventions to support girls' education in low- and middle-income country humanitarian settings and settings where education has been interrupted by the COVID-19 pandemic.

What Works in Girls' Education: Evidence for the world's best investment

Sperling, Gene, Rebecca Winthrop and Christina Kwauk, 2016; English
www.brookings.edu/wp-content/uploads/2016/07/What-Works-in-Girls-Educationlowres.pdf

The book builds on a previous volume that captures the learning from the past decade of scholarship, programme innovations, policy experimentation and evaluations on the topic of girls' education. It is intended to serve as a guide on what works to advance girls' education.

The Good School Toolkit (Adaptation for Secondary Schools)

Raising Voices; 2015–2016; English
<http://raisingvoices.org/good-school>

The Good School Toolkit is a methodology created to help educators and students explore what makes a healthy, vibrant and positive school and guide them through a process to create their vision. It deliberately focuses on ideas and activities that do not require dedicated financial resources. The adaptation for secondary schools is available on request only.

Journeys through Uganda: The USAID/Uganda Literacy Achievement and Retention Activity's (LARA) approach to stopping SRGBV in primary schools

RTI International; 2017; English

<https://shared.rti.org/content/journeys-through-uganda-usaiduganda-literacy-achievement-and-retention-activity%E2%80%99s-lara>

Journeys is an innovative approach to reducing widespread school-related GBV. This includes reducing bullying, harsh forms of punishment and sexual harassment and assault, factors that are demoralizing, impede learning and contribute to earlier school dropout. The approach applies awareness-building social technologies to allow individual and collective actions for social change to emerge naturally.

The Families Matter! Program

United States President's Emergency Plan for AIDS Relief, United States Centers for Disease Control and Prevention; 2014; 15 languages including English, isiZulu, French, Portuguese, Siswati, Spanish
www.cdc.gov/globalaids/publications/fmp-2-pager-final-jan-2014.pdf

The Families Matter! Program is an evidence-based, parent-focused intervention designed to promote positive parenting and effective parent–child communication about sexuality and sexual risk reduction, including risk for child sexual abuse and GBV, for parents or caregivers of children aged 9–12 years.

Sinovuyo Teen Caring Families Programme for Parents and Teens: HIV-enhanced version facilitator manual

Cluver, Lucie, et al; 2016; English

www.who.int/violence_injury_prevention/violence/child/PLH-for-Teens-HIV-enhanced-Facilitator-manual-English.pdf

The programme helps to cultivate open, caring and trusting relationships between caregivers and their teenagers. Healthy relations help parents to protect adolescents from negative health and social outcomes. The manual provides a 14-session curriculum for parents and their teenagers.

Financial Education and Health and Life Skills Curriculum, Kibera for Peri-urban Girls

Adolescent Girls Initiative-Kenya, Population Council; 2015; English

www.popcouncil.org/uploads/pdfs/2015PGY_AGI-K_FinancialCurriculum_Kibera.pdf

www.popcouncil.org/uploads/pdfs/2015PGY_AGI-K_HealthLifeCurriculum_Kibera.pdf

This curriculum is intended for peri-urban adolescent girls aged 11–14 years to learn skills and information on topics related to finance, including spending control and saving. Sessions should be run in weekly safe-space meetings over the course of two years and integrated with the Health and Life Skills Curriculum.

Building Assets Toolkit: Developing positive benchmarks for adolescent girls

Population Council; 2019; English, French

www.popcouncil.org/research/building-assets-toolkit-developing-positive-benchmarks-for-adolescent-girls

The toolkit introduces practitioners to the asset-building approach, guiding them through the exercise while modelling the critical thinking needed for effective programme design. National and subnational programmers receive insight about the importance of adolescent girl-tailored approaches and how to implement them.



Social and Financial Education Empowering Girls around the World

Aflatoun International; 2016; English, Dutch

www.aflatoun.org/social-and-financial-education-empowering-girls-around-the-world/

Aflateen+ Curriculum: Life skills and financial education through a gender lens

Aflatoun International, 2017; English, French, Spanish, Portuguese

<https://aflatoun.box.com/s/ro45h1mumed4pwcx7eywpbwoo792h1es>

The guidance on social and financial education programmes can assist policymakers and programmers to incorporate the effective empowerment of adolescent girls and young women to reduce their socioeconomic vulnerability and dependence. Aflateen+ is a curriculum for sexual and reproductive health and rights through a gender lens, with easy-to-follow activities for teens aged 12–17 years, particularly girls. It is intended to empower teens on themselves in their world, their rights and ideas, their body and bodily choices, money and plans, and enterprise.

Savings Groups for Adolescents and Youth Affected by HIV: A technical guide

Catholic Relief Services; 2018; English

https://mangotree.org/files/galleries/2018-11-30_Savings_Groups_for_Adolescents_and_Youth_Affected_by_HIV_A_Technical_Guide.pdf

This guide was developed to help donors and implementing partners make evidence- and practitioner-informed decisions about the design and implementation of adolescent and youth savings group programmes that maximize benefits for, and minimize risks to, young people affected by or living with HIV.

Sisters with a Voice — Working with Young Women who Sell Sex: Facilitators' activity pack

Busza, Joanna, Centre for Sexual Health, HIV and AIDS Research, Zimbabwe; 2016; English

<http://ceshhar.org/wp-content/uploads/2018/06/CeSHHAR-YWSS-Activity-Pack-October-2016.pdf>

This activity pack brings together many activities and ideas from existing material that have been successfully introduced to young or adult sex workers, including resources on prevention of HIV and living positively with HIV, plus broader concerns related to building life skills, strengthening self-confidence and social networks, and learning to seek and access relevant health and social services.

SASA! and SASA! Faith

Raising Voices; 2008; English

<http://raisingvoices.org/sasa>

<http://raisingvoices.org/sasa-faith>

SASA! is a community mobilization programme developed by Raising Voices in Kampala, Uganda. SASA! is uniquely designed to address a core driver of violence against women and HIV: the imbalance of power between women and men, girls and boys. SASA! Faith is an initiative in which leaders, members and believers of a religion come together to prevent violence against women and HIV. It mobilizes faith communities and inspires everyone to live the faith-based values of justice, peace and dignity in their intimate relationships.

Fidelity to the SASA! Activist Kit

Raising Voices; 2017; English

<https://prevention-collaborative.org/wp-content/uploads/2018/10/ProgramBrief2.FidelitytoSASA.RaisingVoices.may2017.pdf>

The Activist Kit is a comprehensive toolkit based on extensive field testing, designed for individuals and communities to start working toward a balance of power between women and men. This programme brief addresses questions around the importance of 'fidelity' to the SASA! methodology. It can guide the SASA! planning process or help to make improvements to existing SASA! programming.

No Means No Worldwide Approach

No Means No Worldwide; 2018; English
www.nomeansnoworldwide.org/approach

A rape prevention and self-defence curricula delivered to boys and girls aged 10–20 years. Girls learn to identify risk, say ‘no’ and talk their way out of trouble. If that ‘no’ is not respected, they learn physical skills to back it up. Boys learn to challenge rape myths, ask for consent and intervene if they anticipate or witness predatory behaviour.

GREAT Project How-to Guide

Institute for Reproductive Health, Georgetown University; 2018; English
<http://irh.org/great-project-how-to-guide>

The Gender Roles, Equality, and Transformations (GREAT) Project is an evidence-based international development intervention that improved gender norms related to SRH and GBV in Northern Uganda. The how-to guide can be used or adapted in different settings to promote positive change in gender norms, improve SRH and reduce GBV.

Caring for Women Subjected to Violence: A WHO curriculum for training health-care providers

World Health Organization; 2019; English, Spanish
www.who.int/reproductivehealth/publications/caring-for-women-subject-to-violence/en/

This curriculum is designed to provide health-care providers, particularly in low- and middle-income countries, with a foundation for responding to domestic partner violence/intimate partner violence and sexual violence against women.

Gender-based Violence Quality Assurance Tool

World Health Organization, Jhpiego, Centers for Disease Control and Prevention; 2018; English, French
<http://resources.jhpiego.org/resources/GBV-QA-tool>

The tool contains the detailed and comprehensive criteria required to provide high-quality post-violence care in health facilities, including post-exposure prophylaxis. It gives health-care providers, facilities and programme planners a straightforward way to start, strengthen or expand post-GBV health services’ use of evidence-based standards.

Family Planning: A global handbook for providers

World Health Organization Department of Reproductive Health and Research, Johns Hopkins Bloomberg School of Public Health; 2018; English
www.fphandbook.org/sites/default/files/global-handbook-2018-full-web.pdf

This global handbook offers clear, up-to-date information and advice to help providers meet clients’ needs and inform their choice and use of contraception. The handbook is also an excellent resource for training and can help to reinforce supervision. Its 2018 edition includes new World Health Organization recommendations that expand contraceptive choices.

PrEP Implementation Pack: South Africa 2016–2017

National Department of Health, South Africa; 2017; English
www.prepwatch.org/wp-content/uploads/2017/07/SA_ImplementationPack.pdf

This implementation pack provides a comprehensive overview of South Africa’s roll-out of oral PrEP, from policy creation and site selection to communications materials and monitoring and evaluation reporting processes.

Providing Oral PrEP Video Series: Lessons from the field

LVCT Health, AVAC; 2017; English
www.prepwatch.org/providing-oral-prep

This video series shows how LVCT Health made changes at the site level and helped women interested in oral PrEP to overcome recurring barriers to uptake and adherence. Each film in the series highlights a different theme or challenge that emerged as PrEP rolled out and tells the story of how the project responded.

Dapivirine Ring: Using a common agenda to plan for introduction

OPTIONS Consortium, International Partnership for Microbicides; 2020; English

www.prepwatch.org/dapivirine-ring-common-agenda/

The Common Agenda is a shared guide for stakeholders involved in the introduction of the monthly dapivirine vaginal ring. It provides a framework for keeping stakeholders informed and engaged in a coordinated, efficient and transparent planning process for introduction and scale-up.

Biomedical HIV Prevention: Adaptable product introduction framework

AVAC; 2021; English

Available on request

Building on previous product introduction experience with oral PrEP and informed by planning for cabotegravir long-acting injectable, this document presents an overarching product introduction framework that can be adapted to guide the introduction of future biomedical HIV prevention products.

AYSRH Toolkit: Advocating for youth-friendly cities

The Challenge Initiative; 2017; English

<https://tciurbanhealth.org/courses/adolescent-youth-sexual-reproductive-health-toolkit-advocacy/lessons/multisectoral-collaboration-and-resource-mobilization>

This toolkit provides guidance on advocacy to increase support and build a favourable environment to advance the SRH of youth residing in poor urban areas and to help young people advocate for themselves.

Making the Most of Mentors: Recruitment, training and support of mentors for adolescent girl programming

Population Council; 2019; English

www.popcouncil.org/uploads/pdfs/2019PGY_MentorToolkit.pdf

The toolkit includes materials from community-based group programmes for girls aged 7–24 years. This toolkit is designed to be practical and user-friendly for programme planners, practitioners, mentor trainers and mentors themselves.

Training Health Providers in Youth-friendly Health Services

Population Services International; 2015; English

www.psi.org/publication/facilitators-guide-training-health-providers-in-youth-friendly-health-services

This guide is for trainers and facilitators who will be training health providers and Population Services International programme staff in the provision of youth-friendly health services.

Child Safeguarding Toolkit for Business

UNICEF; 2018; English, French, Spanish

https://sites.unicef.org/csr/css/UNICEF_ChildSafeguardingToolkit_FINAL.pdf

This toolkit is a practical tool that allows companies to identify, assess and address risks to children they interact with, aiming to prevent any physical, sexual and emotional abuse and maltreatment by employees and other people for whom the company is responsible.

Girl Safeguarding Policy: Digital privacy, security, safety principles & guidelines

Girl Effect; 2016; English

www.ictworks.org/wp-content/uploads/2016/05/GE-Girl-Digital-Privacy-Security-Safety-v-May-2016.pdf

The guide outlines how Girl Effect approaches digital initiatives and programmes involving girls. It offers a framework to better protect girls' personal information and privacy and to ensure that the content provided or source does not put girls at risk.



7.6 Mainstream Adaptive Management Principles to Improve Collaborative Quality and Learning

Adaptive management: A practical guide to mitigating uncertainty and advancing evidence-based programming.

Akiko Oakley, Alysson, PACT; 2021; English

<https://usaidlearninglab.org/library/adaptive-management-practical-guide-mitigating-uncertainty-and-advancing-evidence-based>

This guide provides practical guidance on the mindsets, behaviours, resources and processes that underpin an effective adaptive management system and a toolkit of examples and templates that projects can tailor to their needs.

Collaborating, Learning and Adapting Toolkit

United States Agency for International Development ; 2018; English

<https://usaidlearninglab.org/cla-toolkit>

The toolkit provides curated tools and resources on collaborating, learning and adapting (CLA) to help users plan and implement programme cycle activities more effectively, and guidance on how CLA can be applied at various points in the programme cycle.

Lean Impact: Adapting and innovating in times of extreme uncertainty

Spring Impact; 2020, English

<https://player.vimeo.com/video/470464035>

In this webinar, Ann Mei Chang, author of the book *Lean Impact: How to innovate for radically greater good*, client JVS and Spring Impact discuss how to move beyond flashy new ideas and develop a lean practice to achieve a greater impact with fewer resources.

Making Humanitarian Action Work for Women and Girls

Humanitarian exchange; 2019; English

<https://odihpn.org/wp-content/uploads/2019/05/Humanitarian-Exchange-Issue-75-web-version.pdf>

Field workers, managers and policymakers from different countries and settings share information, analysis and experience in addressing the needs of women and girls in humanitarian settings.

